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

PROVIDER
PARTICIPATION MANUAL
July 2017

• Every Woman Matters
  - WISEWOMAN
  - Nebraska State Pap Program

• Nebraska Colon Cancer Screening Program

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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. #5NU8DP003928-05/#5NU8DP004863-04
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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.**
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
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:


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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestions for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The USPSTF recommends the service. There is high certainty that the net benefit is substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>B</td>
<td>The USPSTF recommends the service. There is high certainty that the net benefit is moderate to substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>C</td>
<td>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.</td>
<td>Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.</td>
</tr>
<tr>
<td>D</td>
<td>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.</td>
<td>Discourage the use of this service.</td>
</tr>
<tr>
<td>I</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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](http://epss.ahrq.gov/PDA/widget.jsp)
## Breast Cancer Screening

<table>
<thead>
<tr>
<th>Screening with Biennial Mammography for women 50-74 years</th>
<th>B</th>
<th>Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening with Biennial Mammography for women before age 50</td>
<td>C</td>
<td>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.</td>
</tr>
</tbody>
</table>

## Cervical Cancer Screening

<table>
<thead>
<tr>
<th>Screening with cytology (Pap Test) for women ages 21-65 years every 3 years</th>
<th>A</th>
<th>Covered 21-39 years of age covered through State Pap Plus program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening with a combination of cytology and human papillomavirus (HPV) testing for women 30-65 every 5 years</td>
<td>A</td>
<td>40-65 covered through Every Woman Matters program</td>
</tr>
<tr>
<td>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</td>
<td>D</td>
<td>Not Covered</td>
</tr>
<tr>
<td>HPV testing for women under 30 years of age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women younger than age 21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Colorectal Cancer Screening

<table>
<thead>
<tr>
<th>Screening for colorectal cancer using fecal occult blood testing annually beginning at age 50 and continuing until age 74</th>
<th>A</th>
<th>Covered when using Nebraska Colon Program (NCP) issued FOBT kit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for colorectal cancer using colonoscopy beginning at age 50 and continuing until age 74</td>
<td>A</td>
<td>PRE-APPROVAL IS REQUIRED Covered when determined to be the best test based on NCP screening algorithms and pre-approval</td>
</tr>
</tbody>
</table>
Coverage Under the Women’s and Men’s Health Programs
Every Woman Matters/NE Colon Screening/State Pap Plus Program
(continued)

<table>
<thead>
<tr>
<th>Cardiovascular Disease and Diabetes Screening</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening with 2 Blood Pressure readings at least 5 minutes apart</td>
<td>Covered for women 40 and up when done in conjunction with breast and/or cervical cancer screening office visit.</td>
</tr>
<tr>
<td>Screening with fasting lipoprotein profile (total cholesterol, LDL-C, HDL-C and TG) Women 40-74 annually for those with increased risk</td>
<td>A</td>
</tr>
<tr>
<td>Screening with Fasting glucose or A1c annually with increased risk</td>
<td>B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Reduction Counseling/Behavioral Intervention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asking all adults about tobacco cessation interventions for those who use tobacco products.</td>
<td>Covered as part of the Breast and Cervical Cancer Office Visit. Encouraged that all tobacco users are referred to the Nebraska Tobacco Free Quitline</td>
</tr>
<tr>
<td>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</td>
<td>Covered as part of the Breast and Cervical Cancer Office Visit.</td>
</tr>
</tbody>
</table>
Enrollment & Eligibility
Program Enrollment and Eligibility

Eligibility criteria for enrollment into EWM, NCP, or the State Pap Plus Program

- 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 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.

When clients present their screening cards, all eligibility determinations have been met. Women are eligible for all services on their screening card.

<table>
<thead>
<tr>
<th>Ages</th>
<th>Program</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-74 men and women</td>
<td>State Pap Plus Program</td>
<td>Office visit for STD testing</td>
</tr>
<tr>
<td>21-39 years of age women</td>
<td>State Pap Plus Program</td>
<td>Pap Test/Cervical Cancer Screening</td>
</tr>
<tr>
<td>18-74 women</td>
<td>EWM</td>
<td>Breast Cancer Diagnostics</td>
</tr>
<tr>
<td>21-74 women</td>
<td>EWM</td>
<td>Cervical Cancer Diagnostics</td>
</tr>
<tr>
<td>40-74 and up women</td>
<td>EWM</td>
<td>Screening for breast and cervical cancer, hypertension, cardiovascular disease, diabetes, obesity, and smoking</td>
</tr>
<tr>
<td>50-74 men and women</td>
<td>NCP</td>
<td>Colon Cancer Screening</td>
</tr>
</tbody>
</table>
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. Please refer to:


for the most current income eligibility information.

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

<table>
<thead>
<tr>
<th>EWM: Women 40-74</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCP: Women and Men 50-74</td>
</tr>
</tbody>
</table>

**Women and men in need of preventive screening services**

- Complete Healthy Lifestyle Questionnaire (HLQ)
- WMHP staff determine program and service eligibility
- Individual presents Screening Card and HLQ to healthcare provider

**How can I assist my patients to access the WMHPs?**
- Have EWM/NCP HLQ packets available in your office
- Assist patients in completing forms if needed
- Fax or e-mail HLQs to WMHP for patients

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

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.

<table>
<thead>
<tr>
<th>Not ready to make a change</th>
<th>Thinking about making a change</th>
<th>Ready to make a change</th>
<th>Already making changes</th>
<th>Made changes and am trying to keep it up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eating More Fruits and Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Increasing Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Quitting Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Taking medications as prescribed for high blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

___ I don’t smoke
___ I don’t take medications for high blood pressure

Client Name
Date of Birth
Screening Card Expiration Date

---

USPSTF Screening Guidelines

Cervical Cancer

<table>
<thead>
<tr>
<th>Grade</th>
<th>Screening Interval/Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</table>

Breast Cancer

<table>
<thead>
<tr>
<th>Women 21-29</th>
<th>Grade: A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen with cytology (Pap smear) every 3 years.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Women aged 50 to 74 years</th>
<th>Grade: B</th>
</tr>
</thead>
<tbody>
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<td>Biennial screening mammography for women aged 50 to 74 years.</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Women 30-65</th>
<th>Grade: A</th>
</tr>
</thead>
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<tr>
<td>Screen with cytology every 3 years or co-testing (cytology/HPV testing) every 5 years.</td>
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</tbody>
</table>

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<tr>
<th>Women aged 40 to 49 years</th>
<th>Grade: C</th>
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<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Colon Cancer

<table>
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<tr>
<th>Grade</th>
<th>Screening Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Men and Women 50-74</th>
<th>Grade: A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for Colon Cancer with any of the following tests:</td>
<td></td>
</tr>
<tr>
<td>• FOBT/FIT Annually *</td>
<td></td>
</tr>
<tr>
<td>• Colonoscopy every 10 years *</td>
<td></td>
</tr>
<tr>
<td>Other approved tests by USPSTF:</td>
<td></td>
</tr>
<tr>
<td>*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.</td>
<td></td>
</tr>
</tbody>
</table>
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

Height: (with shoes off) _____ /_____ ft./in.
Weight: ___________ lbs.
Waist Circumference: ___________ inches
Hip Circumference: ___________ inches

Note--2 blood pressure readings are required for this visit.
Blood Pressure (1): _____ /_____ mm Hg
Blood Pressure (2): _____ /_____ mm Hg

1. Is the client taking blood pressure medication?
   • Yes  □ No
2. Are you ordering or changing blood pressure medication today?
   • Yes  □ No
3. 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.

Cardiovascular Risk Reduction Counseling

Refer to the questions on the front of this card. Check if counseling completed.

☐ Nutrition Counseling
☐ Physical Activity Counseling
☐ Tobacco Cessation Counseling
   • Client Referred to Statewide Quitline at 1-800-QUIT-NOW
   • Fax Referral to Statewide Quitline at 1-800-QUIT-NOW
   • Client Refused
☐ Medication Adherence for Hypertension Counseling

Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.

CVD/Diabetes Screening

Labs can only be done in conjunction with breast and/or cervical screening services.

Bloodwork Ordered: □ Yes  □ No
Blood Draw Date: _______ /_______ /_______

Blood draw needs to be within 30 days of today's visit

Bloodwork Ordered: □ Yes  □ No

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

ALL clients are now eligible for A1c!
A1c (preferred): _______

OR
Blood Glucose: _______ mg/dl
(acceptable)
Client fasted 9 hrs  □ Yes  □ No

Client is not eligible for any NCP services due
NCP is requesting additional information.
Client is 50-74 and NCP is working with client
Client is 50-74 and was sent a FOBT kit with
The client has already been screened through the NCP:

• NCP is a screening program NOT a diagnostic program.
• Reminders to Clinician:
   1. Completing the FOBT kit at home
   2. Returning the FOBT kit in the envelope provided
   3. The client has already been screened through the NCP:
   4. Discussing with client the importance of:

Sample All Services Screening Card

14 - Program Guidance
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

Pap test performed  
(place red & white EWM sticker on lab requisition)
- Co-testing with HPV performed
- No co-testing performed
Pap test not ordered  
(if not performed, mark or list reason)
- Hysterectomy with cervix removed not due to cervical cancer

Pelvic Exam

Finding:
- Negative/Benign
- Visible Suspicious CERVICAL lesion
- Not Performed

Colon Cancer Screening

The client has already been screened through the NCP:
- Client is 50-74 and was sent a FOBT kit with this 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 “Physicians 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.

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

- Client reports breast symptoms
Finding:
- Negative/Benign
- Suspicious for BREAST Malignancy
  Immediate follow up is required beyond mammogram
- NotPerformed

**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

Program Guidance- 15
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

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.

<table>
<thead>
<tr>
<th>Not ready to make a change</th>
<th>Thinking about making a change</th>
<th>Ready to make a change</th>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Quitting Smoking</td>
<td></td>
<td></td>
<td></td>
<td>____ I don’t smoke</td>
</tr>
<tr>
<td>4. Taking medications as prescribed for high blood pressure</td>
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<td></td>
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<td>____ I don’t take medications for high blood pressure</td>
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If you have questions, please contact the Nebraska Women’s & Men’s Health Programs:
Nebraska Women’s & Men’s Health Programs
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
Websites: www.dhhs.ne.gov/womenshealth www.dhhs.ne.gov/crc or www.StayIntheGameNE.com
Email: dhhs.ewm@nebraska.gov (Every Woman Matters) dhhs.nccsp@nebraska.gov (Nebraska Colon Program)

USPSTF Screening Guidelines
Cervical 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:
• FOBT/FIT Annually *
• Colonoscopy every 10 years *
Other approved tests by USPSTF:

* Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.
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

ALL clients are now eligible for A1c!

A1c (preferred): ________

OR
Blood Glucose: ________ mg/dl (acceptable)
Client fasted 9 hrs
 Yes
 No

Height: (with shoes off) _____ /_____ ft./in.
Weight: _________ lbs.
Waist Circumference: ___________ inches
Hip Circumference: ___________ inches

Note--2 blood pressure readings are required for this visit.

Blood Pressure (1): _____ /_____ mm Hg
Blood Pressure (2): _____ /_____ mm Hg

1. Is the client taking blood pressure medication?
 Yes*
 No

2. Are you ordering or changing blood pressure medication today?
 Yes*
 No

3. 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.

Cardiovascular Risk Reduction Counseling
Refer to the questions on the front of this card.
Check if counseling completed.

 Nutrition Counseling
 Physical Activity Counseling
 Tobacco Cessation Counseling
 Client Referred to Statewide Quitline at 1-800-QUIT-NOW
 Fax Referral to Statewide Quitline at 1-800-QUIT-NOW
 Client Refused
 Medication Adherence for Hypertension Counseling

Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.

Cervical, Heart & Diabetes Screening Card

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

Screening Pap
Pap test performed
(place red & white EWM sticker on lab requisition)
 Co-testing with HPV performed
 No co-testing performed
Pap test not ordered
 Hysterectomy (with cervix removed) not due to cervical cancer
 

Pelvic Exam
Finding:
 Negative/Benign
 Visible Suspicious CERVICAL lesion
 Not Performed

Colon Cancer Screening
The client has already been screened through the NCP:
 Client is 50-74 and was sent a FOBT kit with this 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 “Physicians 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.

Mammography
Client NOT eligible for Mammography this year
See back of screening card for USPSTF guidelines

Clinical Breast Exam
 Client reports breast symptoms
Finding:
 Negative/Benign
 Suspicious for BREAST Malignancy Immediate follow up is required beyond mammogram
 Not Performed

**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
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.

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USPSTF Screening Guidelines

Cervical Cancer
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Biennial screening mammography for women aged 50 to 74 years.

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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:

• FOBT/FIT Annually *
• Colonoscopy every 10 years *

Other approved tests by USPSTF:

*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.
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.

Screening Pap

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

- Client reports breast symptoms
  Finding:
  - Negative/Benign
  - Suspicious for BREAST Malignancy
    Immediate follow up is required beyond mammogram
  - Not Performed

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

Colon Cancer Screening

The client has already been screened through the NCP:
- Client is 50-74 and was sent a FOBT kit with this 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 “Physicians 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.
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

<table>
<thead>
<tr>
<th>Age Range</th>
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<th>Screening Method</th>
</tr>
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#### Breast Cancer

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<td>Women aged 40 to 49 years</td>
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#### Colon Cancer

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<tbody>
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<td>Screening for Colon Cancer with any of the following tests:</td>
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<tr>
<td></td>
<td></td>
<td>• FOBT/FIT Annually*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Colonoscopy every 10 years *</td>
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</table>

*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.*

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Websites: www.dhhs.ne.gov/womenshealth
www.dhhs.ne.gov/crc or www.StayIntheGameNE.com

Email: dhhs.ewm@nebraska.gov (Every Woman Matters)
dhhs.nccsp@nebraska.gov (Nebraska Colon Program)

#5U58/DP001421-05; #5U58/DP002043-04
Rev. July 2017
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

**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
   • Eligibility scale is found on the Every Woman Matters website: http://dhhs.ne.gov/publichealth/WMHealth/Documents/EWM_Income_Guidelines.pdf

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**

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

**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.
- Male clients - NOT eligible for screening or diagnostic procedures.

---

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

Maiden Name:  
Marital Status:  

<table>
<thead>
<tr>
<th>Birthdate:</th>
<th>Social Security #:</th>
<th>Birth place</th>
</tr>
</thead>
</table>

City and state or country of birth:  
Apt. #: 

**CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
</tr>
</thead>
</table>

Preferred way of Contact?:  
Home  
Work  
Cell  

**EMERGENCY CONTACT**

Contact person:  
Relationship: 

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Relationship:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
</table>

**HEALTH HISTORY**

**Have you ever had any of the following tests?:**

- **Pap test**
  - Most Recent Date / /  
  - The result:  

- **Mammogram**
  - Most Recent Date / /  
  - The result:  

**Have you ever had a hysterectomy (removal of the uterus)?**
- Yes  
- No  
- Don’t Know/Not Sure
- Never had a hysterectomy

**Have you ever had breast cancer?**
- Yes  
- No  
- Don’t Know/Not Sure

**Sample Breast Diagnostic Form**

Page 1
Sample Breast Diagnostic Form

Page 2

Informed Consent and Release of Medical Information
Version: July 2016

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 screenings 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 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 or to receive treatment services.
- 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, health and/or health care providers.

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.

- 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.

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

Name: [First Name] MI [Last Name]

DOB: [Date of Birth]

Provider information:

Screening:
Clinic that initiated care
Name: [Clinic Name]
City/Phone Number: [City/Phone Number]

Diagnostic:
Clinic that patient was referred to
Name: [Clinic Name]
City/Phone Number: [City/Phone Number]

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

See table of reimbursable procedures on page 6 to verify coverage

---

Final Diagnosis:
This section must be completed before sending in.

Date of final diagnosis or pathology report: [Date]

Check one:
- Cancer not diagnosed – no treatment necessary
- Cancer diagnosed – Please fill out Breast Cancer Treatment section on page 4

Clinic name: [Clinic Name]
Date: [Date]

- 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

Clients with insurance MAY STILL BE ELIGIBLE for diagnostic services.

Ages 18-39

Screening history:
Clinical Breast Exam Date: [Date]

- Normal/Benign
- Suspicious for breast malignancy

Diagnostic workup:

- Surgical Consultation
  Date: [Date]
  Physician: [Physician Name]
  If CBE is suspicious, EWM encourages surgical consult before radiology services

- Breast Ultrasound
  Date: [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

- Diagnostic mammogram
  Date: [Date]
  - Client must be at least age 30 to have a Diagnostic Mammogram
  - Computer Aided Detection (CAD) is not covered
  - Diagnostic mammogram alone does not meet standard of care if CBE is suspicious

- Repeat Breast Exam
  Date: [Date]

- Breast MRI
  Date: [Date]
  Requires pre-approval See page 4

- Consultation/2nd opinion
  Date: [Date]

- Cytology of breast discharge
  Date: [Date]

- Client refused
  Initiate: Client Informed Refusal Form/Service Provider Document

---

Ages 40-74

Screening history:
Clinical Breast Exam Date: [Date]

- Normal/Benign
- Suspicious for breast malignancy

Diagnostic workup:

- Surgical Consultation
  Date: [Date]
  Physician: [Physician Name]
  If CBE is suspicious, EWM encourages surgical consult before radiology services

- Diagnostic mammogram
  Date: [Date]
  - Client must be at least age 30 to have a Diagnostic Mammogram
  - Computer Aided Detection (CAD) is not covered
  - Diagnostic mammogram alone does not meet standard of care if CBE is suspicious

- Repeat Breast Exam
  Date: [Date]

- Breast MRI
  Date: [Date]
  Requires pre-approval See page 4

- Consultation/2nd opinion
  Date: [Date]

- Cytology of breast discharge
  Date: [Date]

- Client refused
  Initiate: Client Informed Refusal Form/Service Provider Document

---

SAMPLE ONLY

Program Guidance - 25
### Breast Follow-Up & Treatment Plan

**Client information:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>DOB</th>
</tr>
</thead>
</table>

**Breast Cancer Referral & Treatment**

- **Referral:** Client referred to ____________________________ who will take over care.
- **Consultation:** Consultation Date to give client options ______________________
- **Treatment:** Treatment regimen consists of ________________________________ (lumpectomy, surgery, chemo, radiation, etc)
- **Refusal:** 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
- For women under 35, go to [www.cancer.gov/bcrisktool](http://www.cancer.gov/bcrisktool) or call us to run risk report.

**Requesting provider information:**

- Clinic name
- Phone #
- Fax #

### Follow-up of Previous Abnormal Finding

- **Past results:** why does client need follow-up?
- **Current results:**
  - [ ] Clinical Breast Exam
  - [ ] Mammogram
- **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:
  - [ ] Clinical Breast Exam
  - [ ] Mammogram
  - [ ] Breast Ultrasound
  - [ ] Assessment Incomplete
  - [ ] Assessment Incomplete
  - [ ] Consultation by
  - [ ] Biopsy: Type

**Name of Clinic:**

<table>
<thead>
<tr>
<th>City</th>
<th>Date</th>
</tr>
</thead>
</table>

*Must do new workup on page 3*
## 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.

Please answer each question and PRINT clearly!

- First Name: _________________________  Middle Initial: ______  Last Name: _______________________
- Maiden Name: ______________________
- Marital Status: Single Married Divorced
- Birthday: ______/______/______  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:** (______)____________

**Are you a Refugee?**
- Yes  No  DK*

**If yes, where from:** ____________________________

**Highest level of education completed:**
- 1st Grade  2nd Grade  3rd Grade  4th Grade  5th Grade  6th Grade  7th Grade  8th Grade  9th Grade  10th Grade  11th Grade  12th Grade  GED  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 _______________________________________

**Contact person:** _____________________________________________  **Relationship:** __________________
- Phone: (_____)____________  **Home**  **Work**  **Cell**
- Address: ____________________________  City: ___________________ State:_____

**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?**
  - American Indian/Alaska Native  Tribe__________
  - Black/African American  Mexican American  White  Asian  Pacific Islander/Native Hawaiian  Other________________________

**HEALTH HISTORY**

- **Have you ever had any of the following tests?:**
  - **Pap test**
    - Most Recent Date _____/_____/_____
    - The result: Normal Abnormal DK*
  - **Mammogram**
    - 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*

- **Have you ever had breast cancer?**
  - No  Yes  DK*

- Has your mother, sister or daughter ever had breast cancer?  Yes  No  DK*

- 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.

- *DK - Don’t Know/Not Sure*
Informed Consent and Release of Medical Information

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 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 discomfort.
- 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, clinics, or hospital can give results of my breast and/or cervical cancer screening, follow up exams, diagnostic tests and/or treatments 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.
- 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.

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.

Please Print Your Name (first, middle, last) __________________________  Your Signature __________________________

/  /  /  Date  /  /  /

Your Date of Birth  

Enrollment - 2
Sample Cervical Diagnostic Form

Cervical Follow-Up and Treatment Plan

Name: 
Provider information: 
Screening: 
Diagnostic: 

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.

Final Diagnosis: 

Clinic Name: 

Date: 

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

Sample 

Only

Program Guidance - 29

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

Please submit a copy of the previous pap test when completing this form for prompt processing
# 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. Client should get a screening card 1 year after their last abnormal Pap test.

## Client information
<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>DOB</th>
</tr>
</thead>
</table>

## Cervical Cancer Treatment & Referral

### Referral:
Client referred to ____________________________, who will take over care.

### Consultation:
Consultation Date to give client options ____________________________
Consultations can only be reimbursed if provider normally brings clients into the office for consultation.

### Treatment:
Treatment regimen consists of ____________________________ (cryotherapy, cone, LEEP, surgery, chemo, radiation, etc)
Treatment date ____________________________

### Refusal:
Cancer treatment refused date ____________________________
Client made informed decision yes/no
Reason for refusal: ____________________________

## 6 Month Follow-up of Previous Abnormal Finding

<table>
<thead>
<tr>
<th>Age 21-24</th>
<th>Age 25-29</th>
<th>Age 25-74</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior history:</td>
<td>Prior history*:</td>
<td>Prior history*:</td>
</tr>
<tr>
<td>Prior Pap test result: □ ASC-H □ HSIL</td>
<td>Prior Pap test date:</td>
<td>Prior Colposcopy date:</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td>Results</td>
</tr>
<tr>
<td>Pap ASC-H, HSIL but no CIN 2 or 3</td>
<td>CIN 2 or 3 with No treatment done</td>
<td>CIN 2 or 3 with margins involved</td>
</tr>
<tr>
<td>Colposcopy/Cytology at 6 month intervals for 2 years</td>
<td>Observation – colposcopy and cytology at 6 month intervals for 12 months</td>
<td>Colposcopy and cytology with ECC</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Re-evaluated at 4-6 months</td>
</tr>
<tr>
<td>Results</td>
<td>Results</td>
<td></td>
</tr>
<tr>
<td>CIN 2 or 3 with No treatment done</td>
<td>Observation – colposcopy and cytology at 6 month intervals for 12 months</td>
<td>CIN 2 or 3 with margins involved</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Colposcopy and cytology with ECC</td>
</tr>
<tr>
<td>Results</td>
<td>Results</td>
<td>Re-evaluated at 4-6 months</td>
</tr>
</tbody>
</table>

- 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)
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

How can I assure services are covered for my patients?
- Follow Guidance regarding Presumptive Eligibility
- Complete the State Pap Plus form in its entirety

Healthcare staff determine program and service eligibility

- Complete State Pap Plus Program form
- Forms can be found here: www.dhhs.ne.gov/EWMforms

Services provided

- Send 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
   • Eligibility scale is found on the Every Woman Matters website: [http://dhhs.ne.gov/publichealth/WMHealth/Documents/EWM_Income_Guidelines.pdf](http://dhhs.ne.gov/publichealth/WMHealth/Documents/EWM_Income_Guidelines.pdf)

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

Ages 30-39:
- Cervical Cancer Screening Cytology every 3 years per USPSTF Guidelines

INCOME & INSURANCE

BREAST & CERVICAL
- Cervical Cancer Screening cytology every 3 years or co-testing
- Cervical Cancer Screening Cytology every 3 years per USPSTF Guidelines

Ages 21-29:
- STD Screening Only - Office visit

Ages 18+

**FOR NEBRASKA RESIDENTS ONLY**

DEMOGRAPHICS

SAMPLE

[Home Phone, Work Phone, Cell Phone]

Preferred way of contact?

Highest level of education completed:

What race or ethnicity are you?

What is your primary language spoken in your home?

Are you of Hispanic/Latina(o) origin?

Country of origin:

What is your Household Income before taxes?

Income:

Do you have insurance?

How did you hear about the program:

How many people live on this income?

Income & Insurance

BREAST & CERVICAL

1. Have you ever had any of the following tests?
   - Pap test
   - Mammogram

2. Have you ever had a hysterectomy (removal of the uterus)?

3. Has your mother, sister or daughter ever had breast cancer?

4. Have you ever had breast cancer?

5. Have you ever had cervical cancer?

Continue to Page 2

[*(DK - Don't Know/Not Sure)
### 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+

#### Screening Pap
- Client is 21-39 years of age:
  - 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

#### Is this a Pelvic Inflammatory Disease (PID)?
- Yes □
- No □

#### 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.

#### General Clinical Services
- Height (with shoes off): mm/mm ft/in.
- Weight: lbs.
- Waist Circumference: inches
- Hip Circumference: inches
- Blood Pressure (1): mm Hg
- Blood Pressure (2): mm Hg

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

#### 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

#### 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

#### 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

### 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

---

**Sample State Pap Plus Program Form**

Page 5
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 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**

**Clinic:** This form must be completed prior to receiving services

**Facility:** Send a copy of the dictated report to the ordering provider and EWM

<table>
<thead>
<tr>
<th>First Name</th>
<th>Initial</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
</table>

Clinic Site: __________________________________________ City: __________________________________________

(Please do not abbreviate)

**This is an order for the above patient to receive the following:**

- Screening Mammogram (only covered for women 40 and over)
- Diagnostic Mammogram (only covered for women 30 and over)
- Breast Ultrasound
- Reimbursement for a diagnostic mammogram for clients 30-39 only with suspicious CBE or previous abnormal mammogram
- Check here if additional studies may be performed as determined by the radiologist

**Provider Remarks:**

[Signature]

**Provider’s Signature:** ____________________________

**Date:** ____________________________

Provider signature may serve as an order if facility allows.

---

**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.

3. Part 2 can be torn off and used for Billing/Admissions/Patient Registration purposes.

---

38 - Radiology 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 or squamous cell carcinoma.
- 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 \( <50 \text{ mg/dl} \) or \( >250 \text{ mg/dl} \).
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 ≥ 30 *
- Low Grade LSIL ≥ 25 *
- Atypical Squamous Cells: Cannot Exclude High Grade SIL (ASC-H)
- High Grade SIL (HSIL)
- Squamous cell carcinoma
- Atypical Glandular Cells (AGC)

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 > 30
  - LSIL > 25
  - Atypical squamous cells: cannot exclude high grade SIL (ASC-H)
  - High grade SIL
  - Abnormal Glandular Cells (AGC)
  - Squamous cell cancer
- **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 60 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.

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

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.everywomannatters@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 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

- In the event of clients refusing diagnostic services or diagnostic treatment services, the provider should complete the Client Informed Refusal. (Example of Client Informed Refusal form located below)

- Providers need to fill in the following: Client name, DOB, SSN# and the name of the diagnostic procedure or diagnostic treatment the client is refusing.

- The form should be given to the client in person or mailed. If mailed, information should be given to the client verbally by phone to ensure that client has enough information to make an informed decision.

- If client fails to return or sign the Client Informed Refusal, the provider should complete a Service Provider Documentation form. This will indicate whether or not the provider believes the client had enough information to make an informed decision.

---

**Client Informed Refusal**

**Version:** April 2017

**Directions for form:**

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

---

**Section 1:**

Date __________

I, ___________________________ have been informed by my healthcare provider, that I should have this test/treatment below. This test/treatment is:

__________________________________________________________________________________

(please print your name)

(please print in your own words, the name of the test/treatment and why it is being done)

If I do not get this test/treatment I know these things may happen to me:

__________________________________________________________________________________

(please print in your own words what can happen if the test/treatment is not done)

- I have had the need for this test/treatment explained to me.
- I know that NOT having this test/treatment at this time is against my healthcare provider’s advice and may be harmful to my health. My abnormality may be a sign of a potential serious medical condition, including cancer.
- I know what this test/treatment is for. I know why I need it. I know how it is done.
- I know that signing this form does not stop me from having this evaluation/procedure/treatment done later.
- I know how to get money to help me pay for the test/treatment.
- I know that I am still a part of Every Woman Matters (EWM) if I am a female over 40 years of age.
- I have read all the information above and know what it means. I am choosing to refuse the above test/treatment at this time.

Client Signature ________________________________________ Date __________

---

**Section 2:**

Submitted by: Clinic  Case Manager  EWM/NCP Central Office

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

Portion below to be completed ONLY if client unable to write or has language barrier.

If client unable to write information herself, the client will dictate the information and the form should be witnessed by two individuals.

Dictated by __________________________ Date __________

Written by __________________________ Date __________

Witnessed by:

1. __________________________________________ Date __________
2. __________________________________________ Date __________

Interpreted by: __________________________ Date __________

---

Complete reverse side only if unable to obtain a signed Client Informed Refusal

44 - Follow Up
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 1:
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 ___/____/____

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:
- Diagnostic Services
- Diagnosis
- Treatment Services
- 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):
- No verbal communication with client
- Low literacy level
- Language / Translation issues
- Mental / Emotional disability
- 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)
# 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

<table>
<thead>
<tr>
<th>Client’s Name</th>
<th>Med-IT ID</th>
<th>DOB</th>
<th>DOS</th>
<th>Procedure</th>
<th>Result</th>
<th>Missing</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>04/17/2014</td>
<td>Pap Smear</td>
<td>Pending</td>
<td>Sent to Lab</td>
<td>Pap/Lab Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>03/28/2014</td>
<td>Diagnostic Mammographic Views Digi.</td>
<td>Assessment is Incomplete (BI-RADS 0)</td>
<td>Breast Final Dx.</td>
<td>Breast Followup and Treatment Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>04/17/2014</td>
<td>Ultrasound</td>
<td>Breast Final Dx.</td>
<td></td>
<td>Breast Followup and Treatment Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>09/05/2013</td>
<td>Colposcopy</td>
<td>CIN III</td>
<td>Cervical Final Dx.</td>
<td>Cervical Followup and Treatment Plan</td>
</tr>
</tbody>
</table>

**Patient Information**
- Client’s Name
- Client’s Med-IT ID
- Client’s Date of Birth

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

**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.
Nebraska’s Medicaid Treatment Bill (LB677) passed during the 2001 legislative session. Its 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. All clients must provide a copy of a photo ID. 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. All clients must provide a copy of a photo ID. 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 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 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 make 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.
Filing Deadline

See Timely Submission of Claims and Documentation Policy on page 61.

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/publichealth/WMHealth/Documents/EWM_Fee_Schedule_17-18.pdf](http://dhhs.ne.gov/publichealth/WMHealth/Documents/EWM_Fee_Schedule_17-18.pdf).
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: April 2017

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:

- 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.

Program Policy
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 and 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: April 2017

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: April 2017

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: April 2017

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.

<table>
<thead>
<tr>
<th>FY</th>
<th>SERVICE DATES</th>
<th>FILING DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-18</td>
<td>7/1/17 - 6/30/18</td>
<td>12/31/18</td>
</tr>
<tr>
<td>18-19</td>
<td>7/1/18 - 6/30/19</td>
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</tr>
<tr>
<td>21-22</td>
<td>7/1/21 - 6/30/22</td>
<td>12/31/22</td>
</tr>
</tbody>
</table>

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

### 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 55.

### 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

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 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Contact</th>
<th>Results</th>
<th>Leads</th>
</tr>
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</table>

You must make at least three (3) attempts to locate the client before deeming her lost to follow up.

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
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.

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.
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
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.
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.
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.
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.

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.
Begin Date: July 2017

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 alternatives 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.
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.
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.

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.
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.

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.
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.”
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.
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
Review Date: June 2014
Revised Date: April 2017

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

Begin Date: December 2008
Review Date: April 2017

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

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: December 2008
Review Date: June 2014
Revised Date: April 2017

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 The client should arrive at her appointment fasting for lab draw if not conducted prior to screening visit. *(No food or drink for 9 hours)*
  o Labs should be done within 30 days before or after the screening office visit.

• **Second Screening:** Clients will be eligible for a second required CVD screening at her next routine Breast and/or Cervical screening visit.
  o According to Program protocols, this visit should be 12-18 months after the initial screening visit. The Client will receive her screening services card when she is due from the Program.

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 Hgb A1C if client already has a diagnosis of diabetes.

**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 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 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.

*(Continued on Page 77)*
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.

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
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

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<td>Weight</td>
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<td>Waist Circumference</td>
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<tr>
<td>Hip Circumference</td>
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**Note:** Blood pressure readings are required for this visit.

**Blood Pressure (1):**
- **Systolic:** _______ mm Hg
- **Diastolic:** _______ mm Hg

1. Is the client taking blood pressure medication?
   - Yes ☐ No ☐

2. Are you ordering or changing blood pressure medication today?
   - Yes ☐ No ☐

3. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check.

| Blood Draw Date: | Yes ☐ No ☐ |

**Labs can only be done in conjunction with breast and/or cervical screening services.**

**Bloodwork Ordered:**
- Yes ☐ No ☐

**Blood Draw Date:**
- Yes ☐ No ☐

**Blood draw needs to be within 30 days of today’s visit**

**Cholesterol does NOT need to be fasting.**

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<thead>
<tr>
<th>Cholesterol</th>
<th>mg/dl</th>
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<tr>
<td>Total</td>
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<td>HDL (value not ratio)</td>
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<td>LDL (value not ratio)</td>
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**Triglycerides:** _______ mg/dl

### Cardiovascular Risk Reduction Counseling

Refer to the questions on the front of this card. Check if counseling completed.

- Nutrition Counseling
- Physical Activity Counseling
- Tobacco Cessation Counseling
- Client referred to statewide Quitline at 1-800-QUIT-NOW
- Fax referral to statewide Quitline at 1-800-QUIT-NOW
- Client refused
- Medication adherence for Hypertension Counseling

**Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.**

### Colon Cancer Screening

- Client is 50-74 and NCP is working with client to schedule a colonoscopy
- NCP is requesting additional information.
- Client is 50-74 and was sent a FOBT kit with instructions on how to complete the test.
- NCP is requesting additional information.
- Client is 50-74 and NCP is working with client to schedule a colonoscopy.
- NCP is requesting additional information.
- Client is 50-74 and NCP is working with client to schedule a colonoscopy.
- NCP is requesting additional information.
- Client is 50-74 and NCP is working with client to schedule a colonoscopy.
- NCP is requesting additional information.

**ALL clients are now eligible for A1c!**

**A1c (preferred):** _______

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<tr>
<th>Blood Glucose</th>
<th>mg/dl</th>
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**Client fasted 9 hrs:**
- Yes ☐ No ☐
CVD/Diabetes Policy

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

Begin Date: July 2017

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).
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), Inflammatory Bowel Disease (IBD), 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 82).
- 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
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 1st 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 1st 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 1st degree relatives diagnosed under the age of 50 with colon polyps
  - 2 or more 1st 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 1st 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 (HNPPC) or Familial Adenomatous Polyposis (FAP)
Nebraska Colon Cancer Screening Program
Eligibility Algorithm

**Family History**

- 0 or 1 1st degree relative, diagnosed over age of 60 w/ colon cancer or colon polyps (L006)
  - FOBT

- 1 st degree relative diagnosed with colon cancer under the age of 60
  - Colonoscopy every 5 years

- 2 or more 1st degree relatives over age 60 diagnosed w/ colon cancer (L004)
  - Referral for hereditary eval for colon cancer

- 2 or more 1st degree relatives diagnosed w/ colon cancer under the age of 60 (L005)
  - Colonoscopy every 5 years

- 1 or more 1st degree relatives diagnosed under the age of 50 w/ colon polyps (L004)
  - Colonoscopy every 5 years

- 2 or more 1st degree relatives over age 50 diagnosed w/ colon polyps

**Personal History**

- Negative FOBT w/ in past 12 months, colonoscopy w/ in past 10 years, sigmoid. or DCBE w/ in past 5 years (L003)
  - Not eligible for screening until screening interval met

- Not eligible for screening until screening interval met
  - Follow up according to findings

- Not eligible for screening until screening interval met

- Diagnosed with IBD, HNPCC, or FAP (L002)
  - Follow up according to findings
  - Referral to PCP, educational materials

- Diagnosed with colon polyps
  - Follow up according to findings
  - See polyp algorithm (Page 79)

- Diagnosed with colon or rectal cancer (L004)
  - Colonoscopy 1, 3, and 5 years after diagnosis

- Diagnosed with colon polyps
  - Colonoscopy 1, 3, and 5 years after diagnosis

- Currently having rectal bleeding (L007)
  - Referral to PCP, educational materials
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.
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 1st 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 1st 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 1st degree relatives diagnosed under the age of 50 with colon polyps
- 2 or more 1st 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 1st 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.
Nebraska Colon Cancer Screening Program
Follow Up and Treatment Algorithm

Screening FOBT from NCP (average risk)

- Negative FOBT
  - Repeat FOBT in one year

- Positive FOBT
  - Initiate Colonoscopy Referral
  - Follow up Colonoscopy

Screening Colonoscopy (Client meets criteria for colonoscopy screening test)

- Negative Colonoscopy
  - Repeat Colonoscopy in 10 years or according to Health History

- Positive Colonoscopy
  - Follow up per endoscopist recommendations
  - Initiate / Complete Colorectal Follow Up and Treatment Plan

Initiate / Complete Colorectal Follow Up and Treatment Plan
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.

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.
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).

Clients with Colonoscopy that have History of Polyps

The Nebraska Colon Cancer Screening Program (NCP) algorithm on page 79, 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

EWM Web: www.dhhs.ne.gov/ewm

NCP E-Mail: dhhs.nccsp@nebraska.gov

NCP Web: www.dhhs.ne.gov/crc
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  michelle.heffelfinger@nebraska.gov  471-0595
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For more information on the work of this committee, visit:
http://dhhs.ne.gov/publichealth/WHI/Pages/AdvisoryCouncil.aspx
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For more information on the work of this committee, visit:  
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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  
- Debt Crisis  
- Access to Pharmaceutical Agents  
- Access to Chemotherapy  
- Access to Medical Devices  
- Access to Surgical Procedures  
- Expedited applications for Social Security Disability, Medicare, Medicaid, SCHIPS, and other social programs  
- Plus many other services

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.languageline.com](http://www.languageline.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
  Association e-mail: 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
  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
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

**Association of Cancer Online Resources**
www.acor.org
Provides links to pertinent resources for all types of cancer.

**AVON Foundation**
info@avonfoundation.org
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
*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
*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
help@cancersupportcommunity.org
*Support group for people with cancer.*

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

**Livestrong Foundation**
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
*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
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
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
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
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
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
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  
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  
The National Cancer Institute’s 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

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

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

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

Find a Diabetes Educator (American Association of Diabetes Educators)  (800)338-3633

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

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.
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/](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)


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

1st 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.
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.

Gout: Recurrent acute arthritis of peripheral joints caused by the accumulation of monosodium urate crystals.

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.

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).
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.

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.

Metastasize: 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.

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)

**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 a last resort to locate women who have a serious abnormality.

**Triglycerides:** A neutral fat synthesized from carbohydrates for storage in animal fat cells.