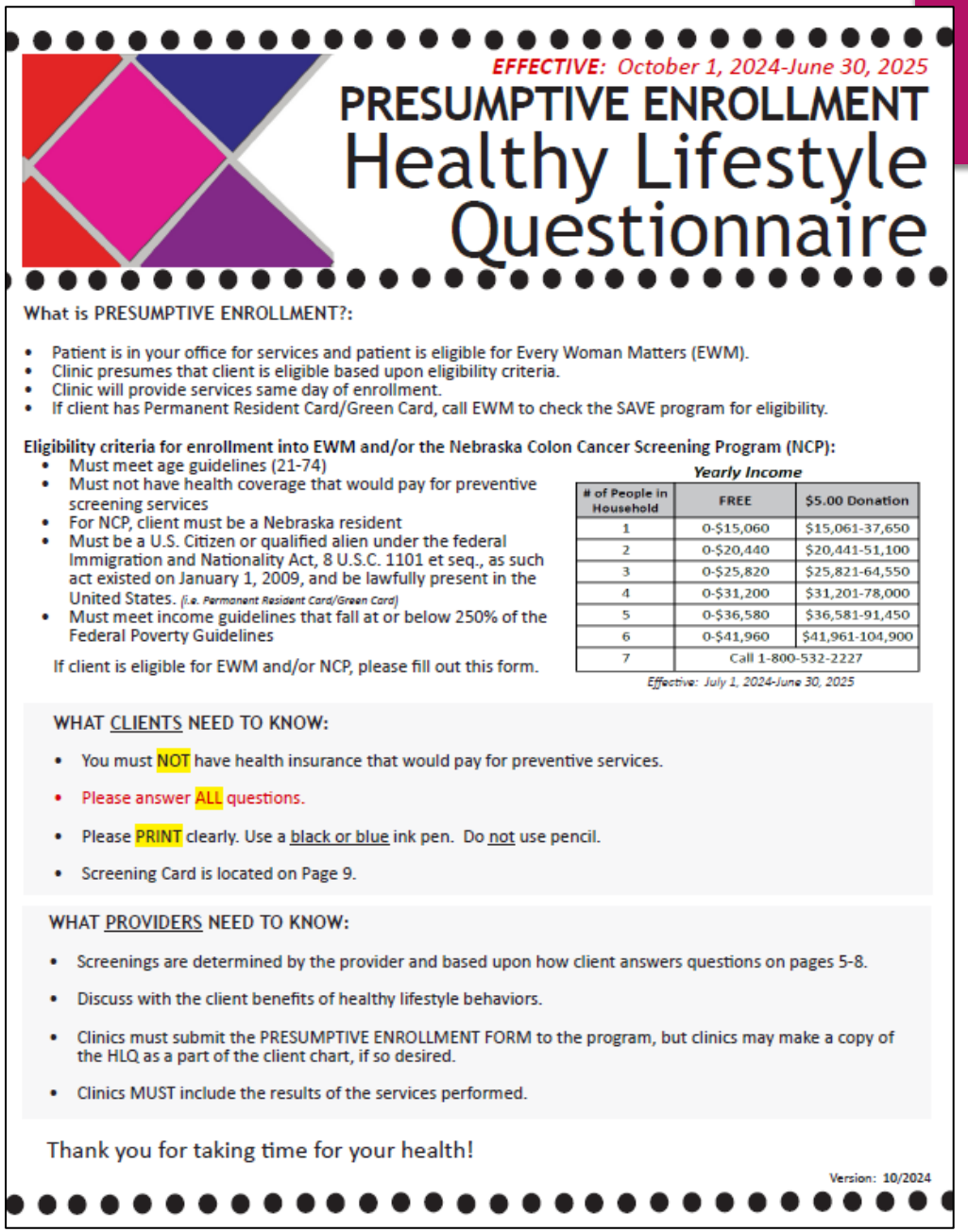
PRESUMPTIVE

Client Enrollment

EVERY WOMAN MATTERS

Where to Begin

- A PRESUMPTIVE ENROLLMENT Healthy Lifestyle Questionnaire (PE-HLQ) is required to be filled out for each client.
- The PE-HLQ should be filled out **PRIOR** to services being offered.
- Completed form should be returned to EWM **after** the office visit.



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 Matters (EWM).
- 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 the SAVE program for eligibility.

Eligibility criteria for enrollment into EWM and/or the Nebraska Colon Cancer Screening Program (NCP):

- 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.

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	

Effective: July 1, 2024-June 30, 2025

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 client answers questions on pages 5-8.
- Discuss with the client benefits of healthy lifestyle behaviors.
- Clinics must submit the PRESUMPTIVE ENROLLMENT FORM to the program, but clinics may make a copy of the HLQ 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: 10/2024

How can I help my patients access Every Woman Matters?

- Know what services are covered by the program
- Keep PE-HLQ's on hand in your office for patients to fill out.
- Assist patients in completing the forms if needed
- Clinic presumes that client is eligible based upon eligibility criteria.
- Clinic to provide services same day as enrollment
- If client has Permanent Resident Card/Green Card, email EWM to check the SAVE program for eligibility. Depending upon staff availability this will be done on the same day the request is received but know that may not always happen.

- If the client is experiencing an issue such as a breast lump or has had an abnormal Pap she could be eligible for immediate services through our diagnostic enrollment. Instructions and forms can be found here: dhhs.ne.gov/ewmforms

Women's & Men's Health Programs

BREAST. CERVICAL. COLON. HEART.

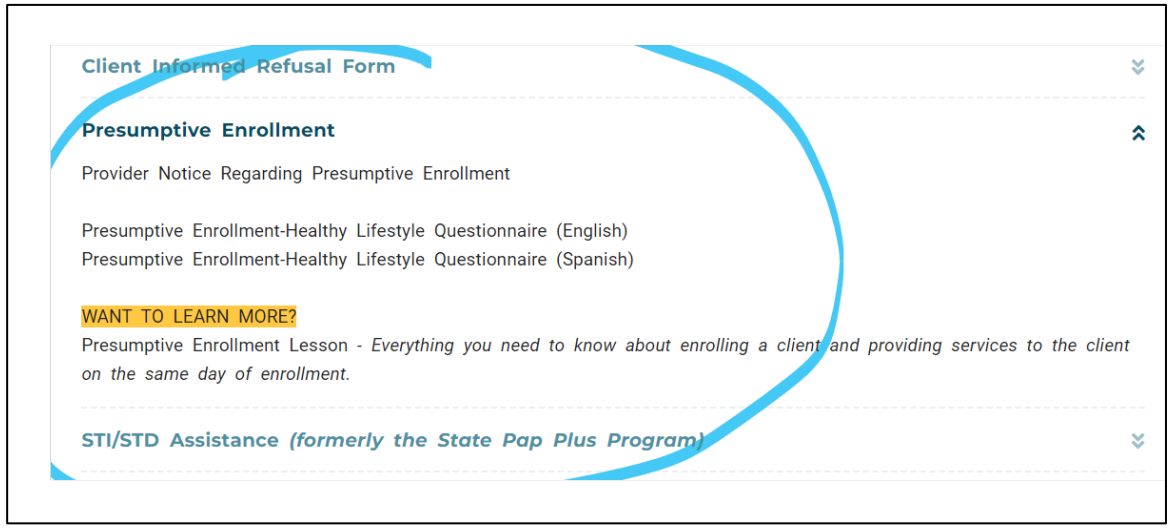
Every Woman Matters

Nebraska Colon Cancer Screening Program

Obtaining PRESUMPTIVE ENROLLMENT Healthy Lifestyle Questionnaires

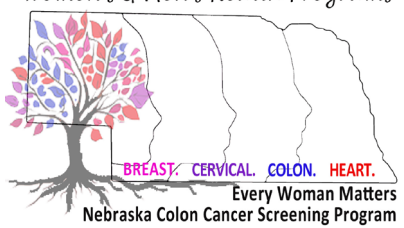
- Online PE-HLQs are available at dhhs.ne.gov/ewm. Click the "Presumptive Enrollment Healthy Lifestyle Questionnaire" tab

- Keep PE-HLQ's on hand in your office* by downloading copies from our website. Materials can be downloaded at dhhs.ne.gov/ewmforms

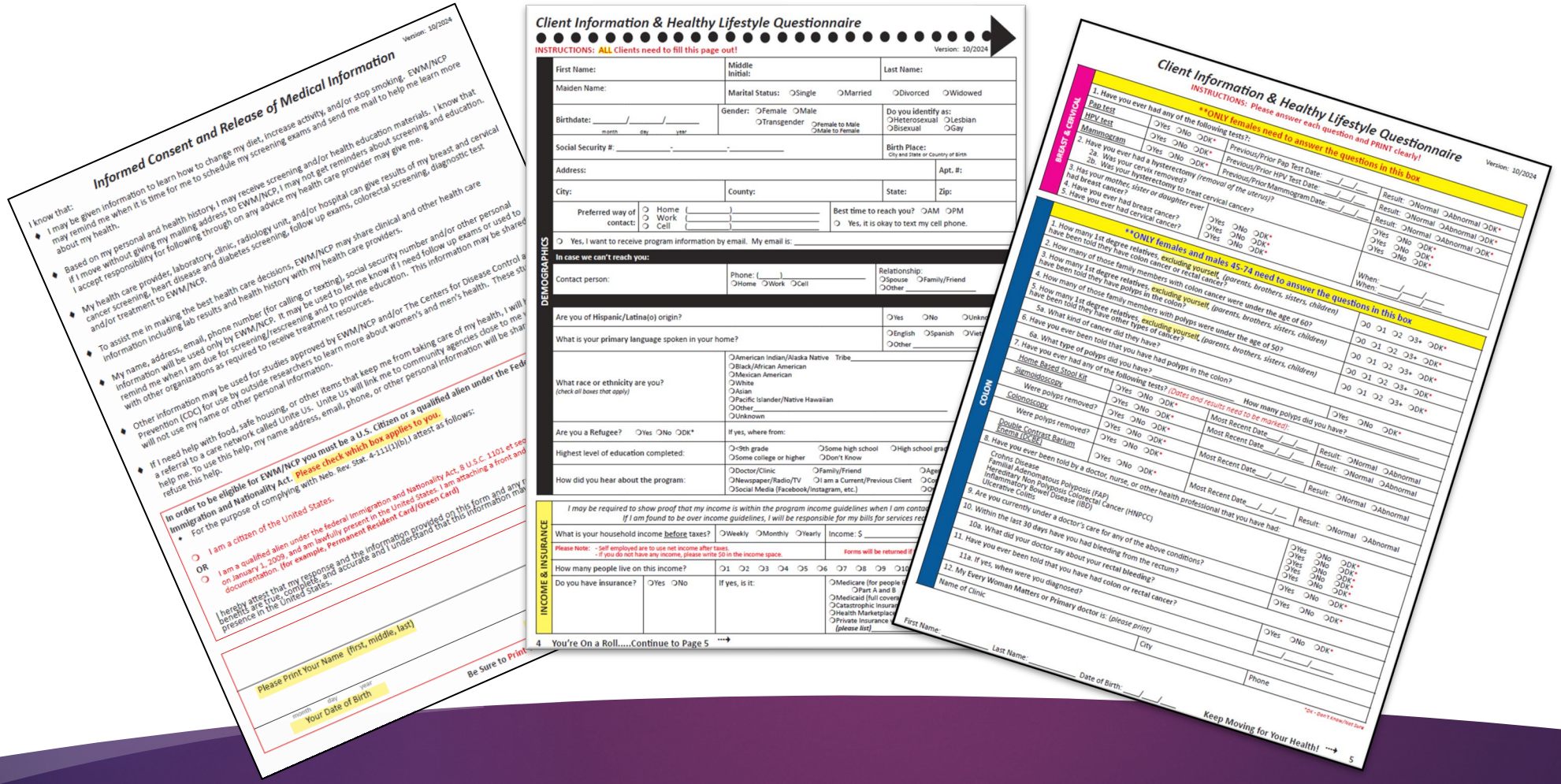


Program Eligibility

Women's & Men's Health Programs



Every Woman Matters
Nebraska Colon Cancer Screening Program



Determining Eligibility

Information gathered from the client's PE-HLQ will be used to determine whether or not they will be eligible for services and when it is appropriate for them to be screened.

Who is Eligible

Uninsured Clients ages 21-64

United States Residents

Income Eligible

Who is Eligible – Uninsured Clients

Uninsured Clients ages 21-64

In order to be eligible, screening clients must not have other health coverage that will pay for preventive services.

- Clients with Private Health Insurance, Medicare Part B or Medicaid are **not eligible** for screening services if their coverage includes preventive services.
- If their plan does not cover preventive services, please contact EWM at 800-532-2227 to determine enrollment eligibility.
- Diagnostic clients with private insurance may still be eligible for EWM! Call to speak with a staff nurse about enrollment.

Who is Eligible – United States Residents

United States Residents

Must be a citizen or permanent resident of the United States.

Clients must comply with Neb. Rev. Stat. §§4-108 through §§4-114, being either a US citizen or Qualified Alien under the Federal Immigration and Nationality Act.

- Qualified Aliens ***must*** submit a front ***and*** back copy of their Permanent Resident Card with their application.
  - Their status will be checked in the Federal SAVE System before program approval.
  - Passports, Work VISA's, etc. ***are not*** sufficient proof of residency for this program.

Who is Eligible – Income Guidelines

Income Guidelines

Eligible clients must be within 250% of the Federal Poverty Guidelines.

Current income guidelines can be found at http://dhhs.ne.gov/ewmforms

Household income is self-reported. No verification or documentation of income is required. Enrolling clients report their gross annual income before deductions. 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. All income coming into the home that supports the household is to be counted.

- Those with farm incomes or non-farm self-employment are asked to record the amount of net income after business deductions.
- If the client has no income, it is still required to report as "0" to avoid a delay in processing.

Other Factors that Determine Eligibility

USPSTF Guidelines

Screening History

Personal History

Determining Eligibility– USPSTF Guidelines

USPSTF Guidelines

Is it appropriate for the client to be screened?

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: • **FOBT/FIT Annually*** • **Colonoscopy every 10 years *** *Other approved tests by USPSTF: https://www.uspreventiveservicestaskforce.org/Page/Document/Recommendation-StatementFinal/colorectal-cancer-screening2* ***Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.***	

Screening services covered for reimbursement must adhere to the U.S. Preventive Services Screening Task Force (USPSTF) Guidelines
www.uspreventiveservicestaskforce.org/

Determining Eligibility – Screening History

Screening History

Services are determined by screening dates that the clients have self reported in their HLQ and past Every Woman Matters records.

An Every Woman Matters Screening Covers:

- Clinical Breast Exams
- Screening mammograms for women 40-64 every 2 years
- Screening Pap Tests for women 21-64 every 3 years with cytology or every 5 years with cytology/HPV
- Cardiovascular screening for women 35-64 in conjunction with an eligible breast or cervical screening
    - Cholesterol, Triglycerides, A1c/Blood Glucose

Existing clients are automatically sent HLQ's a month prior to their due dates as determined by previous program records.

Clients who are deemed not due for services will be sent notice via mail.

Determining Eligibility – Personal History

Personal History

Does the client have a personal history of cancer?

Screening mammograms/Pap tests may be performed yearly if the client has had a personal history of breast/cervical cancer.

Clients with a documented personal history of BRCA1 or BRCA2 gene mutations only:

Clients age 25-39: 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
- MRI must be preapproved by EWM

Clients age 40-64: Annual screening mammogram at the time of her EWM screening visit or immediately afterward,

- Breast MRI Screening alternating 6 months after the screening mammogram

Screening Card

Women's & Men's Health Programs

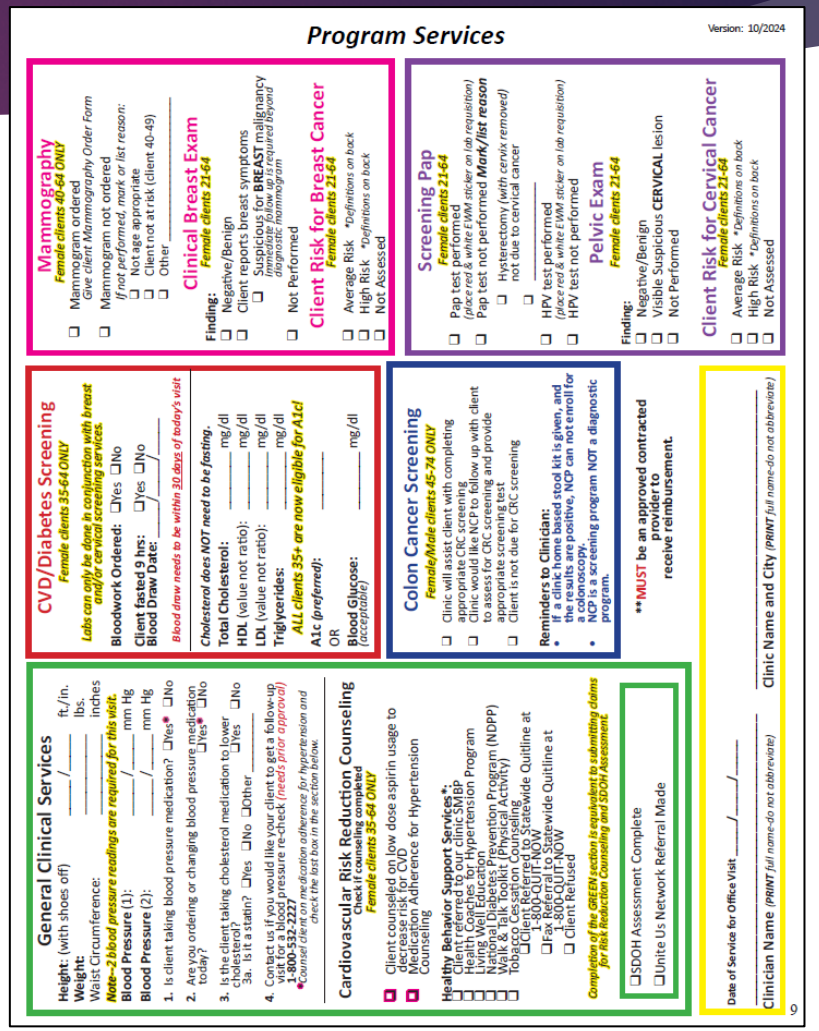
BREAST. CERVICAL. COLON. HEART.

Every Woman Matters

Nebraska Colon Cancer Screening Program

Screening Cards

- Page 9 of the PE-HLQ is the Screening Card. Once the clinic deems the client is approved for appropriate services the clinic fills it out.
- The screening card lets the client and the provider know the services covered by the program.
- Provider may:
  - Discuss the HLQ answers with the client
  - Fax referral, at clients request, to Tobacco QuitLine *if applicable *(See NE Tobacco Quitline Lesson for more information)*
  - Request home-based colon cancer screening test kit (FIT Test) to be sent to client *if applicable
  - Give instructions for next steps for screening



Program Services Version: 10/2024

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 *(immediate follow up is required beyond diagnostic mammogram*
- ☐ Not Performed

Client Risk for Breast Cancer *Female clients 21-64*
- ☐ Average Risk **Definitions on back*
- ☐ High Risk **Definitions on back*
- ☐ Not Assessed

Screening Pap *Female clients 21-64*
- ☐ Pap test performed *(place red & white EWM sticker on lab requisition)*
- ☐ Pap test not performed **Mark/list reason**
  - ☐ Hysterectomy *(with cervix removed)* not due to cervical cancer
  - ☐ Other _____
- ☐ HPV test performed *(place red & white EWM sticker 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 **Definitions on back*
- ☐ High Risk **Definitions on back*
- ☐ Not Assessed

CVD/Diabetes Screening *Female clients 35-64 ONLY*

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 35+ are now eligible for A1c!

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

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 to assess for CRC screening and provide appropriate screening test
- ☐ 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 a colonoscopy.
- NCP is a 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--2 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
   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)*
   **Counsel client on medication adherence for hypertension and check the last box in the section 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
- ☐ 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)
Nutrition & Physical Activity Counseling
Tobacco Cessation Counseling
☐Client Referred to Statewide Quitline at 1-800-QUIT-NOW
☐Fax Referral to Statewide Quitline at 1-800-784-8669 (QUIT-NOW
☐ Client Refused

Completion of the GREEN section is equivalent 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 *(PRINT full name-do not abbreviate)* _____

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

9

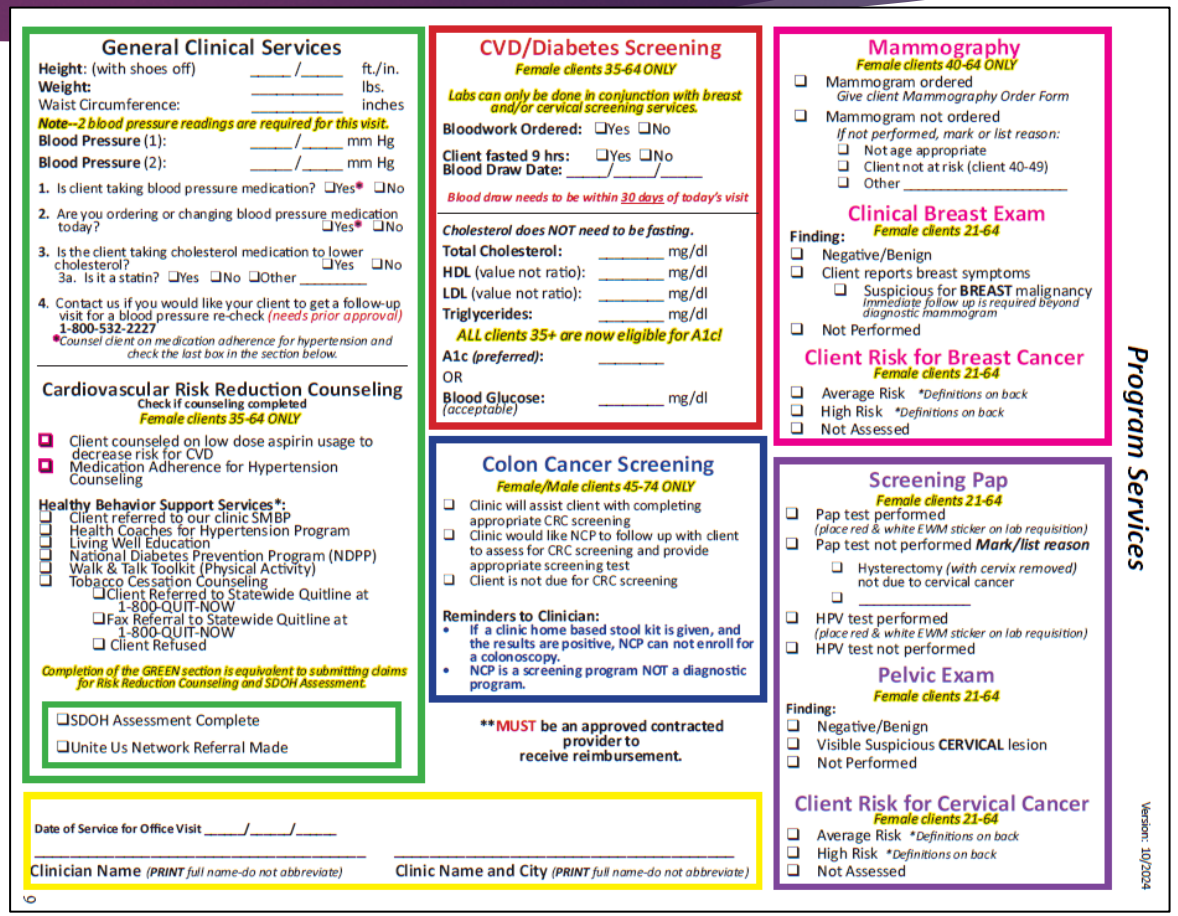
Screening Cards

In order to be reimbursed for services:

- The client must be seen at a clinic/provider that has been approved by EWM
- Provider determines eligibility for services
- Screening cards must be filled out completely and returned to EWM within 2 weeks

Other items to remember:

- If eligible, give the client a Mammography Order Form to bring to their radiology appointment



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

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

❑SDOH Assessment Complete
❑Unite Us Network Referral Made

CVD/Diabetes Screening
Female clients 35-64 ONLY

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

Bloodwork Ordered: ❑Yes ❑No
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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
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A1c ***(preferred)***: _____
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Female clients 21-64

Finding:
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  ❑ Suspicious for **BREAST** malignancy
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Client Risk for Breast Cancer
Female clients 21-64

❑ Average Risk **Definitions on back*
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❑ Not Assessed

Screening Pap
Female clients 21-64

❑ Pap test performed
(place red & white EWM sticker on lab requisition)
❑ Pap test not performed ***Mark/list reason***
  ❑ Hysterectomy *(with cervix removed)* not due to cervical cancer
  ❑ _____
❑ HPV test performed
(place red & white EWM sticker 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 **Definitions on back*
❑ High Risk **Definitions on back*
❑ Not Assessed

Date of Service for Office Visit _____/_____/_____

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

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

Program Services

Version: 10/2024

6

Frequently Asked Questions

Women's & Men's Health Programs

BREAST. CERVICAL. COLON. HEART.

Every Woman Matters

Nebraska Colon Cancer Screening Program

EWM FAQ

- **What if the clients screening has an abnormal result?**
  Diagnostic testing may be covered per ASCCP Consensus Guidelines and NCCN Clinical Practice Guidelines. See provider manual for details.

  If client is enrolled for screening through EWM, then the provider may continue with appropriate diagnostic testing. Clinic is responsible for returning completed "Follow-Up and Treatment Plan" form, Page 3 of the Diagnostic Enrollment.

- **What if the client needs a screening MRI?**
  The provider must submit a request for MRI using the Breast Follow-Up and Treatment Plan for, Page 4 (Breast Diagnostic Enrollment).

Women's & Men's Health Programs
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Every Woman Matters
Nebraska Colon Cancer Screening Program

Additional Questions Regarding PRESUMPTIVE ENROLLMENT?

Contact Every Woman Matters:

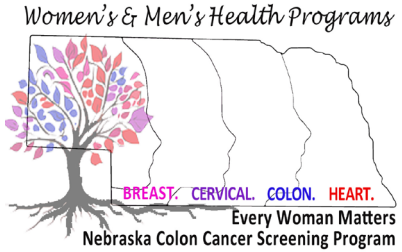
Women's & Men's Health Programs

1-800-532-2227 toll free

402-471-0913 fax

www.dhhs.ne.gov/womenshealth web

dhhs.ewm@nebraska.gov email



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES