

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

PROVIDER PARTICIPATION MANUAL October 2024

- **Every Woman Matters**
 - Breast and Cervical Cancer Early Detection Program
 - WISEWOMAN
- **Nebraska Colon Cancer Screening Program**

Mission: Ensure Nebraska women and men have access to cancer screening and prevention resources.

Vision: Nebraska Women and Men Living Healthy Cancer Free Lives.



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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.



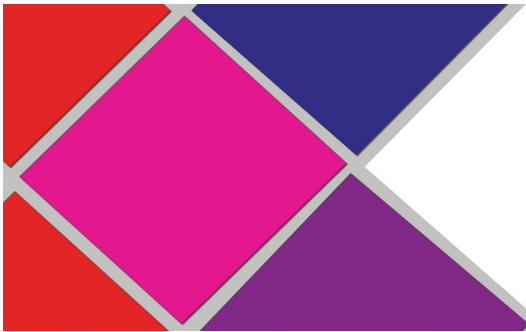


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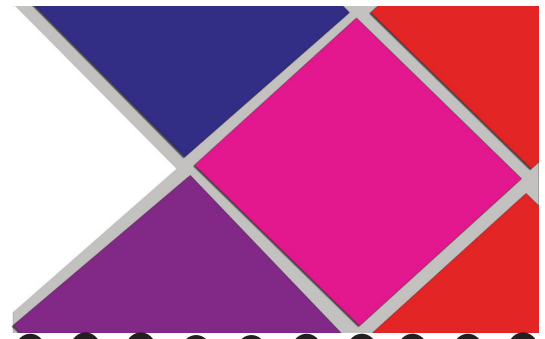
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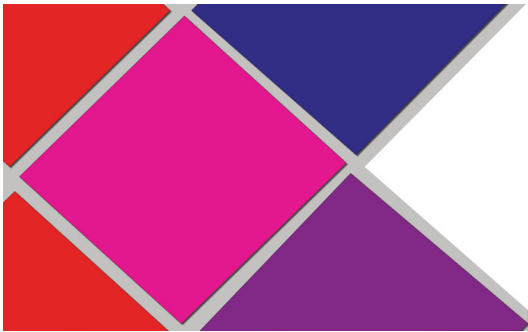


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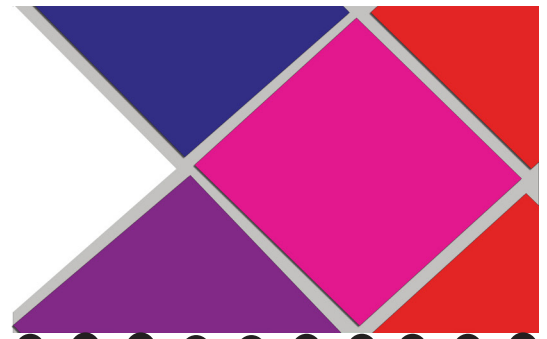
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Welcome!



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 over 600 provider participation enrollments representing primary care, hospitals, and laboratory providers.

The Women's and Men's Health Program, (WMHP), has four screening programs funded by federal and state, for which it provides oversight and programming. Federal funded 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; Organized Approaches to Increase Colorectal Cancer Screening; and STI/STD Assistance. 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 colon cancer screening. The program today offers screening to both men and women who are 45-75 years of age and is state funded.

The most recent Nebraska Cancer Report (2019) shows that between 2015-2019 breast cancer was the second leading cause of cancer death in women with 1209 women dying. Colorectal cancer was the second leading cause of cancer death for men and women combined. There were 114 deaths from cervical cancer. A total of 2,970 deaths were attributed to breast cancer, cervical cancer, and colorectal cancer in 2015-2019.

Cancer stage at diagnosis strongly affects cancer outcomes. Between 2015-2019, about 1,557 in situ and 7,376 invasive breast cancers was diagnosed. Among these cases, 18% were in situ, 54% localized, 21% regional, and 4% distant. There was a total of 4,626 cases of colon cancer diagnosed in men and women in 2015-2019, 3% in situ, 33% localized, 36% regional, and 19% distant.

According to the latest American Cancer Society data, a 5-year relative survival for early state (in situ and localized) was 99% for breast cancer, 91% for cervical cancer, and 91% for colorectal cancer. For late state (distant), the 5-year survival drops to 31% (breast cancer), 19% (cervical cancer) and 13% (colon cancer).

Nebraska Cancer Data

	Incidence*		Mortality*		Screening Rates**		2030 Screening Goal***
	NE	US	NE	US	NE(%)	US (%)	US (%)
Breast Cancer <i>(female)</i>	130.5	125.9	19.5	20.3	76.4	78.3	77.1
Cervical Cancer	7.6	7.6	2.2	2.3	77.7	77.7	84.3
Colorectal Cancer	42.9	38.4	14.6	13.9	72.5	74.2	74.4

*Per 100,000 population, 2018 NE Cancer Report

**2020 Behavior Risk Factor Surveillance System (BRFSS)

***US Healthy People 2030

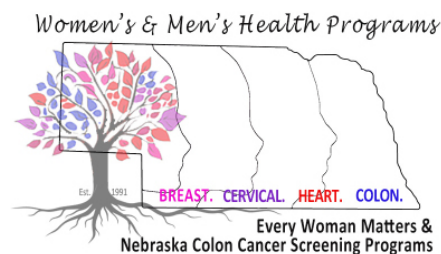




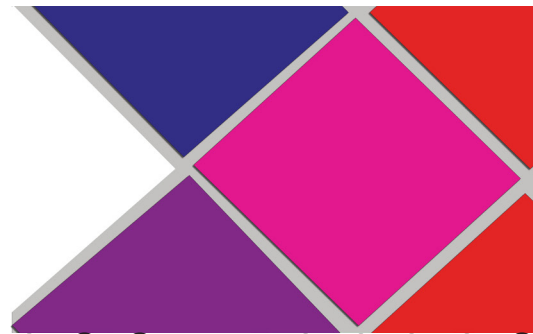
Provider Participation

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); and the Nebraska Colon Cancer 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 Culturally and Linguistically Appropriate Services Standards



The National Culturally and Linguistically Appropriate Services (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.

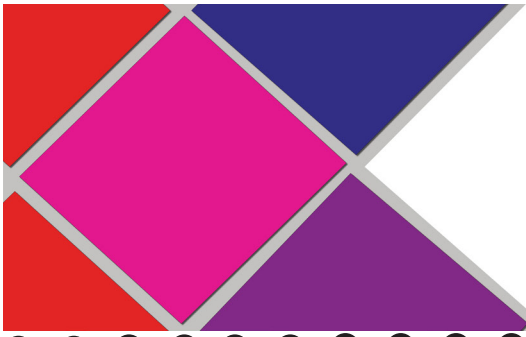
Engagement, Continuous Improvement, and Accountability

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:

<https://thinkculturalhealth.hhs.gov/clas>





The Case for the Enhanced National CLAS Standards



Health equity is the attainment of the highest level of health for all people.¹ 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,² such as socioeconomic status, education level, and the availability of health services.³

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.

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

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.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization’s ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ 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 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.

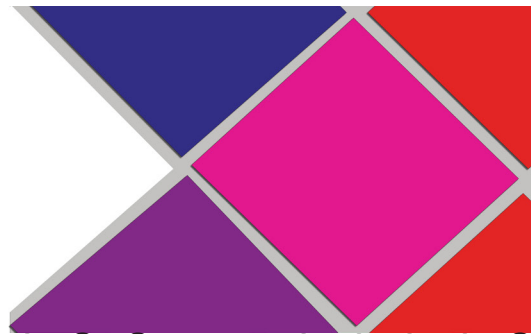
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For more information and training on CLAS Standards please visit:
<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>



USPSTF Screening Guidelines



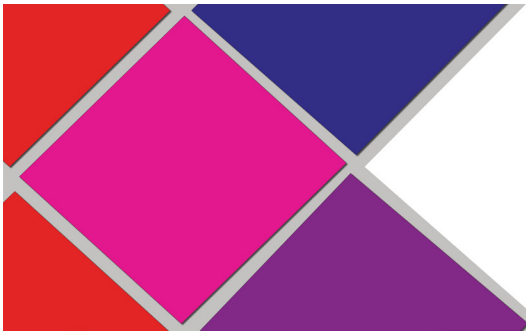
Breast, Cervical and Colon Cancer: Screening services covered for reimbursement must adhere to the U.S. Preventive Services Screening Task Force (USPSTF) Guidelines www.uspreventiveservicestaskforce.org

Grades and Suggestions for Practice

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

There is an excellent web based widget for quickly determining what preventive screening recommendations are most beneficial for adults. The app can be found at: www.uspreventiveservicestaskforce.org/apps/





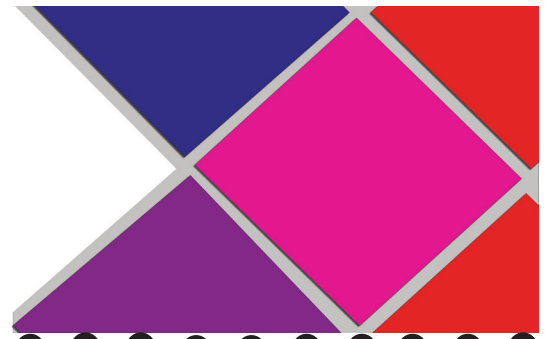
Screening Guidelines

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

Cervical Cancer Screening		
Women aged 21 to 65 years	A	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.
Women younger than 21 years	D	The USPSTF recommends against screening for cervical cancer in women younger than 21 years.
Women who have had a hysterectomy	D	The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.
Women older than 65 years	D	The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the Clinical Considerations section for discussion of adequate prior screening and risk factors that support screening after age 65 years.



Screening Guidelines

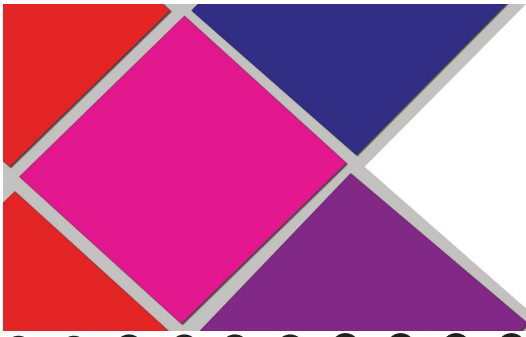


Colorectal Cancer Screening		
Screening for colorectal cancer using home based screening kit annually beginning at age 45 and continuing through age 74	A	Covered when using Nebraska Colon Program (NCP) issued home based screening kit
Screening for colorectal cancer using colonoscopy beginning at age 45 and continuing through age 74	A	PRE-APPROVAL IS REQUIRED Covered when determined to be the best test based on NCP screening algorithms and pre-approval

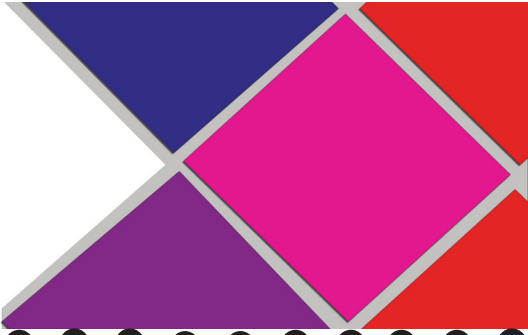
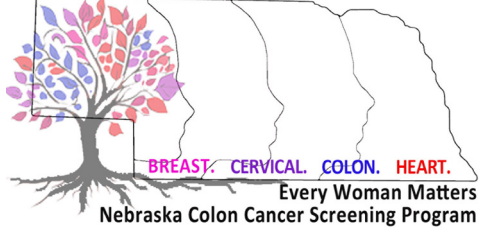
Cardiovascular Disease and Diabetes Screening		
Screening with 2 Blood Pressure readings at least 5 minutes apart	A	Covered for women 35 and up when done in conjunction with breast and/or cervical cancer screening office visit
Screening with fasting lipoprotein profile (total cholesterol, LDL-C, HDL-C and TG) Women 35-64 annually for those with increased risk		
Screening with Fasting glucose or A1c annually with increased risk		

Risk Reduction Counseling/Behavioral Intervention		
Asking all adults about tobacco cessation interventions for those who use tobacco products.	A	Covered as part of the Breast and Cervical Cancer Office Visit. Encouraged that all tobacco users are referred to the Nebraska Tobacco Free Quitline





Women's & Men's Health Programs



Enrollment & Eligibility





Enrollment & Eligibility

Eligibility criteria for enrollment into EWM and NCP:

- Must meet age guidelines
- Must not have health coverage that would pay for preventive screening services
- For the Nebraska Colon Screening Program, client must be a Nebraska resident
- Must be a U.S. Citizen or qualified alien under the federal Immigration and Nationality Act, 8 U.S.C. 1101 et seq., as such act existed on January 1, 2009, and be lawfully present in the United States.
(Permanent Resident Card/Green Card)
- Must meet income guidelines that fall at or below 250% of the Federal Poverty Guidelines

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

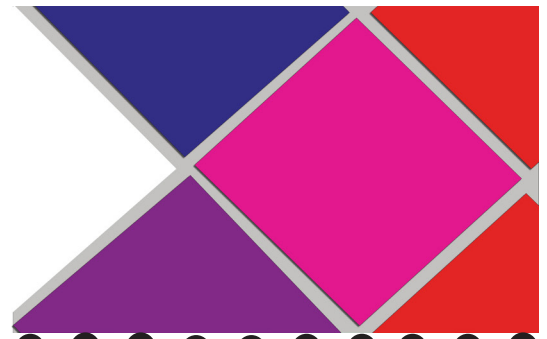
Eligibility criteria to receive services allowed through EWM or NCP is based on age, personal and family health history, and if a client is due for screening based upon screening guidelines*.

Ages	Program	Services
18-64** women	EWM	Breast Cancer Diagnostics
21-34 women	EWM	Cervical Cancer Screening
21-64** women	EWM	Cervical Cancer Diagnostics
35-64** women	EWM	Breast and Cervical Cancer Screening, screening for hypertension, cardiovascular disease, diabetes, obesity, and smoking
45-74 men and women	NCP	Colon Cancer Screening

*EWM and NCP utilize the U.S. Preventive Services Screening Task Force (USPSTF) Guidelines: www.uspreventiveservicestaskforce.org/

**Clients outside of age parameters who meet program guidelines and do not have Medicaid/Medicare coverage will be reviewed on a case by case basis. Enrollment is based upon review.

Enrollment & Eligibility

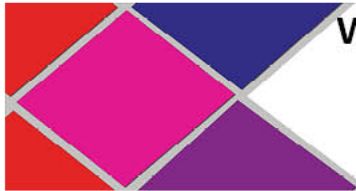


Income Eligibility Scale for EWM/NCP

To be approved for EWM/NCP services, clients must meet income guidelines that fall at or below 250% of the Federal Poverty Guidelines. Guidelines are updated yearly on the 1st of July. For the most current income eligibility information please refer to:

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

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




Women's and Men's Health Programs

Income Eligibility Scale

Every Woman Matters

Effective July 1, 2024-June 30, 2025



Yearly Income


# of People in Household	FREE	\$5.00 Donation
1	0-\$15,060	\$15,061-37,650
2	0-\$20,440	\$20,441-51,100
3	0-\$25,820	\$25,821-64,550
4	0-\$31,200	\$31,201-78,000
5	0-\$36,580	\$36,581-91,450
6	0-\$41,960	\$41,961-104,900
7	Call 1-800-532-2227	

Monthly Income


# of People in Household	FREE	\$5.00 Donation
1	0-\$1,255	\$1,256-3,137
2	0-\$1,703	\$1,704-4,257
3	0-\$2,152	\$2,153-5,380
4	0-\$2,600	\$2,601-6,500
5	0-\$3,048	\$3,048-7,620
6	0-\$3,497	\$3,498-8,742
7	Call 1-800-532-2227	

Note: When Screening Cards are sent to clients, they will have an opportunity to make the suggested \$5 donation back to the program to help women receive screening services.

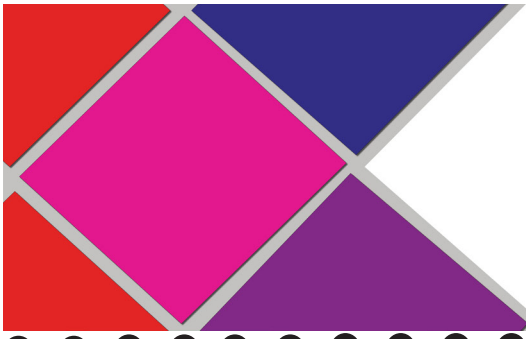
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Toll Free: 800-532-2227 ~ Local: 402-471-0929 ~ Fax: 402-471-0913
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Enrollment & Eligibility

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:

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

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

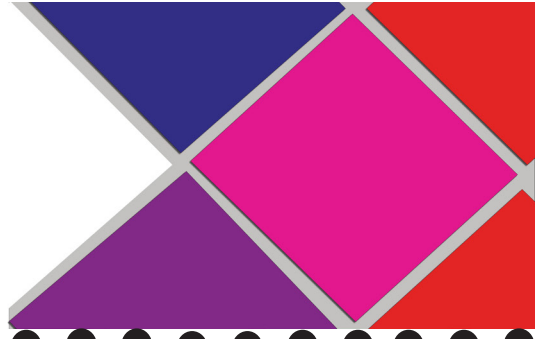
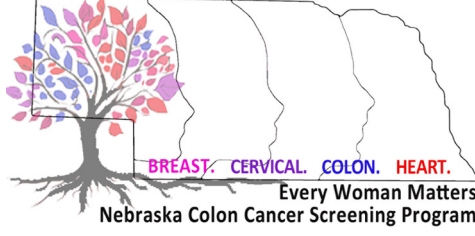
Determining Household Size

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 or towards the total annual income.



Women's & Men's Health Programs



Program & Documentation Guidance



Enrolling and Determining Service Eligibility

EWM: Women 21-64

NCP: Women and Men 45-74

Women and men in need of preventive screening services

- Complete Healthy Lifestyle Questionnaire (HLQ)

Healthy Lifestyle Questionnaire

Please fill out this form. Filling out this form will help Family Medicine Services (EWM) and the Nebraska Colon Cancer Screening Program (NCP) determine what services are best for you. Even if you are not able to get services, you can still get health education.

WHAT YOU NEED TO KNOW:

- You must **have** your health insurance that would pay for preventive services.
- Please answer **all** questions. If you don't we will call you or send the form back to you and this could delay important health screening.
- Please **return** the form to 2222 S. 22nd St. Omaha, NE 68104.
- This is **not** your screening card. Please do **not** make an appointment with your health care provider until you get a Screening Card.
- After you send this to EWM/NCP, it will be reviewed to see what screenings you are eligible for. This usually takes up to 2 weeks.
- Once the program determines what screenings you are eligible for, a Screening Card and this HLQ will be returned in the mail so that you can take them to your appointment to give to your healthcare provider!

WHAT YOUR PROVIDER NEEDS TO KNOW:

- Screenings were determined based upon the HLQ submitted to EWM/NCP.
- This HLQ was mailed back to the client with a Screening Card. Client was instructed to bring the form to you for review/benefit of health insurance.
- Clients may keep the HLQ as a part of the client chart, if so desired.

Thank you for taking time for your health!

How can I assist my clients to access the WMHPs?

- Have EWM/NCP HLQ packets available in your office
- Assist clients in completing forms if needed
- Fax or e-mail HLQs to WMHP for patients
- Assist clients in filling out ONLINE HLQ

HLQ is sent to Women's and Men's Health Programs (WMHP)

- WMHP staff determine program and service eligibility

Screening Card is issued to individual based on eligibility determination

- Individual presents Screening Card and HLQ to healthcare provider

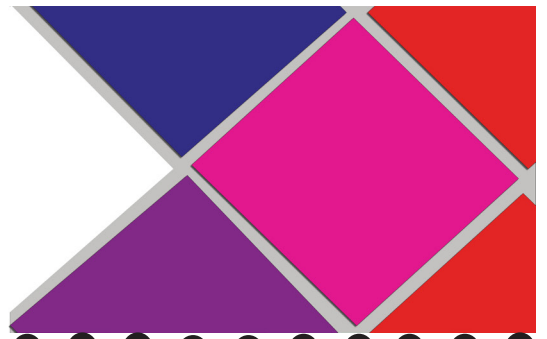
When clients present their Screening Cards, all eligibility determinations have been met. Clients are eligible for all services indicated on their Screening Card.

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 Screening Card



Front of Screening Card
Front of screening card is the same for all women



Client Name
Date of Birth

Screening Card Expiration Date

Screening Card for ALL Services

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.



Scan / Escanear

- Have concerns about getting to or from exams?
- Worry about finding someone to watch your kid(s)/parent(s) during exams?
- Your first language isn't English?
- Want someone to go with you to your exam?
- Need help filling out paperwork?

Scan the QR code or call EWM at 800-532-2227

Date of screening appointment: ____/____/____ at ____; AM PM

Name of Healthcare Provider: _____

Address: _____

Phone: (____) _____

I want to talk about these topics at my appointment: (check all that apply)

Nutrition Physical Activity Weight
 Smoking Cessation Taking my medications as prescribed

I'm not ready to make any changes yet!



Sample Screening Card

Page 2 - (green box) General Clinical Services - same for all clients
 (red box) CVD/Diabetes Screening - client eligible for CVD/Diabetes Screening

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

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. Is the client taking cholesterol medication to lower cholesterol?
 Yes No

3a. Is it a statin? Yes No Other _____

4. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check (needs prior approval) 1-800-532-2227

*Counsel client on medication adherence for hypertension and check the last box in the section below.

Cardiovascular Risk Reduction Counseling

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

Client counseled on low dose aspirin usage to decrease risk for CVD
 Medication Adherence for Hypertension Counseling

Healthy Behavior Support Services*:

Client referred to our clinic SMBP
 Health Coaches for Hypertension Program
 Living Well Education
 National Diabetes Prevention Program (NDPP)
 Walk & Talk Toolkit (Physical Activity)
 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

CVD/Diabetes Screening

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

Bloodwork Ordered: Yes No
 Client fasted 9 hrs: Yes No
 Blood Draw Date: ____/____/____
Blood draw needs to be within 30 days of today's visit

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!

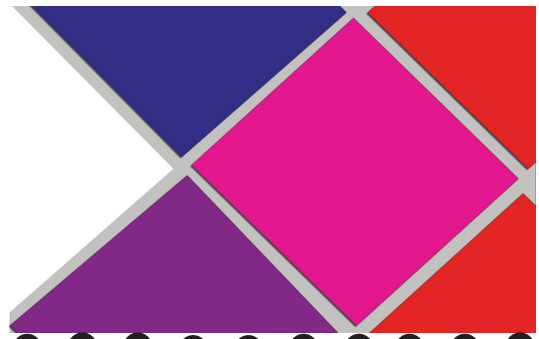
A1c (preferred): _____
 OR
 Blood Glucose: _____ mg/dl (acceptable)

SDOH Assessment Complete
 Unite Us Network Referral Made

Completion of the GREEN sections are equivalent to submitting claims for Risk Reduction Counseling and SDOH Assessment.

*For more information on Healthy Behavior Support Services (Health Coaches for Hypertension, Living Well, NDPP) and Walk & Talk Toolkit) available to your clients go to: www.dhhs.ne.gov/newforms
 (select the Healthy Behavior Support Services Tab)

Sample Screening Card



Page 2 - (green box) General Clinical Services - same for all clients
 (red box) CVD/Diabetes Screening - if grayed out client not eligible for CVD/Diabetes Screening

Breast Cancer 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

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. Is the client taking cholesterol medication to lower cholesterol? Yes No
 - 3a. Is it a statin? Yes No Other _____
4. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check **(needs prior approval) 1-800-532-2227**

*Counsel client on medication adherence for hypertension and check the last box in the section below.

Cardiovascular Risk Reduction Counseling

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

- Client counseled on low dose aspirin usage to decrease risk for CVD
- Medication Adherence for Hypertension Counseling

Healthy Behavior Support Services*:

- Client referred to our clinic SMBP
- Health Coaches for Hypertension Program
- Living Well Education
- National Diabetes Prevention Program (NDPP)
- Walk & Talk Toolkit (Physical Activity)
- 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

CVD/Diabetes Screening

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

Bloodwork Ordered: Yes No
 Client fasted 9 hrs: Yes No
 Blood Draw Date: _____ / _____ / _____

Blood cholesterol _____ mg/dl (fasting)

Total Cholesterol _____ mg/dl
 HDL (value) _____ mg/dl
 LDL (value) _____ mg/dl
 Triglycerides _____ mg/dl

ALL diabetes screening A1c _____

A1c (previous) _____ OR _____

Blood Glucose (acceptable) _____ mg/dl

SDOH Assessment Complete

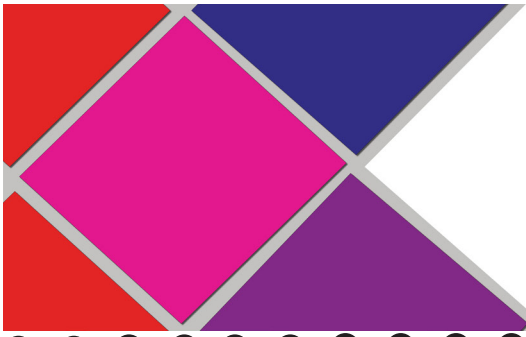
Unite Us Network Referral Made

Client NOT eligible this year

Completion of the GREEN sections are equivalent to submitting claims for Risk Reduction Counseling and SDOH Assessment.

*For more information on Healthy Behavior Support Services (Health Coaches for Hypertension, Living Well, NDPP, and Walk & Talk Toolkit) available to your clients go to: www.dhhs.ne.gov/newforms (select the Healthy Behavior Support Services Tab)





Sample Screening Card

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

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

Client NOT eligible for Screening Pap this year

See back of screening card for USPSTF guidelines

Mammography

Mammogram ordered
Give client Mammography Order Form

Mammogram not ordered
If not performed, mark or list reason:

Not age appropriate

Client not at risk (client 40-49)

Other _____

Clinical Breast Exam

Finding:

Negative/Benign

Client reports breast symptoms

Suspicious for **BREAST** malignancy
Immediate follow up is required beyond diagnostic mammogram

Not Performed

Client Risk for Breast Cancer

Average Risk **Definitions on back*

High Risk **Definitions on back*

Not Assessed

Colon Cancer Screening

The client has already been screened through the NCP:

Client is 45-74 and was sent home based stool kit with card

Client is 45-74 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 45 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 home based stool kit

Returning the home based stool kit in the envelope provided that is marked "LLCHD Lab"

Reminders to Clinician:

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

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

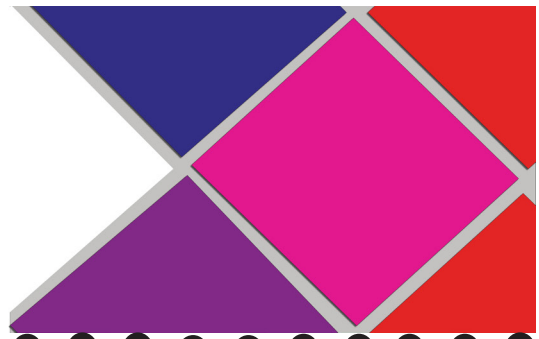
Date of Service for Office Visit

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

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

City

Sample Screening Card



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

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

<p style="text-align: center;">Screening Pap</p> <p><input type="checkbox"/> Pap test performed <i>(please red & white EWM sticker on lab requisition)</i></p> <p><input type="checkbox"/> Pap test not performed <i>Mark/list reason</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Hysterectomy <i>(with cervix removed)</i> not due to cervical cancer</p> <p style="padding-left: 20px;"><input type="checkbox"/> _____</p> <p><input type="checkbox"/> HPV test performed <i>(please red & white EWM sticker on lab requisition)</i></p> <p><input type="checkbox"/> HPV test not performed</p> <p style="text-align: center;">Pelvic Exam</p> <p>Finding:</p> <p><input type="checkbox"/> Negative/Benign</p> <p><input type="checkbox"/> Visible Suspicious CERVICAL lesion</p> <p><input type="checkbox"/> Not Performed</p> <p style="text-align: center;">Client Risk for Cervical Cancer</p> <p><input type="checkbox"/> Average Risk *Definitions on back</p> <p><input type="checkbox"/> High Risk *Definitions on back</p> <p><input type="checkbox"/> Not Assessed</p>	<div style="background-color: #cccccc; padding: 10px; text-align: center;"> <p>Client NOT eligible for Mammography this year</p> <p>See back of screening card for USPSTF guidelines</p> </div> <p style="text-align: center;">Clinical Breast Exam</p> <p>Finding:</p> <p><input type="checkbox"/> Negative/Benign</p> <p><input type="checkbox"/> Client reports breast symptoms</p> <p style="padding-left: 20px;"><input type="checkbox"/> Suspicious for BREAST malignancy <i>immediate follow up is required beyond diagnostic mammogram</i></p> <p><input type="checkbox"/> Not Performed</p> <p style="text-align: center;">Client Risk for Breast Cancer</p> <p><input type="checkbox"/> Average Risk *Definitions on back</p> <p><input type="checkbox"/> High Risk *Definitions on back</p> <p><input type="checkbox"/> Not Assessed</p>
<p style="text-align: center;">Colon Cancer Screening</p> <p>The client has already been screened through the NCP:</p> <p><input type="checkbox"/> Client is 45-74 and was sent home based stool kit with card</p> <p><input type="checkbox"/> Client is 45-74 and NCP is working with client to schedule a colonoscopy</p> <p><input type="checkbox"/> NCP is requesting additional information.</p> <p><input type="checkbox"/> Client is not eligible for any NCP services due to either being under age 45 or over age 74 OR are not eligible based on personal and/or family history OR have been recently screened.</p> <p>CLINICIAN: Discussed with client the importance of:</p> <p><input type="checkbox"/> Completing the home based stool kit</p> <p><input type="checkbox"/> Returning the home based stool kit in the envelope provided that is marked "LLCHD Lab"</p> <p>Reminders to Clinician:</p> <ul style="list-style-type: none"> Do NOT give the client a clinic home based stool kit or Digital Rectal Exam (DRE). If a clinic home based stool 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. 	<div style="border: 2px solid yellow; padding: 10px;"> <p>**MUST be an approved contracted provider to receive reimbursement.</p> <hr/> <p>Date of Service for Office Visit</p> <hr/> <p>Clinician Name <i>(PRINT full name-do not abbreviate)</i></p> <hr/> <p>Clinic Name <i>(PRINT full name-do not abbreviate)</i></p> <hr/> <p>City</p> </div>



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>

Program eligibility guidelines may differ slightly.

USPSTF Screening Guidelines	
Cervical Cancer	Breast Cancer
Women 21-29 Grade: A Screen with cytology (Pap smear) every 3 years.	Women aged 40 to 74 years Grade: B Biennial screening mammography for women aged 40 to 74 years.
Women 30-65 Grade: A Screen with cytology every 3 years or co-testing (cytology/HR-HPV testing) every 5 years or screen every 5 years with HR-HPV alone.	
Colon Cancer	
Men and Women 45-74 Grade: B Screening for Colon Cancer with any of the following tests: <ul style="list-style-type: none"> ▪ FOBT/FIT Annually* ▪ Colonoscopy every 10 years * 	
Other approved tests by USPSTF: https://www.uspreventiveservicestaskforce.org/Prac/Document/Recommendation-Statement/final/colorectal-cancer-screening2	
*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.	

CERVICAL Risk Assessment Definitions:

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

BREAST Risk Assessment Definitions:

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

If you have questions:

Nebraska Women's & Men's Health Programs
 Every Woman Matters | | Nebraska Colon Cancer Screening Program
 301 Centennial Mall South | | P.O. Box 94517
 Lincoln, NE 68500-4817

Toll Free: 800-532-3227 | | In Lincoln: 402-471-0939 | | Fax: 402-471-0915
 Websites: www.dhhs.ne.gov/EWM | | www.dhhs.ne.gov/CRS
 Email: dhhs.ewm@nebraska.gov (Every Woman Matters) | | dhhs.nccp@nebr

Women's & Men's Health Programs



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.
 Version: 10/2024

Sample Screening Cards

Screening Card for ALL Services

EMM/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/Workarounds/Recommendations>

Program eligibility guidelines may differ slightly.

USPSTF Screening Guidelines

Individual Cases	Grade A	Grade B
Women 21-29	Screen with cytology (Pap smear) every 3 years.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.
Women 30-65	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.

Men and Women 45-74 Screening for Colon Cancer with any of the following tests:
• FOBT/ FIT Assay
• Colonoscopy every 10 years*

Other appropriate tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Workarounds/Recommendations>
*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and are approved.

SCREENING Risk Assessment Definitions:
• Average Risk should be reported if risk was assessed and determined to be average risk.
• High/Increased Risk should be reported if risk was assessed and determined to be high (10% lifetime risk of colorectal cancer and advanced to high risk (Lynch Syndrome) or other genetic conditions, multiple polyps, inflammatory bowel disease, or a lifetime risk of 20-25% or greater as defined by other guidelines).
• Not Assessed should be reported if risk was not assessed. Family history was not taken, and/or genetic testing was not done.

NEBRASKA'S Healthy Program
Average Risk should be reported if risk was assessed and determined to be average risk.
High/Increased Risk should be reported if risk was assessed and determined to be high (10% lifetime risk of colorectal cancer and advanced to high risk (Lynch Syndrome) or other genetic conditions, multiple polyps, inflammatory bowel disease, or a lifetime risk of 20-25% or greater as defined by other guidelines).
Not Assessed should be reported if risk was not assessed. Family history was not taken, and/or genetic testing was not done.

Scan / Escanear Scan the QR code or call EMM at 800-532-2227

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.

Healthcare Provider: _____
Address: _____
Phone: () _____

Date of screening appointment: ____/____/____ at ____:____ AM/PM

I want to talk about these topics at my appointment: (check all that apply)

- Nutrition
- Physical Activity
- Weight
- Smoking Cessation
- Taking medications as prescribed
- I'm not ready to make any changes yet!

All Services Screening Card

EMM/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/Workarounds/Recommendations>

Program eligibility guidelines may differ slightly.

USPSTF Screening Guidelines

Individual Cases	Grade A	Grade B
Women 21-29	Screen with cytology (Pap smear) every 3 years.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.
Women 30-65	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.

Men and Women 45-74 Screening for Colon Cancer with any of the following tests:
• FOBT/ FIT Assay
• Colonoscopy every 10 years*

Other appropriate tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Workarounds/Recommendations>
*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and are approved.

SCREENING Risk Assessment Definitions:
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Not Assessed should be reported if risk was not assessed. Family history was not taken, and/or genetic testing was not done.

Scan / Escanear Scan the QR code or call EMM at 800-532-2227

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.

Healthcare Provider: _____
Address: _____
Phone: () _____

Date of screening appointment: ____/____/____ at ____:____ AM/PM

I want to talk about these topics at my appointment: (check all that apply)

- Nutrition
- Physical Activity
- Weight
- Smoking Cessation
- Taking medications as prescribed
- I'm not ready to make any changes yet!

Breast Cancer Screening Card

EMM/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/Workarounds/Recommendations>

Program eligibility guidelines may differ slightly.

USPSTF Screening Guidelines

Individual Cases	Grade A	Grade B
Women 21-29	Screen with cytology (Pap smear) every 3 years.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.
Women 30-65	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.

Men and Women 45-74 Screening for Colon Cancer with any of the following tests:
• FOBT/ FIT Assay
• Colonoscopy every 10 years*

Other appropriate tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Workarounds/Recommendations>
*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and are approved.

SCREENING Risk Assessment Definitions:
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• High/Increased Risk should be reported if risk was assessed and determined to be high (10% lifetime risk of colorectal cancer and advanced to high risk (Lynch Syndrome) or other genetic conditions, multiple polyps, inflammatory bowel disease, or a lifetime risk of 20-25% or greater as defined by other guidelines).
• Not Assessed should be reported if risk was not assessed. Family history was not taken, and/or genetic testing was not done.

NEBRASKA'S Healthy Program
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High/Increased Risk should be reported if risk was assessed and determined to be high (10% lifetime risk of colorectal cancer and advanced to high risk (Lynch Syndrome) or other genetic conditions, multiple polyps, inflammatory bowel disease, or a lifetime risk of 20-25% or greater as defined by other guidelines).
Not Assessed should be reported if risk was not assessed. Family history was not taken, and/or genetic testing was not done.

Scan / Escanear Scan the QR code or call EMM at 800-532-2227

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.

Healthcare Provider: _____
Address: _____
Phone: () _____

Date of screening appointment: ____/____/____ at ____:____ AM/PM

I want to talk about these topics at my appointment: (check all that apply)

- Nutrition
- Physical Activity
- Weight
- Smoking Cessation
- Taking medications as prescribed
- I'm not ready to make any changes yet!

Cervical Cancer Screening Card

EMM/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/Workarounds/Recommendations>

Program eligibility guidelines may differ slightly.

USPSTF Screening Guidelines

Individual Cases	Grade A	Grade B
Women 21-29	Screen with cytology (Pap smear) every 3 years.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.
Women 30-65	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.	Screen with cytology every 3 years or co-testing (Pap smear + HPV testing) every 5 years or screen every 5 years with HPV alone.

Men and Women 45-74 Screening for Colon Cancer with any of the following tests:
• FOBT/ FIT Assay
• Colonoscopy every 10 years*

Other appropriate tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Workarounds/Recommendations>
*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and are approved.

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Not Assessed should be reported if risk was not assessed. Family history was not taken, and/or genetic testing was not done.

Scan / Escanear Scan the QR code or call EMM at 800-532-2227

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.

Healthcare Provider: _____
Address: _____
Phone: () _____

Date of screening appointment: ____/____/____ at ____:____ AM/PM

I want to talk about these topics at my appointment: (check all that apply)

- Nutrition
- Physical Activity
- Weight
- Smoking Cessation
- Taking medications as prescribed
- I'm not ready to make any changes yet!

Sample Screening Cards

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/2019/nats/recommendations>

Program eligibility guidelines may differ slightly.

USPSTF Screening Guidelines

Colorectal Cancer	Gender: A Screen with sigmoid (Sg) every 3 years. Screen with sigmoid (Sg) every 5 years or colonoscopy (Colo) every 5 years or screen every 3 years with FIT every 1-2 years.	Gender: B Screen with sigmoid (Sg) every 3 years. Screen with sigmoid (Sg) every 5 years or colonoscopy (Colo) every 5 years or screen every 3 years with FIT every 1-2 years.
--------------------------	---	---

Men and Women 45-74
Screening for Colon Cancer with any of the following tests:
• FIT/FOBT Annually*
• Colonoscopy every 10 years**

Other approved tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/2019/nats/recommendations>
**Statement of Evidence of Comparative Effectiveness

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

CLINICAL Risk Assessment Definitions:
Average Risk should be reported if risk was assessed and determined to be average risk.
High/Increased Risk should be reported if risk was assessed and determined to be high risk (Diabetes with HbA1c ≥10%, or if at high risk for hypertension with a diastolic blood pressure of ≥105 mmHg, or if at high risk for cardiovascular disease, including treatment for the client between ages 30-39, or personal or family history of genetic conditions that increase risk of disease).
New Assessment should be reported if risk was assessed and determined to be new, average, or high risk.
Not Assessed should be reported if risk was not assessed and determined to be new, average, or high risk.

BREAST Risk Assessment Definitions:
Average Risk should be reported if risk was assessed and determined to be average risk.
High/Increased Risk should be reported if risk was assessed and determined to be high risk (Diabetes with HbA1c ≥10%, or if at high risk for hypertension with a diastolic blood pressure of ≥105 mmHg, or if at high risk for cardiovascular disease, including treatment for the client between ages 30-39, or personal or family history of genetic conditions that increase risk of disease).
New Assessment should be reported if risk was assessed and determined to be new, average, or high risk.
Not Assessed should be reported if risk was not assessed and determined to be new, average, or high risk.

Scan / Escanear
Scan the QR code or call EWM at 800-532-2227

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.

- Have concerns about getting to or from exams?
- Worry about finding someone to watch your kids/parent(s) during exams?
- Your first language isn't English?
- Want someone to go with you to your exam?
- Need help filling out paperwork?

Date of screening appointment: ___/___/___ at ___:___ AM/PM
Name of Healthcare Provider: _____
Address: _____
Phone: (____) _____

I want to talk about these topics at my appointment: (check all that apply)

Nutrition Physical Activity Weight
 Smoking Cessation Taking my medications as prescribed
 I'm not ready to make any changes yet!

Breast Cancer, Heart & Diabetes 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

CVD/Diabetes Screening
(do not only for those in conjunction with breast and/or cervical screening services)
Bloodwork Ordered: Cholesterol
 Client Fasted 8 hrs.: Yes No
Blood Draw Date: ___/___/___
Blood draw needs to be within 30 days of today's 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. Is the client taking cholesterol medication to lower cholesterol? Yes No
3a. Is it a statin? Yes Other

4. Contact us if you would like your client to get a follow-up test for a blood pressure check (month prior appointment): 1-800-532-2227
**Current client or medication adherence for hypertension and check the last box in the section below.*

Cardiovascular Risk Reduction Counseling
Refer to the guidelines on the front of this card.
 Client counseled on low dose aspirin usage to decrease risk for CVD
 Client Adherence for Hypertension Counseling

Healthy Behavior Support Services:**
 Client referred to our clinic, SMPB
 Health Coaches for Hypertension Program
 Living Well Education
 National Diabetes Prevention Program (NDPP)
 Walk & Talk Toolkit (Physical Activity)
 Tobacco Cessation Counseling

CLINICAL Assessment Complete
 Single US Network Referral Made

Completion of the GREEN actions are equivalent to submitting claims for SDOH Assessment.

For more information on Healthy Behavior Support Services (Health Coaches for Hypertension, Living Well, Walk & Talk & Risk Toolkit) available to your clients go to: www.ewm.org/healthtools
(Select the Healthy Behavior Support Services tab)

Client NOT eligible for Screening Pap this year

See back of screening card for USPSTF guidelines

Client Risk for Breast Cancer
 Mammogram ordered (see client Mammography Order Form)
 Mammogram not ordered
 Not performed, most or far away
 Not age appropriate
 Client not at risk (last 40-49)
 Other

Clinical Breast Exam
 Negative/Benign
 Client reports breast symptoms
 Suspicious for BREAST malignancy (please see mammography diagnostic description)
 Not Performed

Client Risk for Breast Cancer
Average Risk *Options on back
High Risk *Options on back
Not Assessed

Colon Cancer Screening
The client has already been screened through NCP.
 Client is 45-74 and was sent home based stool kit with card
 Client is 45-74 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 45 or over age 74 OR are not eligible based on personal and/or family history OR have been recently screened

CLINICAL:
 Client with client the appointment of
 Completing the home based stool kit
 Returning the home based stool kit to the envelope provided that is marked "LTD Lab"

Reminders to Clinicians:
• Do NOT list client a clinic-home based stool kit or Digital Rectal Exam (DRE). If a client home based stool kit to screen a positive, NCP cannot enroll the client for a colonoscopy.
• NCP is a screening program NOT a diagnostic program.

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

Date of Service for Office Visit
Clinician Name (print full name-do not abbreviate)

Clinic Name (print full name-do not abbreviate)

City _____

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/2019/nats/recommendations>

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Men and Women 45-74
Screening for Colon Cancer with any of the following tests:
• FIT/FOBT Annually*
• Colonoscopy every 10 years**

Other approved tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/2019/nats/recommendations>
**Statement of Evidence of Comparative Effectiveness

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

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New Assessment should be reported if risk was assessed and determined to be new, average, or high risk.
Not Assessed should be reported if risk was not assessed and determined to be new, average, or high risk.

BREAST Risk Assessment Definitions:
Average Risk should be reported if risk was assessed and determined to be average risk.
High/Increased Risk should be reported if risk was assessed and determined to be high risk (Diabetes with HbA1c ≥10%, or if at high risk for hypertension with a diastolic blood pressure of ≥105 mmHg, or if at high risk for cardiovascular disease, including treatment for the client between ages 30-39, or personal or family history of genetic conditions that increase risk of disease).
New Assessment should be reported if risk was assessed and determined to be new, average, or high risk.
Not Assessed should be reported if risk was not assessed and determined to be new, average, or high risk.

Scan / Escanear
Scan the QR code or call EWM at 800-532-2227

Clients - Please fill out this page!
This helps Every Woman Matters find the best tools and services to meet your goals.

- Have concerns about getting to or from exams?
- Worry about finding someone to watch your kids/parent(s) during exams?
- Your first language isn't English?
- Want someone to go with you to your exam?
- Need help filling out paperwork?

Date of screening appointment: ___/___/___ at ___:___ AM/PM
Name of Healthcare Provider: _____
Address: _____
Phone: (____) _____

I want to talk about these topics at my appointment: (check all that apply)

Nutrition Physical Activity Weight
 Smoking Cessation Taking my medications as prescribed
 I'm not ready to make any changes yet!

Cervical Cancer, Heart & Diabetes 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

CVD/Diabetes Screening
(do not only for those in conjunction with breast and/or cervical screening services)
Bloodwork Ordered: Cholesterol
 Client Fasted 8 hrs.: Yes No
Blood Draw Date: ___/___/___
Blood draw needs to be within 30 days of today's 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. Is the client taking cholesterol medication to lower cholesterol? Yes No
3a. Is it a statin? Yes Other

4. Contact us if you would like your client to get a follow-up test for a blood pressure check (month prior appointment): 1-800-532-2227
**Current client or medication adherence for hypertension and check the last box in the section below.*

Cardiovascular Risk Reduction Counseling
Refer to the guidelines on the front of this card.
 Client counseled on low dose aspirin usage to decrease risk for CVD
 Medication Adherence for Hypertension Counseling

Healthy Behavior Support Services:**
 Client referred to our clinic, SMPB
 Health Coaches for Hypertension Program
 Living Well Education
 National Diabetes Prevention Program (NDPP)
 Walk & Talk Toolkit (Physical Activity)
 Tobacco Cessation Counseling

CLINICAL Assessment Complete
 Single US Network Referral Made

Completion of the GREEN actions are equivalent to submitting claims for SDOH Assessment.

For more information on Healthy Behavior Support Services (Health Coaches for Hypertension, Living Well, Walk & Talk & Risk Toolkit) available to your clients go to: www.ewm.org/healthtools
(Select the Healthy Behavior Support Services tab)

Client NOT eligible for Mammography this year

See back of screening card for USPSTF guidelines

Client Risk for Cervical Cancer
 Pap test performed
 Pap test not performed (see envelope provided that is marked "LTD Lab")
 HPV test performed
 HPV test not performed
 Client not at risk (last 40-49)
 Client not at risk (last 40-49)

Clinical Breast Exam
 Negative/Benign
 Client reports breast symptoms
 Suspicious for BREAST malignancy (please see mammography diagnostic description)
 Not Performed

Client Risk for Breast Cancer
Average Risk *Options on back
High Risk *Options on back
Not Assessed

Colon Cancer Screening
The client has already been screened through NCP.
 Client is 45-74 and was sent home based stool kit with card
 Client is 45-74 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 45 or over age 74 OR are not eligible based on personal and/or family history OR have been recently screened

CLINICAL:
 Client with client the appointment of
 Completing the home based stool kit
 Returning the home based stool kit to the envelope provided that is marked "LTD Lab"

Reminders to Clinicians:
• Do NOT list client a clinic-home based stool kit or Digital Rectal Exam (DRE). If a client home based stool kit to screen a positive, NCP cannot enroll the client for a colonoscopy.
• NCP is a screening program NOT a diagnostic program.

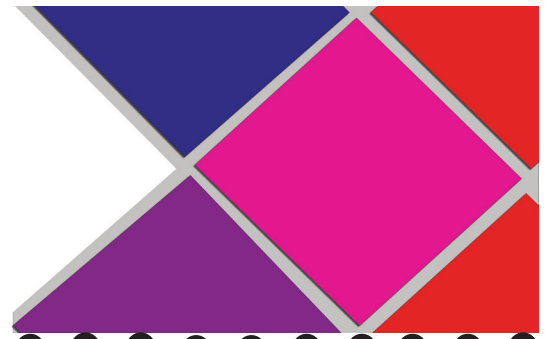
****MUST be an approved contracted provider to receive reimbursement.**

Date of Service for Office Visit
Clinician Name (print full name-do not abbreviate)

Clinic Name (print full name-do not abbreviate)

City _____

Presumptive Enrollment



What is Presumptive Eligibility Enrollment?

- Client is in your office for services and client is eligible for EWM and/or NCP
- Clinic presumes that client is eligible based upon eligibility criteria below
- Clinic will provide services same day of enrollment
- If client has Permanent Resident Card/Green Card, call EWM to check the SAVE program for eligibility

EWM: Women 21-64
NCP: Women and Men 45-74

Women and men in need of preventive screening services

- Complete Healthy Lifestyle Questionnaire (HLQ)-
PRESUMPTIVE ENROLLMENT

How can I assist my clients to access the WMHPs?

- Have EWM/NCP HLQ-PRESUMPTIVE ENROLLMENT packets available in your office
- Assist clients in completing forms if needed

HLQ is filled out AT THE CLINIC

- Clinic staff determine program and service eligibility

Clinics MUST be trained and approved as a PRESUMPTIVE ENROLLMENT Provider

Screening Card is filled out (page 9) for each client based on eligibility determination

- Screening Card and HLQ sent to WMHP for reimbursement



Sample Presumptive Enrollment

EFFECTIVE: October 1, 2024-June 30, 2025

PRESUMPTIVE ENROLLMENT Healthy Lifestyle Questionnaire

What is PRESUMPTIVE ENROLLMENT?:

- Patient is in your office for services and patient is eligible for Every Woman Counts
- Clinic presumes that client is eligible based upon eligibility criteria.
- Clinic will provide services same day of enrollment.
- If client has Permanent Resident Card/Green Card, call EWM to check

Eligibility criteria for enrollment into EWM and/or the Nebraska Colon Cancer Program:

- Must meet age guidelines (21-74)
- Must not have health coverage that would pay for preventive screening services
- For NCP, client must be a Nebraska resident
- Must be a U.S. Citizen or qualified alien under the federal Immigration and Nationality Act, 8 U.S.C. 1101 et seq., as such act existed on January 1, 2009, and be lawfully present in the United States. (i.e. Permanent Resident Card/Green Card)
- Must meet income guidelines that fall at or below 250% of the Federal Poverty Guidelines

If client is eligible for EWM and/or NCP, please fill out this form.

WHAT CLIENTS NEED TO KNOW:

- You must **NOT** have health insurance that would pay for preventive services.
- Please answer **ALL** questions.
- Please **PRINT** clearly. Use a black or blue ink pen. Do not use pencil.
- Screening Card is located on Page 9.

WHAT PROVIDERS NEED TO KNOW:

- Screenings are determined by the provider and based upon how the client presents.
- Discuss with the client benefits of healthy lifestyle behaviors.
- Clinics must submit the PRESUMPTIVE ENROLLMENT FORM to the HLO as a part of the client chart, if so desired.
- Clinics **MUST** include the results of the services performed.

Thank you for taking time for your health!

Version: 3/2024

Program Services

Mammography

Female clients 40-64 ONLY

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

Female clients 21-64

Finding: Negative/Benign Client reports breast symptoms Suspicious for BREAST malignancy (diagnostic mammogram) Not Performed

Client Risk for Breast Cancer

Female clients 21-64

Average Risk *High/Risk on back

High Risk *High/Risk on back

Not Assessed

Screening Pap

Female clients 21-64

Pap test performed (also need to enter (I/M) either on lab requisition)

Pap test not performed Mark/Just reason (Hysterectomy (with/without hysterectomy) not due to cervical cancer)

HPV test performed (also need to enter (I/M) either on lab requisition)

HPV test not performed

Pelvic Exam

Female clients 21-64

Finding: Negative/Benign Visible Suspicious CERVICAL lesion Not Performed

Client Risk for Cervical Cancer

Female clients 21-64

Average Risk *High/Risk on back

High Risk *High/Risk on back

Not Assessed

CVD/Diabetes Screening

Female clients 35-64 ONLY

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

Bloodwork Ordered: Yes No

Client fasted 8 hrs: Yes No

Blood Draw Date: _____

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

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 35+ are now eligible for A1c!

A1c (if/when): _____

O/R _____

Blood Glucose: _____ mg/dl (if/when)

Colon Cancer Screening

Female/Male clients 45-74 ONLY

Clinic will assist client with completing appropriate CRC screening

Clinic would like NCP to follow up with client

Client is not due for CRC screening and provide appropriate screening test and provide

Client is not due for CRC screening

Reminders to Clinician:

- If a clinic home based stool kit is given, and the results are positive, NCP can not enroll for CRC colonoscopy.
- Client is screening program (NOT a diagnostic program).

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

General Clinical Services

Height: (with shoes off) _____ ft./in.

Weight: _____ lbs.

Waist Circumference: _____ inches

Note - Blood pressure readings are required for this visit.

Blood Pressure (1): _____ mm Hg

Blood Pressure (2): _____ mm Hg

1. Is client taking blood pressure medication? Yes No

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

3. Is the client taking cholesterol medication to lower cholesterol? Yes No Other _____

4. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check (needs prior approval) Yes No

** Counsel client on medication adherence for hypertension and check the last box if the lecture below.*

Cardiovascular Risk Reduction Counseling

Check if counseling completed

Female clients 35-64 ONLY

Client counseled on low dose aspirin usage to decrease risk for CVD

Client Adherence for Hypertension Counseling

Healthy Behavior Support Services:

- Health Coaches for Hypertension Program
- Living Well Education Program (MDEP)
- National Diabetes Prevention Program (NDPP)
- Tobacco Cessation Counseling

Client Referred to Statewide Quitline at _____

1-800-QUIT-NOW

1-800-QUIT-NOW

Client Referred

Completion of the above services is required to submitting claims for Risk Reduction Counseling and SDOH Assessment.

SDOH Assessment Complete

Unite Us Network Referral Made

Date of Service for Office Visit: _____

Clinician Name (MHW) & F name (do not abbreviate): _____

Clinic Name and City (MHW) & F name (do not abbreviate): _____

Enrolling/Determining Eligibility Diagnostic Services



- Breast: Women age 18-64
- Cervical: Women age 21-64
- Breast or cervical cancer abnormalities
- Screened within the last 6 months
- Clients age 25-39 with documented personal history of BRCA1 or BRCA2 would be eligible for annual breast MRI screening
- May enroll for Diagnostic Services even with health insurance

How can I assure services are covered for my clients?

- Follow Guidance regarding Presumptive Eligibility (pg. 23-24)
- Complete the diagnostic form in its entirety
- Make sure screening results are included
- Follow standards of care as noted on the diagnostic form

Women screened outside EWM program and found to have abnormal results

- Healthcare staff determine program and service eligibility



Woman determined eligible for services

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

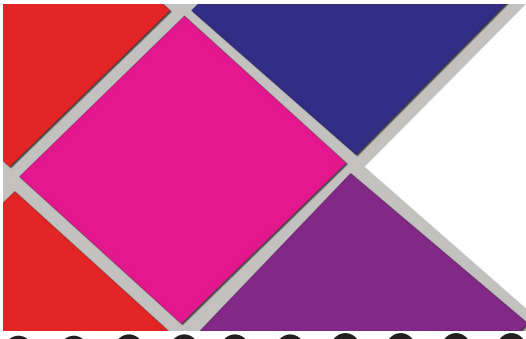


Referral made to specialty provider

- 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



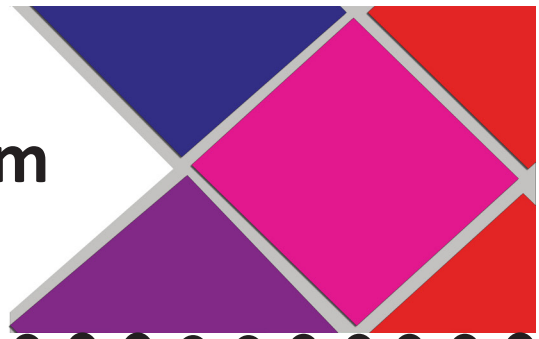
1. Clients ages **21 and up for breast** cancer diagnostics after abnormal screening results that occurred within the last 6 months.
2. Clients ages **21 and up for cervical** cancer diagnostics after abnormal screening results that occurred within the last 6 months.
3. Clients ages **25 and over with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

Instructions for the Breast and Cervical Diagnostic Enrollment Forms
can be found on the Every Woman Matters website:

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



Sample Breast Diagnostic Form



BREAST DIAGNOSTIC ENROLLMENT

Follow Up & Treatment Plan for Women 18-64

10/2024

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

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

PROVIDER NOTES:

- Clients with insurance **MAY STILL BE ELIGIBLE** for diagnostic services.
- If client is currently enrolled for screening services complete **ONLY** pages 3 and/or 4.
- Diagnostic form instructions may now be found online at dhhs.ne.gov/ewmforms
- Male clients - **NOT** eligible for screening or diagnostic procedures (see *Transgender Policy pg 77 and pg 81 in the Women's & Men's Health Program Provider Participation Manual*)

Please answer each question and PRINT clearly!

CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name: _____ Marital Status: Single Married Divorced Widowed

Gender: Female Transgender Female to Male Male to Female

Do you identify as: Heterosexual Lesbian Bisexual Gay

Birthdate: ____/____/____ Social Security #: ____-____-____ Birth place: _____
City and state or country of birth

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Preferred way of Contact?: Home Work Cell Is it okay to text your cell phone? Yes No

Yes I want to receive program information by email. Email: _____

OTHER CONTACT

Contact person: _____ Relationship: _____

Phone: (____) _____ Home Work Cell

DEMOGRAPHICS

Are you of Hispanic/Latina(o) origin? Yes No Unknown

Are you a Refugee? Yes No DK*
If yes, where from: _____

What is your primary language spoken in your home?
 English Spanish Vietnamese Other _____

Highest level of education completed:
 <9th grade Some high school High school graduate or equivalent Some college or higher Don't know Don't want to answer

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

American Indian/Alaska Native
Tribe: _____

Black/African American
 Mexican American
 White
 Asian
 Pacific Islander/Native Hawaiian
 Other _____
 Unknown

How did you hear about the program:
 Doctor/Clinic Agency Newspaper/Radio/TV Family/Friend I am a Current/Previous Client Community Health Worker Social Media (Facebook/Instagram, etc.) Other _____

HEALTH HISTORY

Have you ever had any of the following tests?:

Pap test Yes No DK*
Previous/Prior Pap test Date ____/____/____
The result: Normal Abnormal DK*

HPV test Yes No DK*
Previous/Prior HPV test Date ____/____/____
The result: Normal Abnormal DK*

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

2a. Was your cervix removed? Yes No DK*

2b. Was your hysterectomy to treat cervical cancer? Yes No DK*

Have you ever had cervical cancer? No Yes DK* When: ____/____/____

Mammogram Yes No DK*
Previous/Prior Mammogram Date ____/____/____
The result: Normal Abnormal DK*

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

Have you ever had breast cancer? No Yes DK* When: ____/____/____

1 - Enrollment
Continue to Page 2 → → →



Sample Breast Diagnostic Form

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

10/2024

INCOME & INSURANCE

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

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

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

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

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

Informed Consent and Release of Medical Information

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

- 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 21-64 years of age, I may be eligible for screening services which may include: breast and/or cervical cancer screening, screenings for blood pressure, cholesterol, diabetes, and obesity based upon US Preventive Services Task Force and Program Guidelines. I have talked with my health care provider about the screening test(s) and understand possible side effects or discomforts.
- I understand that I may be asked to increase my level of physical activity and make changes to my diet as part of the health education offered to me. I understand that before I make these activity and/or diet changes, I am encouraged to talk to my health care provider about any related concerns or questions.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- I may be given information to learn how to change my diet, increase activity, and/or stop smoking. EWM may remind me when it is time for me to schedule my screening exams and send me mail to help me learn more about my health.
- Based on my personal and health history, I may receive screening and/or health education materials. I know that if I move without giving my mailing address to EWM, I may not get reminders about screening and education. I accept responsibility for following through on any advice my health care provider may give me.
- My health care provider, laboratory, clinic, radiology unit, and/or hospital can give results of my breast and/or cervical cancer screening, follow up exams, diagnostic tests and/or treatment to EWM.
- To assist me in making the best health care decisions, EWM may share clinical and other health care information including lab results and health history with my health care providers.
- My name, address, email, phone number (for calling or texting), 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 or used to remind me when I am due for screening/rescreening/treatment. This information may be shared with other organizations as required to receive treatment resources.
- Other information may be used for studies approved by EWM and/or The Centers for Disease Control and Prevention (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.
- If I need help with food, safe housing, or other items that keep me from taking care of my health, I will be offered a referral to a care network called Unite Us. Unite Us will link me to community agencies close to me who can help me. To use this help, my name address, email, phone, or other personal information will be shared. I can refuse this help.

CHECK ONE

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

- For the purpose of complying with Neb. Rev. Stat. 4-111(1)(b), 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, 8 U.S.C. 1101 et seq., as such act existed on January 1, 2009, and am lawfully present in the United States. I am attaching a front and back copy of my USCIS documentation. (for example, Permanent Resident Card/Green Card)

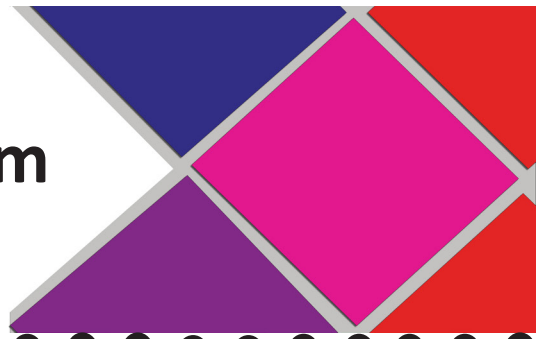
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

SIGN & DATE

_____ Please Print Your Name (first, middle, last) _____ Your Signature
 _____ /_____/_____ Date _____ /_____/_____ Your Date of Birth

Enrollment - 2

Sample Breast Diagnostic Form



*Clients with insurance MAY STILL BE ELIGIBLE for diagnostic services. 10/2024

Breast Follow-Up & Treatment Plan

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

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

Ages 18-39

Screening History:

Clinical Breast Exam Suspicious for Breast Malignancy Date: ___/___/___

Diagnostic Workup:

Surgical Consultation Date: ___/___/___
Physician: _____

- If CBE is suspicious, EWM encourages surgical consult **BEFORE** ultrasound

Breast Ultrasound Date: ___/___/___

- Preferred: Referral to surgeon for evaluation and to determine need for u/s
- Acceptable: Breast u/s ordered by Primary Care Provider if no surgeon available

Diagnostic Mammogram Date: ___/___/___

- Client must be at least age 30 to have a Diagnostic Mammogram
- Diagnostic mammogram alone does not meet standard of care if CBE is suspicious

Repeat Breast Exam Date: ___/___/___

Breast Biopsy type: _____ Date: ___/___/___

Breast MRI for suspected Inflammatory Breast Cancer Date: ___/___/___

Consultation/2nd opinion Date: ___/___/___

FNA OR U/S-Guided Needle Aspiration Date: ___/___/___

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

Ages 40-64

Screening History:

Clinical Breast Exam Suspicious for Breast Malignancy Date: ___/___/___

Results of initial SCREENING mammogram, if applicable: Date ___/___/___

Screening Mammogram was NOT PERFORMED

BI-RADS 0 - Assessment incomplete

BI-RADS 1, 2, and 3 with a suspicious clinical breast exam

BI-RADS 4 - Suspicious abnormality

BI-RADS 5 - Highly suspicious

Diagnostic Workup:

Surgical Consultation Date: ___/___/___
Physician: _____

Breast Ultrasound Date: ___/___/___

Diagnostic Mammogram Date: ___/___/___

- Diagnostic mammogram alone does not meet standard of care if CBE is suspicious

Repeat Breast Exam Date: ___/___/___

Breast Biopsy type: _____ Date: ___/___/___

Breast MRI for suspected Inflammatory Breast Cancer Date: ___/___/___

Consultation/2nd opinion Date: ___/___/___

FNA OR U/S-Guided Needle Aspiration Date: ___/___/___

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

Refer to EWM Coverage of Diagnostic Services for more information at www.dhhs.ne.gov/ewmforms

★ Final Diagnosis: This section must be completed before sending to EWM	Check one: <input type="radio"/> Cancer not diagnosed - no treatment necessary <input type="radio"/> Cancer diagnosed - Please complete Breast Cancer Treatment section on Page 4 <input type="radio"/> Ductal carcinoma in situ <input type="radio"/> Lobular carcinoma in situ <input type="radio"/> Other carcinoma in situ <input type="radio"/> Invasive cancer Date of final diagnosis or pathology report: ___/___/___
---	--

Fax: 402-471-0913 || Mail: Every Woman Matters, P.O. Box 94817, Lincoln, NE 68509-4817 || Questions: 800-532-2227
 To view instructions or to print out forms: www.dhhs.ne.gov/EWMforms
 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.

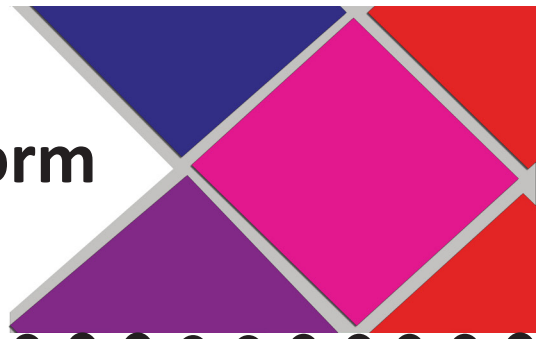
Treatment Plan - 3



Sample Breast Diagnostic Form

Breast Follow-Up & Treatment Plan				
Client Information:	First	MI	Last	DOB
Breast Cancer Referral & Treatment				
Referral:	Client referred to _____ who will take over care. <small>Clinician/Clinic name and city/phone</small>			
Consultation:	Consultation Date to give client options: _____			
Treatment:	Treatment regimen consists of _____ (lumpectomy, surgery, chemo, radiation, etc.) Treatment Scheduled Date: _____ Treatment Performed Date: _____			
Refusal:	Cancer treatment refused date _____ Client made informed decision: <input type="radio"/> Yes <input type="radio"/> 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: <small>Check one of more that apply to the client, and provide appropriate clinical documentation. Fax to: 402-471-0913</small>				
<input type="radio"/> Previous personal history of breast cancer <input type="radio"/> Lifetime risk of 20-25% or greater based on family history using breast cancer tool for women 35+: www.cancer.gov/bcrisktool/ (for women under 35, go to https://ibis.ikonopedia.com/) <input type="radio"/> Client has <input type="radio"/> BRCA1 <input type="radio"/> BRCA2 <input type="radio"/> Other mutation Date of genetic testing: ____/____/____ <input type="radio"/> First-degree relative with BRCA1 or BRCA2 (parent, brother, sister, child) Relative: _____ Date of genetic testing: ____/____/____ <input type="radio"/> Previous Radiation Therapy to chest, between the ages of 10-30 Age: _____ Purpose of radiation: _____ <input type="radio"/> Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes				Requesting provider information: Clinic Name _____ Phone #: _____ Fax #: _____
<small>EWM staff use only. Request approved: <input type="radio"/> Yes <input type="radio"/> No Program signature: _____ Date: ____/____/____ Authorization expires one month after date of signature</small>				
6 Month Follow-Up of Previous Abnormal Finding				
Past Results: why does client need follow-up?	Last Clinical Breast Exam Result/Finding: <input type="radio"/> Negative/Benign <input type="radio"/> Suspicious for breast malignancy Date: ____/____/____ Last Screening or Diagnostic Mammogram Result: _____ Date: ____/____/____ Last Breast Ultrasound Result: _____ Date: ____/____/____ Last Treatment: _____ Date: ____/____/____			
Current Results:	6 Month Follow Up: Only for clients 40-64. What are the client's current results? Please note follow-up is not reimbursable for clients under 40. Client reports symptoms: <input type="radio"/> NO <input type="radio"/> YES, list symptoms: _____ DATE: ____/____/____ Clinical Breast Exam Results (check one): <input type="radio"/> Negative/Benign <input type="radio"/> Suspicious for breast malignancy DATE: ____/____/____ Mammogram Results (check one): <input type="radio"/> Negative <input type="radio"/> Benign <input type="radio"/> Probably Benign DATE: ____/____/____ Breast Ultrasound Results (check one): <input type="radio"/> Negative <input type="radio"/> Benign <input type="radio"/> Probably Benign <div style="text-align: center; background-color: #e91e63; color: white; padding: 2px; font-size: small;">If any other results must do new workup on Page 3</div> DATE: ____/____/____ Consultation by _____ Clinic Name: _____ DATE: ____/____/____ Biopsy: Type: _____ Results: _____ <small>* Must do new workup on page 3</small>			
Name of Clinic: _____		City: _____		Date: _____

Sample Cervical Diagnostic Form



CERVICAL DIAGNOSTIC ENROLLMENT

Follow Up & Treatment Plan for Women 21-64

10/2024

NEBRASKA
Good Life. Great Mission.

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

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.

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 DOB on pages 3 and 4.
- Diagnostic form instructions may now be found online at dhhs.ne.gov/ewmforms
- Male clients - NOT eligible for screening or diagnostic procedures (see *Transgender Policy pg 77 and pg 81 in the Women's & Men's Health Program Provider Participation Manual*)

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

CONTACT INFORMATION	First Name: _____		Middle Initial: _____	Last Name: _____		
	Maiden Name: _____		Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed			
	Gender: <input type="radio"/> Female <input type="radio"/> Transgender		Do you identify as: <input type="radio"/> Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Gay			
			<input type="radio"/> Female to Male <input type="radio"/> Male to Female			
	Birthdate: ____/____/____		Social Security #: _____	Birth place _____		
			City and state or country of birth			
	Address: _____ Apt. # _____					
	City: _____		County: _____	State: _____	Zip: _____	
	Home Phone: (____) _____		Work Phone: (____) _____	Cell Phone: (____) _____		
	Preferred way of Contact?: <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Is it okay to text your cell phone? <input type="radio"/> Yes <input type="radio"/> No					
<input type="checkbox"/> Yes I want to receive program information by email. Email: _____						
OTHER CONTACT	Contact person: _____		Relationship: _____			
	Phone: (____) _____		<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell			
DEMOGRAPHICS	Are you of Hispanic/Latina(o) origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Are you a Refugee? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* If yes, where from: _____			
	What is your primary language spoken in your home? <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Other _____		Highest level of education completed: <input type="radio"/> <9th grade <input type="radio"/> Some high school <input type="radio"/> High school graduate or equivalent <input type="radio"/> Some college or higher <input type="radio"/> Don't know <input type="radio"/> Don't want to answer			
	What race or ethnicity are you? (check all boxes that apply)		How did you hear about the program:			
	<input type="radio"/> American Indian/Alaska Native Tribe _____		<input type="radio"/> Doctor/Clinic <input type="radio"/> Agency <input type="radio"/> Newspaper/Radio/TV <input type="radio"/> Family/Friend <input type="radio"/> I am a Current/Previous Client <input type="radio"/> Community Health Worker <input type="radio"/> Social Media (Facebook/Instagram, etc.) <input type="radio"/> Other _____			
	<input type="radio"/> Black/African American					
	<input type="radio"/> Mexican American					
	<input type="radio"/> White					
	<input type="radio"/> Asian					
	<input type="radio"/> Pacific Islander/Native Hawaiian					
	<input type="radio"/> Other _____					
<input type="radio"/> Unknown						
HEALTH HISTORY	Have you ever had any of the following tests?:					
	Pap test <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*		Have you ever had cervical cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____			
	Previous/Prior Pap test Date ____/____/____		Mammogram <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*			
	The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*		Previous/Prior Mammogram Date ____/____/____			
	HPV test <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*		The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*			
	Previous/Prior HPV test Date ____/____/____		Has your <i>mother, sister or daughter</i> ever had breast cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*			
	The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*		Have you ever had breast cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____			
	Have you ever had a hysterectomy (removal of the uterus)?					
	2a. Was your cervix removed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*					
	2b. Was your hysterectomy to treat cervical cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*					

1 - Enrollment
Continue to Page 2 → → →



Sample Cervical Diagnostic Form

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

10/2024

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

INCOME & INSURANCE

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

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

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

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

Informed Consent and Release of Medical Information

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

- I want to be a part of the Every Woman Matters (EWM) Program. I know:
 - That I must be at least 21, and not over 64 to receive cervical 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 21 years of age or older, I may be able to enroll in EWM after I have had my cervical cancer diagnostic tests.
- I know that if I am 21-64 years of age, I may be eligible for screening services which may include: breast and/or cervical cancer screening, screenings for blood pressure, cholesterol, diabetes, and obesity based upon US Preventive Services Task Force and Program Guidelines. I have talked with my health care provider about the screening test(s) and understand possible side effects or discomforts.
- I understand that I may be asked to increase my level of physical activity and make changes to my diet as part of the health education offered to me. I understand that before I make these activity and/or diet changes, I am encouraged to talk to my health care provider about any related concerns or questions.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- I may be given information to learn how to change my diet, increase activity, and/or stop smoking. EWM may remind me when it is time for me to schedule my screening exams and send me mail to help me learn more about my health.
- Based on my personal and health history, I may receive screening and/or health education materials. I know that if I move without giving my mailing address to EWM, I may not get reminders about screening and education. I accept responsibility for following through on any advice my health care provider may give me.
- My health care provider, laboratory, clinic, radiology unit, and/or hospital can give results of my breast and/or cervical cancer screening, follow up exams, diagnostic tests and/or treatment to EWM.
- To assist me in making the best health care decisions, EWM may share clinical and other health care information including lab results and health history with my health care providers.
- My name, address, email, phone number (for calling or texting), 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 or used to remind me when I am due for screening/rescreening/treatment. This information may be shared with other organizations as required to receive treatment resources.
- Other information may be used for studies approved by EWM and/or The Centers for Disease Control and Prevention (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.
- If I need help with food, safe housing, or other items that keep me from taking care of my health, I will be offered a referral to a care network called Unite Us. Unite Us will link me to community agencies close to me who can help me. To use this help, my name address, email, phone, or other personal information will be shared. I can refuse this help.

CHECK ONE

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

- For the purpose of complying with Neb. Rev. Stat. 4-111(1)(b), 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, 8 U.S.C. 1101 et seq., as such act existed on January 1, 2009, and is lawfully present in the United States. I am attaching a front and back copy of my USCIS documentation. (for example, Permanent Resident Card/Green Card)

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

SIGN & DATE

Please Print Your Name (first, middle, last)

_____/_____/_____
Date

Your Signature

_____/_____/_____
Your Date of Birth

Enrollment - 2

Sample Cervical Diagnostic Form

Cervical Follow-Up and Treatment Plan 10/2024
*Clients with insurance MAY STILL BE ELIGIBLE for diagnostic services.

Client Information:	First	MI	Last	DOB
Provider Information:	Screening: Clinic that initiated care	Name:		City and Phone #:
	Diagnostic: Clinic that patient was referred to	Name:		City and Phone #:

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

Pap/HPV results: Find the client's result below and mark the date of service for the Pap/HPV and procedure listed directly underneath. If your client's procedure is NOT listed directly underneath the Pap/HPV result, it may not be reimbursable by EWM. Call EWM to discuss.

Co-Testing	HPV	Unsatisfactory	HPV (-) AS-CUS / LSIL	HPV 16/18 AS-CUS / LSIL	HPV (-) ASC-H / HSIL	HPV 16/18 ASC-H / HSIL	AGC Any HPV result	Sq. Cell Carcinoma
Date ___/___/___ <input type="radio"/> Negative Pap	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___	Date ___/___/___
<input type="radio"/> Cervical lesion <input type="radio"/> Colposcopy with biopsy DOS: ___/___/___ <input type="radio"/> HPV+ Age 30-39 <input type="radio"/> Repeat co-testing in 1 year (must re-enroll in EWM) <input type="radio"/> Age 40+ <input type="radio"/> If HPV 16 or 18 Colposcopy with biopsy DOS: ___/___/___	<input type="radio"/> HPV+ Age 30-39 <input type="radio"/> Repeat HPV testing in 1 year (must re-enroll in EWM) <input type="radio"/> Age 40+ <input type="radio"/> If HPV 16 or 18 Colposcopy with biopsy DOS: ___/___/___	<input type="radio"/> HPV unknown or HPV- Repeat cytology in 2-4 months (not eligible for colposcopy) <input type="radio"/> HPV+ <input type="radio"/> Age 21-29 <input type="radio"/> Repeat cytology in 2-4 months (no HPV test allowed per guidelines) <input type="radio"/> Age 30+ <input type="radio"/> Colposcopy with biopsy DOS: ___/___/___	<input type="radio"/> Ages 25-29 <input type="radio"/> Repeat HPV at 1 year <input type="radio"/> Ages 30-65 <input type="radio"/> Repeat co-testing at 1 year	<input type="radio"/> Colposcopy w/ Biopsy (biopsy results < CIN2 5-year CIN 3 risk is 2.9% 1-year follow-up) DOS: ___/___/___ <input type="radio"/> Repeat HPV at 1 year interval	<input type="radio"/> Immediate diagnostic LEEP for Pap and colpo result discrepancy DOS: ___/___/___ <input type="radio"/> Repeat colposcopy in 1 year	<input type="radio"/> Expedited Treatment or Colposcopy with biopsy Acceptable (25-59% CIN3 risk) DOS: ___/___/___ <input type="radio"/> Colposcopy with biopsy recommended (4-24% CIN 3 risk) <input type="radio"/> Immediate diagnostic LEEP for Pap and colpo discrepancy DOS: ___/___/___ <input type="radio"/> Repeat HPV test 6 months	<input type="radio"/> All Subcategories: <input type="radio"/> Colposcopy with biopsy + ECC and <input type="radio"/> Endometrial biopsy* <input type="radio"/> Both to be done on the same day DOS: ___/___/___ <input type="radio"/> Atypical Endometrial Cells: <input type="radio"/> Endometrial and endocervical sampling DOS: ___/___/___ <input type="radio"/> If no endometrial pathology: <input type="radio"/> Colposcopy DOS: ___/___/___	<input type="radio"/> Treatment referral to OB/GYN Complete page 4: Cervical Cancer Treatment Section
<input type="radio"/> Consultation or second opinion:		Physician:		Clinic Name:		Date of Service: ___/___/___		

Client Refused Initiate: Client Informed Refusal Form/Service Provider Document DOS = Date of Service

<p>★ Final Diagnosis: This section must be completed before sending to EWM</p>	<p>Check one:</p> <p><input type="radio"/> Normal/Benign Inflammation; HPV/Condylomata/Atypia; Treatment not indicated / Repeat Pap/HPV or Co-test 1 year</p> <p><input type="radio"/> Inconclusive Results</p> <p><input type="radio"/> CIN I</p> <p><input type="radio"/> CIN II</p> <p><input type="radio"/> CIN III carcinoma in situ</p> <p><input type="radio"/> Invasive Cancer</p> <p>Date of final diagnosis or pathology report: ___/___/___</p>
---	---

For CIN II and greater, complete page 4: Cervical Cancer Referral and Treatment

Treatment Plan - 3

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

Sample Cervical Diagnostic Form

Cervical Follow-Up and Treatment Plan

10/2024

Women who require Pap at 1 year as follow-up must re-enroll in the **Every Woman Matters Program** in order for this service to be covered. **CIN II or III with no margins involved:** Repeat co-testing at 12 & 24 months.

Client Information:	First	MI	Last	DOB
Cervical Cancer Referral & Treatment				
Referral:	Client referred to _____ who will take over care. <small>Clinician/Clinic name and city/phone</small>			
Consultation:	Consultation Date to give client options: _____ <small>Consultations can only be reimbursed if provider normally brings clients into the office for consultation</small>			
Treatment:	Treatment regimen consists of _____ (cryotherapy, cone, LEEP, surgery, chemo, radiation, etc.) Treatment Scheduled Date: _____ Treatment Performed Date: _____			
Refusal:	Cancer treatment refused date _____ Client made informed decision: <input type="radio"/> Yes <input type="radio"/> No Reason for refusal: _____			

6 Month Follow-Up of Previous Abnormal Finding

Age 25-64

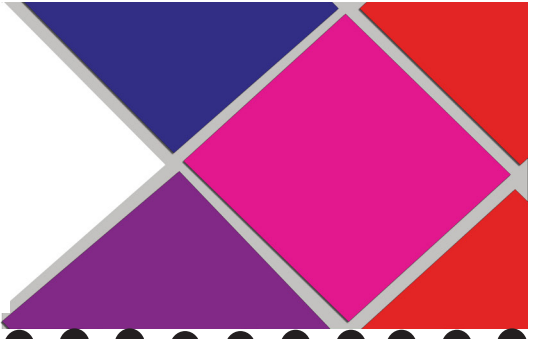
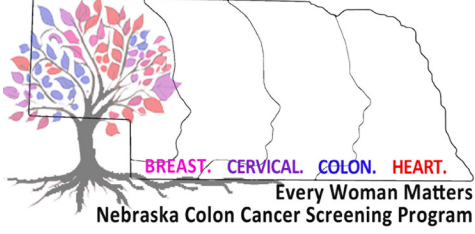
Prior History*:	
Prior Pap test date: ___/___/___ Results: _____	
CIN II or III with No Treatment Done Observation - colposcopy and cytology at 6 month intervals for 12 months Date: ___/___/___ Results: _____	CIN II or III with margins involved Colposcopy and cytology with ECC Re-evaluated at 4-6 months Date: ___/___/___ Results: _____
Name of Clinic:	City: _____ Date: ___/___/___

Fax: 402-471-0913 || Mail: Every Woman Matters, P.O. Box 94817, Lincoln, NE 68509-4817 || Questions: 800-532-2227
To view instructions or to print out forms: www.dhhs.ne.gov/EWMforms

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.

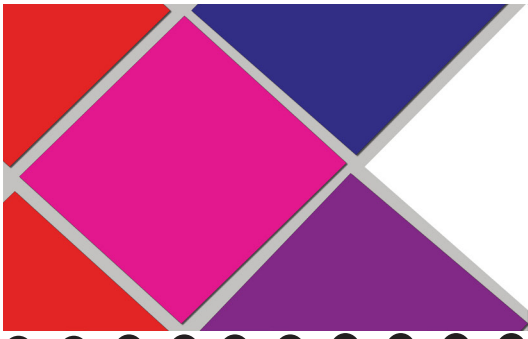
Treatment Plan - 4

Women's & Men's Health Programs



Anesthesiology & Hospitals





Anesthesiology & Hospitals

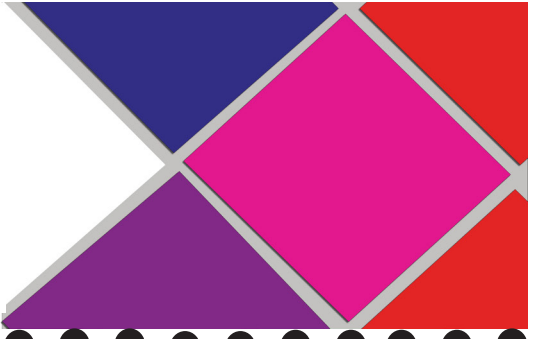
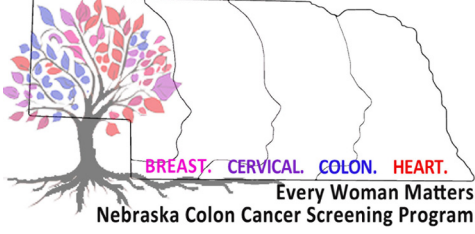


Anesthesiology and Hospital Providers agree to:

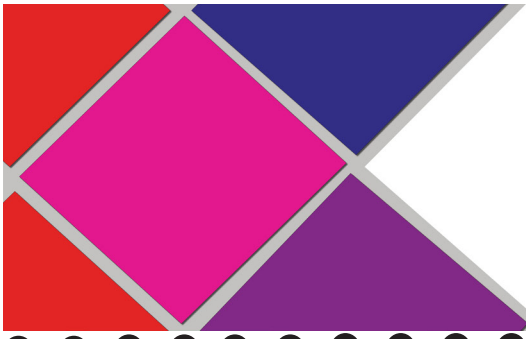
- Submit claims on American Medical Association approved claim forms.
- Be approved JACHO certified facility.
- Ensure that all medical personnel have appropriate licensure.
- Bill to third-party payors prior to submitting claims to the Program.
- Bill for approved procedures as listed on fee schedule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



Women's & Men's Health Programs



Radiology Providers



Radiology Providers

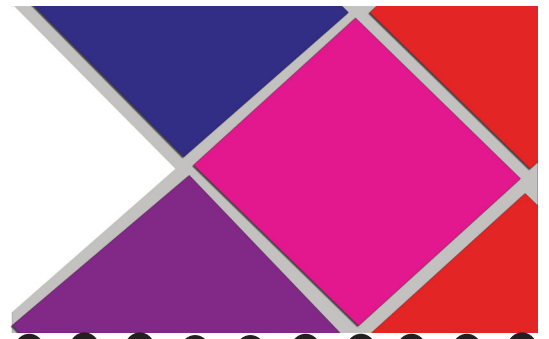


Radiology Providers agree to:

- Submit results using the ACR Lexicon Breast Imaging Reporting System (BIRADS).
- Have received Food and Drug Administration (FDA) certification. Provisional certification is acceptable. Mammography units must provide a copy of the current FDA certification when signing a participation contract with the Women's and Men's Health Programs.
- Provide client 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 the report(s) 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) (See the Compensation & Billing Section for more information on billing procedures).



Mammography Order Form



Mammography Order Form

When any client presents a Mammography Order Form to a participating mammography facility, eligibility has already been determined and a participating healthcare provider has already seen client 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 presents a Mammography Order Form.
- The bottom section of the Mammography Order Form may be torn off for provider tracking purposes.

See Page 38 for an example of the [Mammography Order Form](#).





Mammography Order Form



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

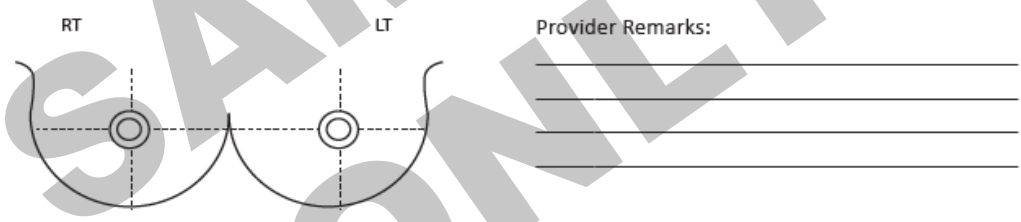
10/2024

First Name	Initial	Last Name	Date of Birth	Age
------------	---------	-----------	---------------	-----

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)*
 Reimbursement for a diagnostic mammogram for clients 30-39 only with suspicious CBE or previous abnormal mammogram
- Breast Ultrasound
(No pre-approval necessary if ordered by a surgeon or radiologist following a diagnostic mammogram in clients 30-39. Please call 1-800-532-2227 if rural area and no surgeon available.)
- CHECK HERE IF ADDITIONAL STUDIES MAY BE PERFORMED AS DETERMINED BY THE RADIOLOGIST
(Per program policies as stated in Women's and Men's Health Program Provider Contract Manual)



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

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

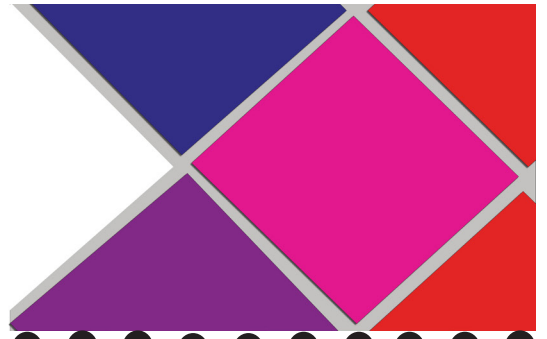
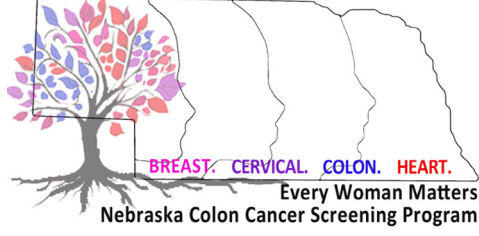
Billing/Admissions/Patient Registration for Participating EWM Clients

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

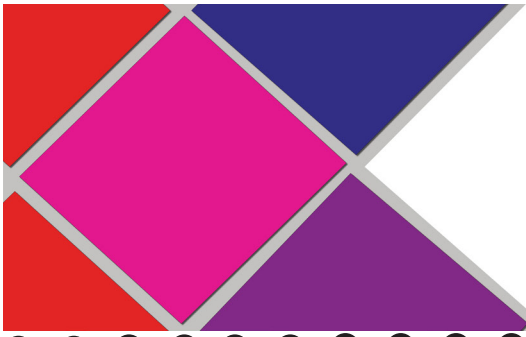
Part 2



Women's & Men's Health Programs



Laboratory Providers



Laboratory Providers



Laboratory Providers agree to:

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

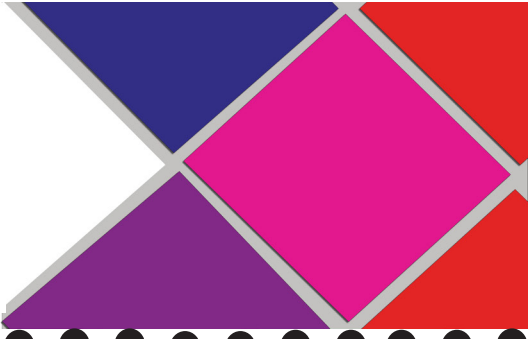
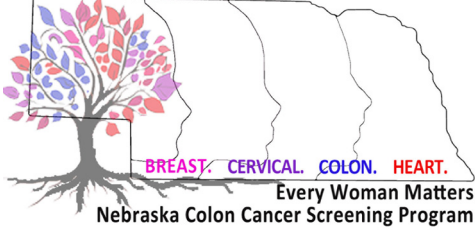
Identifying EWM Clients

- Clinics may affix a 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)

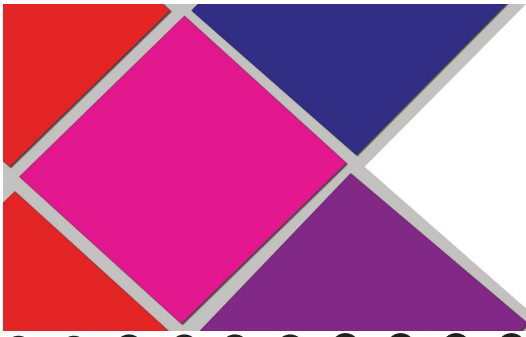
Sticker Example:



Women's & Men's Health Programs



Immediate Follow Up of Abnormal Screening Results



Follow Up

Documentation for Follow Up of Abnormal Screening Results

If a client has 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 Control and Prevention 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 finding of:

- Atypical cells of Undetermined Significance (ASC-US) with +HPV 16/18 ≥ 30
- Low Grade LSIL ≥ 25 *
- Atypical squamous cells: cannot exclude high grade SIL (ASC-H)
- High grade SIL (HSIL)
- Abnormal Glandular Cells (AGC)
- Squamous cell cancer
- HPV+ 16 18

OR

Pelvic Exam finding of:

- Suspicious for cervical malignancy

OR

Mammogram finding of:

- Suspicious abnormality (SAB) - BIRADS category 4
- Highly suggestive of malignancy (MAL) - BIRADS category 5
- Assessment incomplete - BIRADS category 0

OR

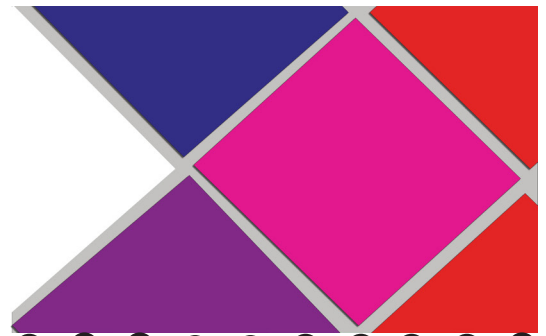
Clinical Breast Exam suspicious for malignancy

***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. Repeat cytology at oneyear if appropriate.

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.



Follow Up



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 clinical staff will correspond with participating healthcare provider monthly for clients with the following:

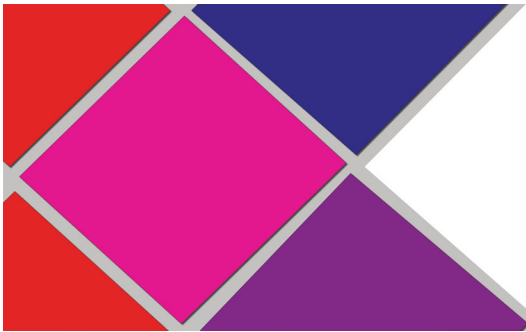
- Pelvic exam suspicious for cervical malignancy
Pap test finding of:
 - Atypical cells of Undetermined Significance (ASC-US) with +HPV 16/18 ≥ 30
 - Low Grade LSIL ≥ 25
 - Atypical squamous cells: cannot exclude high grade SIL (ASC-H)
 - High grade SIL
 - Abnormal Glandular Cells (AGC)
 - Squamous cell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

Clinic Responsibility

- If there is an error on the Follow Up Report (see page 44 for example) 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.
- 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 Form on page 44 and the Lost to Follow Up Policy on page 70 within the Policy Section.





Example Follow Up Form



BCC Follow-Up Report ATTENTION - This Report May Contain HIPAA Data

Women's & Men's Health Programs

BCC Follow-up (01/01/2021 to 06/30/2024)
 Run by Lynn Jones for Fix It

Provider: Fix It	Phone: (402)
Contact Person: Fix It	Fax: Fax # not listed
Address: 1111	Email: Email not listed
City: Omaha	State: NE ZIP Code: 68111

Client Name: AAAA, aaa	Procedure: Mamm	Screening and Diagnostic Information:
Date of Birth: 10/17/1975	Service Date: 02/05/2021	Procedure: Procedure Performed
Med-IT ID: 39554	Result: Pending	Service Date: Date of Procedure
Cycle #: 26	Missing: Mamm	Result: Results of Procedure

Client Name: AAAA, aaa	Procedure: Pap Test	
Date of Birth: 10/17/1975	Service Date: 02/05/2021	
Med-IT ID: 39554	Result: Pending	
Cycle #: 26	Missing: Pap Lab Report	

Client Name: AAAA, aaa	Procedure: Pap Test	Clinical Information Still Needed:
Date of Birth: 10/17/1975	Service Date: 04/10/2023	Missing: Information missing related to diagnosis or treatment that EWM has not received. Send documentation.
Med-IT ID: 39554	Result: Pending	
Cycle #: 27	Missing: Pap Lab Report	

Client Name: AAAA, aaa	Procedure: Pap Test	
Date of Birth: 10/17/1975	Service Date: 04/10/2023	
Med-IT ID: 39554	Result: Pending	
Cycle #: 30	Missing: Pap Lab Report	

Client Name: AAAA, aaa	Procedure: HPV Test	
Date of Birth: 10/17/1975	Service Date: 04/10/2023	
Med-IT ID: 39554	Result: Pending	
Cycle #: 30	Missing: HPV Report	

Client Name: AAAA, aaa	Procedure: HPV Test	
Date of Birth: 10/17/1975	Service Date: 07/01/2021	
Med-IT ID: 39554	Result: Pending	
Cycle #: 27	Missing: HPV Report	

Generated by Med-IT® on 08/19/2024 09:39:41 AM Page 2 / 3



Client Deemed Lost to Follow Up



Report of Client Deemed Lost to Follow Up

10/2024

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 contact 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.

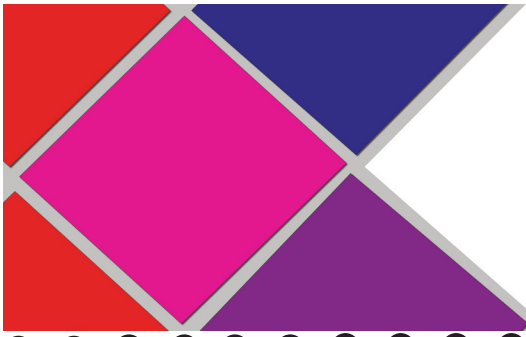
You must make at least three (3) attempts to locate the client before deeming her lost to follow up. Documentation must include the dates and types of contacts, as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. **FAILURE TO SHOW UP FOR A SCHEDULED APPOINTMENT DOES NOT CONSTITUTE LOST TO FOLLOW UP.**

Contact	Contact Date	Type of Contact	Results	Leads
1	___/___/___			
2	___/___/___			
3	___/___/___			

Date provider deemed client was lost to follow up or could not locate client _____ Date: ___/___/___

Every Woman Matters || 301 Centennial Mall South || P.O. Box 94817 || Lincoln, NE 68509-4817
 Toll free: (800)532-2227 || Fax: (402) 471-0913
 E-mail: dhhs.EWM@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 and the Well Integrated Screening and Evaluation for Women Across the Nation Cooperative Agreements with the Nebraska Department of Health and Human Services.



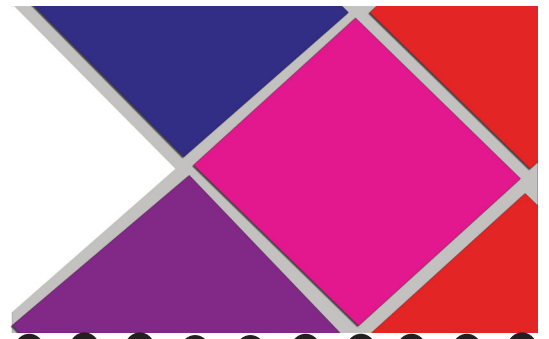


Client Informed Refusal of Services

Documenting the Client's 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 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 within 30 days, 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 of Services



Women's & Men's Health Programs

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

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

Client Informed Refusal

10/2024

Directions for form:

- CLIENT must fill out Section 1
- PROVIDERS must fill out Section 2 or 3

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.

Client Name

DOB:

SSN#:

Name of Procedure/Treatment:

Section 1:

Date ____/____/____

I, _____ have been informed by my healthcare provider, that I should
(please print your name)

have this test/treatment below. This test/treatment is: _____
(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 abnormal test results may be a sign of a potentially 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 looked at and treated later.
- I know how to get money to help me pay for the test/treatment.
- I know that I can reapply at any time to Every Woman Matters (EWM) if I want to continue screening.
- I know that I can reapply to the Nebraska Colon Cancer Screening Program (NCP), if I am a male or female 45 years of age or older.
- 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

_____ Date ____/____/____

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 themselves; the client will dictate the information and the form should be witnessed by two individuals.

Dictated by _____ Date ____/____/____
Please Print Client Name

Written by _____ Date ____/____/____
Person taking the dictation

Witnessed by:

1. _____ Date ____/____/____

2. _____ Date ____/____/____

Interpreted by: _____ Date ____/____/____
If Interpreter Needed


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





Service Provider Documentation of Clients Refusal of Services





Service Provider Documentation

10/2024

Directions for form:

1. CLIENT must fill out Section 1
2. PROVIDERS must fill out Section 2 or 3

Section 3:

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

Client Informed Refusal given to client: Yes No on Date ____/____/____
Date Required

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

Client returned Client Informed Refusal incomplete

Client failed to return a signed Client Informed Refusal

Attempts were made to give information to the client regarding:

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

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

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

Date ____/____/____

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

Name of Person completing this form: _____

Date ____/____/____

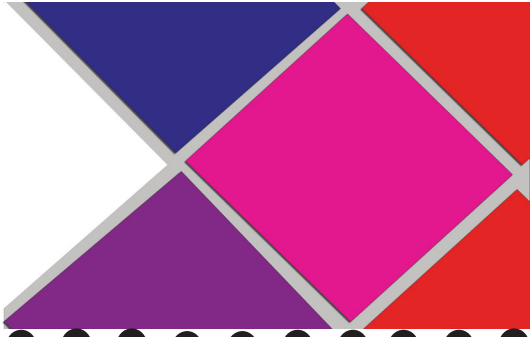
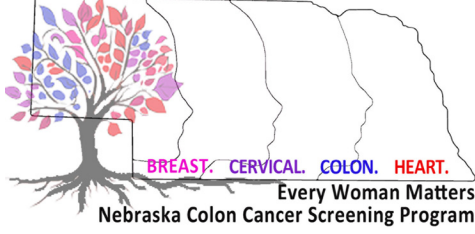
Facility/Clinic/Agency Information - clinician name, clinic name, city name (do not abbreviate)

Nebraska Department of Health and Human Services || Women's and Men's Health Programs || Every Woman Matters
 301 Centennial Mall South, P.O. Box 94817 || Lincoln, NE 68509-4817
 Phone: 800.532.2227 or 402.471.0929 || Fax: 402.471.0913
 E-mail: dhs.EWM@nebraska.gov || Website: www.dhs.ne.gov/womenshealth

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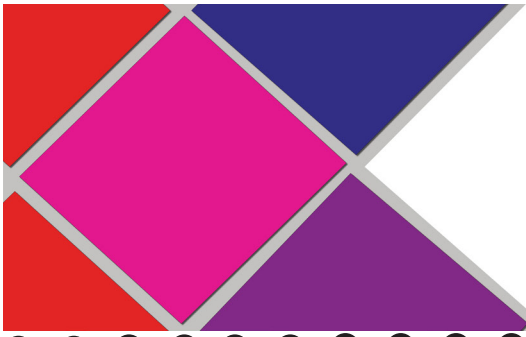


Women's & Men's Health Programs



Treatment Funds





Treatment Funds



Application for Treatment Funds

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

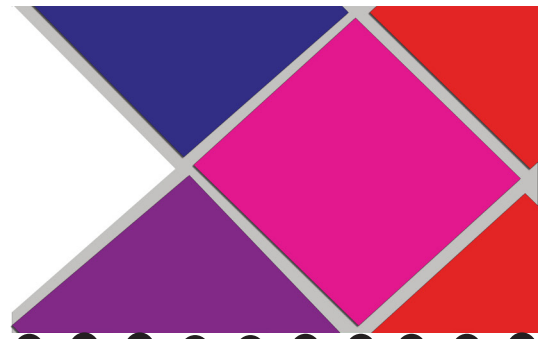
This means that the majority of women screened in the program and diagnosed with cancer of the breast or pre-cancer or invasive cancer of the cervix will be eligible for Medicaid coverage. Women entering Medicaid may be eligible for coverage for the duration of their treatment.

How Women Qualify for Medicaid Treatment Option

- Diagnosed with cancer of the breast or pre-cancer or invasive cancer of the cervix through EWM who are 18-64
- Uninsured
- Citizen or a qualified alien under the federal Immigration and Nationality Act, 8 U.S.C. 1101 et seq., as such act existed on January 1, 2009, and is lawfully present in the United States
- Nebraska state resident
- All women may be subject to income verification by program staff



How to Apply for Medicaid Treatment



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. Submit client 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 800-532-2227 or fax to 402-471-0913

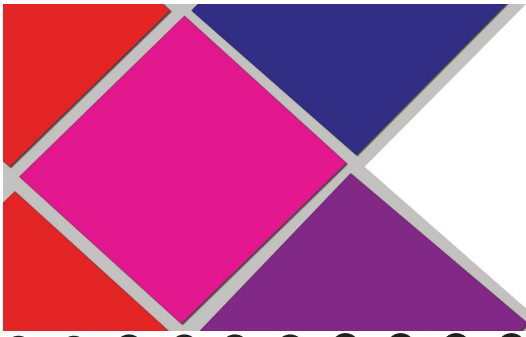
Client:

1. Provide information to EWM 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. 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 should be submitted by the provider via fax to 402-471-0913

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

Treatment Funds Request Form					
<small>Women's & Men's Health Programs CANCER SCREENING NEBRASKA Good Life. Great Mission. DEPT. OF HEALTH AND HUMAN SERVICES 10/2024</small>					
In order for your client to access Medicaid or other treatment resources this form must be completed. The following documents are required to initiate the process for financial assistance. Please write in the dates below when the forms/report were sent.					
Treatment Funds Request Form:			Date Sent:	___/___/___	
Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan:			Date Sent:	___/___/___	
Pathology Report:			Date Sent:	___/___/___	
For more information see the Women's and Men's Health Program Provider Participation Manual.					
Client Information					
First Name	Middle Initial	Last Name	Maiden Name		
Birthdate	Social Security #	Home/Cell Phone	Work Phone		
Address		City	County	State	Zip
In what state was the client born:		Primary Language?			
		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other			
Is the client a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what is the client's immigration status? <small>(Please attach a copy of the client's INS papers, if available)</small>			
Eligibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance		Diagnostic Test: Diagnostic Test Date: ___/___/___ Result: <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III <input type="checkbox"/> Cancer in situ (breast or cervical) <input type="checkbox"/> Invasive cancer (breast or cervical)		
If yes, list name of insurance company:		Treatment: Scheduled Date: ___/___/___ Performed Date: ___/___/___			
Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment.					
SURGEON/CLINIC:		Contact Person:		Phone: (____) _____	Fax: (____) _____
Referred By/Clinic:		Contact Person:		Phone: (____) _____	Fax: (____) _____
Completed by: _____				Date: ___/___/___	
<small>See other side for Points of Importance.</small>					





Treatment Resources



Treatment Resources for Women Not Eligible for Nebraska Medicaid through EWM

Program clinical staff will work with providers to find treatment resources for clients.

Criteria:

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

Treatment Resources

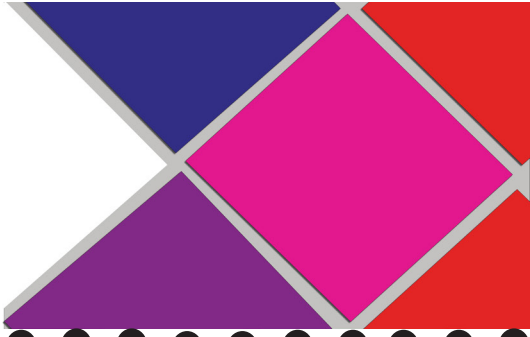
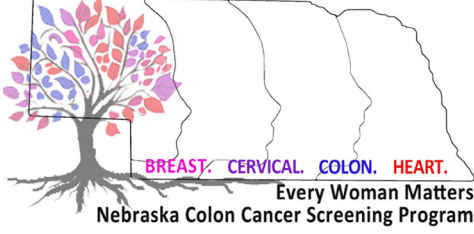
- Out of state resident - will be referred to Medicaid services of the state in which they have residency
- American Cancer Society - Patient Services Center 1-888-227-6333
- AVON - Clients must access by calling 1-800-813-4673
- Patient Advocate Foundation (PAF) 1-800-532-5274 - see Staff & Resources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



Women's & Men's Health Programs



Compensation & Billing





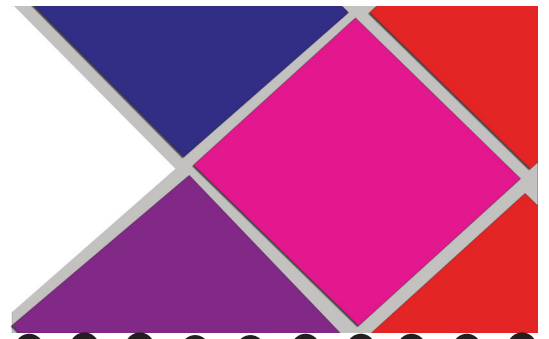
Compensation & Billing

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**
- **Healthy Lifestyle Questionnaire (Presumptive Enrollment)**
- **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
- **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.

Compensation & Billing



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 Program makes the official determination of age, financial and insurance eligibility for purposes of compensation.

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

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

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

Anesthesia

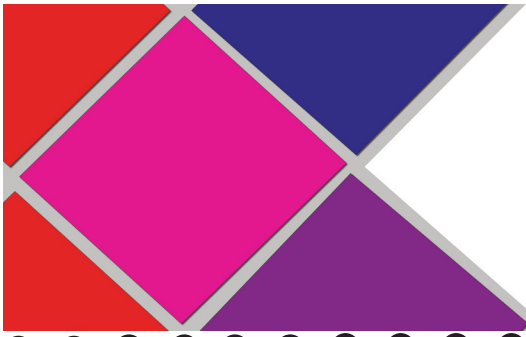
Program policies for processing Anesthesia Claims can be found in Attachment 1 - Anesthesia Rates within the Fee for Services Schedules located in the back of this section.

Hospital Claims for Surgical Procedures

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

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





Compensation & Billing

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 which 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

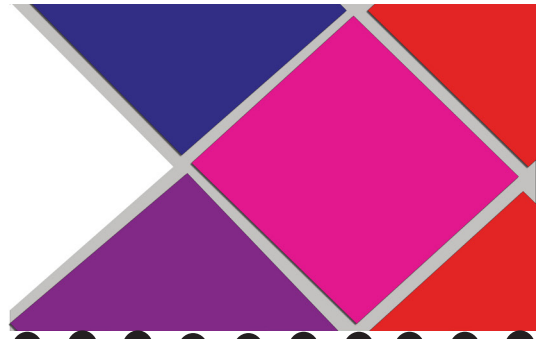
The Program is the payer of last resort. Participating healthcare providers agree to file other third-party claims first. You agree to accept the rates listed on the Fee Schedule **as payment in full.**

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.**



Compensation & Billing




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, an invoice # is assigned to the payment document, and a copy is mailed to your facility, indicating the services authorized for payment. Once the payment document has been approved by accounting, payment will be issued, either by check or by Electronic Fund Transfer, depending on the system your facility has chosen for payment with the State Treasurer's office.

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

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

PAYMENT STATUS FORM



NE Department of Health and Human Services | Women's & Men's Health Programs
 Every Woman Matters Program (EWM) | Nebraska Colon Cancer Screening Program (NCP)
 301 Centennial Mall South | PO Box 94817 | Lincoln, NE 68509-4817
 PHONE: 1-800-532-2227 or 402-471-0929 | Fax: 402-471-0913
 Website: <https://www.nebraska.gov/EWM> | Email: dhhs.ewm@nebraska.gov

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

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

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

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

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

To be completed by EWM Staff:

Date Received:	Date Completed:	By:
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Payment Status Form 10/2024

This transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., §§8-313. If this information has been received in error, the recipient is directed to return to sender or destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.





Compensation & Billing



Filing Deadline

See Timely Submission of Claims and Documentation Policy on page 69.

Reasonable Effort

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

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

Our reasonable efforts include, but are not limited to:

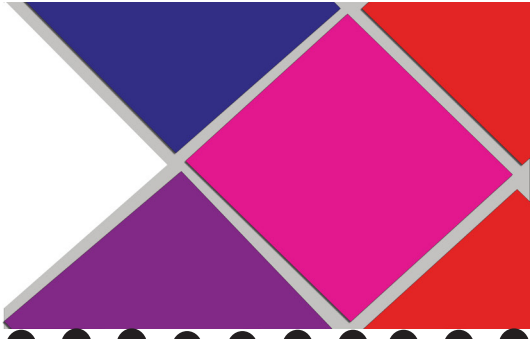
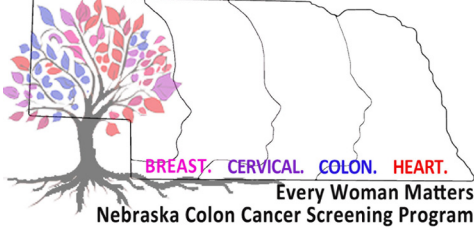
- An Explanation of Benefits (EOB) must accompany the claim if a client has other coverage.
- Asking clients to update their health insurance status prior to issuing a screening card.

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

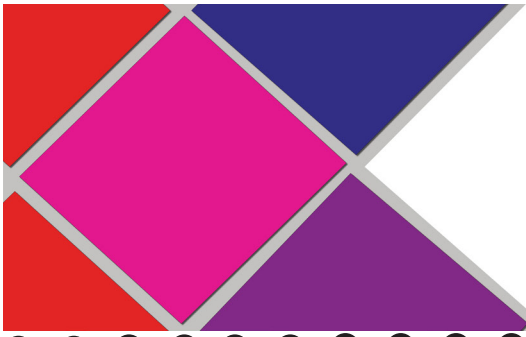
Fee Schedule

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

Women's & Men's Health Programs



Provider Quality Improvement Project



Provider Quality Improvement Project



Background

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

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

Public Education and Targeted Outreach

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

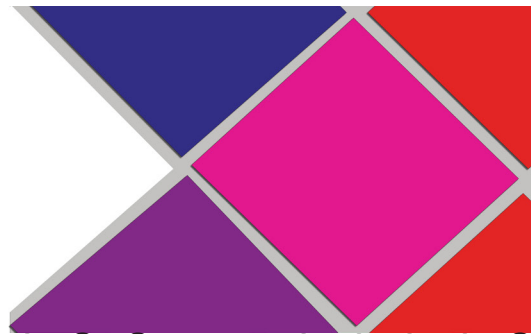
¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3955601/>

Diagnostic and Patient Navigation Services

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



Provider Quality Improvement Project



Partnership Development and Collaboration

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

Professional Education

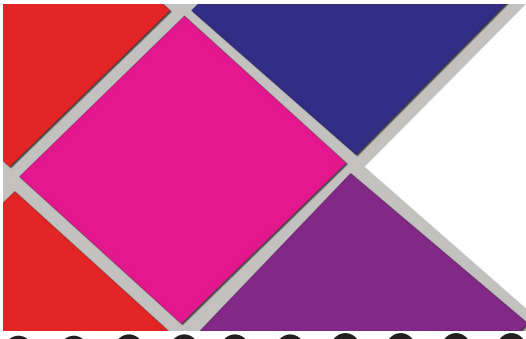
Currently the program has over 600 provider participation enrollments that offer clinical services for the screening programs. Though the programs offer reimbursement fees for clinical preventive services to providers, the WMHP also provides a credible resource for provider education and offers a variety of continuing education opportunities for providers as it relates to preventive clinical services and the quality of those services. Under the ACA many more individuals will be covered for services, and questions are arising about the capacity of medical providers and systems to serve all the individuals who will become newly eligible. The programs are in a unique position, because of their current relationships with providers, to work with primary care physicians and health systems to assist them in implementing evidence-based strategies and promising practices as noted in the Community Preventive Task Force guide that will improve patient outcomes and quality and timing of appropriate preventive screenings. An example would be the work created through the UNMC College of Public Health’s Policy Academy. Currently activities are being implemented within all seven Federally Qualified Health Centers and 2 safety-net clinics.

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

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

² <https://www.thecommunityguide.org/search/cancer%20screening%20client%20oriented>





Provider Quality Improvement Project



Data Management and Utilization/Program Monitoring and Evaluation

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

Moving Forward

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

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

Eligible Clinics:

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

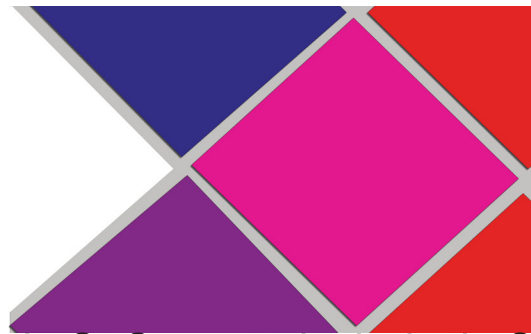
Project Description

Phase 1:

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



Provider Quality Improvement Project



Phase 2:

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

Phase 3:

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

Quality Performance Indicators

- Comprehensive services received
- >80% receive mammography screening if due
- >90% receive cervical cancer screening according to guidelines
- >90% receive final diagnosis within 60 days of abnormal screening
- >90% have treatment initiated within 60 days of cancer diagnosis
- >80% referred to Healthy Behavior Support Services

Payment structure for Phase 1

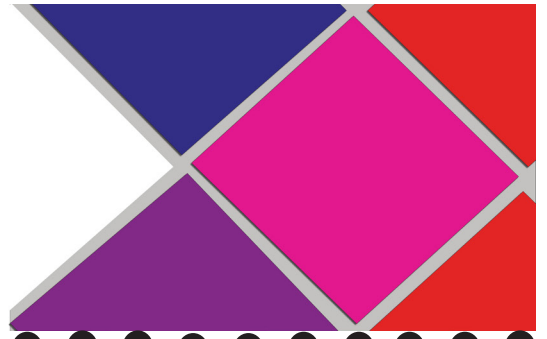
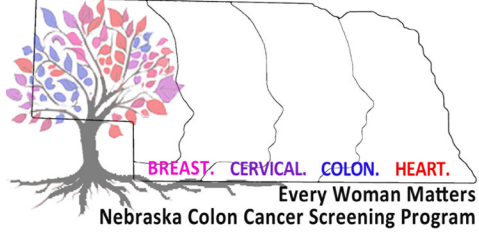
Upon receipt of Quality Improvement Project (QIP) Navigation card, data will be reviewed and entered into MedIt data system by program staff. Receipt of QIP Navigation card will automatically initiate a quick claim based on Program Algorithm for demographic of patients seen and current costs of clinical services.

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





Women's & Men's Health Programs



Program Policies



Womens & Men’s Health Program Program Policies



Begin Date: July 1993
Revised Date: October 2024
Review Date: October 2024

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 21 for cancer screening through Every Woman Matters (EWM)
- Family planning agencies may enroll clients 18-21 years of age with suspicious clinical breast exam for breast malignancy for diagnostic services (See policy on Page 67). These clients must still meet income- and insurance-eligibility guidelines and are enrolled only temporarily
- Family planning agencies may enroll present clients over 21 years of age in EWM who are immediately referred for breast ultrasound. These clients must still meet income- and insurance eligibility guidelines (See Breast Diagnostic Enrollment/Follow Up and Treatment Plan)

NO Funding Deficits

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

Funding Deficits

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

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



Womens & Men's Health Program Program Policies



Begin Date: July 1997
Revised Date: October 2024
Review Date: October 2024

Enrollment for Diagnostic Services Only

Clients 18-64 (breast) and 21-64 (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.





Womens & Men's Health Program Program Policies

Begin Date: June 2000
Revised Date: June 2014
Review Date: October 2024

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 69.

Womens & Men’s Health Program Program Policies



Begin Date: August 1998
Revised Date: April 2022
Review Date: October 2024

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.

FY	SERVICE DATES	FILING DEADLINE
22-23	7/1/22 - 6/30/23	12/31/23
23-24	7/1/23 - 6/30/24	12/31/24
24-25	7/1/24 - 6/30/25	12/31/25
25-26	7/1/25 - 6/30/26	12/31/26
26-27	7/1/26 - 6/30/27	12/31/27

Claims received after the filing deadline or that are not payable due to missing documentation will be rejected for “Timely Filing”. Claims for allowable services 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 within 90 days of the Timely Filing Billing Authorization date. All appeals for timely filing must include the required clinical documentation for services provided and an explanation as to why the claim was not filed within the time period specified above. Claims previously submitted but closed on your Billing Authorization Report for documentation are not eligible for Appeal. No claim can be processed for payment if the service date is more than 20 months old.



Womens & Men's Health Program Program Policies

Begin Date: January 2001

Effective Date: July 2022

Revised Date: April 2022

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 Clinical Staff.

Report of Client Deemed Lost to Follow Up 10/2024

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 contact 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.

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.**

Contact	Contact Date	Type of Contact	Results	Leads
1	____/____/____			
2	____/____/____			
3	____/____/____			

Date provider deemed client was lost to follow up or could not locate client: _____ Date: ____/____/____

Every Woman Matters | 301 Centennial Mall South | P.O. Box 94817 | Lincoln, NE 68509-4817
 Toll Free: (800)533-2227 | Fax: (402) 471-0913
 E-mail: dhs.EWM@nebraska.gov | Website: www.dhs.ne.gov/ewm
 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.

PROGRAM Policies

Womens & Men's Health Program Program Policies



Begin Date: March 2002
Review Date: October 2024

Tribal Clinics Enrollment and Screening

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

Begin Date: July 2003
Revised Date: November 2008
Review Date: October 2024

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.





Womens & Men's Health Program Program Policies



Begin Date: September 2014

Revised Date: October 2024

Review Date: October 2024

Protocol for Payment of Office Visits for Women Under 21

Initial office visits for women under 21, 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

Womens & Men's Health Program Breast Policies



Begin Date: August 1998

Revised Date: April 2022

Review Date: October 2024

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 up immediately with one or more of the following:

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

Standard of care is not met by diagnostic mammography alone.

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.





Womens & Men's Health Program Breast Policies



Begin Date: April 2009

Revised Date: October 2024

Review Date: October 2024

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 order a breast ultrasound on behalf of clients 18-39.**

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

Womens & Men's Health Program

Breast Policies



Begin Date: July 2014
Revised Date: October 2024
Review Date: October 2024

Annual Screening MRI for Clients 25-74

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. Previous personal history of breast cancer.
2. Lifetime risk of breast cancer of 20% or greater, based on family history using the breast cancer NCI Risk Assessment tool for women 35+: www.cancer.gov/bcrisktool/, for women under 35, go to <https://ibis.ikonopedia.com/>, or as deemed by the radiology report.
3. Known BRCA1 or BRCA2 or other gene mutation, date of test result may be requested.
4. First-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 or other gene mutation, date of test result may be requested.
5. 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.
6. 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.



Womens & Men's Health Program Breast Policies



Begin Date: September 2014

RevisedDate: April 2022

Review Date: October 2024

Hereditary Breast Cancer Screening Protocol

To be implemented only on clients with documented personal history of BRCA1 or BRCA2 or other 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 or immediately afterward with breast MRI screening alternating 6 months after the screening mammogram.

Begin Date: May 2023

Review Date: October 2024

Yearly Mammograms for Women Having Hormone Replacement Therapy (HRT)

The Every Woman Matters (EWM) Program will cover the cost of yearly mammograms for women receiving hormone replacement therapy (HRT) with a written request/documentation from the patients provider. Testing should be based on patient history and clinical presentation.

Womens & Men's Health Program Breast Policies



Begin Date: July 2017
Review Date: October 2024

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 at the age of 50 and 5-10 years of feminizing hormone use criteria have been met. The program may require documentation of hormone use.

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

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





Womens & Men's Health Program Cervical Policies

Begin Date: October 1994

Revised Date: November 2008

Review Date: October 2024

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 Policies

Womens & Men's Health Program Cervical Policies



Begin Date: October 1994

Revised Date: June 2014

Review Date: October 2024

Cervical Polyp Removal

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

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

Begin Date: March 1999

Effective Date: July 2022

Revised Date: October 2024

Restrictions Regarding Colposcopy Alone for Clients Enrolling for Diagnostic Services

- All clients enrolling for diagnostic services for immediate 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. EWM Clinical Staff can make approvals at 800-532-2227.





Womens & Men’s Health Program Cervical Policies



Begin Date: December 2008

Effective Date: July 2022

Review Date: October 2024

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) “Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors.”

CERVICAL Policies



Womens & Men's Health Program Cervical Policies



Begin Date: December 2008

Revised Date: April 2022

Review Date: October 2024

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

In accordance with the current ASCCP (American Society for Colposcopy and Cervical Pathology) Consensus Guidelines regarding Management of Women with Cervical Cytological and Histological Abnormalities, clients who are at low risk with colposcopy results of CIN I preceded by ASC-US, or LSIL cytology, follow up is recommended without treatment. Under these circumstances, clinical staff are instructed to enter “no treatment indicated” and may close the cycle, when the Pathology Report is received indicating CIN I preceded by ASC-US, or LSIL.

Begin Date: July 2017

Review Date: October 2024

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.

Transgender men under the age of 21 should not have pap smears regardless of their age of sexual debut.





Womens & Men's Health Program CVD/Diabetes Policies

Begin Date: December 2008

Revised Date: November 2023

Review Date: October 2024

Cardiovascular(CVD)/Diabetes Screening

The policy for CVD screening of clients (35-64 yrs) will be as follows:

Baseline Screening: Clients 35-64 years of age will be eligible to receive an initial CVD screening in conjunction with a routine Breast and/or Cervical Screening visit.

- o Labs should be done within 30 days before or after the screening office visit.

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

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

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

A1c Testing for Clients age 35-64

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

***Blood Pressure Measurement Technique:**

- Clients should not smoke, exercise, or have caffeine for at least 30 minutes before their BP is measured.
- Clients 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.
- An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.
- 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 at end of appointment or have them come back for a BP check.

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

(Continued on Page 83)

CVD/DIABETES Policies



Womens & Men's Health Program CVD/Diabetes Policies



Cardiovascular(CVD)/Diabetes Screening (continued)

Alert Screening Values: Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines immediately or within 7 days of alert measurement. See hypertension policy on page 85 for follow-up instructions.

Alert values are defined as:

- Systolic Blood Pressure > 160 mmHg or Diastolic Blood Pressure > 100 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 screening card sections as appropriate. The screening card is to be returned to EWM to assist the Program in meeting requirements for client follow-up, data collection and affiliated billing authorizations.

EWM clients are eligible for health coaching and healthy behavior support services through the WISEWOMAN Program. These supports are offered to every client by the Central Office Health Coach and/or local health department health coaches across the state. The use of evidence-based supports and skillful conversation, motivational interviewing and goal setting strategies to actively and safely engage EWM clients in healthy behavior change over the course of 3 health coaching sessions within a 12-week timeframe.

1. **Health Coaching:** An evidence-based (EB) strategy to engage clients in conversation that guides them toward sustainable behavior change; related to nutrition, physical activity, and tobacco cessation.
2. **Healthy Behavior Support Services (HBSS):** Clients receive a minimum of 3 sessions with a health coach and if interested, can engage in one of the following evidence based healthy behavior support services. ***EWM encourages healthcare providers to recommend the appropriate option for eligible clients. Referral for these services can be selected on the screening card. HBSS currently offered include:***
 - a. **Health Coaches for Hypertension:** helps clients learn how to monitor their BP, track their BP readings and report back to their provider; a BP cuff and monitor are provided
 - b. **Living Well (LW):** a 6-week course led in person or virtually by a trained LW Facilitator; designed to address and assist clients in managing their chronic conditions to live their best life.
 - c. **National Diabetes Prevention Program (NDPP):** a 16-week course for clients who are pre-diabetic led in person or virtually by a trained NDPP; designed to help clients reduce their risk for diabetes through education, gradual lifestyle changes and support.
 - d. **Walk & Talk Toolkit:** program designed to assist clients interested in beginning to increase their physical activity with the help of a health coach and weekly educational tools for 10 weeks; a pedometer is provided to help clients begin tracking steps.
 - e. **Tobacco Cessation Counseling:** program designed for clients that want to quit tobacco use. Providers can fax a referral to the statewide quitline at 1-800-QUIT-NOW.

*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. The mission is to provide low-income, underinsured, or uninsured 35- to 64-year-old women with the knowledge, skills, opportunities to improve diet and physical activity, and other lifestyle habits. This will assist in the prevention, delay or control cardiovascular and other chronic diseases. *(Continued on Page 84)*

CVD/DIABETES Policies



Womens & Men's Health Program CVD/Diabetes Policies

Cardiovascular(CVD)/Diabetes Screening (continued)

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

- Heart disease and stroke risk factor screening, which includes BP, cholesterol, glucose, weight, height, personal medical history, family medical history, and health behavior and readiness to change assessments.
- Lifestyle programs that promote BP control, healthy eating, tobacco cessation and physical activity.
- Links clients to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Medical referral and follow-up as appropriate and allowable. Clients 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.

All Services Screening Card

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

<h4 style="text-align: center; margin-top: 0;">General Clinical Services</h4> <p>Height: (with shoes off) _____ / _____ ft./in. Weight: _____ lbs. Waist Circumference: _____ inches</p> <p><i>Note—2 blood pressure readings are required for this visit.</i></p> <p>Blood Pressure (1): _____ / _____ mm Hg Blood Pressure (2): _____ / _____ mm Hg</p> <p>1. Is the client taking blood pressure medication? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Are you ordering or changing blood pressure medication today? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Is the client taking cholesterol medication to lower cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3a. Is it a statin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____</p> <p>4. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check (needs prior approval) 1-800-532-2227</p> <p>* Counsel client on medication adherence for hypertension and check the last box in the section below.</p> <h4 style="text-align: center; margin-top: 10px;">Cardiovascular Risk Reduction Counseling</h4> <p>Refer to the questions on the front of this card. Check if counseling completed.</p> <p><input type="checkbox"/> Client counseled on low dose aspirin usage to decrease risk for CVD</p> <p><input type="checkbox"/> Medication Adherence for Hypertension Counseling</p> <h4 style="text-align: center; margin-top: 10px;">Healthy Behavior Support Services*:</h4> <p><input type="checkbox"/> Client referred to our clinic SMBP</p> <p><input type="checkbox"/> Health Coaches for Hypertension Program</p> <p><input type="checkbox"/> Living Well Education</p> <p><input type="checkbox"/> National Diabetes Prevention Program (NDPP)</p> <p><input type="checkbox"/> Walk & Talk Toolkit (Physical Activity)</p> <p><input type="checkbox"/> Tobacco Cessation Counseling</p> <p style="margin-left: 20px;"><input type="checkbox"/> Client Referred to Statewide Quitline at 1-800-QUIT-NOW</p> <p style="margin-left: 20px;"><input type="checkbox"/> Fax Referral to Statewide Quitline at 1-800-QUIT-NOW</p> <p style="margin-left: 20px;"><input type="checkbox"/> Client Refused</p>	<h4 style="text-align: center; margin-top: 0;">CVD/Diabetes Screening</h4> <p><i>Labs can only be done in conjunction with breast and/or cervical screening services.</i></p> <p>Bloodwork Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Client fasted 9 hrs: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood Draw Date: ____/____/____</p> <p><i>Blood draw needs to be within 30 days of today's visit</i></p> <p><i>Cholesterol does NOT need to be fasting</i></p> <p>Total Cholesterol: _____ mg/dl HDL (value not ratio): _____ mg/dl LDL (value not ratio): _____ mg/dl Triglycerides: _____ mg/dl</p> <p><i>ALL clients are now eligible for A1c!</i></p> <p>A1c (preferred): _____</p> <p>OR</p> <p>Blood Glucose: _____ mg/dl (acceptable)</p> <div style="border: 1px solid green; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> SDOH Assessment Complete <input type="checkbox"/> Unite Us Network Referral Made </div>
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Completion of the GREEN sections are equivalent to submitting claims for Risk Reduction Counseling and SDOH Assessment.

*For more information on Healthy Behavior Support Services (Health Coaches for Hypertension, Living Well, NDPP, and Walk & Talk Toolkit) available to your clients go to: www.dhhs.ne.gov/ewmforms (select the Healthy Behavior Support Services Tab)

CVD/DIABETES Policies

Womens & Men's Health Program CVD/Diabetes Policies



Begin Date: July 2017

Revised Date: November 2023

Review Date: October 2024

WW Clinical Follow-Up Policy for Providers

The policy for CVD screening of clients (35-64 yrs.) will be as follows:

Hypertension:

1. Providers will take 2 blood pressure (BP) readings on each client at the well woman visit.
2. Providers will report on the medication status of the client
 - a. If the client is currently taking BP medication
 - b. If provider is ordering or changing BP 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 BP and wanting a re-check should call EWM at 800-532-2227 for approval of a follow-up BP check.
 - a. Provider inquiries will be directed to EWM clinical staff
 - b. EWM clinical staff will grant requests for follow up on all clients with an average systolic BP of 140+ or an average diastolic pressure of 90+. Clients with BP less than 140/90 will be considered on a case-by-case basis. EWM clinical staff will fax the BP rescreening card to provider office once approved.
5. Clients with systolic BP of 160 and over or diastolic pressures of 100 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 #4).

High Blood Glucose:

1. Providers will order either A1c or blood glucose (fasting 9 hr. more accurate) at the well woman visit.
2. Providers concerned about their patient's blood glucose level and wanting a re-check should call EWM at 800-532-2227 for approval of a follow-up blood glucose check.
 - a. Provider inquiries will be directed to EWM clinical staff.
 - b. EWM clinical staff will consider requests for follow-up on clients with an average A1c level of 6.4 on a case by case basis.
3. Clients with an A1c level >10%, or a blood glucose level >250 mg/dl are considered "alert" status. Providers are required to treat high blood glucose levels at time of screening visit. Follow up is strongly encouraged and will be covered by the program; however, it must be pre-approved (see #2).

(Continued on Page 86)

CVD/DIABETES Policies





Womens & Men's Health Program CVD/Diabetes Policies

WW Clinical Follow-Up Policy for Providers *(continued)*

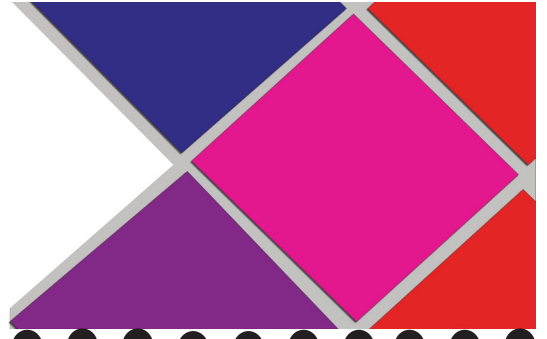
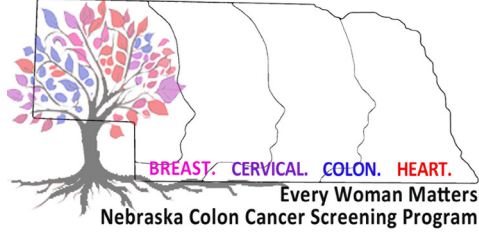
High Cholesterol:

1. Providers will order cholesterol screening at the well woman visit.
2. Providers will report on the medication status of the client
 - a. If the client is currently taking medication to lower their cholesterol
 - b. If that medication is a statin
3. Providers concerned about their client's cholesterol level and wanting a re-check should call EWM at 800-532-2227 for approval of a follow-up Total Cholesterol.
 - a. Provider inquiries will be directed to EWM clinical staff
 - b. EWM clinical staff will grant requests for follow up on all clients with an average cholesterol of >240 mg/dl. Clients with a cholesterol level between 200-239 mg/dl will be considered on a case by case basis. Clinical staff will fax the total cholesterol rescreening card to the provider office once approved.
4. Clients with a total cholesterol of 400 mg/dl are considered "alert" status. Providers are required to treat high cholesterol levels 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 #3).

CVD/DIABETES Policies



Women's & Men's Health Programs



Nebraska Colon Cancer Screening Program





Nebraska Colon Cancer Screening Program



Nebraska colorectal cancer incidence and mortality have been in steady decline, according to the 2018 Nebraska Cancer Report. The colorectal cancer incidence declined from 47.2 in 2009 to 42.3 in 2018; the colorectal cancer mortality also declined during this time frame from 18.4 in 2009 to 15.1 in 2018.

However, colorectal cancer screening rates have been steadily increasing. The screening rates significantly increased from 64.1% in 2014 to 72.5% in 2020.

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 45-74 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:

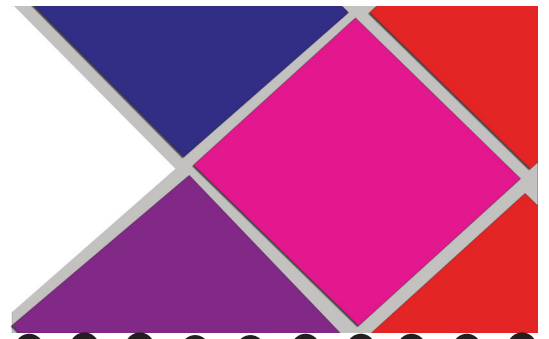
- Receive a Healthy Lifestyle Questionnaire from Every Woman Matters (EWM)/Nebraska Colon Cancer Screening Program (NCP)
- Complete the form and return them to EWM/NCP
 - Based on information received, NCP staff will review the form and determine the appropriate screening test (home based screening test 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 eligibility notification from NCP

Home Based Screening Test Process:

- Home based screening kits will be mailed from the NCP Central Office. When the client has completed the home test and returns the kit to the 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 home based screening test kit in a timely fashion will be contacted by NCP.
- Clients with positive home based screening test results, from a NCP screening, will receive information from the Central Office regarding the recommended follow up.



Nebraska Colon Cancer Screening Program



COLONOSCOPY Screening Process:

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

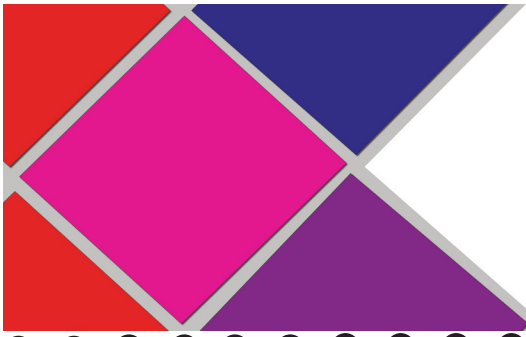
NOT ELIGIBLE:

- A client who reports having pre-existing conditions such as rectal bleeding or having been diagnosed with Inflammatory Bowel Disease (IBD), Familial Adenomatous Polyposis (FAP), Hereditary Non Polyposis Colon Cancer (HNPCC), and Ulcerative Colitis will be referred to the primary healthcare provider for management or for genetic counseling as appropriate.
- Clients reporting a positive home based screening test within the last 1 year are not eligible for participation in the program until they have received a diagnostic workup outside the program. (see Page 91).
- 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 45-74
 - 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 Colon Cancer Screening Program Policies

Begin Date: January 2006

Revised Date: April 2022

Review Date: October 2024

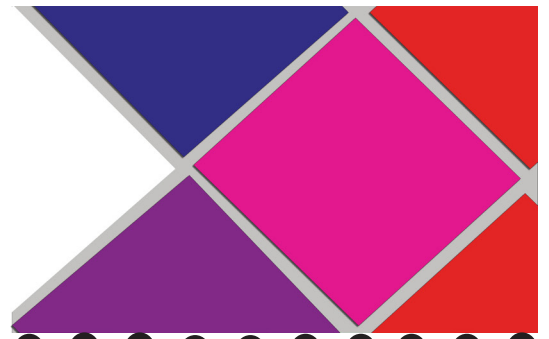
Requirements for NCP Enrollment

- 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
 - 45 -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

Nebraska Colon Cancer Screening Program Policies



Begin Date: January 2006
Revised Date: April 2022
Review Date: October 2024

Eligibility and Screening Test Determination

Upon completion and review of the Healthy Lifestyle Questionnaire, screening tests will be as follows:

Home Based Screening Test Kit

Personal History:

- Clients age 45-74 who have not been screened with
 - **Home based screening test** 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 45-74 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 home based screening test 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 45 previously diagnosed with Colon or rectal cancer

Family History:

- Clients age 45-74 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

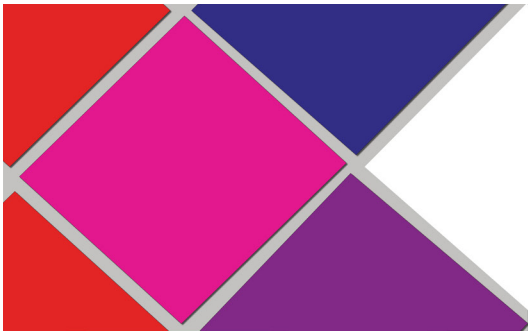
Personal History:

- Clients **under** the age of 45 that complete and submit the Healthy Lifestyle Questionnaire
- Clients age 45-74
 - 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)

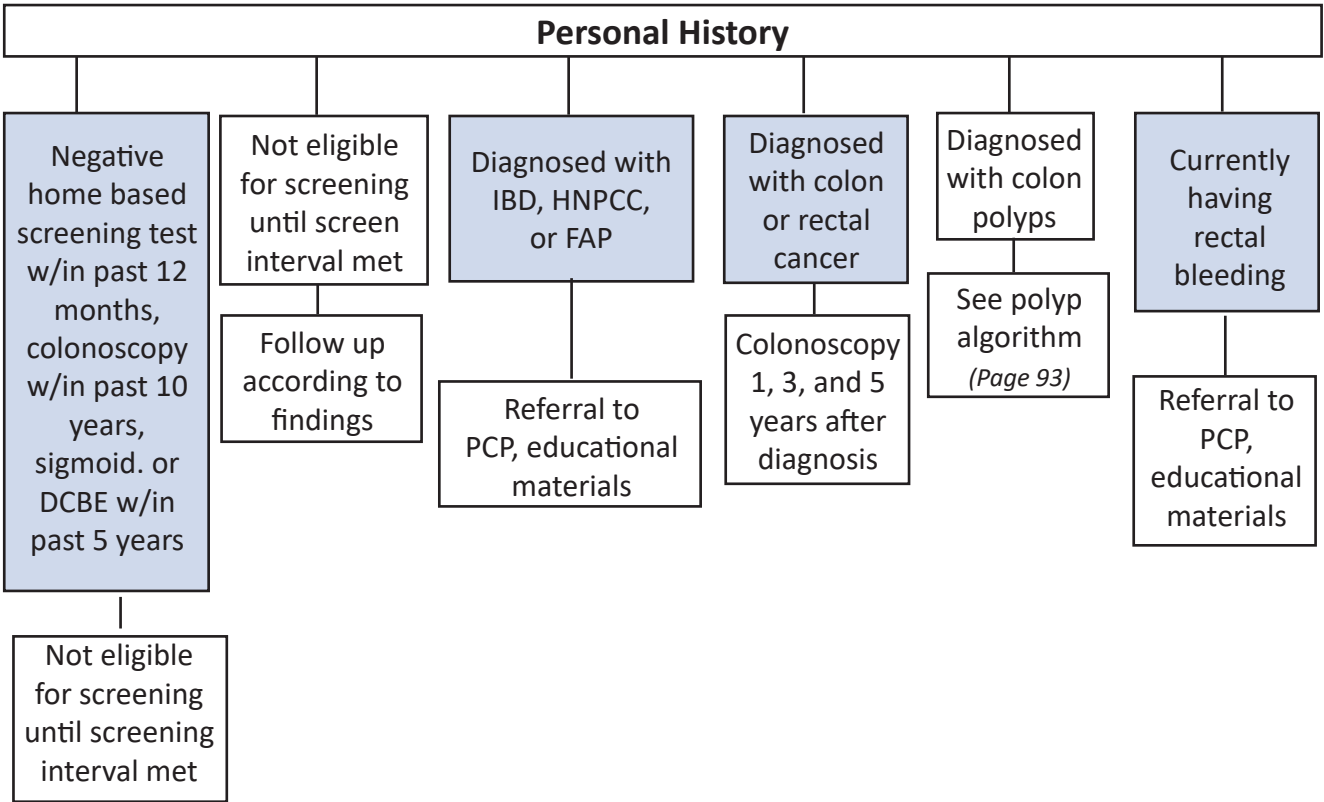
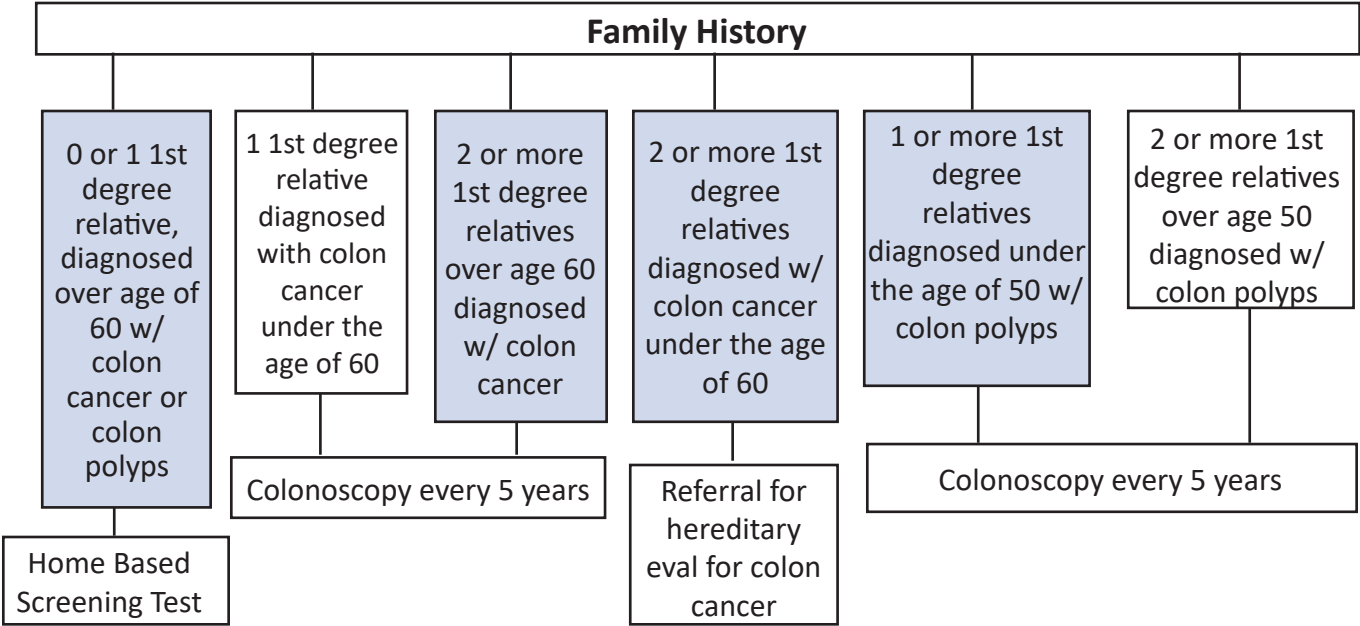
Family History:

- Clients age 45-74 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 (HNPCC) or Familial Adenomatous Polyposis (FAP)

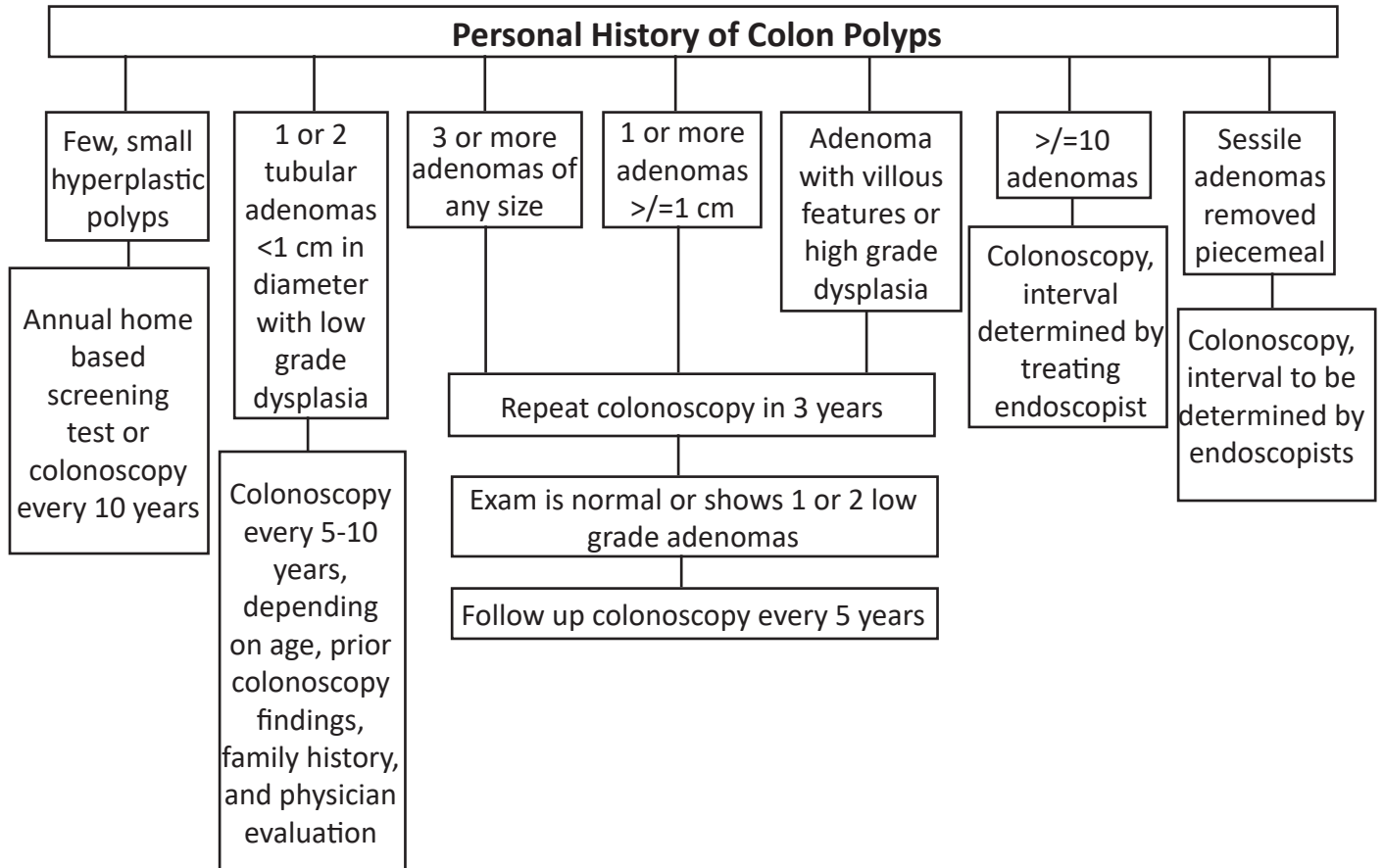
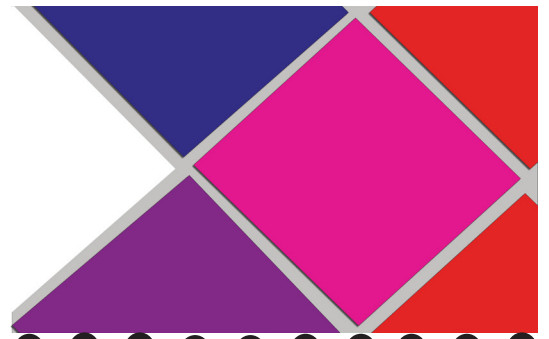
COLON Policies



NCP Eligibility Algorithm



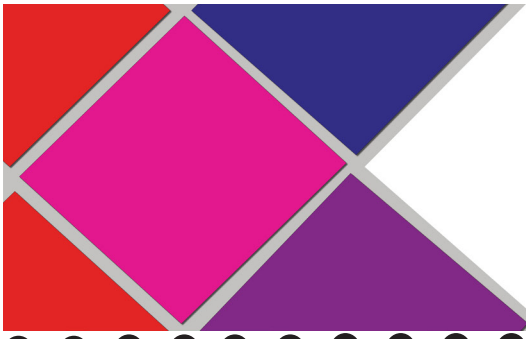
NCP Colon Polyps Algorithm



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

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





Nebraska Colon Cancer Screening Program Policies

Begin Date: January 2006

Revised Date: April 2022

Review Date: October 2024

Screening Guidelines

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

Home Based Screening Test Kit:

- Clients over the age of 45 with 0 or 1 1st degree relative diagnosed over the age of 60 with colon cancer or colon polyps
- Clients over the age of 45 who have not been screened with a home based screening test within last 12 months, colonoscopy within last 10 years, sigmoidoscopy or Double Contrast Barium Enema (DCBE) within last 5 years.

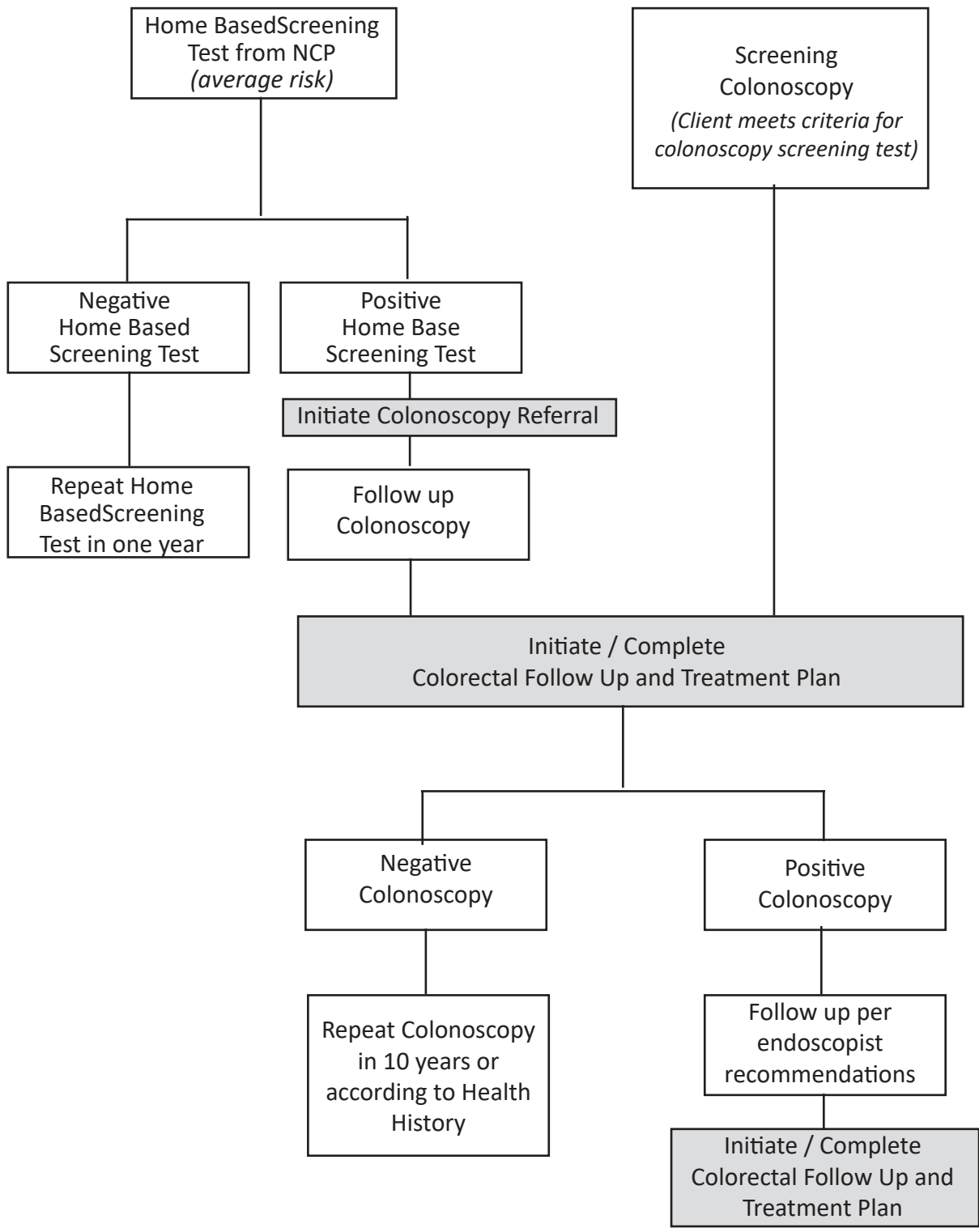
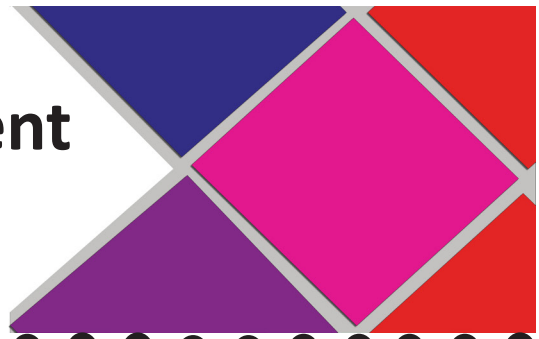
Colonoscopy for clients over the age of 45 with:

- 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 home based screening test, 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 home based screening test, 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.

NCP Follow Up and Treatment Algorithm





Nebraska Colon Cancer Screening Program Policies



Begin Date: January 2006

Revised Date: November 2008

Review Date: October 2024

Treatment Policy for Nebraska Colon Cancer Screening Program Clients

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

Begin Date: January 2008

Effective Date: July 2022

Review Date: October 2024

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 a home based screening test kit.

Nebraska Colon Cancer Screening Program Policies



Begin Date: January 2006

Review Date: October 2024

Out of State Enrollments

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

Begin Date: February 2008

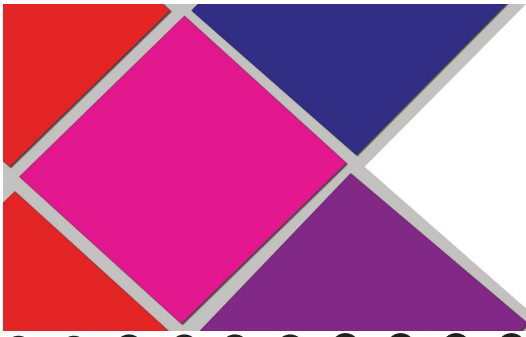
Review Date: October 2024

Clients with Colonoscopy that have History of Polyps

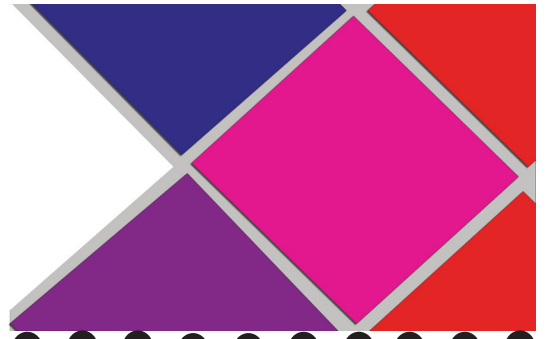
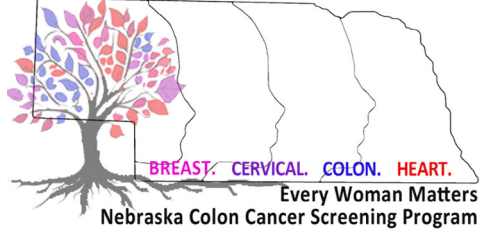
The Nebraska Colon Cancer Screening Program (NCP) algorithm (on page 92), will be used to determine eligibility date for next colonoscopy unless the endoscopist, who performed the last colonoscopy, has determined a date based on pathology findings and provides such documentation.

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





Women's & Men's Health Programs



Resources



Contact Women's & Men's Health



Nebraska Department of Health and Human Services Women's and Men's Health Programs Every Woman Matters (EWM) Nebraska Colon Cancer Screening Program (NCP)

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

Toll-free phone: (800) 532-2227

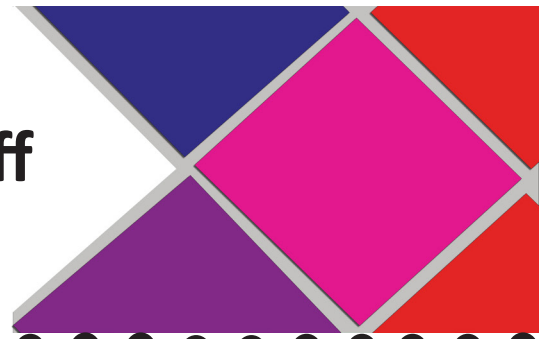
In Lincoln: (402) 471-0929

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

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 (NCP). You may call their direct lines or call toll-free at (800) 532-2227.

Program Administration:

Cathy Dillon, Program Manager	cathy.dillon@nebraska.gov	471-0595
Melissa Leypoldt, RN, Program Director	melissa.leypoldt@nebraska.gov	471-0314

Program Staff:

Tracey Bonneau, Marketing Coordinator	tracey.bonneau@nebraska.gov	471-2922
Jill Crane, Community Hlth Educator/Billing Specialist	jill.crane@nebraska.gov	471-6007
Jianping Daniels, MD, PhD, Surveillance Specialist	jianping.daniels@nebraska.gov	471-1693
Cheri Dawdy, Data Entry Specialist	cheri.dawdy@nebraska.gov	471-1806
Pam Findlay, Finance Coordinator	pam.findlay@nebraska.gov	471-6583
Joey Labadie, Staff Assistant	joey.labadie@nebraska.gov	471-6452
Leah Snyder, Program Liaison	leah.snyder@nebraska.gov	471-0158
Aaron Sweazy, Community Health Educator, Sr.	aaron.sweazy@nebraska.gov	471-6567
Rajeswari Timmaraju, Administrative Specialist	raji.timmaraju@nebraska.gov	471-2647

Nursing Staff:

Tina Goodwin, BSN, RN, QI Community Health Nurse Sr.	tina.goodwin@nebraska.gov	471-8691
Lynn Jones, BS, RN, BSN, Community Health Nurse Sr.	lynn.jones@nebraska.gov	471-0561





EWM Breast and Cervical Cancer Advisory Committee



EWM Breast & Cervical Cancer Advisory Committee

Andrea Foster
Omaha, NE

Samia Gamie
Lincoln, NE

Kelly Mand
Omaha, NE

Linda Newport
Adams, NE

Rebecca Tines
Omaha, NE

Denise Tomek
Columbus, NE

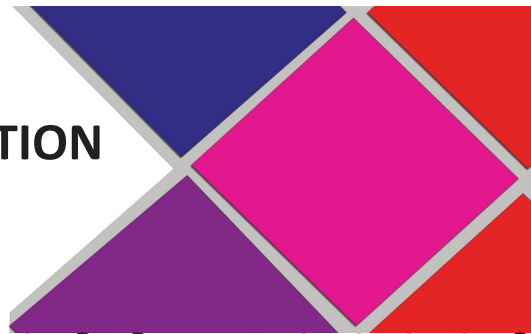
Women's & Men's Health Program Support Staff

Melissa Leypoldt, RN, Program Manager
Tina Goodwin, RN, Community Health Nurse
Leah Snyder, Program Liaison, Lifespan Services



PROFESSIONAL & PUBLIC CANCER EDUCATION AND INFORMATION RESOURCES

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

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, etc.*

Provides professional case managers who negotiate with 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 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)

<https://thinkculturalhealth.hhs.gov/clas>

In March 2001, the U.S. Department of Health & Human Services Office 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);*
- 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

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)752-6096

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.





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

■ Nebraska Association for Translators & Interpreters

www.natihq.org

Association e-mail: nati@natihq.org

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

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>

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.

American Cancer Society (ACS)

(800) ACS-2345 or (800) 227-2345
(Spanish language services available)

P.O. Box 24168

Omaha, NE 68124

800-227-2345

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)

301-857-7877

www.asccp.org

Provides American Society for Colposcopy and Cervical Pathology (ASCCP) Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities and Consensus Guidelines on the Management of Women with Histological Abnormalities. Among other services, ASCCP also provides practice recommendations and continuing medical education.

Association of Cancer Online Resources

www.acor.org

Provides links to pertinent resources for all types of cancer.

AVON Foundation

info@avonfoundation.org

<https://www.avonworldwide.com/supporting-women/avon-foundation-for-women>

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.

PROFESSIONAL & 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

<https://csn.cancer.org/>

Discussion boards for peer support. 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.

Heartland Cancer Foundation

(402)261-9974

P.O. Box 5203

Lincoln, NE 68505

<https://www.heartlandcancerfoundation.org/>

Removes barriers to care by providing housing and transportation grants for local cancer patients in need of additional support during treatment.

Krames Patient Education

(800) 333-3032

1100 Grundy Lane

San Bruno, CA 94066-3030

www.kramesstore.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.org

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.





PROFESSIONAL & PUBLIC CANCER EDUCATION AND 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.

National Lymphedema Network

(800)541-3259
www.lymphnet.org - email: nin@lymphnet.org
Provides complete information for clients, healthcare providers and the general public on prevention and treatment of lymphedema.

National Women's Health Information Center

<https://www.womenshealth.gov/>
Gateway for women's health resources and materials for consumers and professionals. Maintained by the U.S. Dept. of Health & Human Services.

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



National Women's Health Network

(202)682-2640

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

<https://dhhs.ne.gov/Pages/Health-Disparities.aspx>

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

<https://www.oncolink.org/cancer-treatment>

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

<https://www.nebraskamed.com/treatments>

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

Patient Services Center - American Cancer Society

(888)227-6333

Case managers assist clients to find resources and financial services.

Physician Data Query (PDQ)

(800)422-6237

<https://www.cancer.gov/publications/pdq/information-summaries>

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

Project Pink'd inc.

(402)905-0691

11405 Davenport Street
Omaha, NE 68154

www.projectpinkd.org

Serves women in Nebraska and Iowa to help ease the financial burden for underserved survivors who are actively going through treatment. They provide services to survivors from point of diagnosis to end of life.

Susan G. Komen Breast Cancer Foundation

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

(402)251-5355 (Omaha)

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

(Spanish language services available)

www.komen.org

Dedicated to advancing research, education, screening and treatment of breast cancer (Educational Brochures Available)

Young Survival Coalition

(877)972-1011

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.





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

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.

<https://dhhs.ne.gov/Documents/Living%20Well%20Flyer.pdf>

Diabetes:

American Diabetes Association Clinical Practice Recommendations

(800)342-2383 or professional.diabetes.org/journals-resources

CDC Diabetes: (800)232-4636 <https://www.cdc.gov/diabetes/index.html>

•Diabetes Prevention Program: <https://www.cdc.gov/diabetes-prevention/programs/index.html>

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

<https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program>

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)471-0194 or <https://preventdiabetesne.org/>

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: (402)471-0162

<https://dhhs.ne.gov/Pages/Chronic-Disease.aspx>

Free or Low-Cost Medication Access:

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

Federal Trade Commission (FTC) - FTC provides useful consumer information regarding prescription savings programs and generic drugs.

<http://www.consumer.ftc.gov/articles/0063-generic-drugs-and-low-cost-prescriptions>

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



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

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

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

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

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

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/

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 helps more than 85,000 people each year get the medications they need to stay healthy. (800)769-3880 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

•Nebraska Tobacco Quitline Fax Referral Form <https://dhhs.ne.gov/Documents/QuitlineFax.pdf>

Smokefree.gov www.smokefree.gov

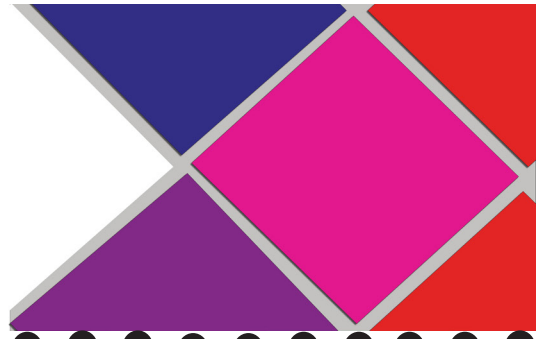
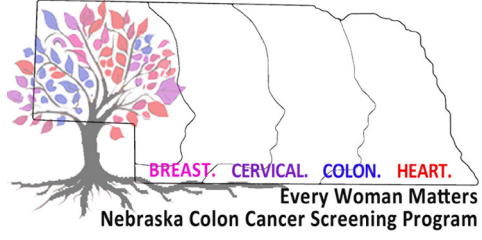
•Smoke Free Women <http://women.smokefree.gov/>

•Smoke Free Espanol <http://espanol.smokefree.gov/>

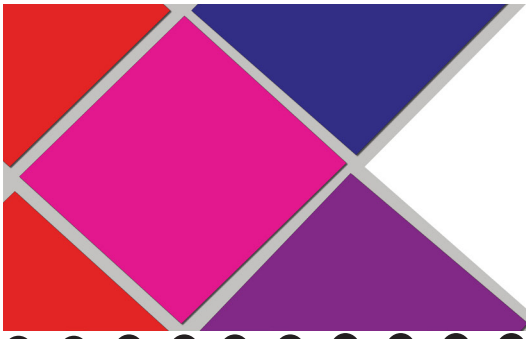




Women's & Men's Health Programs



Glossary



Glossary



1st Degree relative: a first degree relative is defined as a parent, brother, sister, or child.

A

A1C: Measures average blood glucose level over the past 3 months

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.

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.

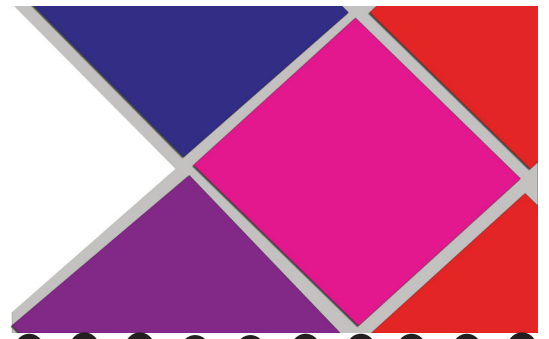
BSE: Acronym for Breast Self-Exam.

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

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

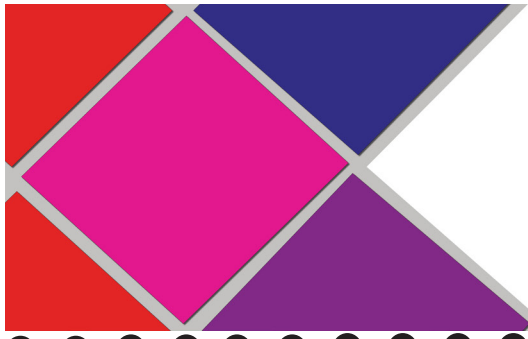


Glossary



- 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 (CBE):** 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.
- 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.





Glossary

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 Immunochemical Test (FIT): a test for hidden blood in the stool

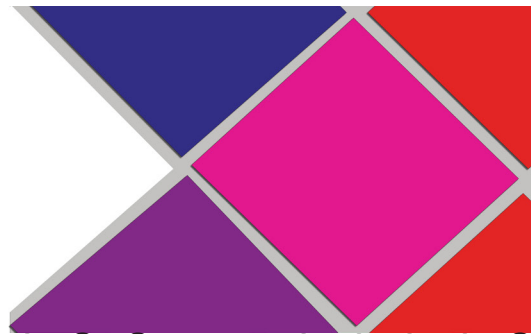
Fecal Occult Blood Test (FOBT): a test for hidden blood in the stool

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.

Glossary



F (continued)

Follow Up Visit: A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit.

G

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

H

HDL: Acronym for High-Density Lipoproteins which carry cholesterol in the blood stream. Typically referred to as the *good* cholesterol.

Health Coaching (HC): the use of evidence-based supports and skillful conversation, motivational interviewing and goal setting strategies to actively and safely engage EWM clients in healthy behavior change over the course of 3 HC sessions and at least a 12 week timeframe.

Healthy Behavior Support Services (HBSS): EWM clients are eligible for health coaching and healthy behavior supports through the WISEWOMAN Program. This support is offered to every client by the Central Office Health Coach and/or local health department health coaches across the state. Clients receive a minimum of 3 sessions with a health coach and if interested, can engage in one of the following evidence based healthy behavior support services. ***EWM encourages healthcare providers to recommend the appropriate option for eligible clients. Referral for these services can be selected on the Screening Card.***

- **Health Coaches for Hypertension Program:** small group program that helps people with high blood pressure manage their condition through lifestyle changes that includes: nutrition, physical activity, stress management, tobacco cessation, and medication management.
- **Living Well (LW):** a 6-week course led in person or virtually by a trained LW Facilitator; designed to address and assist clients in managing their chronic conditions to live their best life.
- **National Diabetes Prevention Program (NDPP):** a 16-week course for clients who are pre-diabetic led in person or virtually by a trained NDPP; designed to help clients reduce their risk for diabetes through education, gradual lifestyle changes and support.
- **Walk & Talk Toolkit:** program designed to assist clients interested in beginning to increase their physical activity with the help of a health coach and weekly educational tools for 10 weeks; a pedometer is provided to help clients begin tracking steps.
- **Tobacco Cessation Counseling:** program designed for clients that want to quit tobacco use. Providers can fax a referral to the statewide quitline at 1-800-QUIT-NOW.

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.





Glossary

H (*continued*)

Home Based Screening Test Kit: a test for hidden blood in the stool. Can include Fecal Occult Blood Test (FOBT), Fecal Immunochemical Test (FIT), and/or Immunochemical Fecal Occult Blood Test (iFOBT).

HPV: Acronym for Human Papilloma Virus which is a species of virus that has been associated with the development of cervical cancer.

Hypertension: Persistently high arterial blood pressure.

Hysterectomy: Surgical removal of the uterus.

I

Inflammatory Bowel Disease (IBD): chronic inflammatory bowel disease (ulcerative colitis or Crohn's disease) is a condition in which the colon is inflamed over a long period of time and may have ulcers in its lining. This increases a person's risk of developing colon cancer.

Invasive Carcinoma: Cancer that has spread to other areas of the body from its point of origin.

Invasive Cervical Cancer: Cancer that originated in the cervix and has spread to other parts of the body.

Intervention: Any measure intended to improve health or alter the course of a disease.

Irritable Bowel Syndrome (IBS): A common disorder that affects the large intestine (colon).

L

LDL: Acronym for Low-Density Lipoproteins, which are a combination of a fat and a protein which acts as a carrier for cholesterol and fats in the bloodstream. Typically referred to as the *bad* cholesterol.

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.

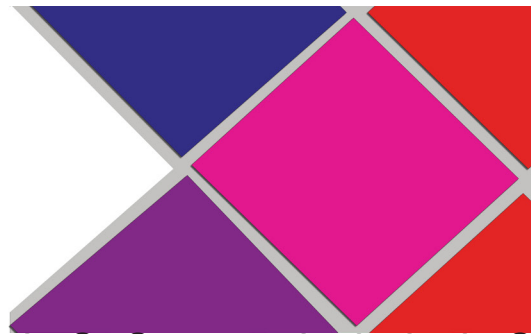
Lipid Panel: A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides.

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.

Glossary



M

Magnetic Resonance Imaging (MRI): A technique that uses a magnetic field and radio waves to create detailed images of the organs and tissues within the body.

Malignancy: A cancer, especially one with the potential to cause death.

Mammogram: A breast screening process/ x-ray of the breast.

Mastectomy: A surgical procedure removing all or parts of the breast tissue.

Med-It: The computer database where information for EWM/NCP clients is recorded and stored.

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.

N

Needle Core Biopsy: Type of biopsy in which a needle is inserted into the lump under local anesthesia.

Neoplasia: New growth, usually refers to abnormal new growth and thus means the same as tumor, which may be benign or malignant.

Nephropathy: Any disease of the kidneys.

Nutritional Assessment: The process of assessing an individual's 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.

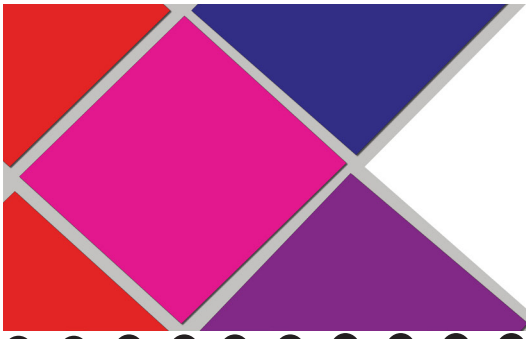
Pap Test: (Papanicolaou Smear) A screening test of the cells of the cervix used to detect early cervical abnormalities.

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.





Glossary

P (continued)

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

Radiation Therapy (RT): use of high-energy x-rays to destroy cancer cells.

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.

STD: Sexually Transmitted Disease

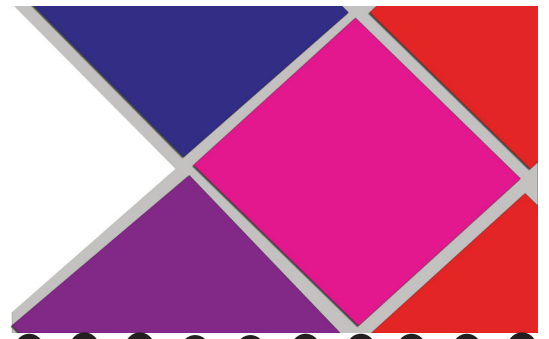
STI: Sexually Transmitted Infection

Stereotactic Biopsy: Method of obtaining tissue which combines mammography and computer-directed needle placement to evaluate an abnormality that can be seen on a mammogram, but the clinician can't palpate.

Suggestive of Malignancy: Probability of malignancy is great and immediate follow up is needed. This refers to mammography.



Glossary



S (continued)

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.

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

W

WMHP: Acronym for Women's and Men's Health Programs

