

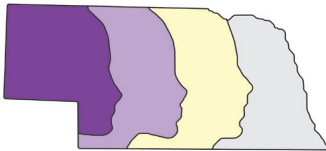


Nebraska Department of Health & Human Services  
Women's & Men's Health Programs

# PROVIDER PARTICIPATION MANUAL November 2023

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

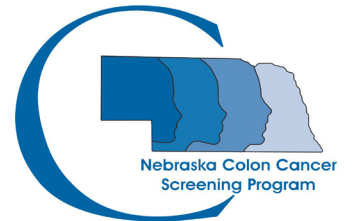
*Every Woman Matters*



**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



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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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# 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 750 provider participation enrollments representing primary care, hospitals, and laboratory providers. Approximately 90% of all primary care providers in the state participate in this program.

The Women’s and Men’s Health Program, (WMHP), has four screening programs, two federal and two state, for which it provides oversight and programming. Federal programs consist of the Every Woman Matters Program inclusive of the Breast and Cervical Cancer Early Detection and WISEWOMAN, (Well–Integrated Screening and Evaluation for Women Across the Nation). State programs consist of Nebraska Colon Cancer Program; and the State Pap Plus Program. The Breast and Cervical Cancer program is the oldest program established in 1991 and is the foundation from which the other programs are built. Both federal programs are funded through the Centers for Disease Control and Prevention (CDC).

In 2000, the program was one of only 12 programs to receive WISEWOMAN funding. This was a great opportunity to provide more comprehensive healthcare to those women at greatest need and to address secondary risk factors for cancer (diet, exercise, and smoking cessation). Approximately 75% of women receiving breast and cervical cancer screening also receive additional screening for cardiovascular disease and diabetes at the same visit.

In 2005 the program became one of only five in the nation to receive a demonstration grant for colorectal cancer screening. Nebraska was the only program that provided statewide screening. The colon cancer program 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 (2018) shows that between 2014-2018 breast cancer was the second leading cause of cancer death in women with 1188 women dying. Colorectal cancer was the second leading cancer of men and women combined, with 1648 deaths. There were 122 deaths from cervical cancers. A total of 2,958 deaths were attributed to breast cancer, cervical cancer, and colorectal cancer in 2014-2018.

Cancer stage at diagnosis strongly affects the prognosis and survival for breast cancer patients, cervical cancer patients, and colon cancer patients. Between 2014 and 2018, 8,728 cases of breast cancer diagnosed in Nebraska women, 1,465 in situ and 7,263 invasive. Among these invasive cases, 22% were regional and 4% were distant. There were a total of 4,690 cases of colon cancer diagnosed in men and women, 36% regional and 18% distant. According to American Cancer Society data (2011-2017); a 5-year relative survival for early stage (local and in situ) was 99% for breast cancer, 92% for cervical cancer, and 91% for colorectal cancer. For late stage (distant), five year survival drops to 29% (breast cancer), 18% (cervical cancer), and 15% (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



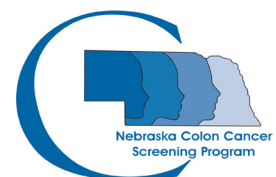
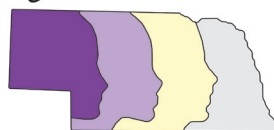


## Provider Participation

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), Nebraska Colon Cancer Program; and the State Pap Plus Program. Providers who participate in the program adhere to the following:

- **Sign a Provider Participation Enrollment Form**  
The enrollment form allows health care providers to participate in the Programs by agreeing to follow procedures described in each direct service section of the program's Provider Participation Manual.
- **Accept the fee schedule**  
See the Compensation and Billing Section for a complete list of services and the program's reimbursement rates.
- **Supply needed data about those screened**  
The program attempts to interfere as little as possible with your facility's standard procedures while collecting important public health information about enrolled clients. This manual describes all documentation needed to participate in the program.
- **Accept quality assurance standards**  
Standards include FDA certification, CLIA '88 certification and other program standards.
- **Submit for reimbursement of procedures according to program guidelines**  
Procedures are reimbursed for enrolled clients according to the guidelines set by the program's funder, the Centers for Disease Control and Prevention. These guidelines are designed to meet the greatest public health need.
- **Participate in financial and program clinical review** to meet quality assurance requirements, including scheduled site visits by Program staff.
- **Maintain professional liability insurance to cover the services provided.**
- **Assure staff participation in professional continuing education** and training necessary to provide competent breast and cervical cancer screening, cardiovascular screening, diabetes screening, and follow up services.
- **Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration** to practice their profession or occupation as required by state statutes.
- **Maintain appropriate state and federal occupational and facility licenses and certifications** required to perform the services provided.
- **Assure to the extent practicable that each client with abnormal findings receives appropriate treatment and follow up either on site or through referral. Clinics must make three (3) attempts to ensure follow up in a timely manner.**
- **Adhere to Screening Guidelines and other policies set forth in this manual.**
- **Utilize only the contracted providers for referral.**
- **Discuss with client the services that are not covered by the Program and how those services will be paid for.**

*Every Woman Matters*





# National Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

## Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For more information and training on CLAS Standards please visit:

<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.<sup>1</sup> 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,<sup>2</sup> such as socioeconomic status, education level, and the availability of health services.<sup>3</sup>

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals. Health inequities result in disparities that directly affect the quality of life for all individuals.

Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.<sup>4</sup>

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.<sup>5,6</sup> 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 Disparities<sup>7</sup> and the National Stakeholder Strategy for Achieving Health Equity,<sup>8</sup> 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.

**Of all the forms of inequality, injustice in health care is the most shocking and inhumane.**

**— Dr. Martin Luther King, Jr.**

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For more information and training on CLAS Standards please visit:

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>







## Screening Guidelines

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

## What the Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	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 in an individual patient.
<b>D</b>	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.
<b>I Statement</b>	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/](http://www.uspreventiveservicestaskforce.org/apps/)



## Coverage Under the Women’s and Men’s Health Programs Every Woman Matters/NE Colon Screening/State Pap Plus Program

Breast Cancer Screening		
Screening with Biennial Mammography for women 50-74 years	<b>B</b>	Covered
Screening with Biennial Mammography for women before age 50	<b>C</b>	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	<b>A</b>	<p>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).</p> <p>See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.</p>
Women younger than 21 years	<b>D</b>	The USPSTF recommends against screening for cervical cancer in women younger than 21 years.
Women who have had a hysterectomy	<b>D</b>	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	<b>D</b>	<p>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.</p> <p>See the Clinical Considerations section for discussion of adequate prior screening and risk factors that support screening after age 65 years.</p>





## Coverage Under the Women’s and Men’s Health Programs Every Woman Matters/NE Colon Screening/State Pap Plus Program (continued)

Colorectal Cancer Screening		
Screening for colorectal cancer using home based screening kit annually beginning at age 45 and continuing until age 74	<b>A</b>	Covered when using Nebraska Colon Program (NCP) issued home based screening kit
Screening for colorectal cancer using colonoscopy beginning at age 45 and continuing until age 74	<b>A</b>	<b>PRE-APPROVAL IS REQUIRED</b> 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	<b>A</b>	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.	<b>A</b>	Covered as part of the Breast and Cervical Cancer Office Visit. Encouraged that all tobacco users are referred to the Nebraska Tobacco Free Quitline







# Enrollment & Eligibility





## Program Enrollment and Eligibility

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

- Must be 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.
- Must meet income guidelines that fall at or below 250% of the Federal Poverty Guidelines
- Must not have health coverage that would pay for preventive screening services
- For the Nebraska Colon Screening Program or the State Pap Plus Program, the client must be a Nebraska resident

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, NCP, or State Pap Plus Program is based on age, personal and family health history, and last screening due dates.

Ages	Program	Services
18-74 men and women	State Pap Plus Program	Office visit for STD testing
21-35 years of age women	State Pap Plus Program	Pap Test/Cervical Cancer Screening
18-74 women	EWM	Breast Cancer Diagnostics
21-74 women	EWM	Cervical Cancer Diagnostics
35-74 and up women	EWM	Screening for breast and cervical cancer, hypertension, cardiovascular disease, diabetes, obesity, and smoking
45-74 men and women	NCP	Colon Cancer Screening





## Women's and Men's Health Programs Income Eligibility Scale for Every Woman Matters

To be approved for EWM/NCP services, clients must meet income guidelines that fall at or below 250% of the Federal Poverty Guidelines. **250% started November 1, 2023.** 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.

### Determining Household Income

Household income is self-reported. No verification or documentation of income is required.

Enrolling clients report their gross annual income before deductions. All income coming into the home that supports the household is to be counted. This includes the following:

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

Those with farm incomes or 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 nor towards the total annual income.







# Program & Documentation Guidance



# Enrolling and Determining Service Eligibility

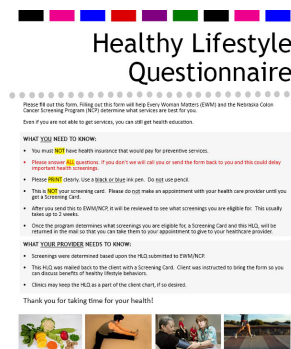
## Preventive Screening

**EWM:** Women 35-74

**NCP:** Women and Men 45-74

Women and men in need of preventive screening services

- Complete Healthy Lifestyle Questionnaire (HLQ)



How can I assist my patients to access the WMHPs?

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

HLQ is mailed, faxed or emailed 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 All Services Screening Card

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



## Screening Card for ALL Services

Client Name  
 Date of Birth

Screening Card Expiration Date

### Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

#### Choose one or two areas you want to improve:

- Nutrition
- Physical Activity
- Smoking Cessation
- Taking medications as prescribed for high blood pressure
- Weight
- I don't want to improve anything



#### How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					<input type="checkbox"/> I don't smoke
4. Taking medications as prescribed for high blood pressure					<input type="checkbox"/> I don't take medications for high blood pressure



# 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	CVD/Diabetes Screening
<p>Height: (with shoes off) _____ / _____ ft./in.            Weight: _____ lbs.            Waist Circumference: _____ inches</p> <p><b>Note--2 blood pressure readings are required for this visit.</b></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>	<p><b>Labs can only be done in conjunction with breast and/or cervical screening services.</b></p> <p>Bloodwork Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No            Client fasted 9 hrs: <input type="checkbox"/> Yes <input type="checkbox"/> No            Blood Draw Date: ____/____/____</p> <p style="text-align: center;"><i>Blood draw needs to be within 30 days of today's visit</i></p> <hr/> <p><b>Cholesterol does NOT need to be fasting.</b></p> <p>Total Cholesterol: _____ mg/dl            HDL (value not ratio): _____ mg/dl            LDL (value not ratio): _____ mg/dl            Triglycerides: _____ mg/dl</p> <p><b>ALL clients are now eligible for A1c!</b></p> <p>A1c (preferred): _____            OR            Blood Glucose: _____ mg/dl (acceptable)</p>
<p style="text-align: center;"><b>Cardiovascular Risk Reduction Counseling</b>            Refer to the questions on the front of this card.            Check if counseling completed.</p> <p><input checked="" type="checkbox"/> Client counseled on low dose aspirin usage to decrease risk for CVD  <input checked="" type="checkbox"/> Medication Adherence for Hypertension Counseling</p>	
<p><b>Healthy Behavior Support Services*:</b></p> <p><input type="checkbox"/> Check. Change. Control. Education/SMBP  <input type="checkbox"/> Living Well Education  <input type="checkbox"/> National Diabetes Prevention Program (NDPP)  <input type="checkbox"/> Walk &amp; Talk Toolkit (Physical Activity)  <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  <input type="checkbox"/> Fax Referral to Statewide Quitline at 1-800-QUIT-NOW  <input type="checkbox"/> Client Refused         </p> <p style="text-align: center;"><i>Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.</i></p>	
<p>*For more information on <b>Healthy Behavior Support Services</b> (Check.Change.Control, Living Well, NDPP, and Walk &amp; Talk Toolkit) available to your clients go to: <a href="http://www.dhhs.ne.gov/ewmforms">www.dhhs.ne.gov/ewmforms</a> (select the Healthy Behavior Support Services Tab)</p>	

# 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

## Cervical Cancer Screening Card

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

General Clinical Services	CVD/Diabetes Screening
Height: (with shoes off) _____ / _____ ft./in.	<p><i>Labs can only be done in conjunction with breast and/or cervical screening services.</i></p> Bloodwork Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No Client fasted 9 hrs: <input type="checkbox"/> Yes <input type="checkbox"/> No Blood Draw Dates: _____ / _____ / _____ <i>Blood draw must be done 10 days before screening.</i>
Weight: _____ lbs.	
Waist Circumference: _____ inches	
<b>Note--2 blood pressure readings are required for this visit.</b>	
Blood Pressure (1): _____ / _____ mm Hg	
Blood Pressure (2): _____ / _____ mm Hg	
1. Is the client taking blood pressure medication? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
2. Are you ordering or changing blood pressure medication today? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
3. Is the client taking cholesterol medication to lower cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3a. Is it a statin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.	
<b>Cardiovascular Risk Reduction Counseling</b> Refer to the questions on the front of this card. Check if counseling completed.	<p><b>Client NOT eligible this year</b></p> <p>Cholesterol (fasting): _____ mg/dl Total Cholesterol _____ mg/dl HDL (value) _____ mg/dl LDL (value) _____ mg/dl Triglycerides _____ mg/dl <i>All clients must have A1c!</i> A1c (prevention) _____ OR Blood Glucose: _____ mg/dl (acceptable)</p>
<input checked="" type="checkbox"/> Client counseled on low dose aspirin usage to decrease risk for CVD	
<input checked="" type="checkbox"/> Medication Adherence for Hypertension Counseling	
<b>Healthy Behavior Support Services*:</b>	
<input type="checkbox"/> Check. Change. Control. Education/SMBP	
<input type="checkbox"/> Living Well Education	
<input type="checkbox"/> National Diabetes Prevention Program (NDPP)	
<input type="checkbox"/> Walk & Talk Toolkit (Physical Activity)	
<input type="checkbox"/> Tobacco Cessation Counseling	
<input type="checkbox"/> Client Referred to Statewide Quitline at 1-800-QUIT-NOW	
<input type="checkbox"/> Fax Referral to Statewide Quitline at 1-800-QUIT-NOW	
<input type="checkbox"/> Client Refused	
Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.	

\*For more information on **Healthy Behavior Support Services** (Check.Change.Control, Living Well, NDPP, and Walk & Talk Toolkit) available to your clients go to: [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms) (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*

## 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;"><b>Screening Pap</b></p> <p><input type="checkbox"/> Pap test performed <i>(place red &amp; white EWM sticker on lab requisition)</i></p> <p><input type="checkbox"/> Pap test not performed <i>Mark/list reason</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hysterectomy <i>(with cervix removed)</i> not due to cervical cancer</li> <li><input type="checkbox"/> _____</li> </ul> <p><input type="checkbox"/> HPV test performed <i>(place red &amp; white EWM sticker on lab requisition)</i></p> <p><input type="checkbox"/> HPV test not performed</p> <p style="text-align: center;"><b>Pelvic Exam</b></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;"><b>Client Risk for Cervical Cancer</b></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;"><b>Client NOT eligible for Mammography this year</b></p> <p style="text-align: center;">See back of screening card for USPSTF guidelines</p> <p style="text-align: center;"><b>Clinical Breast Exam</b></p> <p>Finding:</p> <p><input type="checkbox"/> Negative/Benign</p> <p><input type="checkbox"/> Client reports breast symptoms</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Suspicious for BREAST malignancy <i>Immediate follow up is required beyond diagnostic mammogram</i></li> </ul> <p style="text-align: center;"><b>Client Risk for Breast Cancer</b></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;"><b>Colon Cancer Screening</b></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><b>CLINICIAN:</b> 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><b>Reminders to Clinician:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• NCP is a screening program NOT a diagnostic program.</li> </ul>	<p style="text-align: center;"><b>**MUST be an approved contracted provider to receive reimbursement.</b></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>

# Sample Screening Card

Back Page - same for all clients



EWM/NCP follows the U.S. Preventive Services Task Force (USPSTF) guidelines regarding screening intervals/recommendations. USPSTF information can be found at:  
<https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>

USPSTF Screening Guidelines	
<b>Cervical Cancer</b>	<b>Breast Cancer</b>
<b>Women 21-29 Grade: A</b> Screen with cytology (Pap smear) every 3 years.	<b>Women aged 50 to 74 years Grade: B</b> Biennial screening mammography for women aged 50 to 74 years.
<b>Women 30-65 Grade: A</b> Screen with cytology every 3 years or co-testing (cytology/HPV testing) every 5 years.	<b>Women aged 40 to 49 years Grade: C</b> 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.
<b>Colon Cancer</b>	
<b>Men and Women 45-74 Grade: B</b> Screening for Colon Cancer with any of the following tests: <ul style="list-style-type: none"> <li>• FOBT/FIT Annually*</li> <li>• Colonoscopy every 10 years *</li> </ul> Other approved tests by USPSTF: <a href="https://www.uspreventiveservicestaskforce.org/Page/Document/Recommendation-StatementFinal/colorectal-cancer-screening2">https://www.uspreventiveservicestaskforce.org/Page/Document/Recommendation-StatementFinal/colorectal-cancer-screening2</a> *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 immunocompromised 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.

*Every Woman Matters*

If you have questions, please contact the Nebraska Women's & Men's Health Programs:

Nebraska Women's & Men's Health Programs  
 301 Centennial Mall South ~ P.O. Box 94817  
 Lincoln, NE 68509-4817

Toll Free: 800-532-2227  
 In Lincoln: 402-471-0929  
 Fax: 402-471-0913

Websites: [www.dhhs.ne.gov/EWM](http://www.dhhs.ne.gov/EWM)  
[www.dhhs.ne.gov/CR](http://www.dhhs.ne.gov/CR)

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

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.  
 Rev. 4/2022



# Sample Screening Cards

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/Practise/recommendations>

**USPSTF Screening Guidelines**

Cardinal Cancer	Breast Cancer
Women 21-29 Grade: A Screen with self-exam (PE) every 1 year.	Women aged 50 to 74 years Grade: B Biennial screening mammography for women aged 50 to 74 years.
Women 30-39 Grade: A Screen with self-exam every 1 year or self-exam (PE) every 3 years.	Women aged 40 to 49 years Grade: C The decision to start screening mammography is up to you and your provider. Women who place a higher value on the potential benefits than the potential harms may choose to begin annual screening between the ages of 40 and 49 years.

**Colon Cancer**

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

Other approval tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Practise/recommendations>

**General Risk Assessment Definition:**

- Average Risk: (You or your partner) F-10 was not assessed and/or reported to be average (0).
- High/Lowest Risk: (You or your partner) F-10 was assessed and determined to be high (1) or low (2).
- Not Assessed: (You or your partner) F-10 was not assessed.

**REASER Risk Assessment Definition:**

- Average Risk: (You or your partner) F-10 was assessed and determined to be average (0).
- High/Lowest Risk: (You or your partner) F-10 was assessed and determined to be high (1) or low (2).
- Not Assessed: (You or your partner) F-10 was not assessed.

**NEBRASKA**

Nebraska Department of Health and Senior Services  
1000 N. 17th Street, Omaha, NE 68102  
Phone: 402-477-1000  
Website: [www.dhs.gov](http://www.dhs.gov)

## Screening Card for ALL Services

### Clients - Please fill out this page!

Choose one or two areas you want to improve:

- Nutrition
- Physical Activity
- Smoking Cessation
- Taking medications as prescribed for high blood pressure
- Weight
- I don't want to improve anything

How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruit and Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increasing Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quitting Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking medications as prescribed for high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I don't want to improve anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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

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

**Cardiovascular Risk Reduction Counseling**

Client counseled on low dose aspirin usage to decrease risk for CVD  Yes  No

Client counseled on medication adherence for hypertension  Yes  No

**Healthy Behavior Support Services\***

Check Change Control, Education/SMBP, Living Well Education, Tobacco Cessation, Prevention Program (NDPP), Walk & Talk Toolkit (Physical Activity)

Client Referred to Statewide Quitline at 1-800-QUIT-NOW  
 Client Referred to Statewide Quitline at 1-800-QUIT-NOW  
 Client Referred

**CVD/Diabetes Screening**

Cholesterol does NOT need to be fasting

Total Cholesterol: \_\_\_\_\_ 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 (random)

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

**Screening Pap**

Pap test performed (once and 6 w/HPV or once on lab result)  
 Pap test not performed (MVA/HPV reason)  
 Hysterectomy (with cervix removed) not due to cervical cancer

**Pelvic Exam**

Negative/Benign  
 Visible Suspicious Cervical Lesion  
 Not Performed

**Client Risk for Cervical Cancer**

Average Risk - "Definitely on track"  
High Risk - "Definitely on track"  
Not Assessed

**Colon Cancer Screening**

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  
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:** Discuss with client the importance of:  
 Completing the home based stool kit in the envelope provided that is marked "LHD/Lab"  
 Returning the home based stool kit to the envelope provided that is marked "LHD/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.

**Mammography**

Mammogram ordered (see Client Mammography Order form)  
Mammogram not ordered (not performed, most or last reason)  
Client not at risk (client 40-49)  
Other

**Clinical Breast Exam**

Negative/Benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (includes lumps or lumps without diagnostic mammogram)

**Client Risk for Breast Cancer**

Average Risk - "Definitely on track"  
High Risk - "Definitely on track"  
Not Assessed

**\*\*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 \_\_\_\_\_

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/Practise/recommendations>

**USPSTF Screening Guidelines**

Cardinal Cancer	Breast Cancer
Women 21-29 Grade: A Screen with self-exam (PE) every 1 year.	Women aged 50 to 74 years Grade: B Biennial screening mammography for women aged 50 to 74 years.
Women 30-39 Grade: A Screen with self-exam every 1 year or self-exam (PE) every 3 years.	Women aged 40 to 49 years Grade: C The decision to start screening mammography is up to you and your provider. Women who place a higher value on the potential benefits than the potential harms may choose to begin annual screening between the ages of 40 and 49 years.

**Colon Cancer**

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

Other approval tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Practise/recommendations>

**General Risk Assessment Definition:**

- Average Risk: (You or your partner) F-10 was not assessed and/or reported to be average (0).
- High/Lowest Risk: (You or your partner) F-10 was assessed and determined to be high (1) or low (2).
- Not Assessed: (You or your partner) F-10 was not assessed.

**REASER Risk Assessment Definition:**

- Average Risk: (You or your partner) F-10 was assessed and determined to be average (0).
- High/Lowest Risk: (You or your partner) F-10 was assessed and determined to be high (1) or low (2).
- Not Assessed: (You or your partner) F-10 was not assessed.

**NEBRASKA**

Nebraska Department of Health and Senior Services  
1000 N. 17th Street, Omaha, NE 68102  
Phone: 402-477-1000  
Website: [www.dhs.gov](http://www.dhs.gov)

## Breast Cancer Screening Card

### Clients - Please fill out this page!

Choose one or two areas you want to improve:

- Nutrition
- Physical Activity
- Smoking Cessation
- Taking medications as prescribed for high blood pressure
- Weight
- I don't want to improve anything

How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruit and Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increasing Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quitting Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking medications as prescribed for high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I don't want to improve anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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

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

**Cardiovascular Risk Reduction Counseling**

Client counseled on low dose aspirin usage to decrease risk for CVD  Yes  No

Client counseled on medication adherence for hypertension  Yes  No

**Healthy Behavior Support Services\***

Check Change Control, Education/SMBP, Living Well Education, Tobacco Cessation, Prevention Program (NDPP), Walk & Talk Toolkit (Physical Activity)

Client Referred to Statewide Quitline at 1-800-QUIT-NOW  
 Client Referred to Statewide Quitline at 1-800-QUIT-NOW  
 Client Referred

**CVD/Diabetes Screening**

Cholesterol does NOT need to be fasting

Total Cholesterol: \_\_\_\_\_ 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 (random)

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

**Colon Cancer Screening**

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  
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:** Discuss with client the importance of:  
 Completing the home based stool kit in the envelope provided that is marked "LHD/Lab"  
 Returning the home based stool kit to the envelope provided that is marked "LHD/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.

**Mammography**

Mammogram ordered (see Client Mammography Order Form)  
Mammogram not ordered (not performed, most or last reason)  
Client not at risk (client 40-49)  
Other

**Clinical Breast Exam**

Negative/Benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (includes lumps or lumps without diagnostic mammogram)

**Client Risk for Breast Cancer**

Average Risk - "Definitely on track"  
High Risk - "Definitely on track"  
Not Assessed

**\*\*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 \_\_\_\_\_

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/Practise/recommendations>

**USPSTF Screening Guidelines**

Cardinal Cancer	Breast Cancer
Women 21-29 Grade: A Screen with self-exam (PE) every 1 year.	Women aged 50 to 74 years Grade: B Biennial screening mammography for women aged 50 to 74 years.
Women 30-39 Grade: A Screen with self-exam every 1 year or self-exam (PE) every 3 years.	Women aged 40 to 49 years Grade: C The decision to start screening mammography is up to you and your provider. Women who place a higher value on the potential benefits than the potential harms may choose to begin annual screening between the ages of 40 and 49 years.

**Colon Cancer**

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

Other approval tests by USPSTF: <https://www.uspreventiveservicestaskforce.org/Practise/recommendations>

**General Risk Assessment Definition:**

- Average Risk: (You or your partner) F-10 was not assessed and/or reported to be average (0).
- High/Lowest Risk: (You or your partner) F-10 was assessed and determined to be high (1) or low (2).
- Not Assessed: (You or your partner) F-10 was not assessed.

**REASER Risk Assessment Definition:**

- Average Risk: (You or your partner) F-10 was assessed and determined to be average (0).
- High/Lowest Risk: (You or your partner) F-10 was assessed and determined to be high (1) or low (2).
- Not Assessed: (You or your partner) F-10 was not assessed.

**NEBRASKA**

Nebraska Department of Health and Senior Services  
1000 N. 17th Street, Omaha, NE 68102  
Phone: 402-477-1000  
Website: [www.dhs.gov](http://www.dhs.gov)

## Cervical Cancer Screening Card

### Clients - Please fill out this page!

Choose one or two areas you want to improve:

- Nutrition
- Physical Activity
- Smoking Cessation
- Taking medications as prescribed for high blood pressure
- Weight
- I don't want to improve anything

How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruit and Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increasing Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quitting Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking medications as prescribed for high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I don't want to improve anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Cervical 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

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

**Cardiovascular Risk Reduction Counseling**

Client counseled on low dose aspirin usage to decrease risk for CVD  Yes  No

Client counseled on medication adherence for hypertension  Yes  No

**Healthy Behavior Support Services\***

Check Change Control, Education/SMBP, Living Well Education, Tobacco Cessation, Prevention Program (NDPP), Walk & Talk Toolkit (Physical Activity)

Client Referred to Statewide Quitline at 1-800-QUIT-NOW  
 Client Referred to Statewide Quitline at 1-800-QUIT-NOW  
 Client Referred

**CVD/Diabetes Screening**

Cholesterol does NOT need to be fasting

Total Cholesterol: \_\_\_\_\_ 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 (random)

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

**Screening Pap**

Pap test performed (once and 6 w/HPV or once on lab result)  
 Pap test not performed (MVA/HPV reason)  
 Hysterectomy (with cervix removed) not due to cervical cancer

**Pelvic Exam**

Negative/Benign  
 Visible Suspicious Cervical Lesion  
 Not Performed

**Client Risk for Cervical Cancer**

Average Risk - "Definitely on track"  
High Risk - "Definitely on track"  
Not Assessed

**Colon Cancer Screening**

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  
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:** Discuss with client the importance of:  
 Completing the home based stool kit in the envelope provided that is marked "LHD/Lab"  
 Returning the home based stool kit to the envelope provided that is marked "LHD/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.

**Client NOT eligible for Mammography this year**

See back of screening card for USPSTF guidelines

**Clinical Breast Exam**

Negative/Benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (includes lumps or lumps without diagnostic mammogram)

**Client Risk for Breast Cancer**

Average Risk - "Definitely on track"  
High Risk - "Definitely on track"  
Not Assessed

**\*\*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 Cards

EWING/NCP follows the U.S. Preventive Services Task Force (USPSTF) guidelines regarding screening intervals/recommendations. USPSTF information can be found at: <https://www.uspreventiveserVICES.org/Page/Name/Recommendations>

**USPSTF Screening Guidelines**

Cervical Cancer	Breast Cancer
<b>Women 21-29 Grade: A</b> Screen with cytology (Pap smear) every 3 years.	<b>Women aged 50 to 74 years Grade: B</b> Biennial screening mammography for women aged 50 to 74 years.
<b>Women 30-65 Grade: A</b> Screen with cytology every 3 years or co-testing (cytology/HPV testing) every 5 years.	<b>Women aged 40 to 49 years Grade: C</b> 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.
<b>Men and Women 45-74 Grade: B</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.uspreventiveserVICES.org/Page/Document/Recommendation-Statement/ColonoscopyScreening>

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

**USPSTF Risk Assessment Definitions:**  
 Average Risk (AVR) is required if risk was assessed and determined to be average risk.  
 High/Lowest Risk (HLR) is required if risk was assessed and determined to be high or lowest risk.  
 Not Assessed (NA) is required if risk was not assessed or if the provider was unable to determine the patient's risk status.  
 If you have questions, please contact the Nebraska Women's & Men's Health Program: 800-222-2227 or 402-471-0913. Website: [www.womenandmen.org](http://www.womenandmen.org)

## Breast Cancer, Heart & Diabetes Screening Card

### Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:  
 \_\_\_ Nutrition  
 \_\_\_ Physical Activity  
 \_\_\_ Smoking Cessation  
 \_\_\_ Taking medications as prescribed for high blood pressure  
 \_\_\_ Weight  
 \_\_\_ I don't want to improve anything

How ready are you to make changes?  
 Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					___ I don't smoke
4. Taking medications as prescribed for high blood pressure					___ I don't take medications for high blood pressure

## 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

**Note - 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

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

**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 and cholesterol

**Healthy Behavior Support Services\***  
 Check Change Control Education (NMP) 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  
 Client Referred

**CVD/Diabetes Screening**  
 (This can only be done in conjunction with blood and/or cervical screening services.)

Blood Draw 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)

\*For more information on Healthy Behavior Support Services (Check Change Control, Living Well, NDPP and Walk & Talk Toolkit) available to your clients go to: [www.dhhs.ne.gov/transform](http://www.dhhs.ne.gov/transform) (under the Healthy Behavior Support Services link)

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

**Client NOT eligible for Screening Pap this year**

See back of screening card for USPSTF guidelines

**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.

**Client Risk for Breast Cancer**  
 Negative/ benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (pending follow up)  
 High Risk \*Optimal on back  
 Not Assessed

**Client Risk for Cervical Cancer**  
 Negative/ benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (pending follow up)  
 High Risk \*Optimal on back  
 Not Assessed

**Client Risk for Breast Cancer**  
 Mammogram ordered  
 Mammogram not ordered if not performed, state or other reason  
 Not age appropriate  
 Client not at risk (client 40-49)  
 Other \_\_\_\_\_

**Clinical Breast Exam**  
 Negative/ benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (pending follow up)  
 High Risk \*Optimal on back  
 Not Assessed

**\*\*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 \_\_\_\_\_

EWING/NCP follows the U.S. Preventive Services Task Force (USPSTF) guidelines regarding screening intervals/recommendations. USPSTF information can be found at: <https://www.uspreventiveserVICES.org/Page/Name/Recommendations>

**USPSTF Screening Guidelines**

Cervical Cancer	Breast Cancer
<b>Women 21-29 Grade: A</b> Screen with cytology (Pap smear) every 3 years.	<b>Women aged 50 to 74 years Grade: B</b> Biennial screening mammography for women aged 50 to 74 years.
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<b>Men and Women 45-74 Grade: B</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.uspreventiveserVICES.org/Page/Document/Recommendation-Statement/ColonoscopyScreening>

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

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 If you have questions, please contact the Nebraska Women's & Men's Health Program: 800-222-2227 or 402-471-0913. Website: [www.womenandmen.org](http://www.womenandmen.org)

## Breast Cancer, Heart & Diabetes Screening Card

### Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:  
 \_\_\_ Nutrition  
 \_\_\_ Physical Activity  
 \_\_\_ Smoking Cessation  
 \_\_\_ Taking medications as prescribed for high blood pressure  
 \_\_\_ Weight  
 \_\_\_ I don't want to improve anything

How ready are you to make changes?  
 Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					___ I don't smoke
4. Taking medications as prescribed for high blood pressure					___ I don't take medications for high blood pressure

## 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

**Note - 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

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

**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 and cholesterol

**Healthy Behavior Support Services\***  
 Check Change Control Education (NMP) 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  
 Client Referred

**CVD/Diabetes Screening**  
 (This can only be done in conjunction with blood and/or cervical screening services.)

Blood Draw 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)

\*For more information on Healthy Behavior Support Services (Check Change Control, Living Well, NDPP and Walk & Talk Toolkit) available to your clients go to: [www.dhhs.ne.gov/transform](http://www.dhhs.ne.gov/transform) (under the Healthy Behavior Support Services link)

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

**Client NOT eligible for Screening Pap this year**

See back of screening card for USPSTF guidelines

**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.

**Client Risk for Breast Cancer**  
 Negative/ benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (pending follow up)  
 High Risk \*Optimal on back  
 Not Assessed

**Client Risk for Cervical Cancer**  
 Negative/ benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (pending follow up)  
 High Risk \*Optimal on back  
 Not Assessed

**Client Risk for Breast Cancer**  
 Mammogram ordered  
 Mammogram not ordered if not performed, state or other reason  
 Not age appropriate  
 Client not at risk (client 40-49)  
 Other \_\_\_\_\_

**Clinical Breast Exam**  
 Negative/ benign  
 Client reports breast symptoms  
 Suspicious for BREAST malignancy (pending follow up)  
 High Risk \*Optimal on back  
 Not Assessed

**\*\*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 \_\_\_\_\_



# Enrolling and Determining Service Eligibility for Every Woman Matters

## Diagnostic Services

- Breast: Women age 18-74
- Cervical: Women age 21-74
- Breast or cervical cancer abnormalities
- Screened within the last 6 months
- 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 patients?

- Follow Guidance regarding Presumptive Eligibility (pg. 22)
- Complete the diagnostic form in its entirety
- Make sure screening results are included
- Follow standards of care as noted on the diagnostic form

Women screened outside EWM program and found to have abnormal results

- Healthcare staff determine program and service eligibility

Woman determined eligible for services

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

Referral made to specialty provider

- Send Diagnostic form with woman to be completed by specialty physician

Women needing breast MRI must have pre-approval.  
Pre-approval documentation is included as part of the diagnostic form.



## Diagnostic Presumptive Eligibility Checklist

1. **Women ages 18 and up for breast** cancer diagnostics after abnormal screening results that occurred within the last 6 months.
2. **Women ages 21 and up for cervical** cancer diagnostics after abnormal screening results that occurred within the last 6 months.
3. **Clients ages 25-39 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 is found on the Every Woman Matters website:  
<http://dhhs.ne.gov/EWMforms>
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. **Patient is a U.S. citizen or qualified alien under the Federal Nationality Act**
  - Patient has marked the box attesting that they are as US citizen or qualified alien
  - Copy of front and back of USCIS documentation provided with program form (Permanent Resident Card)
8. **Medical Release Form is signed and dated by patient (this also includes listing client date of birth and printing client 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 18-74

Every Woman Matters

4/2022



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 DHS 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](http://dhhs.ne.gov/ewmforms)
- Male clients - **NOT** eligible for screening or diagnostic procedures (see *Transgender Policy pg73 and pg80 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 <input type="radio"/> Female to Male <input type="radio"/> Male to Female
	Do you identify as: <input type="radio"/> Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> 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?: <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
	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 _____
	What race or ethnicity are you? (check all boxes that apply) <input type="radio"/> American Indian/Alaska Native Tribe _____ <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
	Are you a Refugee? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* If yes, where from: _____
	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
	How did you hear about the program: <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"/> Other _____
HEALTH HISTORY	Have you ever had any of the following tests?:
	<b>Pap test</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Previous/Prior Pap test Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*
	<b>HPV test</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Previous/Prior HPV test Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*
	Have you ever had a hysterectomy (removal of the uterus)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	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*
	Have you ever had cervical cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____
	<b>Mammogram</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Previous/Prior Mammogram Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*
	Has your <i>mother, sister or daughter</i> ever had breast cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	Have you ever had breast cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____

# Sample Breast Diagnostic Form

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

4/2012

INCOME & INSURANCE	<i>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.</i>	
	What is your household income before taxes? <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly	Income: \$ _____
	Please Note: Self employed are to use net income after taxes.	
	How many people live on this income? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	
Do you have insurance?*	<input type="radio"/> Yes <input type="radio"/> None/No Coverage	If yes, is it: <input type="radio"/> Medicare (for people 65 and over) <input type="radio"/> Part A only <input type="radio"/> Part A and B <input type="radio"/> Medicaid (full coverage for self) <input type="radio"/> 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 under 40 years of age, I will not be a part of EWM after I have had my breast cancer diagnostic tests.
- I know that if I am 40-74 years of age, I may be eligible for full screening services which may include: breast and cervical cancer screening, screenings for blood pressure, cholesterol, diabetes, and obesity based upon US Preventive Services Task Force and Program Guidelines. I have talked with my health care provider about the screening test(s) and understand possible side effects or discomforts.
- I understand that I may be asked to increase my level of physical activity and make changes to my diet as part of the health education offered to me. I understand that before I make these activity and/or diet changes I am encouraged to talk to my health care provider about any related concerns or questions.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- I may be given information to learn how to change my diet, increase activity, and/or stop smoking. EWM may remind me when it is time for me to schedule my screening exams and send me mail to help me learn more about my health.
- Based on my personal and health history, I may receive 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, social security number and/or other personal information will be used only by EWM. It may be used to let me know if I need follow up exams. This information may be shared with other organizations as required 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.

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. <b>Please check which box applies to you.</b>
	* For the purpose of complying with Neb. Rev. Stat. 4-111(1)(b), I attest as follows: <ul style="list-style-type: none"> <li><input type="radio"/> I am a citizen of the United States.</li> <li>OR</li> <li><input type="radio"/> 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 or A-Number/Alien Registration Number)</li> </ul>
	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

## Breast Follow-Up & Treatment Plan

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

<b>Name:</b>	First	MI	Last	DOB
<b>Provider Information:</b>	Screening: <small>Clinic that initiated care</small>	Name:		City/Phone Number
	Diagnostic: <small>Clinic that patient was referred to</small>	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:** Date: \_\_\_/\_\_\_/\_\_\_

Surgical Consultation  
 Physician: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 • 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 40-74

**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:** Date: \_\_\_/\_\_\_/\_\_\_

Surgical Consultation  
 Physician: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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](http://www.dhhs.ne.gov/ewmforms)

<p><b>★ Final Diagnosis:</b> This section must be completed before sending to EWM</p>	<p><b>Check one:</b></p> <p><input type="radio"/> Cancer not diagnosed - no treatment necessary</p> <p><input type="radio"/> <b>Cancer diagnosed</b> - Please complete Breast Cancer Treatment section on Page 4</p> <p style="text-align: center;"> <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         </p> <p>Date of final diagnosis or pathology report: ___/___/___</p>
---	---

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](http://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.



# Sample Breast Diagnostic Form

## Breast Follow-Up & Treatment Plan

Client Information:	First	MI	Last	DOB
<b>Breast Cancer Referral &amp; Treatment</b>				
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

VM reimburses for screening MRI as an adjunct to screening mammogram and CBE for the clients that meet the following criteria, starting at age 40. Check one of more that apply to the client, and provide appropriate clinical documentation. Fax to: 402-471-0913

Previous personal history of breast cancer  
 Lifetime risk of 20-25% or greater based on family history using breast cancer tool for women 35+:  
[www.cancer.gov/bcrisktool/](http://www.cancer.gov/bcrisktool/) (for women under 35, go to <https://ibis.ikonopedia.com/>)  
 Client has  BRCA1  BRCA2  Other mutation \_\_\_\_\_ Date of genetic testing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First-degree relative with BRCA1 or BRCA2 (parent, brother, sister, child) Relative: \_\_\_\_\_ Date of genetic testing: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Previous Radiation Therapy to chest, between the ages of 10-30 Age: \_\_\_\_\_ Purpose of radiation: \_\_\_\_\_  
 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 #: \_\_\_\_\_

VM staff use only. Request approved:  Yes  No Program signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Authorization expires one month after date of signature

## 6 Month Follow-Up of Previous Abnormal Finding

Past Results: why does client need follow-up?  
 Last Clinical Breast Exam Result/Finding:  Negative/Benign  Suspicious for breast malignancy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Screening or Diagnostic Mammogram Result: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Breast Ultrasound Result: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Treatment: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Follow Up: Only for clients 40-74. What are the client's current results? Please note follow-up is not reimbursable for clients under 40.  
 Client reports symptoms:  NO  YES, list symptoms: \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinical Breast Exam Results (check one):  Negative/Benign  Suspicious for breast malignancy  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mammogram Results (check one):  Negative  Benign  Probably Benign  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breast Ultrasound Results (check one):  Negative  Benign  Probably Benign

Current Results:

If any other results must do new workup on Page 3





# Sample Cervical Diagnostic Form

## CERVICAL DIAGNOSTIC ENROLLMENT Follow Up & Treatment Plan for Women 21-74

Enjoy Women's Health A/2022



301 Centennial Mall South - P.O. Box 94817  
Lincoln, NE 68309-4817 Fax: 402-471-0918  
1-800-532-2227

www.dhhs.ne.gov/womenhealth  
Reasonable accommodations made for  
persons with disabilities. TDD (800) 833-7352  
Nebraska DHS provides language assistance  
at no cost to limited English speaking 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](http://dhhs.ne.gov/ewmforms)
- Male clients - NOT eligible for screening or diagnostic procedures (see *Transgender Policy pg 73 and pg 80 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 <input type="radio"/> Female to Male <input type="radio"/> Male to Female
	Do you identify as: <input type="radio"/> Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> 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?: <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) <input type="radio"/> American Indian/Alaska Native Tribe _____	How did you hear about the program: <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"/> 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?:	Have you ever had cervical cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____
	<b>Pap test</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Previous/Prior Pap test Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*	<b>Mammogram</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Previous/Prior Mammogram Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*
	<b>HPV test</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Previous/Prior HPV test Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*	Has your <i>mother, sister or daughter</i> ever had breast cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	Have you ever had a hysterectomy (removal of the uterus)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*	Have you ever had breast cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____
	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*	

# Sample Cervical Diagnostic Form

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

4/2022

INCOME & INSURANCE	<p><i>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.</i></p>	
	<p>What is your household income <u>before</u> taxes? <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly Income: \$ _____</p> <p>Please Note: Self employed are to use net income after taxes.</p>	<p>How many people live on this income? <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12</p>
	<p>Do you have insurance?*</p> <p><b>*Clients with insurance MAY STILL BE ELIGIBLE for diagnostic services.</b></p> <p><input type="radio"/> Yes <input type="radio"/> None/No Coverage</p>	<p>If yes, is it:</p> <p><input type="radio"/> Medicare (for people 65 and over)  <input type="radio"/> Part A only  <input type="radio"/> Part A and B  <input type="radio"/> Medicaid (full coverage for self)  <input type="radio"/> Private Insurance with or without Medicaid Supplement          (please list) _____</p>

## 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 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 under 40 years of age, I will not be a part of EWM after I have had my cervical cancer diagnostic tests.
- I know that if I am 40-74 years of age, I may be eligible for full screening services which may include: breast and cervical cancer screening, screenings for blood pressure, cholesterol, diabetes, and obesity based upon US Preventive Services Task Force and Program Guidelines. I have talked with my health care provider about the screening test(s) and understand possible side effects or discomforts.
- I understand that I may be asked to increase my level of physical activity and make changes to my diet as part of the health education offered to me. I understand that before I make these activity and/or diet changes I am encouraged to talk to my health care provider about any related concerns or questions.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- I may be given information to learn how to change my diet, increase activity, and/or stop smoking. EWM may remind me when it is time for me to schedule my screening exams and send me mail to help me learn more about my health.
- Based on my personal and health history, I may receive 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, social security number and/or other personal information will be used only by EWM. It may be used to let me know if I need follow up exams. This information may be shared with other organizations as required 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.

CHECK ONE	<p>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. <b>Please check which box applies to you.</b></p> <p>* For the purpose of complying with Neb. Rev. Stat. 4-111(1)(b), I attest as follows:</p> <p><input type="radio"/> I am a citizen of the United States.</p> <p>OR</p> <p><input type="radio"/> 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 or A-Number/Alien Registration Number)</p>
	<p>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.</p>

SIGN & DATE	<p>_____</p> <p>Please Print Your Name (first, middle, last) <span style="float: right;">Your Signature</span></p>
	<p>____/____/____</p> <p>Date <span style="float: right;">Your Date of Birth</span></p>

# Sample Cervical Diagnostic Form

## Cervical Follow-Up and Treatment Plan

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

<b>Client Information:</b>	First	MI	Last	DOB
<b>Provider Information:</b>	<b>Screening:</b> Clinic that initiated care	Name:	City and Phone #:	
	<b>Diagnostic:</b> 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="checkbox"/> Negative Pap	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
<input type="checkbox"/> Cervical lesion <input type="checkbox"/> Colposcopy with biopsy DOS: ___/___/___  <input type="checkbox"/> HPV+ Age 30-39 Repeat co-testing in 1 year (must re-enroll in State Pap Program if under 40)  <input type="checkbox"/> Age 40+ If HPV 16 or 18 Colposcopy with biopsy DOS: ___/___/___	<input type="checkbox"/> HPV+ Age 30-39 Repeat HPV testing in 1 year (must re-enroll in State Pap Program if under 40)  <input type="checkbox"/> Age 40+ If HPV 16 or 18 Colposcopy with biopsy DOS: ___/___/___	<input type="checkbox"/> HPV- unknown or HPV- Repeat cytology in 2-4 months (not eligible for colposcopy)  <input type="checkbox"/> HPV+ <input type="checkbox"/> Age 21-29 Repeat cytology in 2-4 months (no HPV test allowed per guidelines)  <input type="checkbox"/> Age 30+ Colposcopy with biopsy DOS: ___/___/___	<input type="checkbox"/> Age 25-29 Repeat HPV at 1 year  <input type="checkbox"/> Age 30-59 Repeat co-testing at 1 year	<input type="checkbox"/> Colposcopy w/ Biopsy (biopsy results <CIN2 5-year CIN 3 risk is 2.9% 1-year follow-up) DOS: ___/___/___  <input type="checkbox"/> Repeat HPV at 1 year interval  <input type="checkbox"/> Repeat HPV at 3 year interval	<input type="checkbox"/> Immediate diagnostic LEEP for Pap and colpo result discrepancy DOS: ___/___/___  <input type="checkbox"/> Repeat colposcopy in 1 year	<input type="checkbox"/> Expedited Treatment or Colposcopy with biopsy Acceptable (25-59% CIN3 risk) DOS: ___/___/___  <input type="checkbox"/> Colposcopy with biopsy recommended (4-24% CIN 3 risk)  <input type="checkbox"/> Immediate diagnostic LEEP for Pap and colpo discrepancy DOS: ___/___/___  <input type="checkbox"/> Repeat HPV test 6 months	<input type="checkbox"/> All Substitute results: <input type="checkbox"/> Colposcopy with biopsy + ECC and  <input type="checkbox"/> Endometrial biopsy*  <input type="checkbox"/> Both to be done on the same day DOS: ___/___/___  <input type="checkbox"/> Atypical Endocervical Cells <input type="checkbox"/> Endometrial and endocervical sampling DOS: ___/___/___  <input type="checkbox"/> If no endocervical pathology <input type="checkbox"/> Colposcopy DOS: ___/___/___	<input type="checkbox"/> Treatment referral to OB/GYN  Complete page 4: Cervical Cancer Treatment Section
<input type="checkbox"/> 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>★ <b>Final Diagnosis:</b> This section must be completed before sending to EWM</p>	<p>Check one:</p> <input type="checkbox"/> Normal/Benign Inflammation; HPV/Condylomata/Atypia; Treatment not indicated / Repeat Pap/HPV or Co-test 1 year <input type="checkbox"/> Inconclusive Results <input type="checkbox"/> CIN I <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III carcinoma in situ <input type="checkbox"/> Invasive Cancer
	<p>Date of final diagnosis or pathology report: ___/___/___</p>

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

- 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

**Women under age 40** who require Pap at 1 year as follow-up must enroll in the **Nebraska State Pap Plus Program** in order for this service to be covered. **CIN II or III with no margins involved:** Repeat co-testing at 12 & 24 months.

<b>Client Information:</b>	First	MI	Last	DOB
<b>Cervical Cancer Referral &amp; Treatment</b>				
<b>Referral:</b>	Client referred to _____ who will take over care. <small>Clinician/Clinic name and city/phone</small>			
<b>Consultation:</b>	Consultation Date to give client options: _____ <small>Consultations can only be reimbursed if provider normally brings clients into the office for consultation</small>			
<b>Treatment:</b>	Treatment regimen consists of _____ (cryotherapy, cone, LEEP, surgery, chemo, radiation, etc.) Treatment Scheduled Date: _____ Treatment Performed Date: _____			
<b>Refusal:</b>	Cancer treatment refused date: _____ Client made informed decision: <input type="radio"/> Yes <input type="radio"/> No Reason for refusal: _____			
<b>Age 21-39</b>				
Follow Up not covered by Every Woman Matters Women under 40 who are in need of 12-24 month repeat Pap/HPV must enroll in the <b>Nebraska State Pap Plus Program</b> in order to have the Pap test covered				
<b>6 Month Follow-Up of Previous Abnormal Finding</b>				
<b>Age 40-74</b>		<b>Age 40-74</b>		
<b>Prior History*:</b>				
Prior Pap test date: ___/___/___ Results: _____				
<b>CIN II or III with No Treatment Done</b> Observation - colposcopy and cytology at 6 month intervals for 12 months Date: ___/___/___ Results: _____		<b>CIN II or III with margins involved</b> 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](http://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.



## Enrolling and Determining Service Eligibility State Pap Plus Program

- Women and Men 18 and up for office visit in which STD testing is done
- Women 21-34 for Cervical Cancer **Screening**
- Must be a Nebraska Resident

Women/Men  
in need of  
State Pap Plus  
Program Services

- Healthcare staff determine program and service eligibility

**How can I assure services are covered for my patients?**

- Follow Guidance regarding Presumptive Eligibility
- Complete the State Pap Plus form in its entirety

Woman/Man  
determined  
eligible for  
services

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

Services  
provided

- Send completed State Pap Plus Program form to WMHP



## State Pap Plus Program Checklist

1. **Men and women ages 18 and up for State Pap Plus Program:** in need of STD testing.
2. **Women age 21 and up for State Pap Plus Program:** for cervical cancer screening
3. **State Pap Plus Program form completed in its entirety**
  - Incomplete forms will be returned to the provider office
4. **Income falls within Income Eligibility Scale**
  - Income eligibility scale is found on the Every Woman Matters website:  
<http://dhhs.ne.gov/EWMForms>
5. **Patient has no health coverage for preventive services**
  - Patient has marked no to all health coverage
6. **Patient must be a Nebraska Resident.**
7. **Patient is a US citizen or a qualified alien under the Federal Immigration and Nationality Act**
  - Patient has marked box attesting that they are a US citizen or qualified alien
  - Copy of front and back of USCIS documentation provided with program form (for example, Permanent Resident Card or A-Number/Alien Registration Number)
8. **Medical Release Form is signed and dated by patient** (this includes client listing their date of birth and printing their name).
9. **Due for screening according to the USPSTF Guidelines/ personal history**
  - Guidelines printed on State Pap Plus Form
  - Increased frequency of cervical cancer screening follows current ASCCP guidelines

# Sample State Pap Plus Program Form

Page 1

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

## State Pap Plus Program Enrollment

Version: April 2022

Every Woman Matters

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

301 Centennial Mall South - P.O. Box 94817

Lincoln, NE 68509-4817 Fax: 402-471-0913

1-800-532-2327 - www.dhhs.ne.gov/womenhealth

**\*\*FOR NEBRASKA RESIDENTS ONLY\*\***

Ages 18+: STD Screening Only - Office visit only covered for Women and Men

Ages 21-29: Cervical Cancer Screening Cytology every 3 years per USPSTF Guidelines

Ages 30-39: Cervical Cancer Screening Cytology every 3 years or co-testing (cytology/HPV testing) every 5 years per USPSTF Guidelines

<b>DEMOGRAPHICS</b>	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			
	Birthdate: ____/____/____		Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender <input type="radio"/> Female to Male <input type="radio"/> Male to Female		Do you identify as: <input type="radio"/> Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Bisexual <input type="radio"/> Gay	
	Social Security #: _____		Birth Place: City and State or Country of Birth			
	Address:					Apt. #:
	City:		County:		State:	Zip:
	Preferred way of contact: <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell		Best time to reach you? <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Yes, it is okay to text my cell phone.			
	<input type="checkbox"/> Yes, I want to receive program information by email. My email is: _____					
	<b>In case we can't reach you:</b>					
	Contact person:		Phone: (____) _____ <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell		Relationship: <input type="radio"/> Spouse <input type="radio"/> Family/Friend <input type="radio"/> Other	
Are you of Hispanic/Latina(o) origin?					<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
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	
What race or ethnicity are you? <i>(check all boxes that apply)</i>						
<input type="checkbox"/> American Indian/Alaska Native Tribe _____ <input type="checkbox"/> Black/African American <input type="checkbox"/> Mexican American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown						
Are you a Refugee? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*		If yes, where from:				
Highest level of education completed:		<input type="radio"/> 9th grade <input type="radio"/> Some college or higher		<input type="radio"/> Some high school <input type="radio"/> High school graduate or equivalent <input type="radio"/> Don't Know		
How did you hear about the program:		<input type="radio"/> Doctor/Clinic <input type="radio"/> Newspaper/Radio/TV <input type="radio"/> Other _____		<input type="radio"/> Family/Friend <input type="radio"/> I am a Current/Previous Client <input type="radio"/> Agency <input type="radio"/> Community Health Worker		
<b>INCOME &amp; INSURANCE</b>	<i>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.</i>					
	What is your household income before taxes?		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Yearly		Income: \$ _____	
	<b>Please Note:</b> - Self employed are to use net income after taxes. - If you do not have any income, please write \$0 in the income space.					
	How many people live on this income?		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12			
Do you have insurance? <input type="radio"/> Yes <input type="radio"/> No		If yes, is it:		<input type="radio"/> Medicare (for people 65 and over) <input type="radio"/> Part A and B <input type="radio"/> Part A only <input type="radio"/> Medicaid (full coverage for self) <input type="radio"/> Private Insurance with or without Medicaid Supplement <i>(please list)</i> _____		

Continue to Page 2 → → →

# Sample State Pap Plus Program Form

## State Pap Plus Program Services

Version: April 2022

<p><b>STD Test(s)</b></p> <p>Client is 18+</p> <p><i>*Office visit ONLY covered when an STD test is performed for men and women 18+</i></p> <p>Test(s):</p> <p><input type="checkbox"/> Chlamydia</p> <p><input type="checkbox"/> Gonorrhea</p> <p><input type="checkbox"/> Syphilis</p> <p>Is this a Pelvic Inflammatory Disease (PID)?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Screening Pap</b></p> <p>Client is 21-39 years of age:</p> <p><input type="checkbox"/> Screening Pap test performed every 3 years</p> <p>Client is 30-39 years of age:</p> <p><input type="checkbox"/> Screening Pap and HPV co-testing every 5 years</p>
	<p><b>Pelvic Exam</b></p> <p>Mark 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><b>Surveillance/Follow-Up Pap</b></p> <p><input type="checkbox"/> Follow-Up Pap per current ASCCP guidelines</p>

**US Preventive Services Task Force (USPSTF) Current Guidelines:**

- It is now recommended that cervical cancer screening begin at 21 years of age, regardless of sexual activity or other risk factors.
- Screening with cytology is recommended every 3 years for women 21-29 years of age.
- Clients 30-65 years of age only eligible for Pap test every THREE years with cytology or every FIVE years with co-testing (cytology/HPV).

The office visit reimbursement allows for breast screening and general clinical services to be provided at the same time as STD or Pap test, however, a client cannot enroll just to receive these services.

**HPV Vaccination**

How many previous doses of HPV vaccine has the client received?    0    1    2    3

Did the clinician recommend the client receive a dose of HPV vaccine? (if appropriate)    Yes    No

Did the client receive a dose of HPV vaccine at this visit?    Yes    No

If not, why?    Unneeded  
 Refused  
 Scheduled a separate visit  
 Other \_\_\_\_\_

Clinician Name \_\_\_\_\_ Please write full name - do no abbreviate

Clinic Name \_\_\_\_\_

Date of Service for Office Visit \_\_\_\_\_

City \_\_\_\_\_

**Clinical Breast Exam**

Mark if:

Client reports breast symptoms

Mark finding:

Negative/Benign

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

Not Performed

**Quick Claim Section**

Quick Claims will be entered for all State Pap Plus Enrollments and processed at the current fiscal year rates for EWM. Enrollments will be returned to the clinic if quick claim information is not filled out. Paper claims will not be accepted for State Pap Plus clients.

**Quick Claim**

Patient Acct. Number: \_\_\_\_\_

Check One:

STD Office Visit Only

New Patient Office Visit

Established Patient Office Visit

**General Clinical Services**

Height: (with shoes off) \_\_\_\_\_ / \_\_\_\_\_ ft./in.    Refused

Weight: \_\_\_\_\_ lbs.    Refused

Waist Circumference: \_\_\_\_\_ inches    Refused

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

Blood Pressure (1): \_\_\_\_\_ / \_\_\_\_\_ mm Hg    Refused

Blood Pressure (2): \_\_\_\_\_ / \_\_\_\_\_ mm Hg    Refused

Is client a smoker?    Yes    No

Client Referred to Statewide Quitline at 1-800-QUIT-NOW

Fax Referral to Statewide Quitline at 1-800-QUIT-NOW

Discussed with Client and Client Refused





# 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).





# 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 patient education including recommended screening guidelines and may also include breast self-exam instruction.
- Radiology facilities must complete the processing, interpretation and clinic report preparation and mail 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) (Please see the Compensation & Billing Section for more information on billing procedures).





# Mammography Order Form

When any client presents a Mammography Order Form to a participating mammography facility, her eligibility has already been determined and a participating healthcare provider has already seen her for the Screening Visit, including a clinical breast exam.

Only clients bringing the Mammography Order Form are eligible for payment. A Screening Card or other Program forms are not acceptable proof of eligibility.

### How to use the form:

- The referring healthcare provider should have already completed the form including client name and other pertinent clinical information. The Mammography Order Form is valid only for the client to whom it is issued and is not transferable.
- Verify that the client falls within the age guidelines. If the client falls outside of the age guidelines, the Program will not reimburse for mammography or ultrasound, even if she presents a Mammography Order Form.
- The bottom section of the Mammography Order Form may be torn off for provider tracking purposes

## Every Woman Matters Mammography Order

Every Woman Matters

Clinic: This form must be completed prior to receiving services  
 Facility: Send a copy of the dictated report to the ordering provider and EWM

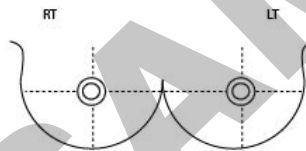
4/2022

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 Remarks:

---



---



---

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 68309-4817  
 Toll-Free: 800.532.2227 - In Lincoln: 402.471.0928 - 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

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

Client Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Part 2





# 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  $\leq 50$  mg/dl or  $\geq 250$  mg/dl.





## Identifying EWM Clients

- Clinics affix this red and white sticker (see example of sticker below) to the client's lab requisition form to identify the client as a Program client to the laboratory, if still using paper requisitions.
- Clinics using electronic submission of lab requisitions indicate the Program for billing purposes.
- Before payment can be made, the Program must receive a laboratory report. (See the Compensation & Billing Section for more information on billing procedures)
- Every other month the Program will send requests for missing Pap test reports to the laboratories. (See Follow Up of Abnormal Results Section)

Sticker Example:

**Every Woman Matters**  
**(800) 532-2227**





# Immediate Follow Up of Abnormal Screening Results

## Documentation for Follow Up of Abnormal Screening Results

If a client has had an abnormal exam the Program will need to gather documentation that shows that the client has been followed through to diagnosis and treatment. The Centers for Disease 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  $\geq 30$
- Low Grade LSIL  $\geq 25$  \*
- 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.





All program related clinical documentation should be sent to the Program within two weeks of the date the procedure was performed, results were obtained or the client was deemed lost to follow up. **Please do not hold clinical documentation in your system to send together with billing documentation.** Every other month the Program will send a Follow Up Request for missing clinical documentation to healthcare providers and laboratories. Check the dates of follow up reports and respond only to the most recent request.

If you have submitted the requested information within 3 weeks of receiving the Follow Up Report, do not send it again. However, if the information was submitted more than 3 weeks **prior to receiving the Follow Up Report, resubmit the information requested, double checking for the completion and accuracy of your submission.** In order to resolve missing documentation for clients who are at high risk, Program 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  $\geq 30$
  - Low Grade LSIL  $\geq 25$
  - 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 43 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. Red and white stickers are to be affixed to all lab requisitions if making a paper request.
- Even if the client's insurance paid for the lab and the Program paid for the office visit, the Program requires a copy of the Pap report.
- **Report of Women Deemed Lost to Follow-Up** - All healthcare providers must make at least three documented attempts at follow up for clients with abnormal results. The documentation must include the dates and types of contacts, as well as the results of the contact. Once a healthcare provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. **Failure to show up for a scheduled appointment does not constitute lost to follow up.** The healthcare provider then notifies the Program of the client's status using the Report of Women Deemed Lost to Follow Up. The Program then attempts to locate the client to encourage her to return for follow up care.

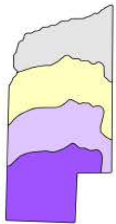
Please see Lost to Follow Up Form on page 44 and the Lost to Follow Up Policy on page 66 within the Policy Section.







*Every Woman Matters*



NEBRASKA OFFICE OF WOMEN'S HEALTH  
**BCC Follow-up Report**

Criteria Selections

Start Date     /    /      
End Date     /    /    

OS Missing Diagnosis  
OS Missing Screen

Provider/Clinic/Who Performed Procedure  
Address  
City/Zip Code

ID	Client	Date of Birth	DOS	Procedure	Result	Missing	Cycle
			2021-04-07	Pap Test	Pending	Pap Lab Report	4
			2021-10/28	Breast Imaging/ Diagnostic Procedures	Pending DX	Breast Final DX	2
			2022-01-24	Mammogram	Pending	Mammogram Report	2
			2021-08-16	HPV Test	Pending	HPV Report	3
			2021-09-22	Pap Test	ASC-US	Diagnostic Procedures/ Final Diagnosis	1

**Patient Information**  
Client Med-It ID  
Client's Name  
Client's Date of Birth

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

**Clinical Information the Program shows as still needed from the clinic**  
**Missing:** Information missing will be related to the diagnosis or treatment received by the client or that the program has not received a report. Still needing that documentation.



# Report of Client Deemed Lost to Follow Up

Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

4/2022

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date form completed)



**Provider Information:**

Provider Name \_\_\_\_\_

Clinic Name (Do not abbreviate) \_\_\_\_\_

City \_\_\_\_\_ Phone Number \_\_\_\_\_

**Client Information:**

Client Name - *if name has changed, please list both names* \_\_\_\_\_

Client Social Security # \_\_\_\_\_ Client Date of Birth \_\_\_\_\_

Screening/Diagnostic/Exam/Test/Treatment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam/Procedure that is being recommended for follow up: \_\_\_\_\_

**The client is considered lost to follow up ONLY when:**

1. Attempted contacted by phone and the phone is disconnected.
2. Current resident of last known address states that they do not know of such a person or the client no longer lives at the last known address.
3. A letter is sent to the client and it returns with "client moved no forwarding address given" or "forwarding has expired."

**DO NOT** use this form for clients that do not show up for scheduled exams.

**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  
 1-800-532-2227 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.*





# Documenting the Clients Refusal of Services

- In the event of clients refusing diagnostic services or diagnostic treatment services, the provider should complete the Client Informed Refusal. (Example of Client Informed Refusal form located below)
- Providers need to fill in the following: Client name, DOB, SSN# and the name of the diagnostic procedure or treatment the client is refusing.
- The form should be given to the client in person or mailed. If mailed, information should be given to the client verbally by phone to ensure that client has enough information to make an informed decision.
- If client fails to return or sign the Client Informed Refusal, the provider should complete a Service Provider Documentation form. This will indicate whether or not the provider believes the client had enough information to make an informed decision.

*Every Woman Matters*  
**NEBRASKA**  
Good Life. Great Mission.  
301 Centennial Mall South, P.O. Box 94817  
Lincoln, NE 68509-4817  
Phone: 1-800-532-2227 Fax: (402) 471-0913

**Client Informed Refusal**  
4/2022

Reasonable accommodations made for persons with disabilities. TDD (800) 633-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

Directions for form:  
1. Client must fill out Section 1.  
2. Providers must fill out Section 2 or 3

**Section 1:**  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
I, \_\_\_\_\_ have been informed by my healthcare provider, that I should  
(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 potential serious medical condition, including cancer.
- I know what this test/treatment is for. I know why I need it. I know how it is done.
- I know that signing this form does not stop me from having this looked at and treated later.
- I know how to get money to help me pay for the test/treatment.
- I know that I am still a part of Every Woman Matters (EWM) if I am a female over 40 years of age.
- I know that I can reapply later to EWM if I am a female and under 40 years of age.
- 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

Client Name \_\_\_\_\_ SSN#: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Name of Procedure/Treatment: \_\_\_\_\_

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





# Service Provider Documentation

4/2022

### 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         |  |

SSN#:

Name of Procedure/Treatment:

Client Name

DOB:

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 68508-4817  
 Phone: 800.332.2227 or 402.471.0929 || Fax: 402.471.0913  
 E-mail: dhhs.EWM@nebraska.gov || Website: www.dhhs.ne.gov/womenshealth

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 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

## 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. Client must provide a copy of citizenship or naturalization papers (permanent resident card), if client born outside of U.S.
5. Fax or mail all forms to EWM, Attn: EWM Nurse
6. Provider setting up procedure needs to make sure they or the provider referring to is a Medicaid provider
7. All documentation must be submitted (Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form, Pathology Report, Treatment Funds Request form) by the clinic
8. Call if you have questions at 1-800-532-2227 or fax to 1-402-471-0913

## Client:

1. Provide information to staff as requested for the Breast and Cervical Cancer Medicaid Supplement form
2. Provide information to the clinic
3. Sign and date the Breast and Cervical Cancer Medicaid Supplement form
4. Client must provide a copy of citizenship or naturalization papers (permanent resident card), if client born outside of U.S.
5. Client can complete this information while at the healthcare provider's office and the forms can be submitted via fax to 402-471-0913.

This is a collaborative effort between the clinic, client and the Program. Please call the Program at 1-800-532-2227 with questions.

**Treatment Funds Request**

*Every Woman Matters* **NEBRASKA**  
Good Life. Great Mission.  
DEPT OF HEALTH AND HUMAN SERVICES  
4/2022

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?	<i>(Please attach a copy of the client's INS papers, if available)</i>		
Eligibility: Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No Private Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of insurance company:	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)	Treatment: Scheduled Date: ___/___/___ Performed Date: ___/___/___	

Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment.

SURGEON/CLINIC: _____	Phone: ( ) ( ) _____
Contact Person: _____	Fax: ( ) ( ) _____

Referred By/Clinic: _____	Phone: ( ) ( ) _____
Contact Person: _____	Fax: ( ) ( ) _____

Completed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*See other side for Points of Importance.*





## 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









# Compensation & Billing

## Compensation and Billing

Before being reimbursed by Women's and Men's Health Programs (hereinafter referred to as Programs), participating healthcare providers agree to provide reports of findings and recommendations which are necessary to compile cancer surveillance data and reports to the funder, the Centers for Disease Control and Prevention. Because collecting this public health data is crucial, before payment is rendered to participating healthcare providers, the Programs must receive the following documents:

- **AMA-Approved Claim Forms** - Claims will be submitted to EWM for reimbursement according to program guidelines using approved AMA Claims Forms.
- **Healthy Lifestyle Questionnaire**
- **Office Documentation Forms - (according to services rendered)**
  - Screening Card
  - Breast Diagnostic Enrollment/Follow Up and Treatment Form
  - Cervical Diagnostic Enrollment/Follow up and Treatment Form
  - Nebraska Colon Cancer Program Follow Up and Treatment Form
  - State Pap Plus Enrollment Form
- **Radiology Reports** - Payment is not rendered to radiologists, Hospitals or Radiology Facilities until the radiology report for the service billed is received.
- **Lab Report** - Payment is not rendered to laboratories until the lab report is received.
  - \* For approved bloodwork, patient's completed screening card must be received by our office and is required for payment.
- **Pathology Report** - Payment is not rendered to pathologist until the pathology report is received.

If you have questions regarding billing and compensation please contact the Program at 1-800-532-2227.





**If you provide services to a client who does not meet program eligibility guidelines, or if you submit for reimbursement of services not in adherence with the Screening Guidelines, the Programs are not liable for payment.** The 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.





## 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.**





## 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](mailto:dhhs.ewm@nebraska.gov)

Submit this form by selecting the yellow button at the bottom that says EMAIL FORM

NEBRASKA  
 Good Life. Great Mission.

Every Woman Matters



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

<b>PROVIDER NAME:</b>	
<b>Name of Contact Person:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>Email Address:</b>	

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

To be completed by EWM Staff:

<b>Date Received:</b>	<b>Date Completed:</b>	<b>By:</b>
-----------------------	------------------------	------------

Payment Status Form 02-2022

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., §68-313. 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.

**EMAIL FORM**





## Filing Deadline

See Timely Submission of Claims and Documentation Policy on page 65.

## 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>







# 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 poorer, poorly educated and Hispanic women."<sup>1</sup> Education and targeted outreach will become even more important if Nebraska is to ensure real health and economic improvements for the most vulnerable populations.

<sup>1</sup><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.”<sup>2</sup> 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.

## 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 750 provider participation enrollments that offer clinical services for the screening programs. Though the programs offer reimbursement fee for service 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).<sup>2</sup>

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







## 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.

#### 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 Service (Community linkage to NDPP, Living Well, Check.Change.Control, Active Living Every Day)

### 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.





# Program Policies





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

**Begin Date: July 1993**

**Revised Date: November 2008**

**Review Date: April 2022**

## **Supplanting of Federal Funds Under Title X**

**The following steps shall be taken in order to prevent the supplantation of federal funds under Title X:**

- Family Planning Agencies will actively recruit clients over the age of 40 for cancer screening through Every Woman Matters (EWM)
- Clients under the age of 40 years who request enrollment in EWM will be referred to existing family planning agencies for screening services
- Family planning agencies may enroll clients 18-39 years of age with suspicious clinical breast exam for breast malignancy for diagnostic services (See policy on Page 65). These clients must still meet income- and insurance-eligibility guidelines and are enrolled only temporarily
- Family planning agencies may enroll present clients over 40 years of age in EWM who are immediately referred for breast ultrasound. These clients must still meet income- and insurance eligibility guidelines (See Breast Diagnostic Enrollment/Follow Up and Treatment Plan)

### **NO Funding Deficits**

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

### **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.

# Program Policy





**Begin Date: July 1993**  
**Effective Date: July 2022**  
**Revised Date: April 2022**

## **Presumptive Enrollment by Family Planning Agencies into Medicaid Treatment Program**

Process for clients needing treatment resources are as follows:

### **Treatment Funding Application:**

If client is US citizen, has no creditable insurance for breast and cervical cancer coverage, and is a Nebraska resident, complete the Breast and Cervical Cancer Medicaid Supplement Form and the Treatment Request Form

- Top Section-Client Name, SSN, DOB, Race and Date. **Do not sign or print as EWM Representative.**
- Medicaid Information-Ask client all questions in this section and complete
- Presumptive Eligibility-Complete Provider Representative Information. Client signs/dates the bottom of form.

Once a diagnosis of breast or cervical cancer has been determined, the following forms must be provided:

- Breast and Cervical Cancer Medicaid Supplement Form
- Treatment Request Form
- Breast/Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form
- copy of the Pathology Report and Billing for diagnostic procedure





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

**Begin Date: July 1997**

**Revised Date: July 2005**

**Review Date: April 2022**

### **Enrollment for Diagnostic Services Only**

Clients 18-74 (breast) and 21-74 (cervical) years of age who meet eligibility guidelines may only enroll in Every Woman Matters (EWM) to receive diagnostic services following the Breast or Cervical Diagnostic Enrollment guidelines. Clients who temporarily enroll are enrolled until the diagnostic procedure is performed, a definitive diagnosis is made and/or treatment is initiated. Clients who temporarily enroll are not eligible to receive screening services and must re-enroll in EWM if they ever need the diagnostic services again or until they reach 40 years of age.





**Begin Date: August 1998**

**Effective Date: July 2022**

**Revised Date: April 2022**

**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.

<b>FY</b>	<b>SERVICE DATES</b>	<b>FILING DEADLINE</b>
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.





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

**Begin Date: June 2000**  
**Revised Date: June 2014**  
**Review Date: April 2022**

**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 65.

**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**

Recreate accommodations made for persons with disabilities. TDD (800) 888-7355. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date form completed)

**Provider Information:**  
 Provider Name: \_\_\_\_\_  
 Clinic Name (Do not abbreviate): \_\_\_\_\_  
 City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Client Information:**  
 Client Name - if name has changed, please list both names: \_\_\_\_\_  
 Client Social Security #: \_\_\_\_\_ Client Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Screening/Diagnostic/Exam/Test/Treatment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Exam/Procedure that is being recommended for follow up: \_\_\_\_\_

**The client is considered lost to follow up ONLY when:**

1. Attempted contacted by phone and the phone is disconnected.
2. Current resident of last known address states that they do not know of such a person or the client no longer lives at the last known address.
3. A letter is sent to the client and it returns with "client moved no forwarding address given" or "forwarding has expired."

**DO NOT use this form for clients that do not show up for scheduled exams.**

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  
 1-800-532-2227 Fax: (402) 471-0915  
 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 West Integrated Screening and Evaluation for Women Across the Nation Cooperative Agreements with the Nebraska Department of Health and Human Services.

# Program Policy







**Begin Date: March 2002**

**Review Date: April 2022**

### **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: April 2022**

### **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.





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

**Begin Date: September 2014**

**Review Date: November 2023**

**Revised Date: November 2023**

## **Protocol for Payment of Office Visits for Women Under 35**

Initial office visits for women under 35, 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





**Begin Date: August 1998**

**Effective Date: July 2022**

**Revised Date: April 2022**

## **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.**





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

**Begin Date: April 2009**  
**Revise Date: June 2014**  
**Review Date: April 2022**

**Clinical Breast Exam (CBE) for Clients 18-39 Suspicious for Breast Malignancy**

**The Centers for Disease Control and Prevention recommends that every client 18 years of age and older with a suspicious clinical breast exam be referred to a surgeon.**

**18-39 Years of Age**

The breast ultrasound may be ordered by a surgeon for clients 18-39 who are enrolled in the EWM program if:

1. Screening clinical breast exam is suspicious for breast malignancy.
2. Diagnostic mammogram is assessment incomplete requiring further views (30-39 years of age only)
3. Radiologist recommends a breast ultrasound after a diagnostic mammogram
  - a. Radiologist may perform an ultrasound for clients after a diagnostic mammogram.

If you are a **surgeon** you may order a breast ultrasound **without pre-authorization if the above criteria are followed.**

Every Woman Matters (EWM) understands that in rural areas there may not be a surgeon readily available. **In rural areas any healthcare provider may call requesting a verbal approval for a breast ultrasound on behalf of clients 18-39.**

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

# Breast Policy





**Begin Date: July 2014**  
**Effective Date: July 2022**  
**Revised Date: April 2022**

## **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% - 25% or greater, based on family history using the breast cancer NCI Risk Assessment tool for women 35+: [www.cancer.gov/bcrisktool/](http://www.cancer.gov/bcrisktool/)  
For women under 35, go to <https://ibis.ikonopedia.com/> or call us to run the risk 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.





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

**Begin Date: September 2014**

**Effective Date: July 2022**

**Revised Date: April 2022**

### **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**

**Effective Date: July 2023**

### **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.

# Breast Policy





**Begin Date: July 2017**

**Review Date: April 2022**

## **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.





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

**Begin Date: October 1994**

**Revised Date: November 2008**

**Review Date: April 2022**

## **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 Policy







**Begin Date: October 1994**

**Revised Date: June 2014**

**Review Date: April 2022**

### **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: April 2022**

### **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. Every Woman Matters Clinical Staff can make approvals at 1-800-532-2227.





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

**Begin Date: December 2008**

**Effective Date: July 2022**

**Revised Date: April 2022**

## **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."**

**Begin Date: December 2019**

**Review Date: April 2022**

## **State Pap Plus Program STD Only Enrollment Eligibility Exception**

ALL clients enrolling in the State Pap Plus Program - STD Only must meet eligibility requirements.

- A Nebraska Resident
- 18 years of age or older





**Begin Date: December 2008**

**Revised Date: June 2014**

**Review Date: April 2022**

## **Cervical Cancer Screening**

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

- Clients 30-65 years of age only eligible for Pap test every **THREE** years with cytology or every **FIVE** years with co-testing (cytology/HPV) according to the U.S. Preventive Services Task Force guidelines.
- In order for EWM to reimburse **every year** for a Pap test, client must meet one of the following criteria:
  - Most recent Pap test was abnormal (ASC-US or greater)
  - Compromised Immune System (from HIV infection, organ transplant, chemotherapy or chronic steroid use)
  - Intrauterine DES exposure
  - History of Invasive Cervical Cancer

\*Criteria determined by Centers for Disease Control and Prevention (CDC), EWM funder

- EWM Medical Advisory Committee strongly recommends an annual pelvic exam be performed on all clients, even if a Pap test is not indicated. Within the context of EWM, pelvic exams are only reimbursable when done as part of an office visit in which the client receives a clinical breast exam and/or a Pap test.
- EWM will reimburse for one Pap test through the program if client has had a hysterectomy (with cervix removed) for benign reasons.





Nebraska Department of Health and Human Services  
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**Begin Date: November 2007**

**Effective Date: July 2022**

**Revised Date: April 2022**

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

- Client must have been screened through the State Pap Plus Program.
- Screened within the last 6 months.
- Clients with insurance are eligible for diagnostic services.
- Refer to Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form for allowable diagnostic services.
- Client must receive or be referred for a service that is covered under EWM.
  - All services received must follow policies and procedures as noted in the EWM Provider Manual.
  - Services will be documented on the EWM Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form.
- Receipt of completed Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan will move client from the State Pap Program to Every Woman Matters Diagnostic Program.
- Clients 21-39 must reenroll in State Pap Plus Program for future cervical screening.

# Cervical Policy





**Begin Date: November 2007**

**Effective Date: July 2022**

**Revised Date: April 2022**

### **Utilizing State Pap Funds Under LB 321 2007, Section 107**

- Office visit covered when an STD test is performed for men and women 18+

These funds are designated for low income and at-risk women ages 18-39 to be screened for cervical cancer screening (Pap tests) and breast cancer screening (clinical breast exams). Clients enrolled in this program must meet Every Woman Matters income and insurance eligibility guidelines and be Nebraska residents.

This is not an entitlement program and is available to any provider who participates in the EWM Program. Enrollment into the State Pap Program can only be done on a State Pap Program Enrollment Form. No other enrollment forms for EWM are acceptable.

Clients enrolled in this program:

- will **not** be required to pay an annual fee
- will **not** receive regular screening or routine mailed correspondence from EWM
- **will** automatically be enrolled for diagnostic workup for abnormal findings of Pap test or CBE results according to EWM guidelines for diagnostic workup

The only reimbursable services under the State Pap Plus Program are office visits, Pap tests, and/or HPV tests per the most current ASCCP Guidelines. All office visits must be billed using approved AMA Claim Forms with appropriate diagnostic and CPT billing codes per EWM guidelines.





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

**Effective Date: July 2022**

**Revised Date: April 2022**

### **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: April 2022**

### **Cervical Cancer Screening for Transgender Men**

Transgender men (female to male) are at risk for cervical cancer. Cervical cancer screening for transgender men, including interval of screening age to begin and screening follows recommendations for non-transgender women as endorsed by the American Cancer Society, American Society of Colposcopy and Cervical Pathology (ASCCP), American Society of Clinical Pathologist, U.S. Preventive Services Task Force (USPSTF) and the World Health Organization.

As with non-transgender women, transgender men under the age of 21 should not have pap smears regardless of their age of sexual debut.





**Begin Date: January 2020**  
**Review Date: February 2023**

## **State Pap Plus Program Enrollment and Documentation**

In order for Every Woman Matters to meet timeliness performance measures set by our funders, Centers for Disease Control and Prevention (CDC), healthcare providers who provide client services under the State Pap Plus Program need to adhere to the following procedures for submitting State Pap Plus Enrollment and supporting client clinical documentation:

- It is expected that State Pap Plus Enrollments and clinical documentation be sent to the program within two weeks of the date of service.
- All State Pap Plus Enrollments will be returned if date of receipt is greater than 60 days of date of service.
- **STARTING MARCH 1, 2023:**  
A Pap report or Pap with HPV report must accompany all State Pap Plus Program Enrollments that have documentation of a Pap test or Pap test with HPV performed.
- If the program receives a claim from a lab for a Pap test and/or Pap test with HPV testing prior to receiving a State Pap Plus Program Enrollment form, the program may return the claim to the lab without payment after 60 days.
- Furthermore, if the Pap results are abnormal a Cervical Diagnostic/Follow Up and Treatment Plan Form must be attached if diagnostic work up is planned. A pathology report must accompany any Cervical Diagnostic/Follow Up and Treatment Plan Form, if diagnostics have already been completed.





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

**Begin Date: December 2008**

**Effective Date: July 2022**

**Revised Date: November 2023**

## **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 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:**

- o Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- o Patients should be seated quietly for at least 5 minutes in a chair (rather than on an exam table), with feet on the floor and arms supported at heart level.
- o An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- o A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.
- o At least two measurements should be taken and recorded, separated by a minimum of 2 minutes. If the first two readings differ by more than 5mmHg, additional measurements should be taken 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 Policy







**Begin Date: December 2008**

**Effective Date: July 2022**

**Revised Date: November 2023**

## **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 the following page 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 Program screening card sections as appropriate. Program screening card is to be returned to the EWM Program to assist the Program in meeting requirements for client follow-up, data collection and affiliated billing authorizations.

**EWM clients are eligible for health coaching and healthy behavior support services through the WISEWOM-AN 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. **Check.Change.Control.:** helps clients learn how to monitor their blood pressure (BP), track their BP readings and report back to their provider; a blood pressure 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.  
(Continued on Page 84)

# CVD/Diabetes Policy





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

**Begin Date: December 2008**

**Effective Date: July 2022**

**Revised Date: November 2023**

## Cardiovascular(CVD)/Diabetes Screening (continued)

**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.

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

- Heart disease and stroke risk factor screening, which includes blood pressure, cholesterol, glucose, weight, height, personal medical history, family medical history, and health behavior and readiness to change assessments.
- Lifestyle programs that promote blood pressure control, healthy eating, tobacco cessation and physical activity.
- Links participants to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Medical referral and follow-up as appropriate and allowable. Women who had high blood pressure or blood glucose/A1C on their screening visit may be eligible for a follow-up visit to recheck blood pressure or blood glucose.

General Clinical Services	CVD/Diabetes Screening
Height: (with shoes off) _____ / _____ ft./in. Weight: _____ lbs. Waist Circumference: _____ inches <b>Note--2 blood pressure readings are required for this visit.</b> Blood Pressure (1): _____ / _____ mm Hg Blood Pressure (2): _____ / _____ mm Hg 1. Is the client taking blood pressure medication? <input type="checkbox"/> Yes* <input type="checkbox"/> No 2. Are you ordering or changing blood pressure medication today? <input type="checkbox"/> Yes* <input type="checkbox"/> No 3. Is the client taking cholesterol medication to lower cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No 3a. Is it a statin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <small>*Counsel client on medication adherence for hypertension and check the last box in the section below.</small>	<b>Labs can only be done in conjunction with breast and/or cervical screening services.</b> Bloodwork Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No Client fasted 9 hrs: <input type="checkbox"/> Yes <input type="checkbox"/> No Blood Draw Date: ____/____/____ <i>Blood draw needs to be within 30 days of today's visit</i>  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 <b>ALL clients are now eligible for A1c!</b> A1c (preferred): _____ OR Blood Glucose: _____ mg/dl (acceptable)
<b>Cardiovascular Risk Reduction Counseling</b> Refer to the questions on the front of this card. Check if counseling completed. <input checked="" type="checkbox"/> Client counseled on low dose aspirin usage to decrease risk for CVD <input checked="" type="checkbox"/> Medication Adherence for Hypertension Counseling	
<b>Healthy Behavior Support Services*:</b> <input type="checkbox"/> Check, Change, Control, Education/SMBP <input type="checkbox"/> Living Well Education <input type="checkbox"/> National Diabetes Prevention Program (NDPP) Walk & Talk Toolkit (Physical Activity) <input type="checkbox"/> Tobacco Cessation Counseling <input type="checkbox"/> Client Referred to Statewide Quitline at 1-800-QUIT-NOW <input type="checkbox"/> Fax Referral to Statewide Quitline at 1-800-QUIT-NOW <input type="checkbox"/> Client Refused <small>Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.</small>	<small>*For more information on Healthy Behavior Support Services (Check, Change, Control, Living Well, NDPP, and Walk &amp; Talk Toolkit) available to your clients go to: <a href="http://www.dhhs.ne.gov/ewmforms">www.dhhs.ne.gov/ewmforms</a> (select the Healthy Behavior Support Services Tab)</small>

# CVD/Diabetes Policy





**Begin Date: July 2017**  
**Effective Date: July 2022**  
**Revised Date: November 2023**

## **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 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 blood pressure medication
  - b. If provider is ordering or changing blood pressure medication
3. If client is taking BP medication or if provider is ordering or changing BP medication, providers should counsel them on medication adherence and check the box on the screening card for Medication Adherence for Hypertension Counseling.
4. Providers concerned about their client's blood pressure and wanting a re-check should call our office at 1-800-532-2227 for approval of a follow-up blood pressure check.
  - a. 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 blood pressure of 140+ or an average diastolic pressure of 90+. Clients with blood pressure 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 blood pressures 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 1-800-532-2227 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 Policy





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

**Begin Date: July 2017**

**Effective Date: July 2022**

**Revised Date: November 2023**

## **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 our office at 1-800-532-2227 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).





# 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.

### **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 90).
- 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 Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Effective Date: July 2022**

**Revised Date: April 2022**

### 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

# Colon Policy





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

**Begin Date: January 2006**

**Effective Date: July 2022**

**Revised Date: April 2022**

## **Eligibility and Screening Test Determination**

Upon completion and review of the Healthy Lifestyle Questionnaire form, screening tests will be provided 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 1<sup>st</sup> 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 1<sup>st</sup> degree relative diagnosed with colon cancer under the age of 60
  - 2 or more 1<sup>st</sup> degree relatives over the age of 60 diagnosed with colon cancer
  - 1 or more 1<sup>st</sup> degree relatives diagnosed under the age of 50 with colon polyps
  - 2 or more 1<sup>st</sup> 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:**

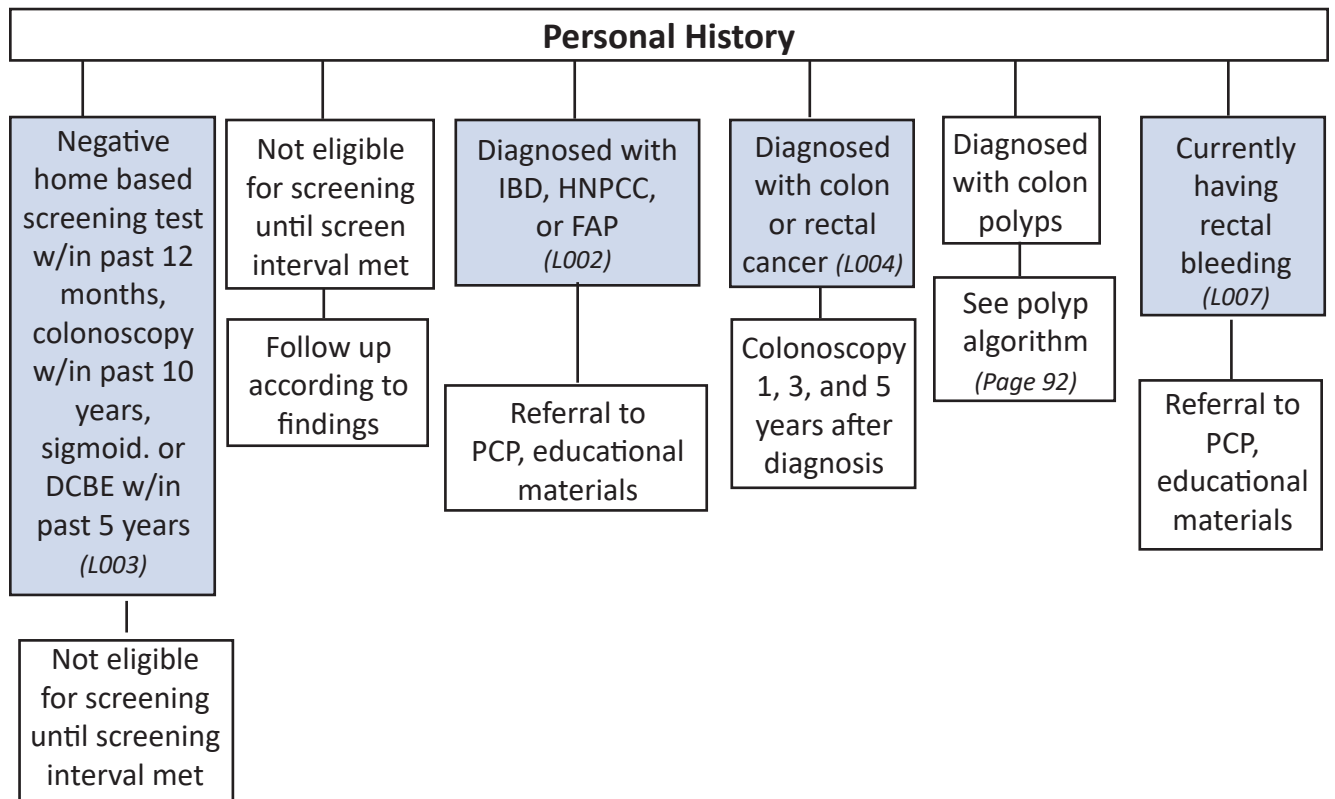
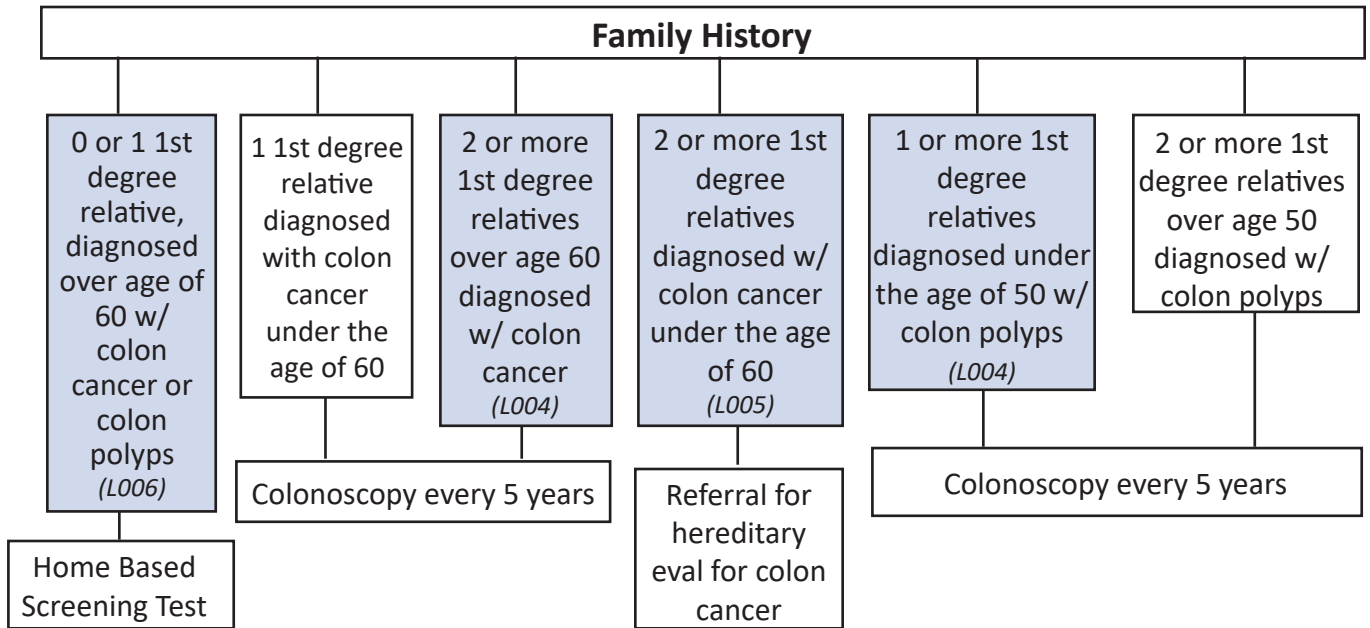
- Clients age 45-74 with
  - 2 or more 1<sup>st</sup> degree relatives diagnosed with colon cancer under the age of 60 will be referred for hereditary evaluation for colon cancer.
  - Hereditary Non Polyposis Colorectal Cancer (HNPCC) or Familial Adenomatous Polyposis (FAP)

# Colon Policy





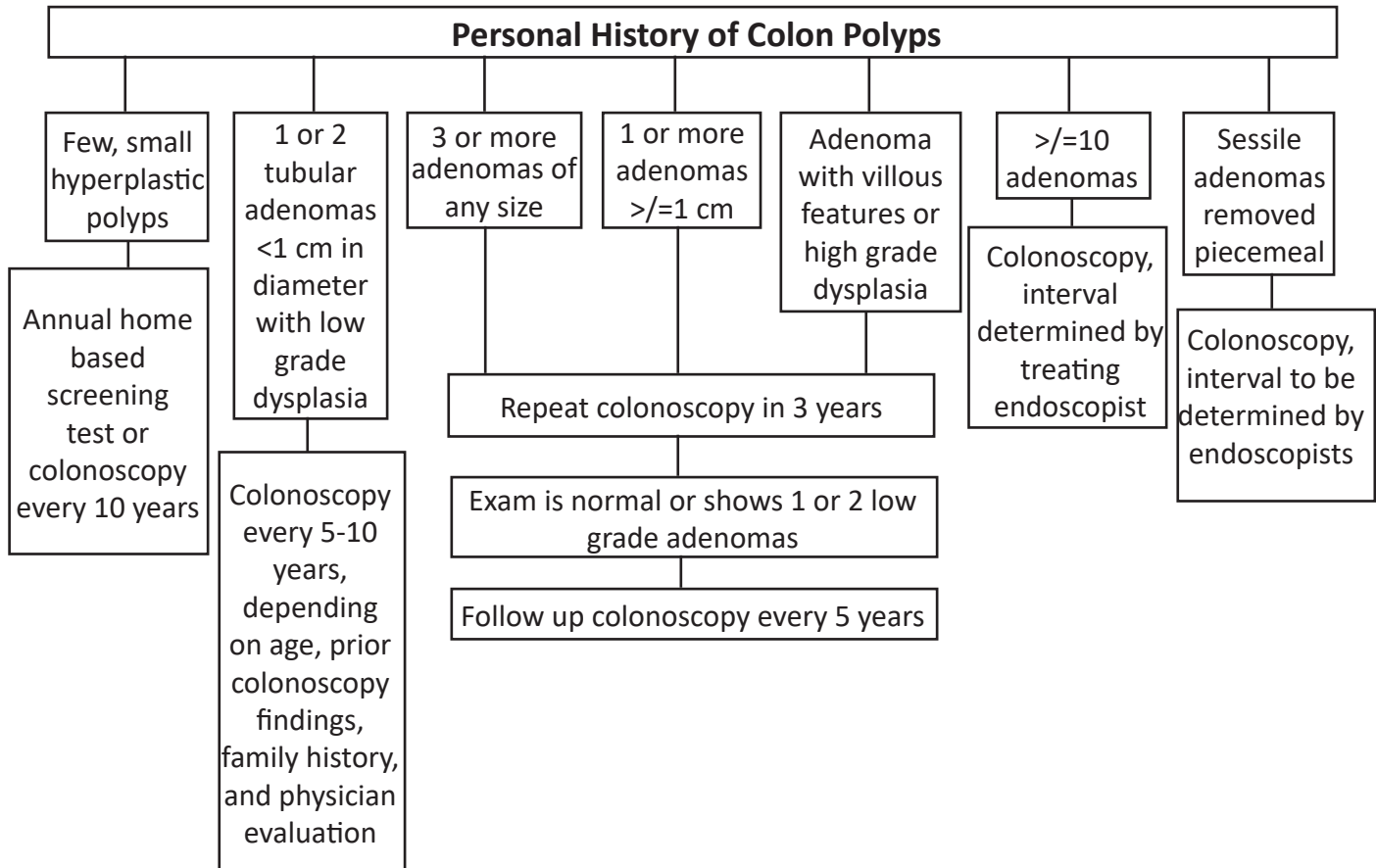
# Nebraska Colon Cancer Screening Program Eligibility Algorithm





# Nebraska Colon Cancer Screening Program

## 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.





**Begin Date: January 2006**

**Effective Date: July 2022**

**Revised Date: April 2022**

## **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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> degree relatives diagnosed under the age of 50 with colon polyps
- 2 or more 1<sup>st</sup> degree relatives over age 50 with colon polyps
- At 1, 3, and 5 years after a diagnosis of colon or rectal cancer.

### **Additional Guidelines:**

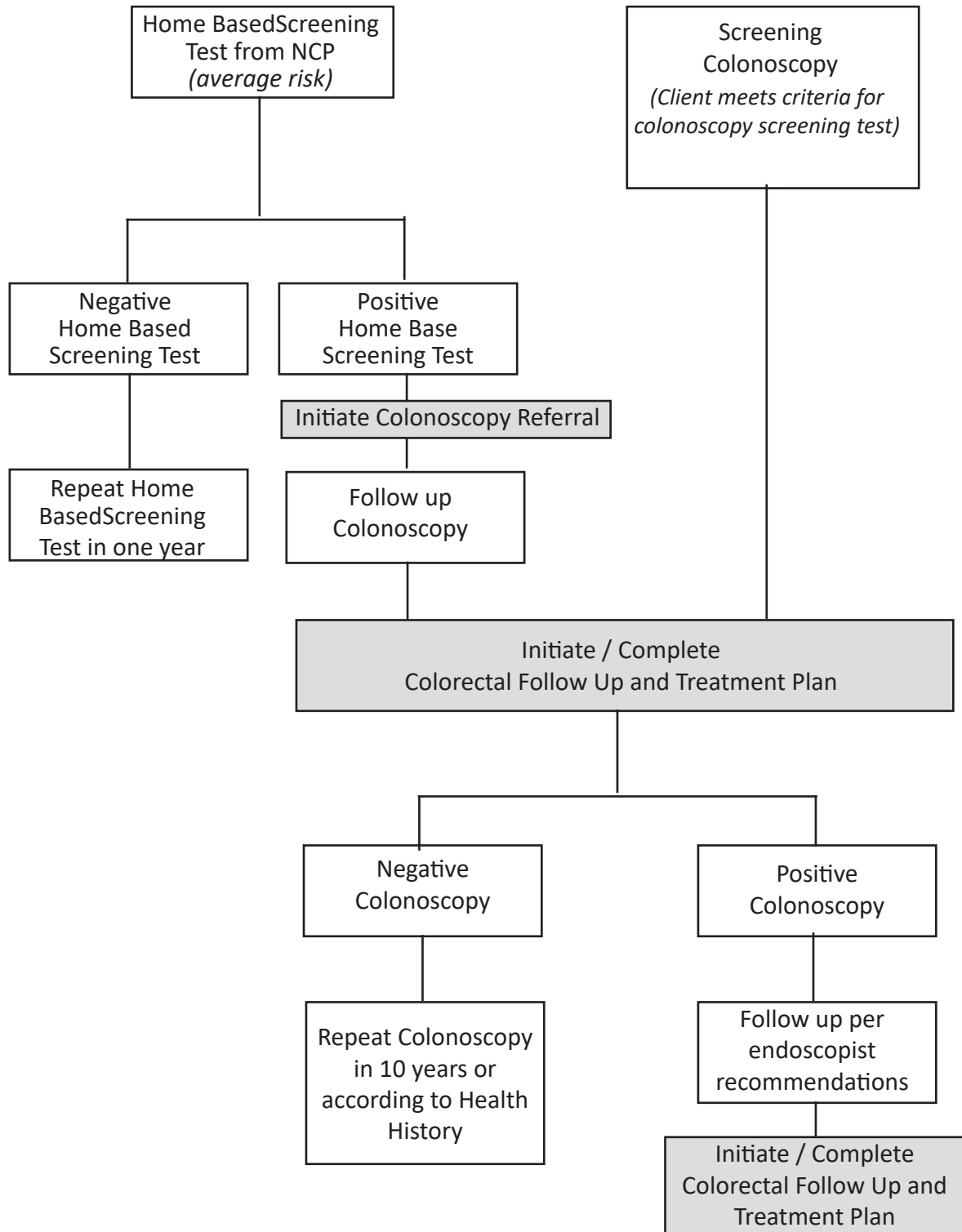
- Those clients who have 2 or more 1<sup>st</sup> degree relatives diagnosed with colon cancer under the age of 60 will be referred to their primary care physician.
- Those clients who have had a negative home based screening test, colonoscopy or sigmoidoscopy, or DCBE within the past 12 months will 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.





# Nebraska Colon Cancer Screening Program

## Follow Up and Treatment Algorithm





**Begin Date: January 2006**  
**Revised Date: November 2008**  
**Review Date: April 2022**

### **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: April 2022**

### **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 Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Review Date: April 2022**

### **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: June 2014**

**Review Date: April 2022**

### **Clients with Colonoscopy that have History of Polyps**

The Nebraska Colon Cancer Screening Program (NCP) algorithm (on page 91), will be used to determine eligibility date for next colonoscopy unless the endoscopist, who performed the last colonoscopy, has determined a date based on pathology findings and provides such documentation.

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





# Resources

## Nebraska Department of Health and Human Services Women's and Men's Health Programs

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

**Toll-free phone:** (800) 532-2227

**In Lincoln:** (402) 471-0929

**Fax:** (402) 471-0913

**EWM E-Mail:** [dhhs.ewm@nebraska.gov](mailto:dhhs.ewm@nebraska.gov)

**EWM Web:** [www.dhhs.ne.gov/ewm](http://www.dhhs.ne.gov/ewm)

**NCP E-Mail:** [dhhs.nccsp@nebraska.gov](mailto:dhhs.nccsp@nebraska.gov)

**NCP Web:** [www.dhhs.ne.gov/crc](http://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. You may call their direct lines or call toll-free at (800) 532-2227.

### Program Administration:

Cathy Dillon, Program Manager	<a href="mailto:cathy.dillon@nebraska.gov">cathy.dillon@nebraska.gov</a>	471-0595
Melissa Leypoldt, RN, Program Director	<a href="mailto:melissa.leypoldt@nebraska.gov">melissa.leypoldt@nebraska.gov</a>	471-0314

### Program Staff:

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

### Nursing Staff:

Lynn Jones, BS, RN, BSN, Community Health Nurse Sr.	<a href="mailto:lynn.jones@nebraska.gov">lynn.jones@nebraska.gov</a>	471-0561
Tina Goodwin, BSN, RN, QI Community Health Nurse Sr.	<a href="mailto:tina.goodwin@nebraska.gov">tina.goodwin@nebraska.gov</a>	471-0163







## EWM Breast and Cervical Cancer Advisory Committee

Andrea Foster  
Omaha, NE

Samia Gamie  
Lincoln, NE

Kelly Mand  
Omaha, NE

Linda Newport  
Lincoln, NE

Michael Steiner  
Kansas City, MO

Rebecca Tines  
Omaha, NE

Denise Tomek  
Columbus, NE





These resources are intended to provide information and are not necessarily endorsed by the Programs.

### **Patient Advocate Foundation**

Newport News, VA  
(800)532-5274

[www.patientadvocate.org](http://www.patientadvocate.org)

*Specializes in mediation, negotiation and education, on behalf of clients experiencing the following issues:*

<i>Preauthorization</i>	<i>Debt Crisis</i>
<i>Access to Pharmaceutical Agents</i>	<i>Access to Chemotherapy</i>
<i>Access to Medical Devices</i>	<i>Access to Surgical Procedures</i>
<i>Expedited applications for Social Security Disability, Medicare, Medicaid, SCHIPS, and other social programs</i>	
<i>Plus many other services</i>	

*Provides professional case managers who negotiate with clients insurers to resolve coverage and benefit issues, patient employers to mediate job discrimination issues and client creditors to facilitate resolution of debt crisis matters. They utilize the AT&T Language Line that enables the case managers to assist clients in 140 languages. Assists clients who are uninsured, underinsured, as well as Medicaid and Medicare recipients to resolve coverage and benefit issues.*

## **CULTURAL COMPETENCY AND LANGUAGE ACCESS RESOURCES**

### ■ **Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)**

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

*In March 2001, the U.S. Department of Health & Human Services of Minority Health completed a final report of the 14 CLAS standards. Standards provide goals and guidelines so that healthcare providers can ensure that they are providing the best quality care with the goal of eliminating the health disparities that exist across racial and cultural lines.*

- *Culturally Competent Care (Standards 1-3);*
- *Language Access Services (Standards 4-7); and*
- *Organizational Support for Cultural Competence (Standards 8-14)*

*Standards 1-3, and 8-13 are Guidelines; Standards 4-7 are Federal Office of Civil Rights 1964 Requirements; and Standard 14 is a Recommendation.*

### ■ **Language Services Associates**

Willow Grove, PA  
(800)305-9673

[www.lsaweb.com](http://www.lsaweb.com)

*Provides services 24/7 365 days a year in 180 languages. Other services include: Quick Connections, Multiple Party Conferences, Language Identification Assistance, On site or via phone.*

### ■ **Language Line Services - Certified Medical Interpretation Services**

Monterey, CA  
(800)752-9096

[www.language.com](http://www.language.com)

*Provides services 24/7, 365 days a year in over 150 languages. Other services include: Quick Connections, Multiple Party Conferences, Language Identification Assistance, On site or via phone, Specialize in Health Care Arena.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

## CULTURAL COMPETENCY AND LANGUAGE ACCESS RESOURCES (*continued*)

- **Nebraska Association for Translators & Interpreters**  
[www.natihq.org](http://www.natihq.org)  
Association e-mail: [nati@natihq.org](mailto:nati@natihq.org)  
Marsha Conroy, Association President, 402-960-2900  
*Serves as a resource and a forum on interaction for language service providers and those who utilize their services.*
- **Regulations for Providing Services to Clients with Limited English Proficiency**  
<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.*

## PROFESSIONAL AND PUBLIC CANCER EDUCATION AND INFORMATION RESOURCES

**American Cancer Society (ACS)**  
(800) ACS-2345 or (800) 227-2345  
(Spanish language services available)  
Omaha: (402) 393-5800  
9850 Nicholas Street, Suite 200  
Omaha, NE 68114  
[www.cancer.org](http://www.cancer.org)  
*A nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy and service. Information and some services are available to clients and their families, healthcare providers and the general public. In addition, loans of breast prosthesis and wigs may be available through your local American Cancer Society Office. (Educational Brochures Available)*

**Look Good....Feel Better** is a program of the American Cancer Society  
(800) 395-5665  
*Designed to help cancer clients cope with changes in appearance due to cancer treatment. These programs are free-of-charge and include a make-up kit courtesy of the Cosmetics, Toiletries & Fragrance Association.*

**American Society for Colposcopy and Cervical Pathology (ASCCP)**  
(800)787-7227  
[www.asccp.org](http://www.asccp.org)  
*Provides the 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](http://www.acor.org)  
*Provides links to pertinent resources for all types of cancer.*

**AVON Foundation**  
[info@avonfoundation.org](mailto: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.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

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

### **Breast Cancer.Org**

[www.breastcancer.org](http://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](http://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](http://www.cancersupportcommunity.org)

[help@cancersupportcommunity.org](mailto:help@cancersupportcommunity.org)

*Support group for people with cancer.*

### **Cancer Survivors Network**

[www.acscsn.org](http://www.acscsn.org) (Click on En Espanol, upper left corner of screen for Spanish)

*Sponsored by the American Cancer Society and deals with survival issues, long term effects of treatment and general support.*

### **Healthfinder**

[www.healthfinder.gov](http://www.healthfinder.gov)

*An award winning Federal Website for consumers, providing on-line publications, clearinghouses, databases, websites, support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information to the public.*

### **Krames Patient Education**

(800) 333-3032

1100 Grundy Lane

San Bruno, CA 94066-3030

[www.krames.com](http://www.krames.com)

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

### **Livestrong Foundation**

[www.livestrong.org](http://www.livestrong.org)

*Lance Armstrong's web site that provides information and encouragement to all cancer clients in partnership with Patient Advocate foundation.*

### **MammaCare Corporation**

(352) 375-0607

930 Northwest 8th Avenue

Gainesville, FL 32601

[www.mammacare.com](http://www.mammacare.com)

*Provides breast models, clinical breast exam and breast self-exam interactive training systems for both public and professional education. Includes adaptive learning systems for visually and hearing impaired clients. Certified clinical breast examiner training courses are also offered.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

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

### Medicare Helpline

CIMRO of Nebraska  
Medicare Rights Helpline  
(800)633-4227 - say the word “Agent” to speak with someone  
*Consumer Questions Regarding Medicare*

### Medline Plus

[www.medlineplus.gov](http://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](http://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](http://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)  
[cancer.net.nci.nih.gov](http://cancer.net.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](http://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](http://www.nccn.org)  
*NCCN is an alliance of 21 of the world’s leading cancer centers, working together to develop treatment guidelines for most cancers, and dedicated to research that improves the quality, effectiveness and efficiency of cancer care. Clinical practice guidelines for healthcare providers and cancer treatment and supportive care guidelines for clients and their families are found on this website.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

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

### **National Lymphedema Network**

(800)541-3259

[www.lymphnet.org](http://www.lymphnet.org) - email: [nin@lymphnet.org](mailto:nin@lymphnet.org)

*Provides complete information for clients, health-care providers and the general public on prevention and treatment of lymphedema.*

### **National Women's Health Information Center**

<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.*

### **National Women's Health Network**

(202)682-2640

[www.nwhn.org](http://www.nwhn.org)

*Provides newsletters and position papers on women's health topics. Conducts paper research and is a strong voice for women's health.*

### **Office of Health Disparities & Health Equity**

(402)471-0152

[www.dhhs.ne.gov/minorityhealth](http://www.dhhs.ne.gov/minorityhealth)

*The Office of Health Disparities and Health Equity (OHDHE) works to equalize health outcomes and eliminate health disparities in Nebraska and works with local and regional health agencies, other state agencies, faith-based organizations, and community-based organizations, to develop minority health training materials, and assist and support minority grantees and organizations working on minority health activities.*

### **Oncolink**

<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**

1-888-227-6333

*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/screening>

*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.*

### **Susan G. Komen Breast Cancer Foundation**

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

(402)502-9279 (Omaha)

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

(Spanish language services available)

[www.komen.org](http://www.komen.org)

*Dedicated to advancing research, education, screening and treatment of breast cancer*

***(Educational Brochures Available)***

### **Y-ME, National Breast Organization**

(800) 221-2141 (English) or (800) 986-9505

(Spanish)

[www.y-me.org](http://www.y-me.org)

*A national breast cancer survivor support network. Whenever possible, trained breast cancer survivors are matched to callers by background and experience. Wig and prosthesis bank available.*

### **Young Survival Coalition**

(877)972-1011

[www.youngsurvival.org](http://www.youngsurvival.org)

*An international non-profit for breast cancer survivors and supporters with a focus on women under 40. The Young Survival Coalition's (YSC) educational programs are designed to reach not only our core audience of young women affected by breast cancer but also members of the medical community, friends, family members, caregivers, the breast health community, healthy young women and the general public.*





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## PROFESSIONAL AND PUBLIC CARDIOVASCULAR/DIABETES EDUCATION AND INFORMATION RESOURCES

### WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation)

[www.cdc.gov/wisewoman](http://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

For answers to questions call (800) 342-2283

[www.professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160](http://www.professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160)

**CDC Diabetes:** (800)232-4636 [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)

•Diabetes Prevention Program: [www.cdc.gov/diabetes/prevention/index.htm](http://www.cdc.gov/diabetes/prevention/index.htm)

**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)471-4411 or (800)745-9311 (ask for Diabetes)

<https://dhhs.ne.gov/Reports/Diabetes%20in%20Nebraska%20-%202018.pdf>

### Heart Disease and Stroke:

Million Hearts Initiative: <http://millionhearts.hhs.gov/index.html>

CDC Heart Disease and Stroke Prevention: (800)232-4636 <http://www.cdc.gov/dhdsp/>

Nebraska Heart Disease and Stroke Prevention: (800)745-9311

<https://dhhs.ne.gov/Reports/Cardiovascular%20Disease%20in%20Nebraska%20Fact%20Sheet%20-%202018.pdf>

### 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>





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## PROFESSIONAL AND PUBLIC CARDIOVASCULAR/DIABETES EDUCATION AND INFORMATION RESOURCES

### Free or Low-Cost Medication Access: *(continued)*

**Medicare Information** - Information about the specific drug plans available in a particular area and about Medicare drug plans in general are available at 1-800-MEDICARE (1-800-633-4227). [www.medicare.gov](http://www.medicare.gov)

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

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

**Retail Prescription Program** - Many retail outlets such as Bakers, CVS, Hy-Vee, Rite-Aid, Target, Wal-Mart, and Walgreens offer low-cost medication options. Many discount and retail stores offer prescriptions as low as \$4.00 for a 30-day supply. The local pharmacy or local health department may also make low-cost medication available.

**RxAssist** - Funded by The Robert Wood Johnson Foundation, RxAssist is a web based medication resource center for providers, advocates, consumers, and caregivers. [www.rxassist.org/providers](http://www.rxassist.org/providers)

**RxHelper** - Our mission is to increase awareness of patient assistance and boost enrollment of those who are eligible through a variety of prescription assistance programs. (877)767-3297 [www.therxhelper.com](http://www.therxhelper.com)

**Rx Hope** - RxHope contracts directly with pharmaceutical companies to provide an electronic application process for their patient assistance programs. RxHope provides this service to physicians and patients free of charge. [www.rxhope.com/](http://www.rxhope.com/)

**Rx Outreach** - A nonprofit charity that provides critical medicine for people who can't afford it. Offers more than 500 medications through mail order pharmacy delivered to all 50 states. With support of generous donors, Rx Outreach helped more than 85,000 people each year get the medications they need to stay healthy. (800)769-3880 [www.rxoutreach.org](http://www.rxoutreach.org)

**Note:** Links to non-Federal organizations in this document are provided solely as a courtesy to providers. These links do not constitute endorsement of these organizations or their programs by EWM or the Federal government, and none should be inferred. EWM is not responsible for the content of the individual organizations' web pages found at these links.

### Tobacco Cessation:

Tobacco Free Nebraska [www.quitnow.ne.gov](http://www.quitnow.ne.gov)

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

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

- Smoke Free Women <http://women.smokefree.gov/>
- Smoke Free Espanol <http://espanol.smokefree.gov/>







# Glossary

**1<sup>st</sup> 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.





**B** (continued)

**Body Composition:** The relative amounts of muscle, fat, bone, and other anatomical components that contribute to a person's total body weight.

**Body Mass Index (BMI):** A measurement of body mass that is correlated with skinfold thickness and body density.

**BSE:** Acronym for Breast Self-Exam.

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

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

**C**

**Cancer-in-situ:** Cancer cells are confined to the original site.

**Cardiovascular:** Pertaining to the heart and blood vessels.

**Case Management:** Coordinated efforts and services intended to assure that a woman receives screening services in the EWM program and, if needed, diagnostic and/or treatment services.

**CCD:** Acronym for Clinical Cardiovascular Disease.

**CDC:** Acronym for Centers for Disease Control and Prevention.

**Cervical Biopsy:** The removal and examination, usually microscopically, of cervical tissue

**CHD:** Acronym for Coronary Heart Disease.

**Cholesterol:** A waxy, fat-like substance present in every cell in the body and in many foods.

**CIN:** Acronym for Cervical Intraepithelial Neoplasia

**CIN I:** Mild dysplasia

**CIN II:** Moderate dysplasia

**CIN III:** Severe dysplasia, cancer in situ

**CIS:** Acronym for Cancer In Situ

**Clinical Breast Exam (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.





### **C (continued)**

**CVD:** Acronym for Cardiovascular Disease.

**Cyst:** Any closed cavity or sac, normal or abnormal, lined by epithelium, and especially one that contains a liquid or semisolid material.

### **D**

**Diabetes:** Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance.

**Diagnostic Mammogram:** Breast x-rays, which generally include four views of the breasts. Performed when any or all of the following reasons/conditions are present: palpable mass, pain, discharge, and/or breast implants. Also performed as a follow-up exam for suspicious findings obtained during physical examinations or screening mammograms.

**Diagnostic Referral:** a client who has a positive finding on FOBT or according to eligibility criteria is more appropriately screened with colonoscopy and is referred to an Endoscopist.

**Diagnostic Services:** Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding.

**Double Contrast Barium Enema (DCBE):** also called barium enema with air contrast. A method used to help diagnose colorectal cancer. Barium sulfate, a chalky substance, is used to partially fill and open up the colon. When the colon is about half-full of barium, air is inserted to cause the colon to expand. This allows x-ray films to show abnormalities of the colon.

**Dyslipidemia:** Disorders of lipoprotein metabolism, including lipoprotein overproduction or deficiency.

**Dysplasia:** Abnormalities of cells or tissue signifying preneoplastic changes characterized by changes in the nucleus and cytoplasm of a cell.

### **E**

**Endocervical Curettage:** The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

**EWM:** Acronym for Every Woman Matters.

### **F**

**Familial Adenomatous Polyposis (FAP):** a hereditary condition that is a risk factor for colorectal cancer. People with this syndrome develop polyps in the colon and rectum. Often these polyps become cancerous.

**Fasting:** Abstaining from all food and drink.

**Fecal 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.





## 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.***

- **Check.Change.Control.:** helps clients learn how to monitor their blood pressure (BP), track their BP readings and report back to their provider; a blood pressure cuff and monitor are provided.
- **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.

**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.





## H (continued)

**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.

## 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.





### **M (continued)**

**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.

**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.





## **R (continued)**

**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.

**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

