



PROVIDER PARTICIPATION AGREEMENT JUNE 1, 2008 Through June 30, 2012

The following program and administrative specifications are required as a condition of this Agreement. The full complement of screening program services includes program-approved Wisconsin Well Woman Program (WWWP) screening, re-screening, and diagnostic procedures, individual case management and follow-up services.

By signing this Agreement, the Provider, whether an individual, agency or other entity, agrees to meet and abide by the terms and conditions of the WWWP manual and this Agreement.

Section 1: General Requirements

1. This Agreement shall be effective June 01, 2008, upon approval by the WWWP, and shall continue in effect until June 30, 2012 or such time as either party terminates the Agreement in accordance with the process described in paragraphs 2 and 3 of this Agreement
2. Except as provided in paragraph 3, either party may terminate this Agreement with or without cause. Thirty (30) day written notice from WWWP to Provider or vice versa will terminate this Agreement. WWWP will notify the fiscal agent of the termination date.
3. If the Provider is in violation of this Agreement or any other federal or state law, the Wisconsin Department of Health and Family Services (Department), Division of Public Health (DPH), WWWP may immediately terminate this Agreement. In the event of termination, the Department shall reimburse the Provider for services provided prior to the termination date.
4. The Provider must comply with applicable Federal and State laws prohibiting discrimination in the delivery of service on the basis of race, color, disability, creed, national origin, ancestry, sexual orientation, arrest or conviction record, marital status, religion, or payment source and to make available a Client Complaint procedure in the event of such discrimination.
5. The Provider is subject to certain Federal and State laws regarding confidentiality and disclosure of medical records or other health information, including the Administrative Simplification provisions of the Health Insurance Portability Act (HIPPA) of 1996 for all services, information, transactions, including electronic transmissions, privacy and security regulations.
6. The Department offers, or will offer in the future, the Provider several options for submitting claims and other information to the Department, including electronic and web-based submission methodologies that require the input of secure and discrete access codes but not written provider signatures. The Provider has sole responsibility for maintaining the privacy and security of any access code the Provider uses to submit information to the Department, and any individual who submits information using such access codes does so on behalf of the Provider, regardless whether the Provider gave the access code to the individual or had knowledge that the individual knew the access code or used it to submit information to the Department. The Provider is responsible for repayment to the Department for any overpayment, and is subject to any sanctions that may be imposed by the Department, based on any information submitted by any third party in the Provider's name or provider number or using the Provider's access code, with or without the Provider's knowledge or consent, regardless of the manner in which the information was submitted.

7. The Provider must provide services on behalf of the WWWW in the Department of Health & Family Services, as needed, to eligible, enrolled clients. The Provider must adhere to the federal Centers for Disease Control and Prevention (CDC) required program guidelines for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) contained in the WWWW Manual .web-site at:
<http://dhfs.wisconsin.gov/womenshealth/wwwp/PolicyandProceduresManual.htm>
The WWWW manual is available on the WWWW web-site at WWWW local coordinating agencies (LCA) are available to provide training or clarification on WWWW guidelines and are a vital link to assist providers with case management services for WWWW enrolled women. Frequent communication between the Provider and the LCA is crucial to the success of local programming. A directory of LCAs is available on the WWWW web-site at:
http://dhfs.wisconsin.gov/womenshealth/wwwp/pdf_files/WWWPLocalAgencyListing.pdf
8. The Provider must designate at least one person at each site who is responsible for providing and disseminating WWWW information to appropriate staff within the provider's facility and to eligible or potentially-eligible WWWW clients. The Provider must specify the name of the contact person on the Agreement application. Any changes in the contact person must be reported to the WWWW fiscal agent within 30 days.
9. The Provider must track WWWW enrolled women who have normal screening results as set forth in this Agreement and as delineated in the WWWW Manual.
10. The Provider must assure timely and appropriate case management and follow-up services for all WWWW enrolled women who have abnormal screening results following guidelines set forth in this Agreement and as delineated in the WWWW Manual. The Provider will determine the frequency and type of clinical diagnostic follow-up needed for abnormal breast and cervical findings according to prevailing national practice guidelines, such as those published by the National Comprehensive Cancer Network (<http://www.nccn.org>), the American Society for Colposcopy and Cervical Pathology (<http://www.asccp.org>), the American College of Obstetricians and Gynecologists (ACOG), the American Cancer Society (ACS), the American College of Radiology (ACR), the US Preventive Services Task Force (USPSTF), and other guidelines specified by the Program.
11. The Provider must comply with all WWWW data submission and reporting requirements as outlined in Section 3 of this Agreement and in the WWWW Manual.
12. The Provider must ensure documentation of the results of all WWWW approved services, as well as case management activities, performed on an eligible woman is placed in the individual client's permanent medical record.
13. The Provider must maintain adequate and complete fiscal and medical records to fully document services provided to clients under terms of this Agreement. The Provider must retain WWWW client records for a minimum of five (5) years and make them available upon request by an authorized representative of the WWWW. Failure to retain adequate documentation for any service billed may result in recovery of payments for services not adequately documented.
14. The Provider must participate in public and professional education activities conducted or sponsored by the WWWW.
15. The Provider must participate with the WWWW local coordinating agency in recruiting and retaining WWWW clients through in-reach and outreach activities.
16. The Provider must utilize only laboratories that meet and comply with the Clinical Laboratory Improvement Act (CLIA) standards

17. The Provider must utilize mammography units certified by the Food and Drug Administration (FDA) that meet requirements of the Mammography Quality Standards Act and maintain evidence of this certification on file.
18. Obligations under the Agreement shall be suspended at such time as funds are not available to cover payment for services provided to eligible clients. However, suspension shall not eliminate payment under this Agreement for services which had been approved by the WWWP and which had already been furnished prior to the date of suspension
19. The Provider agrees to indemnify, defend, and hold harmless the State of Wisconsin and its agents, officers, and employees from all claims and suits, including court costs, attorney fees, and other expenses caused by any act or omission of the Provider and/or its subcontractors, if any.

Section 2: WWWP Provider Certification Requirements

20. The WWWP Provider must meet professional licensure standards and be certified as a Wisconsin Medicaid provider.
21. WWWP laboratories must be certified by the Centers for Medicare and Medicaid Services (CMS) and meet Clinical Laboratory Improvement Act (CLIA) requirements. Laboratories must be Medicare Part A and Medicare Part B certified
22. WWWP mammography providers must be certified by the Food and Drug Administration (FDA) and meet the requirements of the Mammography Quality Standards Act (MQSA).
23. Hospitals (outpatient) must be Medicare and Medicaid certified.

Section 3: Provider Responsibilities

Enrollment

24. The WWWP Provider will enroll clients only as delegated by written agreement with the local coordinating agency (LCA). A listing of local coordinating agencies is available on the WWWP web-site at:
http://dhfs.wisconsin.gov/womenshealth/wwwp/pdf_files/WWWPLocalAgencyListing.pdf
 - If the Provider enrolls clients, the Provider must complete and sign the WWWP Enrollment Form, documenting evidence of the client's program eligibility (e.g., residency, age, income, insurance status). The Provider must retain a copy of the completed Enrollment Form in the client's medical record and send copies to the local coordinating agency and the WWWP fiscal agent within ten (10) business days.

Covered Services

25. WWWP covers only specified screening procedures related to breast and cervical cancer as listed in the WWWP Manual.
26. The Provider must accept WWWP payments for covered services as payment in full, except as required of third parties. The WWWP Provider must provide specific WWWP covered services at no charge to enrolled clients. Providers who make referrals to other health care providers for covered screening or diagnostic services must be sure to refer to other WWWP-approved providers. If the WWWP Provider recommends services or procedures not covered by the WWWP, the Provider must inform the client that she is responsible for paying for the service, prior to performing the service

Reporting

27. The WWWP Provider must document the results of all screening and diagnostic procedures, follow-up recommendations, diagnosis, client notification, and case management actions, including client refusal in the client's medical record. The WWWP Provider must complete all required data sections on the WWWP screening activity and diagnostic reporting forms and submit copies to the WWWP fiscal agent office. The Provider must establish and report a final diagnosis and recommendations for all breast and cervical abnormalities to the WWWP. If treatment is needed, the Provider must report the treatment status. If cancer is found, the Provider must also report tumor stage and size, when indicated. WWWP providers who refer for follow-up must request copies of the final diagnosis, recommendations, and treatment status and report the findings to WWWP.
28. The WWWP Provider must also send copies of all completed screening activity and diagnostic reporting forms to the local coordinating agency within 10 business days to facilitate coordination of care and case management.
29. WWWP providers must use the American College of Radiology (ACR), Breast Imaging Reporting and Data System (BIRADS) for reporting the interpretation of mammography examinations and the "Bethesda" Reporting System for reporting Pap smear results.

Follow-up & Case Management of Abnormal Results for Breast or Cervical Cancer Screening

30. WWWP providers must establish and maintain systems to ensure enrolled women with abnormal or suspicious screening results get timely access to accepted and appropriate follow-up care and treatment.
31. The WWWP Provider must offer to provide case management services to all women with abnormal screening results. The responsibility for case management is shared between the provider and the local coordinating agency.
32. The WWWP Provider must contact the local coordinating agency within ten (10) business days after an abnormal screening result to communicate recommendations for client follow-up appointments and/or referrals. The local coordinating agency can assist the Provider with client case management needs.
33. The WWWP Provider must provide or arrange for further diagnostic evaluation for the following results:
 - All abnormal clinical breast exams, independent of the mammography results
 - All abnormal mammogram results, independent of clinical breast exam findings
 - All Pap tests which show potential malignant or pre-malignant findings

34. The WWWP Provider must notify the client and her primary care provider of abnormal screening results. At a minimum, the Provider must make at least three (3) notification attempts. The Provider must have an effective communication system and document written and verbal communication in the client's medical record. The Provider must keep the local coordinating agency informed of notification and case management concerns.
- First attempt: Reports by telephone and by letter, as soon as possible to avoid delays in client work-up, of the screening date, all abnormal results, and recommendations for follow-up to the client's referring primary care provider and to the client. (For example, refer to the Mammography Quality Standards Act regulations for details on communication of mammography results to clients and health care providers). If the client does not have a primary care provider, the WWWP Provider and local coordinating agency must assure that the client receives appropriate notification and follow-up. Notification of abnormal results must be made directly to the client in writing with explanations in lay terms. Clients should be notified about the benefits of receiving, and the consequences of refusing, follow-up services.
 - Second attempt: If there has not been a response from the client or her primary care provider within thirty (30) days of the initial notification attempt, the WWWP Provider must send a second follow-up letter to the client and her primary care provider. The WWWP Provider must also attempt to reach both parties by telephone. WWWP providers are encouraged to use certified letters for legal purposes.
 - Third attempt: If there has not been a response to the second follow-up letter within fourteen (14) days, the WWWP Provider must notify the local coordinating agency to seek assistance with follow-up. The WWWP Provider must give the local coordinating agency the following information: client's name, date of birth, identification number, address, telephone number, provider name, dates of service, reason for follow-up, and report of follow-up attempts made.
35. The WWWP Provider must complete the appropriate screening activity and diagnostic reporting forms and send copies to the WWWP fiscal agent and the local coordinating agency within ten (10) business days. Please also refer to the section on reporting in this Agreement and to the WWWP Manual for more specifics on required reporting
36. The WWWP Provider must ensure the interval between initial client screening and diagnosis of abnormal breast and/or cervical cancer screenings is 60 days or less, unless the client refuses follow-up.
37. a.) The WWWP Provider must ensure the interval between client diagnosis of breast cancer and/or invasive cervical cancer and initiation of treatment is 60 days or less, unless the client refuses follow-up or treatment.
b.) The WWWP Provider must ensure the interval between client diagnosis of cervical intraepithelial neoplasia and initiation of treatment is 90 days or less, unless the client refuses follow-up or treatment.

Tracking & Follow-up of Normal Results for Breast or Cervical Cancer Screening

38. The WWWP Provider must document results of screening procedures, client notification, and recommend re-screening dates in the client's medical record.
39. The WWWP Provider must report required data on the client's screening history, procedure results, and recommendations on the appropriate screening activity reporting forms and submit copies to the WWWP fiscal agent. The Provider must also send copies of all completed reporting forms to the local coordinating agency.

40. WWWP recommends that service providers establish systems (e.g., letters, postcards, phone calls, etc.) to inform clients and their primary health care provider of their normal screening results.
41. WWWP providers are encouraged to inform clients of recommended re-screening intervals, when the results are normal.

Section 4: Provider Billing and Reimbursement Related Requirements

42. Payments to providers for services shall be in compliance with the WWWP reimbursable services and rates at the time of service delivery.
43. WWWP shall reimburse providers based on the allowable Medicare reimbursement rate.
44. WWWP is the payer of last resort. The WWWP Provider must determine if women, eligible under the WWWP, have third party reimbursement that covers screening for any WWWP approved services and bill such parties before billing WWWP.
45. The Provider must not use WWWP funds for treatment services
46. Services authorized and the resulting charges are subject to review and approval by the WWWP's fiscal agent.
47. The WWWP Provider must not require or request payment for authorized services from the enrolled clients themselves.
48. The WWWP Provider must notify WWWP clients of services not covered by the WWWP, prior to performing them. The Provider may bill clients for services not covered under this Agreement.
49. The WWWP Provider must submit completed screening activity and diagnostic reporting forms with the HCFA billing forms to the WWWP fiscal agent. WWWP will reject a claim if any of the required forms are missing or do not include all required data. The WWWP will reject a claim made for a service not covered by the WWWP or if the client is not enrolled in the WWWP. Providers should refer to the WWWP Manual or the local coordinating agency for additional details on billing and reimbursement and the process for submitting claims.

MODIFICATIONS TO THIS AGREEMENT CANNOT AND WILL NOT BE AGREED TO. THIS AGREEMENT IS NOT TRANSFERABLE OR ASSIGNABLE



PROVIDER PARTICIPATION AGREEMENT
JUNE 1, 2008 Through June 30, 2012
Completed agreement must be returned by May 31st

Name of Facility, Group or Individual Provider (Name will go on Provider Listing). If your Facility / Group providers use <u>separate</u> Medicaid Provider numbers, you must complete a <u>separate</u> Provider Participation Agreement for each provider.	
Payee / Remittance Mailing Address (Street, City, State, Zip, County)	
Facility, Group, or Individual Provider Address (Street, City, State, Zip, County). If the Facility / Group use multiple addresses, sites or satellites list on page 9 of this agreement.	
Name of Authorized Representative	
Signature of Authorized Representative	Date Signed

Name of Contact Person for site (If using multiple addresses, sites or satellites provide name of contact for each on page 9 of this agreement.)	Contact Person Telephone Number ()
	Contact Person Email Address

List Facility /Group / Individual Provider Identification Numbers			
Social Security Number	NPI	Medicaid Provider Number	Federal Tax ID Number:

Complete below if facility provides mammography or laboratory services. If facility / group use referral or satellite sites, list on page 10 of this agreement.

<input type="checkbox"/> CLIA certification Expiration date:	<input type="checkbox"/> MQSA certification Expiration date:
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Indicate WWWP Office or Outpatient Screening Services this facility will provide (Check all that apply)				
BREAST SERVICES	CERVICAL SERVICES	RADIOLOGY	LABORATORY	PATHOLOGY SERVICES
CBE <input type="checkbox"/>	Pelvic <input type="checkbox"/>	Breast	Cervical	Breast
Diagnostic consultation <input type="checkbox"/>	Pap <input type="checkbox"/>	TC <input type="checkbox"/>	Pap <input type="checkbox"/>	TC <input type="checkbox"/>
Surgical <input type="checkbox"/>	Colposcopy <input type="checkbox"/>	26 <input type="checkbox"/>		26 <input type="checkbox"/>
Anesthesia <input type="checkbox"/>	Endoscopy <input type="checkbox"/>			Cervical
	Conization <input type="checkbox"/>			TC <input type="checkbox"/>
	Loop electrode excision procedure <input type="checkbox"/>			26 <input type="checkbox"/>
	Endometrial sampling <input type="checkbox"/>			

For Office Use Only – Provider Enrollment Approved	
SIGNATURE – State of Wisconsin Division of Public Health	Date Signed
Print Name of Person Authorizing Above	

COMPLETION OF THIS PAGE IS REQUIRED

List the name and physical / working address of the Facility, Group, or Individual Provider completing WWWP Provider Participation Agreement that uses the same Medicaid Provider number.

Name		
Address		
City, State, Zip	County	Email Address
NPI	Medicaid Provider Number	Federal IRS / Tax ID Number

Remittance / Payee Name and Address (Complete this part only if different from the entity identified above)	
Name	
Address	
City, State, Zip	Telephone of Contact
Name of Contact	Email Address

Print Name of Authorized Provider Representative	
Signature of Authorized Provider Representative	Date Signed

FOR
REVIEW
ONLY: DO
NOT
DISTRIBUTE

Complete **ONLY** if the Facility / Group / Individual Provider for this Agreement **have multiple addresses, sites or satellites** that use the same Medicaid Provider Number. **For each multiple site list the site name, address and contact person and contact person's information.** If additional space is needed to list more contacts or sites please use a separate page using the format below.

ADDITIONAL / MULTIPLE SITES

Site Name (Name to appear on service provider listing)	Name of Contact
Address (Street, City, State, Zip, County)	Contact Telephone Number ()
	Email Address
Site Name (Name to appear on service provider listing)	Name of Contact
Address (Street, City, State, Zip, County)	Contact Telephone Number ()
	Email Address
Site Name (Name to appear on service provider listing)	Name of Contact
Address (Street, City, State, Zip, County)	Contact Telephone Number ()
	Email Address
Site Name (Name to appear on service provider listing)	Name of Contact
Address (Street, City, State, Zip, County)	Contact Telephone Number ()
	Email Address

If the Facility / Group / Individual Provider for this Agreement, using the same Medicaid Provider Number, refers patients to independent laboratories or mammography sites **AND** bills for these services, then list the referral site name and certification information below. If additional space is needed to list other additional referral sites, please use a separate page using the format below.

**ADDITIONAL MAMMOGRAPHY OR LABORATORY REFERRAL SITES
SITE NAME AND CERTIFICATION INFORMATION**

Cervical Laboratory - Site Name	Cervical Laboratory - Site Name
<input type="checkbox"/> CLIA certification Expiration date:	<input type="checkbox"/> CLIA certification Expiration date:
Cervical Pathology - Site Name	Cervical Pathology - Site Name
<input type="checkbox"/> CLIA certification Expiration date:	<input type="checkbox"/> CLIA certification Expiration date:
Breast Radiology - Site Name	Breast Radiology - Site Name
<input type="checkbox"/> MQSA certification Expiration date:	<input type="checkbox"/> MQSA certification Expiration date:
Breast Pathology - Site Name	Breast: Pathology - Site Name
<input type="checkbox"/> MQSA certification Expiration date:	<input type="checkbox"/> MQSA certification Expiration date:

Information for returning this document can be found on the following Web page:

<http://dhfs.wisconsin.gov/womenshealth/wwwp/LCA>