



POLICY AND PROCEDURES MANUAL

Prepared by the

Wisconsin Well Woman Program (WWWP)
Bureau of Chronic Disease Prevention and Health Promotion
Division of Public Health
Department of Health Services

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INTRODUCTION

This handbook outlines the policies, guidelines, requirements, and procedures for participating in the Wisconsin Well Woman Program (WWWP) as a health care provider or a Local Coordinating Agency (LCA). In some cases, the Local Coordinating Agency and the provider of WWWP clinical services have agreed upon the delegation of specific participant agreement requirements. This agreement between the provider and the WWWP Local Coordinating Agency does not change the guidelines, requirements, and procedures regardless of who assumes responsibility for them.

WISCONSIN WELL WOMAN PROGRAM

- ◆ Funding comes from the Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and provides for specific screening and diagnostic services for breast and cervical cancer for WWWP eligible women.
- ◆ The Program is administered by the Wisconsin Department of Health Services, Division of Public Health.

COVERED SERVICES

- ◆ Pays for specified screenings and diagnostic tests related to:
 - Breast cancer
 - Cervical cancer
- ◆ Specified, covered services are available from participating providers, at no cost to Well Woman clients.
- ◆ Not all covered services are available from every provider.
- ◆ There is no premium, deductible or co-payment for the Well Woman Program.
- ◆ **Most** uninsured clients who are diagnosed with and who need treatment for breast cancer, cervical cancer, or pre-cancerous cervical lesion, and who are eligible for the Wisconsin Well Woman Program or the Medicaid Family Planning Waiver (FPW) may be eligible to enroll in Wisconsin Well Woman Medicaid (WWWMA). WWWMA covers breast and cervical cancer treatment and provides full Medicaid benefits. (See Chapter 7 for details on Wisconsin Well Woman Medicaid).

GENERAL PROGRAM ELIGIBILITY CRITERIA

Women ages 45- 64 years (or 35-44 if meet age exception criteria listed in table below):

- ◆ Who live in Wisconsin, and
- ◆ Who are uninsured or under-insured, (e.g., have health insurance that does not cover preventive services, have a high deductible, or have a catastrophic policy, etc.), and
- ◆ Who have income within program limits (at or below 250% of federal poverty level; changes annually on April 1st).



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CLIENT AGE ELIGIBILITY

The Table below delineates regular age criteria and limited age eligibility exceptions for women who meet all other WWWP eligibility requirements (e.g., live in Wisconsin and meet WWWP income and health insurance requirements as listed above). Local coordinating agencies must enroll all eligible women that would like to participate.

Age eligibility criteria	WWWP covered services (see Chapter 4 for more details on covered services)
45 - 64 years	Eligible for all covered services per WWWP screening guidelines for breast & cervical cancer

Exceptions to age eligibility criteria	WWWP covered services (see Chapter 4 for more details)
≥ 65 years if not eligible for Medicare or if can't afford Medicare Part B	Eligible for all WWWP covered services
35 - 44 years and previously and continually enrolled since 2005	Eligible for all WWWP covered services.
35 - 44 years, on Medicaid Family Planning Waiver (FPW), and referred directly to WWWP after an abnormal breast exam or abnormal mammogram that is suspicious for cancer	Eligible for <u>breast</u> cancer screening and diagnostic services Cervical services continue through the FPW
35 - 44 years, <u>not</u> eligible for Medicaid FPW, and self-reports breast symptoms** to Local Coordinating Agency	Eligible for breast cancer screening and diagnostic services. Also eligible for cervical cancer screening.
35 - 44 years without breast symptoms and not eligible for FPW (The priority is to screen women who have either never been screened for cervical cancer or have not been screened for cervical cancer in the <u>past 5 years</u>).	Eligible for cervical cancer screening and diagnostic services Not eligible for breast cancer screening UNLESS woman also has breast symptoms**

**Breast symptoms are defined as:

- ◆ Breast lump or palpable mass, or
- ◆ Bloody or serous nipple discharge, or
- ◆ Breast skin changes (dimpling, retraction, redness), or
- ◆ Nipple or areolar scaliness, or
- ◆ Breast pain unrelated to the menstrual cycle, or
- ◆ Abnormal mammogram that is suspicious for cancer.

The Local Coordinating Agency should contact WWWP Central Office for any other exceptions.



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HOW TO APPLY

- ◆ Women enroll through their county or tribal Wisconsin Well Woman Local Coordinating Agency and must complete an enrollment form that requires proof of age, income and insurance status.

WWWP Responsibilities

The WWWP has the following responsibilities to WWWP health care providers and local coordinating agencies.

- ◆ Reimburse health care providers for covered screening and diagnostic services.
- ◆ Reimburse local coordinating agencies according to contracted agreements.
- ◆ Maintain ongoing communication with WWWP health care providers and local coordinating agencies regarding policies, procedures, & screening & diagnostic data.
- ◆ Develop guidelines and reporting requirements.
- ◆ Provide WWWP enrollment forms, reporting forms, and promotional materials.
- ◆ Provide training, technical assistance, and professional education resources.
- ◆ Set, monitor and maintain quality assurance standards.
- ◆ Assure that only CLIA-approved laboratories and MQSA-certified mammography facilities participate in the program. “CLIA” refers to the Clinical Laboratory Improvement Act. “MQSA” refers to the Mammography Quality Standards Act of 1992.
- ◆ Maintain a central client tracking system.
- ◆ Maintain client confidentiality.



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Chapter 1 - Health Care Providers

ELIGIBLE PROVIDER TYPES

The following provider types are eligible to participate in the WWWP.

- ◆ Ambulatory Surgery Center
- ◆ Anesthetist (Anesthesiologist Assistants, Certified Registered Nurse Anesthetists)
- ◆ Family Planning Clinic
- ◆ Federally Qualified Health Center (FQHC)
- ◆ Hospital - Outpatient
- ◆ Independent Laboratory
- ◆ Nurse Midwife
- ◆ Nurse Practitioner
- ◆ Osteopath (DO) or Osteopath Group (Clinic)
- ◆ Physician (MD) or Physician Group (Clinic)
- ◆ Physician Assistant
- ◆ Portable X-ray Provider
- ◆ Rural Health Clinic

ANCILLARY PROVIDERS

- ◆ The WWWP permits ancillary providers (such as registered nurses and radiology technicians) to provide services when delegated and supervised by a WWWP participating physician.
- ◆ The delegated service must be within the legal scope of practice of the supervising physician and must be consistent with the education, training, licensure, and experience of the ancillary provider. These services must be provided under the direct, immediate, on-site supervision of a physician as part of a physician evaluation and management visit.

PROVIDER CERTIFICATION

- ◆ WWWP providers must maintain proof of current professional licensure and Medicaid certification.
- ◆ 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.
- ◆ WWWP mammography providers must be certified by the Food and Drug Administration (FDA) and meet the requirements of the Mammography Quality Standards Act (MQSA). Prior authorization by the Radiation Protection Section of the Wisconsin Division of Public Health (DPH) is required for MQSA-certified mobile mammography vans based out-of-state.
- ◆ Hospitals (outpatient) must be Medicare and Medicaid certified.



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PROVIDER SELECTION

The following criteria are used as the principal considerations in determining provider participation but are not intended to be exclusionary or to limit participation. These include:

- ◆ Accreditation or certification status of the site and staff, including maintenance of or referral to a CLIA-approved laboratory and a MQSA mammography facility.
- ◆ Location in relation to other providers and to the population being served.
- ◆ Commitment and historical ability to serve economically disadvantaged and medically underserved women.
- ◆ Ability to network with national, state, and local community organizations to recruit economically disadvantaged women.
- ◆ Experience in providing screening, education, and referral services (either through existing on site facilities or existing referral linkages).
- ◆ Previous experience as a provider with the Wisconsin Division of Public Health (DPH).
- ◆ Capacity to prepare timely reports for submission to the WWWP.

DISTRIBUTION OF PROVIDERS

It is the goal of the WWWP to have Provider Participation Agreements with healthcare providers across the state so that eligible women have access to screening services within a 50 mile radius of their residence.

The WWWP will utilize mobile screening vans that are MQSA certified where necessary to improve access.

PROVIDER PARTICIPATION AGREEMENT (PPA)

- ◆ Health care providers must sign a WWWP Provider Participation Agreement in order to be reimbursed for services provided to a WWWP client. Providers must notify the fiscal agent via ForwardHealth interChange whenever there is a change in entity name, billing information, address, tax identification number, or site contact information. See **Appendix 10** for a list of ForwardHealth interChange contacts. See **Appendix 4** for a sample version of the WWWP Provider Participation Agreement.
- ◆ By signing a Provider Participation Agreement, a health care provider agrees to adhere to the program and administrative specifications as detailed in the WWWP Provider Participation Agreement and the WWWP Policy and Procedure Manual.

- ◆ To obtain the WWWP Provider Participation Agreement or for more information on how to sign up to be a WWWP health care provider, contact the appropriate WWWP Local Coordinating Agency. A listing of local coordinating agencies is available in Appendix 10.



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- ◆ WWWP local coordinating agencies are available to provide clarification on the terms of the PPA and to give providers training on the WWWP guidelines. Local coordinating agencies are also a vital link to assist providers with case management needs for WWWP enrolled women. Frequent communication between the provider and the Local Coordinating Agency is crucial to the success of local programming.

GENERAL PROVIDER REQUIREMENTS

- ◆ The WWWP provider must maintain proof of certification and licensure and provide services on behalf of the WWWP in the Department of Health Services, as needed, to eligible, enrolled women. 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), the WWWP Provider Participation Agreement, and the WWWP program requirements.
- ◆ The provider must designate at least one person at each site who is responsible for providing and disseminating WWWP information to appropriate parties. The provider must specify the name of the contact person on the Provider Participation Agreement application. Any changes in the contact person information at each site must be reported to the WWWP fiscal agency via Forward Health interChange within 30 days.
- ◆ The provider must participate with the WWWP Local Coordinating Agency in recruiting and retaining clients through in-reach and outreach activities.
- ◆ The provider must participate in public and professional education activities conducted or sponsored by the WWWP.

PROVIDER PROHIBITION FOR CLIENT ENROLLMENT

- ◆ WWWP providers cannot enroll clients for WWWP. Only local WWWP coordinating agencies can enroll clients into the program. Providers may locate a listing of county local coordinating agencies in Appendix 10. Providers
- ◆ See Chapter 3 for information on how to check a WWWP client's enrollment status.

PROVIDER RESPONSIBILITIES FOR COVERED SERVICES

- ◆ WWWP covers only the specified screening and diagnostic procedures related to breast and cervical cancer as listed in **Appendix 5** of the WWWP Manual (*Covered Services and Reimbursements*).
- ◆ The WWWP provider must accept WWWP payments for covered services as payment in full and as delineated in Chapter 6. The WWWP provider must provide only 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.



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- ◆ If the WWWP provider recommends services or procedures **not** covered by the WWWP, the provider must inform the client whether she would be responsible for paying for the service, **prior** to performing the service. Providers are encouraged to document this notification in the client's record for the protection of both the client and the provider.
- ◆ The provider must utilize only laboratories that meet and comply with the Clinical Laboratory Improvement Act (CLIA) standards.
- ◆ The provider must utilize mammography units certified by the Food and Drug Administration (FDA) that meet requirements of the Mammography Quality Standards Act (MQSA) and maintain evidence of this certification on file.
- ◆ The provider should participate with WWWP local coordinating agencies in recruiting and retaining WWWP clients through in-reach and outreach activities.
- ◆ The provider must comply with applicable federal and state laws prohibiting discrimination in the deliver of service on the basis of race, 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 event of such discrimination.
- ◆ The provider is subject to certain federal and state laws regarding client confidentiality and disclosure of protected medical records or other health information, including the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for all services, information, transactions, including electronic transmissions, privacy, and security regulations.

PROVIDER RESPONSIBILITIES FOR REPORTING

- ◆ Medical records must be maintained according to accepted medical records standards and State laws. 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 and follow-up reporting forms and submit the data to the WWWP fiscal agent via ForwardHealth interChange. 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.
- ◆ WWWP requires providers to use the following forms to report breast and cervical cancer screening and diagnostic procedures for WWWP clients:
 - Breast Cancer and Cervical Cancer Screening Activity Report (DPH F-44723)
 - Breast Cancer Diagnostic and Follow-up Report (DPH F-44724)
 - Cervical Cancer Diagnostic and Follow-up Report (DPH F-44729)



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WWWP providers must follow ForwardHealth interChange instructions for completion and submission of WWWP forms to ensure reimbursement and to facilitate case management needs. See Appendix 6, WWWP Reporting Forms and Claims Submission Procedures for specific instructions.

- ◆ The provider must also send copies of all completed screening activity and diagnostic reporting forms to the Local Coordinating Agency; reports of all abnormal results must be sent to the Local Coordinating Agency within 10 business days to facilitate coordination of care and case management.

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 2001" REPORTING SYSTEM FOR REPORTING PAP SMEAR RESULTS.

- ◆ Providers must maintain adequate and complete fiscal and medical records to fully document services provided to clients. The provider must retain WWWP client records for a minimum of five years and make them available upon request by an authorized representative of the WWWP. Failure to retain documentation for any service billed may result in recovery of payments for services not adequately documented.

PROVIDER RESPONSIBILITIES FOR CASE MANAGEMENT OF ABNORMAL RESULTS

These procedures and requirements are based upon generally accepted guidelines or standards of care and on the requirements of the National Breast and Cervical Cancer Early Detection Program.

- ◆ 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.
- ◆ 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.
- ◆ The WWWP provider must contact the Local Coordinating Agency within ten (10) business days after an abnormal screening result to communicate screening results and recommendations for client follow-up appointments and referrals. The Local Coordinating Agency can assist the provider with client case management needs. Good communication between the provider and Local Coordinating Agency is essential to ensure the client receives appropriate follow-up services.

The provider must give the following information to the Local Coordinating Agency:

- Client name and client identification number
- Health care provider name
- Screening date and results
- Recommended follow-up



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- ◆ The WWWP provider will determine the frequency and type of diagnostic work-up or follow-up needed according to current prevailing national practice guidelines, such as those published by the *National Comprehensive Cancer Network (NCCN)*, the *American Society for Colposcopy and Cervical Pathology (ASCCP)*, the *American College of Obstetricians and Gynecologists (ACOG)*, the *American College of Radiology (ACR)*, the *American Cancer Society (ACS)*, the *US Preventive Services Task Force (USPSTF)*, and other guidelines specified by WWWP (see **Appendix 8**).
- ◆ WWWP covers most necessary diagnostic services for abnormal breast or cervical cancer screenings (see **Appendix 5**). Some providers may choose to order procedures other than those covered by WWWP to establish a final diagnosis based on their expertise and clinical judgment. In these cases, local coordinating agencies may be able to assist providers and clients with finding other means of help to pay for non-WWWP covered services.

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 or pelvic exams which show potential malignant or pre-malignant findings

WWWP recommends a 3 month repeat Pap screen for a pre-menopausal or peri-menopausal woman with a Pap result that is within normal limits but limited by lacking endocervical cells.

The WWWP provider must provide diagnostics and initiate treatment within the following timeframe:

- ◆ The interval between initial screening and diagnosis of abnormal breast or cervical cancer screening should be 60 days or less (unless the client refuses follow-up).
- ◆ The interval between diagnosis and initiation of treatment for breast cancer or invasive cervical cancer should be 60 days or less (unless the client refuses follow-up or treatment).
- ◆ The interval between diagnosis and initiation of treatment for cervical intraepithelial neoplasia should be 90 days or less (unless the client refuses follow-up or treatment).
- ◆ The provider must notify the Local Coordinating Agency if the client needs follow-up that is not available from the screening provider or is not covered by WWWP.

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 screening 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.



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FIRST NOTIFICATION ATTEMPT

The provider must send 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 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. Clients should also be informed about WWWP coverage of services, as applicable.

SECOND NOTIFICATION 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 NOTIFICATION ATTEMPT

If there has not been a response to the second follow-up letter within **fourteen** (14) days, the WWWP screening provider must notify the Local Coordinating Agency to seek their assistance with further notification and 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 services, reason for follow-up, and report of follow-up attempts made.

- ◆ WWWP providers must complete the appropriate screening and diagnostic reporting forms to report services, results, recommended follow-up, final diagnosis, and when indicated, tumor stage, tumor size, treatment status, and treatment date. The provider must submit reporting data and claims to ForwardHealth interChange; the provider must also send copies of the completed reporting forms to the Local Coordinating Agency; copies of abnormal results must be sent to the Local Coordinating Agency within **ten** (10) business days.
- ◆ WWWP providers making referrals to other health care providers for further services must request copies of the final diagnosis and disposition and document this data in the client's record and report it on either the Cervical Cancer Diagnostic Follow-up Report Form or the Breast Cancer Diagnostic and Follow-up Report Form via ForwardHealth interChange; the provider must also send this information to the Local Coordinating Agency.



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PROVIDER RESPONSIBILITIES FOR CASE MANAGEMENT OF NORMAL RESULTS

- ◆ The WWWP provider must document results of screening procedures, client notification, and recommend re-screening dates in the client's medical record.
- ◆ The WWWP provider must report required data on the client's screening history, procedure results, and recommendations on the appropriate Screening Activity Reporting Form and submit copies to the WWWP fiscal agent via ForwardHealth interChange. The provider must also send copies of all completed reporting forms to the Local Coordinating Agency (Note: forms with abnormal results must be sent within 10 business days).
- ◆ 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. This reassures clients and avoids unnecessary calls from them regarding their test results.
- ◆ WWWP providers are encouraged to inform clients of recommended re-screening intervals, when the results are normal. This can be done at the time the client is informed of her results.

PROVIDER RESPONSIBILITIES FOR REIMBURSEMENT & BILLING

- ◆ Payments to providers for services shall be in compliance with the WWWP reimbursable services and rates at the time of service delivery. WWWP shall reimburse providers based on the allowable Medicare reimbursement rate.
- ◆ 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.
- ◆ WWWP funds cannot be used for treatment services.
- ◆ Services authorized and the resulting charges are subject to review and approval by the WWWP fiscal agent via interChange.
- ◆ The WWWP provider must not require or request payment for covered services from the enrolled clients themselves.
- ◆ If the WWWP provider recommends services or procedures **not** covered by the WWWP, the provider must inform the client whether she would be responsible for paying for the service, **prior** to performing the service. Providers are encouraged to document this notification in the client's record for the protection of both the client and the provider.
- ◆ The WWWP provider must submit completed screening activity and diagnostic reporting forms with the appropriate billing claim either electronically through the secure ForwardHealth interChange WWWP web-portal or via paper to WWWP HP Enterprise Services. WWWP will deny a billing claim if any of the required forms are missing or do not include all required data. The WWWP will reject a billing claim made for a service not covered by the WWWP or if the client is not enrolled in the WWWP.
- ◆ See Chapter 6 for additional information regarding WWWP reimbursement and billing.



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DISCONTINUATION OF PROVIDERS

The WWWP will discontinue a provider's participation if basic quality assurance standards are not fully met, or if appropriate follow-up efforts have not been made for all clients. Discontinuation will occur only after attempts to assist health care providers in meeting standards have failed.

Providers may voluntarily drop their participation in WWWP by notifying the WWWP Central Office at least 30 days prior to discontinuing covered services.



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CHAPTER 2 - LOCAL COORDINATING AGENCIES

SERVICE COORDINATION AGREEMENTS

- ◆ The WWWP is a statewide breast and cervical cancer screening program coordinated in each county or tribe through a variety of contractual agreements with the Wisconsin Department of Health Services.
- ◆ Contracts are monitored by regional DHS public health staff in conjunction with the WWWP central office.
- ◆ All WWWP local coordinating agencies are expected to meet the WWWP Boundary Statement objectives and Performance-based Contract Quality Criteria established by the Division of Public Health. The Program's Boundary Statement and Performance-based Contract Quality Criteria set the parameters of the program within which the LCA/tribe/agency needs to set its objectives.
- ◆ All WWWP local coordinating agencies are expected to designate a WWWP coordinator who is assigned to implement the following activities.

LOCAL COORDINATING AGENCY RESPONSIBILITIES FOR ELIGIBILITY DETERMINATION AND ENROLLMENT

ONLY LOCAL COORDINATING AGENCIES CAN ENROLL WOMEN IN WWWP. The Local Coordinating Agency is responsible for following the procedures outlined in Chapter 3 of this manual regarding WWWP eligibility determination and enrollment.

LOCAL COORDINATING AGENCY RESPONSIBILITIES FOR CASE MANAGEMENT

See Chapter 5 for more details regarding case management.

Case management is a shared responsibility between the Local Coordinating Agency and the provider. Although most providers provide for follow-up of abnormalities for their clients, the Local Coordinating Agency is ultimately responsible for assuring that WWWP clients residing in the Local Coordinating Agency's county/tribe receive timely and complete screening, re-screening, diagnostic services and treatment.



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The following procedures and requirements are based upon generally accepted guidelines or standards of care and on the requirements of the National Breast and Cervical Cancer Early Detection Program.

The Local Coordinating Agency must maintain a file for every enrolled client.

- ◆ The file must contain the completed and signed enrollment forms, copies of reporting forms with results, progress notes, copies of notification letters, case management and coordination notes, information regarding recommended follow-up or re-screening dates, and other information as appropriate.

The Local Coordinating Agency must maintain a confidential database or system (electronic or manual) for tracking all enrolled clients.

- ◆ The Local Coordinating Agency will use the system to assure the recommended referral, diagnostic and treatment services for breast and cervical cancer are provided to the client within the required time frames.

The Local Coordinating Agency must notify clients of their re-screening dates, or assure that the WWWP health care provider utilizes such a system.

- ◆ This includes contacting the client one month prior to the recommended re-screening date by mail or telephone to remind her to schedule her re-screening exam.

The Local Coordinating Agency must assure there is a case management and follow-up system for clients who have abnormal screening results in their county/tribe.

- ◆ Following up with each client is essential for ensuring that women with abnormal results receive appropriate and timely clinical services to obtain a final diagnosis.
- ◆ If a woman is diagnosed with cancer, follow-up continues through her referral to treatment.
- ◆ Frequent contact and close communication between the Local Coordinating Agency and each provider are essential to ensure tracking, notification, follow-up care, case management services, documentation, and reporting meet WWWP required protocols.

The Local Coordinating Agency must contact the WWWP provider, if results of breast or cervical screenings have not been received.

The Local Coordinating Agency will assist WWWP providers in contacting the client for recommended follow-up, if needed.

- ◆ Every attempt should be made to ensure clients receive timely needed follow-up and treatment for abnormalities.
- ◆ The Local Coordinating Agency will use a variety of strategies to ensure appropriate follow-up, after second notification by the WWWP screening provider, including telephone contact, certified mail, personal visit to the client's home and, if needed, notifying a contact person listed on the enrollment form.
- ◆ Local coordinating agencies should adhere to WWWP case management and follow-up protocols and document all notification and case management attempts.



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- At a minimum, clients should be contacted by telephone or mail at least 3 times. If initial attempts are unsuccessful, it is recommended to send a certified letter to the client.
- It is the responsibility of the Local Coordinating Agency to assure these notification and follow-up attempts are made. Thus, it is imperative for the Local Coordinating Agency to be aware of the client follow-up and notification systems their providers use; the Local Coordinating Agency must provide for any gaps between the provider's notification system and WWWP requirements.
- See **Chapter 1, Health Care Providers** and **Chapter 5, Case Management** for additional details on WWWP case management follow-up and notification requirements.

The Local Coordinating Agency will document in the client's record whether follow-up information was received, the date it was received, whether the information was received from the provider or the client, and the results of follow-up.

The Local Coordinating Agency will specify whether there is a final disposition or whether additional follow-up is required and will ensure that a final diagnosis is recorded for breast and cervical abnormalities. Final diagnosis includes an indication of tumor size, tumor stage, treatment status, and treatment date when appropriate.

The Local Coordinating Agency's case management responsibilities include assisting clients, when necessary, to obtain treatment and social support for abnormal WWWP screening and diagnostic services.

ESSENTIAL TREATMENT PLAN

- ◆ Each Local Coordinating Agency must develop and maintain a written Essential Treatment Plan. The Essential Treatment Plan is intended to assist the client in obtaining recommended diagnostic services or treatment not covered by the WWWP. The Essential Treatment Plan should identify local, state or national resources that can assist the client in obtaining needed care and treatment. The plan must be updated annually or more frequently as needed. The Local Coordinating Agency must maintain a copy of the plan in its files and have it available for review by regional and central office WWWP staff. The plan should include:
 - A list of health care providers who offer the various diagnostic and treatment services that are related to WWWP covered screening services. The list should include health care providers in the county/tribe and may also include regional providers.
 - Information regarding providers who will waive or reduce fees, or negotiate a payment plan with a client.
 - Information about available financial resources, including private community funds and other public and national programs that assist with obtaining needed services.



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- Contact names and phone numbers for county public health and social service agencies to assist with benefits and eligibility determination.
- A list of local support services, such as the American Cancer Society and groups organized through hospitals, clinics and faith communities.

SUGGESTIONS FOR ASSISTING WOMEN WHO NEED TREATMENT

- ◆ Encourage the client to seek assistance from a social worker within the clinic/hospital. Provide the name and phone number of the social work department for the client.
- ◆ Facilitate the application process for Wisconsin Well Woman Medicaid (WWWMA) if the WWWP client is diagnosed with and needs treatment for breast or cervical cancer or a precancerous cervical lesion.
 - Most uninsured women enrolled and eligible for WWWP who are diagnosed with breast or cervical cancer or precancerous cervical lesion may be eligible for WWWMA. Refer to **Chapter 7 and Appendix 9** for more information about WWWMA. However, some women may not be eligible for WWWMA or may have other uncovered medical needs. Local coordinating agencies can utilize their local Essential Treatment Plan in attempts to assist these women.
 - If the client is not eligible for WWWMA, investigate the hospital's or clinic's system to assist individuals who cannot afford medical services. Some of these programs (charity care, community care, and hardship funds) typically require the client to complete an application. Assist the client with negotiating a reasonable payment plan with the health care provider for uncovered services. Many clients do not know that this is an option.
- ◆ Ensure that the client is informed about the services available through the American Cancer Society (including the Navigator Program) and about local support groups that are available.
- ◆ Talk with the client about ongoing treatment expenses and financial assistance needs; assist them with accessing resources through the internet.
- ◆ Assist the client with finding resources to help with other needs (i.e. transportation, childcare, wigs, prosthetics, sleeves, etc.).



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COUNTY OF RESIDENCE CONCERNS

- ◆ A WWWP client may receive services outside her county of residence. In this case, the designated WWWP coordinator in the county or tribe of service must forward a copy of the client's screening results, any diagnostic results, and case progress notes to the coordinator in the client's county of residence.

Remember:

- ◆ WWWP local coordinating agencies are ultimately responsible for coordinating case management of Well Woman clients with providers.
- ◆ WWWP local coordinating agencies are responsible for knowing the status of all WWWP clients residing in their county or tribe, even if services are provided outside that county or tribe.
- ◆ All reports generated from the WWWP central office are based upon a client's county of residence.
- ◆ WWWP central office always contacts the Local Coordinating Agency in a client's county of residence for follow-up data regarding abnormal screening results.

LIMITATIONS FOR "LOST TO FOLLOW-UP OR REFUSED" DESIGNATION

A client should be noted as "lost to follow-up or refused" only under exceptional and very limited circumstances, (e.g., when all tracking and case management efforts have been attempted and exhausted). Client refusal of services should be carefully documented to ensure the client has been informed of the potential consequences of her decision. All verbal and written attempts to reach the client must be documented in the client's medical record, including notification letters and attempts to locate the client through other contacts. Lack of case management does not constitute a "lost to follow-up" designation. The Local Coordinating Agency should notify the WWWP Quality Assurance Coordinator prior to using the designation "lost to follow-up or refused" for any and all cases with abnormal findings.

LOCAL COORDINATING AGENCY RESPONSIBILITIES FOR OUTREACH, RECRUITMENT, AND PUBLIC EDUCATION

The objective of WWWP outreach and education activities is to enroll, screen, and re-screen women who are eligible for the program. This requires a targeted, marketing approach that includes:

- ◆ Community assessment to identify characteristics of the population to be reached. Assessment to identify individuals, organizations, media, businesses and health or social service providers who can partner with the WWWP to increase awareness of services available and help recruit WWWP clients. Local coordinating agencies also are encouraged to develop or join local coalitions and partnerships that promote greater public awareness of women's health issues and services in the county, tribe and community.



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- ◆ Selection of outreach strategies appropriate to the intended audiences, such as specified media; planned screening days; targeted advertising, poster and flier distribution; displays; small group presentations; and individual contacts.
- ◆ The focus of local outreach efforts should be based on assessments of targeted population needs in each county, incorporating periodic changes in focus as directed by the WWWP.
- ◆ Encouraging WWWP health care providers to identify potentially eligible women within their patient population (in-reach) and to utilize re-screening reminder systems.
- ◆ Local coordinating agencies should implement outreach and promotional activities as periodically redefined by WWWP, or they may develop memorandum of understanding with a WWWP health care provider or other organization to provide WWWP outreach.

The WWWP central office supports local outreach by providing:

- ◆ Promotional fliers and posters in a format that can be locally customized and reproduced. These materials are available in English, Spanish and Hmong.
- ◆ The WWWP logo.
- ◆ The WWWP display, available on loan through DPH regional office contacts.
- ◆ Information about health education materials available through the Wisconsin DHS or other organizations.
- ◆ Special public awareness campaigns as feasible, utilizing radio, television and print media.

Local coordinating agencies or their designated outreach providers may develop promotional materials. Any materials developed locally must display the WWWP logo and the attribution: "A service of (provider or agency name) through funding provided by the Wisconsin Department of Health Services."

Local coordinating agencies or their designated outreach providers may purchase promotional incentive items or health education materials as their budget permits.

LOCAL COORDINATING AGENCY RESPONSIBILITIES FOR PROVIDER SUPPORT

Local coordinating agencies are expected to recruit, train, and support WWWP health care providers in their local areas.

- ◆ Adequate provider training is critical to smooth operations within the WWWP. The Local Coordinating Agency should communicate regularly with providers and offer training to provider reception staff, clinical staff and billing staff.
- ◆ Local coordinating agencies can assist providers in developing internal procedures for paper flow, obtaining screening results, billing and coordinating follow-up services.
- ◆ It is critical that local coordinating agencies receive timely screening results from providers to facilitate necessary follow-up for case management and re-screening purposes. An emphasis on the importance of this should be incorporated into all aspects of provider training.
- ◆ Local coordinating agencies should ensure that each provider site has access to the WWWP Policy and Procedures Manual and supplies of all required forms.



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- ◆ Local coordinating agencies may develop a modified WWWP manual for training purposes by copying relevant sections. Ongoing training and consistent contact with local providers ensures that providers are up-to-date on program changes and that issues can be resolved efficiently.

REIMBURSEMENT AND BILLING ASSISTANCE

See **Chapter 6** of this manual for more complete details for billing and reimbursement.

- ◆ The Local Coordinating Agency's primary role with billing and reimbursement is to educate providers on WWWP policies and covered services and to assist clients who may have received a bill for a WWWP covered service.
- ◆ Local coordinating agencies who receive phone calls from providers who have technical questions about submitting billing claims or about unpaid billing claims should refer providers to ForwardHealth Provider Services (for paper billing claims) or to the WWWP secure web-portal (for electronic billing claims). Please see **Appendix 10** for ForwardHealth contact information for Provider Services, the Portal Help Desk, and the Electronic Data interChange Help Desk.
- ◆ Local coordinating agencies may receive phone calls from clients indicating that they received a bill from the health care provider for services that should be covered by WWWP. It is the responsibility of the Local Coordinating Agency to facilitate resolution of these issues.
 - Resolving patient billing issues requires the Local Coordinating Agency to:
 - have specific information about what services were billed to the client;
 - distinguish which of those services are covered by WWWP and which are not;
 - communicate with the provider regarding billing errors; and
 - communicate with the client to be sure she is aware of any remaining balance for which she is financially responsible.

LOCAL COORDINATING AGENCY RESPONSIBILITY TO REPORT ABSENCE OR CHANGE OF DESIGNATED LOCAL COORDINATOR

- ◆ If the designated WWWP local coordinator is absent (e.g., out of office for an extended period, on leave, reassigned to other duties, or terminated employment), the Local Coordinating Agency must assure that the public and WWWP clients have continuing access to WWWP information and services. It is the responsibility of the Local Coordinating Agency to have a WWWP-knowledgeable contact person available during hours of operation.
- ◆ The agency must notify the DPH/WWWP central office staff member prior to times when the designated coordinator will be absent from their regularly scheduled WWWP office hours and must specify an interim contact who will respond to WWWP concerns during the absence.



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WWWP ASSISTANCE FOR LOCAL COORDINATING AGENCIES

Technical assistance and information sharing is available to local coordinating agencies.

- ◆ Generally the Local Coordinating Agency will need to contact the WWWP Central Office directly for specific programmatic questions. However, the WWWP designated regional office contact(s) is the first point of contact for questions and negotiations regarding the Performance Based Contracts.
- ◆ The regional office and/or the Local Coordinating Agency may contact the WWWP central office to answer questions or give technical assistance that the regional office cannot provide.
- ◆ Other WWWP local coordinating agencies are a resource for problem solving and sharing ideas.
- ◆ See **Appendix 10** for a current directory of regional, state and Local Coordinating Agency contacts.

TRAINING OPPORTUNITIES FOR LOCAL COORDINATING AGENCIES

- ◆ Local Coordinating Agency orientation is available through the WWWP Central office. The Local Coordinating Agency should contact WWWP Central office at (608) 266-8311 to request this training.
- ◆ The WWWP Central Office provides one-annual training for all designated coordinators. This may be either a statewide or regional training.

ACCESS TO WWWP FORMS AND PUBLICATIONS

- ◆ WWWP Reporting Forms: are available through ForwardHealth interChange at <http://www.forwardhealth.wi.gov>
- ◆ WWWP Provider Participation Agreement Forms: **Contact the Local Coordinating Agency for details.**
- ◆ WWWP reproducible promotional materials: call (608) 266-8311.



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Chapter 3 – Client Eligibility and Enrollment

A woman wanting to enroll in the Wisconsin Well Woman Program must meet residency, age, income, and insurance eligibility requirements described below.

1. RESIDENCE

A woman must be living in Wisconsin (e.g., has a Wisconsin address on the day of enrollment)

2. AGE

The general target age is women ages 45- 64 years. There may be some allowable age criteria exceptions as noted in the table below.

CLIENT AGE ELIGIBILITY

The Table below delineates regular age criteria and limited age eligibility exceptions for women who meet all other WWWP eligibility requirements (e.g., live in Wisconsin and meet WWWP income and health insurance requirements as listed above). Local coordinating agencies must enroll all eligible women.

Age eligibility criteria	WWWP covered services
45 - 64 years	Eligible for all covered services per WWWP screening guidelines for breast & cervical cancer.

Exceptions to age eligibility criteria	WWWP covered services
≥ 65 years if not eligible for Medicare or if can't afford Medicare Part B	Eligible for all WWWP covered services.
35 - 44 years and previously and continuously enrolled since 2005	Eligible for all WWWP covered services.
35 - 44 years, on Medicaid Family Planning Waiver (FPW), and referred directly to WWWP after abnormal breast exam or abnormal mammogram that is suspicious for cancer	Eligible for <u>breast</u> cancer screening and diagnostic services. Cervical services continue through the FPW
35 - 44 years, <u>not</u> eligible for Medicaid FPW, and self-reports breast symptoms** to Local Coordinating Agency	Eligible for breast cancer screening and diagnostic services. Also eligible for cervical cancer screening.
35 – 44 years without breast symptoms and not eligible for FPW (The priority is to screen women who have either never been screened for cervical cancer or have not been screened for cervical cancer in the <u>past 5 years</u>)	Eligible for cervical cancer screening and diagnostic services. Not eligible for breast cancer screening UNLESS woman also has breast symptoms**.



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** Breast symptoms are defined as:

- ◆ Breast lump or palpable mass, or
- ◆ Bloody or serous nipple discharge, or
- ◆ Breast skin changes (dimpling, retraction, redness), or
- ◆ Nipple or areolar scaliness, or
- ◆ Breast pain unrelated to the menstrual cycle, or
- ◆ Abnormal mammogram that is suspicious for cancer.

The Local Coordinating Agency should contact Central Office WWWP for any other exceptions.

The priority for the mammography component of the program is to screen women ages 50-64 years. By federal mandate, 75% of women receiving mammograms through the WWWP must be 50-64 years old.

By federal mandate, 20% of all clients newly enrolled for cancer screening should be women who have never been screened for cervical cancer or who have not been screened for cervical cancer in the past 5 years.

3. Income

- ◆ Women must have a gross household income or a net taxable income at or below 250% of the current federal poverty level. These income guidelines change annually on April 1st. See **Appendix 2** for current WWWP income eligibility limits.
- ◆ The WWWP utilizes the Wisconsin Women, Infants and Children (WIC) nutrition program guidelines for determining household size and income. A family, household, or economic unit is defined as a person or group of persons related or non-related who usually (although not necessarily) live together, and whose production of income and consumption of goods are related. **Gross household** income is determined before deductions for income taxes, Social Security taxes, insurance premiums, bonds, etc. For persons who are farmers or self-employed, eligibility is based on **net taxable income**.
- ◆ For more information on determining income, see the **WIC Operations Manual**. To access the WIC Operations Manual, contact your local WIC agency or visit their web site at http://dhs.wisconsin.gov/WIC/WICPRO/OpsManual/WIC_OpsManual.htm



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4. INSURANCE

A woman who is age and income eligible for WWWP also must fall into one of the following categories:

- ◆ The woman has no health insurance (uninsured), or
- ◆ The insurance she has does not pay for program covered screenings or preventive services (underinsured), or
- ◆ Her insurance does not fully cover the costs of the screening every year, such as with a high deductible or catastrophic policy (underinsured).

A woman who meets the income and age eligibility requirements and has private insurance is eligible for WWWP screening services if she is financially unable to pay the deductible/co-payment or if her insurance plan does not cover WWWP screening services. The WWWP will only reimburse for the amount of the deductible/co-payment or the WWWP reimbursement rate, whichever is less.

Medicaid / BadgerCare

- ◆ A woman enrolled in Medicaid or Badger Care programs is not eligible for WWWP screening services because the services are covered by these programs.

Medicare

- ◆ A woman enrolled in Medicare-Part B is not eligible for the WWWP.
- ◆ A woman who is eligible but not enrolled in Medicare-Part B should be encouraged to enroll in Part B.
- ◆ A woman who is Medicare-eligible but cannot pay the premium to enroll in Part B Medicare, and is income and age eligible for the WWWP, may enroll in WWWP.

CLIENT ENROLLMENT PROCESS

Only WWWP local coordinating agencies can enroll women.

To enroll in WWWP, a woman must:

- ◆ Live in Wisconsin.
- ◆ Provide proof of age (example: birth certificate, driver's license).
- ◆ Provide proof of income (example: pay stub, income tax forms). A woman without a documented income may use eligibility for other social services, such as unemployment insurance, food stamps, or the WIC program, as proof of eligibility. When no other documentation is available, a signed statement from the client may be accepted.
- ◆ Provide information about her insurance status. If a woman has health insurance but is determined to be eligible and is enrolled in the WWWP, she should be prepared to give her WWWP healthcare provider the name of her insurer and her member or policy number.
- ◆ Complete and sign the completed WWWP enrollment form.



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CLIENT ENROLLMENT FORM

The WWWP enrollment form provides client data that is fundamental for individual case management, provider reimbursement, and overall program evaluation and surveillance.

The WWWP Local Coordinating Agency who enrolls women must assure that the information is complete and accurate. The client and the person who enrolled the client and verified her eligibility status must sign the form. The Local Coordinating Agency should print off a copy of the form to give to the client. The LCA must submit client enrollment data electronically into the ForwardHealth interChange system.

- ◆ In the ideal situation, the Local Coordinating Agency (LCA) is able to enroll women and validate eligibility prior to scheduling the screening services. However, there may be some circumstances when the LCA may need to work out special arrangements with providers for clients identified as needing WWWP services while presenting at provider appointments for other care. In order to facilitate timely screening services, the provider could contact the LCA who would conduct a telephone interview with the client to verbally confirm her eligibility status. In some cases the LCA may choose to ask the provider to help gather enrollment data. The LCA would then need to follow-up with the client at a later time to complete the necessary paperwork (e.g., obtain client's signature, confirmation of income, proof of age, etc.). This validation could be done via mail or in-person interview. However, in all cases, it is the LCA who is responsible to enroll all clients and to ensure all eligibility criteria are met.

- ◆ See **Appendix 3** for a sample enrollment form.

CLIENT IDENTIFICATION

- ◆ Every WWWP client must have a unique identifier. The number will be generated via ForwardHealth interChange. This number must be recorded on all reporting forms and billing claims submitted to the WWWP.
- ◆ After local coordinating agencies complete client enrollment electronically, the client will receive a pink WWWP enrollment identification card that specifies her WWWP unique identifier and eligibility period.
- ◆ Providers may verify client current enrollment status by:
 - viewing the client's WWWP pink enrollment ID card, or
 - searching the ForwardHealth interChange secure WWWP web-portal, or
 - checking the ID card with a swipe card reader.



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CLIENT ANNUAL RE-ENROLLMENT REQUIREMENTS

- ◆ WWWP clients must have their eligibility reviewed annually by completing and signing an enrollment form on or before the anniversary of their initial enrollment in the WWWP. For example, if a client was initially enrolled on August 15, 2008, her re-enrollment should be completed on or before August 15, 2009. This helps assure continuity of care for the client and timely reimbursement for the health care provider.
- ◆ The WWWP uses the same form for initial enrollment and for re-enrollment.

INACTIVE CLIENT

- ◆ A previously enrolled client is considered inactive when she does not currently meet the WWWP eligibility requirements, she chooses not to participate, she has moved out of state, or she is deceased.
- ◆ The Local Coordinating Agency should notify the WWWP Quality Assurance Coordinator of all cases with abnormal findings prior to designating them “inactive, lost to follow-up, or refused.”
- ◆ The Local Coordinating Agency will retain the client’s records for five years after the last date of service.



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CHAPTER 4 - COVERED SERVICES

The Wisconsin Well Woman Program covers specified screening procedures related to breast and cervical cancer. The Goal of WWWP is to provide each client with the most appropriate array of screening procedures feasible within the limits of the program's covered services.

- ◆ See **Appendix 5, Covered Services and Reimbursements**, for a complete, current list of WWWP covered services. The WWWP covers only those services or procedures listed in Appendix 5.
- ◆ The WWWP also covers specified breast and cervical cancer follow-up and diagnostic procedures as long as the woman meets all eligibility criteria.
- ◆ The WWWP **does not** cover services and procedures related to the treatment and management of any conditions diagnosed as a result of WWWP screening services.
- ◆ If the health care provider recommends services or procedures not covered by the WWWP, the provider **must** inform the client whether she would be responsible for paying for the non-covered service, **prior** to performing the services or procedures. Providers are encouraged to document this notification in the client's record for the protection of both the client and the provider.
- ◆ The Local Coordinating Agency and the health care provider will help the client identify a plan and resources to obtain necessary treatment and follow-up services.
- ◆ Most uninsured WWWP clients who are diagnosed with breast cancer, cervical cancer, or precancerous cervical lesion and need treatment may be eligible to enroll in Wisconsin Well Woman Medicaid. See **Chapter 7 and Appendix 9** for details on Wisconsin Well Woman Medicaid.



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CHAPTER 5 – CASE MANAGEMENT

Also see Chapters 1 and 2 in this manual for a description of the specific responsibilities for providers and local coordinating agencies regarding WWWP case management and reporting.

CASE MANAGEMENT IS A SHARED RESPONSIBILITY BETWEEN THE PROVIDER AND THE LOCAL COORDINATING AGENCY. HOWEVER, THE LOCAL COORDINATING AGENCY BEARS THE ULTIMATE RESPONSIBILITY TO ASSURE THAT WOMEN WITH ABNORMAL SCREENING RESULTS OBTAIN FURTHER DIAGNOSTIC TESTING AND, DEPENDING ON THE DIAGNOSIS, RECEIVE SUBSEQUENT TREATMENT.

The Local Coordinating Agency is responsible to identify the local system and fulfill any gaps in order to assure women receive timely and complete clinical follow-up of abnormal screening results.

- ◆ Good communication between the WWWP provider and Local Coordinating Agency is essential to ensure that women receive needed assistance to comply with recommendations for follow-up care.
- ◆ Case management goes beyond tracking and follow-up. See below.

CDC DEFINITION OF CASE MANAGEMENT

The Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program, defines case management as: establishing, brokering, and sustaining a system of essential support services for NBCCEDP-enrolled women. It's a cooperative process between the local coordinator, client, and provider.

There are distinctions between the critical components of case management, tracking, and follow-up. CDC has provided the following clarification between these critical components.

- ◆ Case management involves establishing, brokering, and sustaining a system of available clinical (screening, diagnostic, and treatment) and essential support services for all NBCCEDP-enrolled clients.
- ◆ Tracking entails the use of a data system to monitor a woman's receipt of screening/re-screening, diagnostic, and treatment procedures.
- ◆ Follow-up refers to the provision of appropriate and timely clinical services following an abnormal test result and/or diagnosis of cancer.

To further clarify, case management involves a system of assessment, planning, coordination, monitoring, evaluation, and resource development to assure timely diagnostic and treatment services, as well as re-screening. The CDC policy for case management requires that, at a minimum, case management is offered to all women with abnormal screening results.

A key difference between case management and tracking and follow-up is that case management refers to a broader *system* and should be provided in *real-time*.



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- ◆ For example, once a client with an abnormal screening result is identified, she should be assessed for medical needs and social service needs, such as barriers interfering with her access to diagnostic and/or treatment services. The woman's strengths and support network should be assessed and used to identify potential avenues of assistance. If case management services are indicated, a plan should be developed addressing the woman's individual needs and barriers with provisions to assure timely diagnostic and treatment services. Participation in case management should be voluntary for the client.

This is in contrast to tracking which involves data systems to monitor a woman's receipt of these services. Tracking is not typically conducted in "real time" due to inherent reporting systems (and reporting delays) and data entry processes. Follow-up can occur as part of case management or tracking because it involves the actual provision of clinical services following an abnormal screening result and/or diagnosis of cancer.

- ◆ **Case management** is a service provided to women with abnormal results intended to assist them in getting timely and appropriate diagnostic and treatment services.
- ◆ **Follow-up** is the provision of these clinical services.
- ◆ **Tracking** is the process by which you verify what has happened to women screened through the program. Case managers usually need a "real time" system to help them know which women need specific follow-up services. If the system for tracking women with abnormal results does not happen in real time, it is not helpful to the case manager.

PURPOSE OF CASE MANAGEMENT

- ◆ To ensure that women enrolled in the WWWP receive timely and appropriate diagnostic and treatment services;
- ◆ To identify client barriers, such as access to services/providers, transportation, scheduling, or lack of understanding about the need for or nature of follow-up procedure;
- ◆ To overcome these barriers so that the client can keep follow-up appointments and take action on recommendations.



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KEY ELEMENTS OF CASE MANAGEMENT

- ◆ **Identification of women with abnormal results that may require case management:** establishing protocols for timely notification of results and communicating the need for case management;
- ◆ **Assessment:** initiating cooperative efforts between the client and case manager to identify the client's needs for (and barriers to) screening, re-screening, and diagnostic, clinical, and essential support services; the assessment should include consent and assurance of confidentiality between the client, case manager, and provider team;
- ◆ **Planning and referral:** developing an individual written client plan for meeting immediate, short-term and long-term needs; linking the client to participating WWWP provider(s). Informing clients about the scope and limits of WWWP covered services and their liability to pay for services not covered by the program;
- ◆ **Advocacy:** assisting the client, as necessary, to obtain needed screening, diagnostic and treatment services (examples: identifying and linking client to sources of financial assistance, community support, translator services, provider referrals, transportation);
- ◆ **Care coordination:** brokering and coordinating services of multiple providers and support services so that there is a continuum of care for the client; maintaining close communication between the Local Coordinating Agency, client, and providers;
- ◆ **Monitoring:** ongoing reassessment of client needs through regular communication; maintaining a client database to track and follow enrollment and re-enrollment data, screening and re-screening dates, test results and follow-up plans, and sending reminders for re-screening and re-enrollment (or assure that the health care provider does); documenting case management activities to include whether the client kept her appointment, whether she understood the action plan, and the consequences if she chose not to follow-up;
- ◆ **Resource development:** promoting self-sufficiency and self-determination of clients by ensuring women gain the knowledge, skills, and support needed to obtain necessary services; tailoring education about purpose and expected outcomes to each client;
- ◆ **Evaluation:** assessing client satisfaction, access, and timeliness of referral services, as well as the quality of individual case management client plans.

See **Appendix 7** for a sample WWWP Case Management Client Assessment and Plan form that may be used to document client needs and coordinator notes.

- ◆ Most uninsured clients who are diagnosed with and need treatment for breast or cervical cancer or a precancerous cervical lesion, and who are eligible for the Wisconsin Well Woman Program may be eligible to enroll in Wisconsin Well Woman Medicaid (WWWMA (See **Chapter 7 and Appendix 9** for details). Some women may also qualify for WWWMA through the Medicaid BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, or Family Planning Waiver Program. Close communication between the WWWP provider and the Local Coordinating Agency is essential to ensure a timely and smooth transition to WWWMA. Women who are not eligible for WWWMA may need additional assistance to obtain necessary follow-up services.



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CHAPTER 6 - BILLING AND REIMBURSEMENT

PROVIDER REIMBURSEMENT RATES

- ◆ Reimbursement rates for WWWP are determined using the current Medicare Reimbursement Rates for Wisconsin.
- ◆ Reimbursement rates for WWWP change annually on January 1.
- ◆ Refer to **Appendix 5**, *WWWP Covered Services and Reimbursements*, for the current WWWP reimbursement rates.
- ◆ The WWWP will not pay for more than one office visit code per date, per individual provider.
- ◆ The WWWP is the payer of last resort.

REIMBURSEMENT REQUIREMENTS – ALL PROVIDERS

- ◆ In order to reimburse providers for services, the WWWP must have a signed Provider Participation Agreement on file and evidence of a current WWWP enrollment for each client.
- ◆ The provider must complete and submit the required WWWP reporting forms that document services they provided, results, and actual or recommended follow-up. The forms and reporting processes are described in **Chapter 1**, *Health Care Providers* and **Chapter 5**, *Case Management and Reporting*.
- ◆ The provider must maintain documentation of WWWP services provided in the client's clinical record. Documentation is described in **Chapter 1**, *Health Care Providers*, and **Chapter 5**, *Case Management and Reporting*.
- ◆ The provider must follow the processes for submitting reporting forms and billing claims as described in **Appendix 6**, *WWWP Reporting Forms and Claims Submission Procedures*.
- ◆ The provider must first submit billing claims to a client's private insurer or other third-party payer, if the client is covered. If a third-party does not cover the entire cost of the screening services, the provider may bill the WWWP for the remaining costs. The WWWP will reimburse at the WWWP reimbursement rate or the actual remaining cost, whichever is less. If the amount paid by a third-party is the same or exceeds what WWWP normally reimburses for the procedure, no further reimbursement will be provided by the WWWP.



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REIMBURSEMENT REQUIREMENTS - RADIOLOGY, ANESTHESIOLOGY, PATHOLOGY

- ◆ The referring health care provider must inform radiology, anesthesiology, and pathology providers that the woman is a WWWP client and that WWWP will pay for her covered services. This alleviates radiology, anesthesiology, or pathology billing a client directly.
- ◆ The type of screening must be identified on all billing claims submitted to WWWP for reimbursement.
- ◆ If a service provider is billing for the **technical component** of a service, the provider must include the **modifier TC** along with the CPT Code.
- ◆ If the provider is billing for the **professional component** of a service, the provider must include the **modifier 26** along with the CPT Code.
- ◆ If no modifier is used on such services, the global rate will be paid to the first provider submitting a billing claim with complete information. The other provider will be denied payment. This is also true when a provider bills the exact WWWP reimbursement amount for a specific service at the modifier reimbursement rate, without using the modifier. In this case the first provider will receive the allotted amount. Subsequent providers filing their billing claims with a modifier will not be reimbursed since the computer will read it as a global payment, regardless of the amount billed. See WWWP manual **Appendix 5**, *WWWP Covered Services and Reimbursements*, for approved CPT codes and the modifiers associated with them.

REIMBURSEMENT REQUIREMENTS – OTHER OUTPATIENT SERVICES

- ◆ Allowable breast and cervical cancer screening and diagnostic services found on the WWWP service listing are reimbursed at the current Medicare reimbursement rates (See **Appendix 5** *WWWP Covered Services and Reimbursements*). These rates are updated annually with changes effective on January 1. Only those CPT Codes and procedures listed will be reimbursed by WWWP. No exceptions will be made.
- ◆ All breast biopsy and other covered WWWP services will be reimbursed as **outpatient** services only.
- ◆ WWWP will reimburse the hospital or other outpatient facility and the performing physician for the biopsy.
- ◆ Anesthesia services for breast biopsies will be reimbursed using the approved CPT codes. The Time Units and Base Units for anesthesia must be included on the billing claim so that the claim can be calculated using the reimbursement formula for anesthesia services. Use of Modifiers is necessary when billing for anesthesia.
 - WWWP will reimburse for anesthesia at the calculated anesthesia rate. Reimbursement of two providers involved with a WWWP specified procedure will be allowed only where appropriate.



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DENIAL OF REIMBURSEMENT

Providers will receive notification on the reason(s) for a billing claim denial through ForwardHealth interChange for electronic billing claims or by mail from WWWP HP Enterprise Services for paper claims. Billing claims will be denied for any of the reasons listed below.

- ◆ If services were provided to ineligible women (i.e., women who do not meet the residency, age, income, insurance, or screening frequency and/or screening interval requirements).
- ◆ If evidence of a current WWWP client enrollment and a current, signed Provider Participation Agreement are not on file with the WWWP.
- ◆ If required WWWP reporting forms were not submitted to the WWWP or all of the required data elements on the forms were not completed.
- ◆ If the service is not covered by the WWWP. (See **Appendix 5, WWWP Covered Services and Reimbursements.**) WWWP will not reimburse treatment costs or surgical consultations to discuss treatment and/or other treatment costs for clients participating in this screening program. Note that most uninsured WWWP clients diagnosed with breast or cervical cancer or a precancerous cervical lesion as a result of WWWP covered screenings may be eligible to enroll in Wisconsin Well Woman Medicaid, which can cover their treatment.
- ◆ If the guidelines for screening and follow-up outlined in the Provider Participation Agreement and in this manual are not met.

PROCESS FOR SUBMITTING CLAIMS

The provider must follow the processes for submitting reporting forms and billing claims as described in **Appendix 6, WWWP Reporting Forms and Claims Submission Procedures.** WWWP must have evidence of a current client enrollment and current Provider Participation Agreement on file to process a billing claim.

Providers must:

- ◆ Complete the appropriate reporting form(s).
- ◆ Complete the appropriate billing claim; the UB- 04 or the CMS 1500.
- ◆ Submit the reporting forms and billing claims to the WWWP either:
 - ◆ electronically through the secure WWWP web portal of ForwardHealth interChange or
 - ◆ Via mail to WWWP (see **Appendix 6** for specific details).
- ◆ Submit billing claims within 365 days of date of service.



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ForwardHealth interChange

The ForwardHealth interChange web-site at <http://www.forwardhealth.wi.gov> provides access to:

- Specific WWWP reporting forms, claim forms, and submission procedures
- The gateway to Provider Communications (e.g., ForwardHealth Updates and Alerts)
- The WWWP secure web-portal to:
 - ◆ Enroll clients (local coordinating agencies only)
 - ◆ Verify client enrollment
 - ◆ Submit electronic WWWP reporting forms and billing claims
 - ◆ Check the status of WWWP electronic billing claims
 - ◆ Amend/correct electronic billing claims
 - ◆ Submit specific questions/inquiries

See **Appendix 10** for contact information regarding:

- ◆ ForwardHealth Provider Services
- ◆ The Portal Help Desk
- ◆ The Electronic Data Interchange Help Desk

BILLING CLAIMS INQUIRIES

A provider who has questions about the status of a WWWP billing claim should:

- ◆ E-mail ForwardHealth interChange or call ForwardHealth Provider Services
- ◆ Provide the name of the client, client date of birth, client ID, date of service(s) and CPT codes(s), and the provider NPI number.

HOW TO ORDER PAPER CMS-1500 AND UB-04 CLAIM FORMS

If providers want to order paper copies of billing claims, they can purchase them from various vendors. A few examples include:

- ◆ CMS billing claims:
 - U. S. Government Printing Office: (202) 512-1800
 - The American Medical Association Unified Service Center: (800) 621-8335
 - Digital-Ink: (800) 530-1717
- ◆ UB-04 billing claims:
 - The Standard Register Company: (800) 755-6405
 - The American Medical Association: (800) 621-8335
 - Digital-Ink: (800) 530-1717



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BILLING CLAIMS PROCESSING TIMEFRAME

- ◆ Billing claims submitted electronically through ForwardHealth interChange can generally be reimbursed on the same day the billing claim was entered into the system, if all requirements are met.
- ◆ Billing claims submitted on paper to the WWWP may take up to 3 weeks.
- ◆ This assumes that all appropriate forms have been submitted, that there are no missing or inadequate data on the forms, and that there are current, signed Provider Participation Agreements and current, signed client enrollment forms on file with the WWWP.



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CHAPTER 7 - WISCONSIN WELL WOMAN MEDICAID

WISCONSIN WELL WOMAN MEDICAID GENERAL OVERVIEW (WWWMA)

This Chapter provides general information only.

See Appendix 9, *WWWP to WWWMA Summary for Local Coordinating Agencies*, for more specific details and contact information.

- ◆ WWWMA provides Medicaid coverage for certain women who have been diagnosed with **and** who need treatment for breast cancer, cervical cancer or a precancerous cervical lesion **and** who were eligible for the Wisconsin Well Woman Program.
- ◆ Some women may also qualify for WWWMA through the Medicaid BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, or Family Planning Waiver Program.
- ◆ Eligible women receive full benefit Medicaid services (fee-for-service).
- ◆ Women who enroll in WWWMA become ineligible for WWWP (no WWWP services).
- ◆ WWWP providers still need to report the client's final diagnosis and treatment information on the WWWP Breast Cancer Diagnostic and Follow-up Report Form (DPH F-44724) or the Cervical Cancer Diagnostic and Follow-up Report Form (DPH F-44729).

WISCONSIN WELL WOMAN MEDICAID ELIGIBILITY

Women must meet **both** non-medical and medical criteria to be eligible for WWWMA.

NON-MEDICAL ELIGIBILITY

- Woman is less than 65 years old and a resident of Wisconsin, **and**
- Was enrolled and eligible for the WI Well Woman Program, Medicaid BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, or Family Planning Waiver, **and**
- Is a citizen or "documented immigrant" with a Social Security Number (Some WWWP women will not qualify for WWWMA because of immigration status. These women should talk with their County/Tribal Economic Benefits or Support worker about other options), **and**
- Has no creditable public/private health insurance for treatment of breast or cervical cancer or precancerous cervical lesion. Women receiving services through a tribal health center, including federally funded Indian Health Services, are eligible for WWWMA. WWWP women on Medicare and some women with private insurance (high deductible or co-pay) do not qualify for WWWMA.



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MEDICAL ELIGIBILITY

- Woman has an “initial” diagnosis and needs treatment for:
 - Breast cancer, **or**
 - Cervical cancer (e.g., CIN II/moderate dysplasia, CIN III/severe dysplasia, carcinoma in situ, or endocervical adenocarcinoma in situ), **or**
 - Pre-cancerous cervical lesion (e.g., CIN I/mild dysplasia), **and**
- The diagnosing provider must certify the diagnosis and need for treatment (e.g., initial or continued treatment to prevent recurrence/metastasis).

NO OTHER MEDICAL DIAGNOSES ARE ELIGIBLE FOR WWWMA (E.G. OVARIAN CANCER, UTERINE CANCER, ETC.).

WWWMA can cover additional diagnostic procedures needed to make a final diagnosis (tumor size, stage, characteristics) and to determine the treatment plan for the breast/cervical cancer.

ENROLLMENT FOR WELL WOMAN MEDICAID

The Wisconsin Medicaid Program has set up a fast and simple enrollment process using a one-page WWWMA Determination Form, F-10075.

- ◆ This form must be signed by the diagnosing provider.
- ◆ The diagnosing provider must be a Medicaid-certified physician or nurse practitioner who is a WWWP provider.
- ◆ The diagnosing provider must medically certify and complete the diagnosis section of the form and specify the need for treatment for breast or cervical cancer or precancerous cervical lesion.
- ◆ The applicant must complete the “Applicant Information Section” (including citizenship information) and sign the F-10075 form to request this coverage.

LCA ROLE TO ASSIST CLIENTS WITH WELL WOMAN MEDICAID

See Appendix 9 for specific details on processing and contact information.

APPLICATION FOR WWWMA - PRESUMPTIVE ELIGIBILITY (e.g., temporary eligibility)

- ◆ Work with the Medicaid-certified, WWWP diagnosing provider to identify WWWP women who need treatment for an eligible diagnosis.
- ◆ Work with the diagnosing provider and client to complete the F-10075 WWWMA Determination Form.
- ◆ Women must self-declare if they are U.S. citizens. *Refer documented immigrants to CAPO for determinations.*
- ◆ The LCA diagnosing provider must fax in the completed F-10075 (see Appendix 9 for specific details and fax number) as soon as possible after diagnosis.
- ◆ The Diagnosing Provider retains copy of the F-10075 in the client’s medical record.
- ◆ The LCA retains a copy of the F-10075 in their client file.
- ◆ The Diagnosing Provider or LCA must give the WWWP eligible woman a copy of the F-10075 to provide to the state certifying agency, Central Application Processing Operation (CAPO).



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- ◆ WWWP needs providers to report the client's final diagnosis and treatment information on the WWWP Breast Cancer Diagnostic and Follow-up Report Form (DPH F-44724) or Cervical Cancer Diagnostic and Follow-up Report Form (DPH F-44729).

EFFECTIVE DATE OF TEMPORARY (PRESUMPTIVE) WWWMA ELIGIBILITY

- ◆ Always begins with the date of eligible diagnosis on F-10075 form (e.g., the date the diagnostic procedure is performed) and ends at the end of the month following the month of diagnosis.

APPLICATION FOR WWWMA - CONTINUING BENEFITS

- ◆ Remind the client she must apply for Continuing WWWMA (12 month coverage) with CAPO. The client must send copies of the F-10075 WWWMA Determination Form, the WWWP Enrollment form, and documentation of citizenship and identity to CAPO before the end date of presumptive eligibility to continue coverage. Remind her to first to see what citizenship and identity documentation is required. Informational resources regarding citizenship and identity are available on the Internet. (See Appendix 9 for submission details and web-site location).
- ◆ Initial Continuous eligibility for WWWMA begins on the date of diagnosis (date the diagnostic procedure was performed) on the F-10075 or up to 3 months prior to the date the application is received by CAPO, whichever is later.
- ◆ Re-certification reminder for WWWMA
 - Inform clients on WWWMA that they must have their Medicaid eligibility re-certified each year (both medical and non-medical eligibility); they will receive a reminder notice from CAPO. Suggest clients make a note on their own calendar to watch for this reminder notice. Clients will need an updated F-10075 signed by the diagnosing provider indicating they still need treatment for the cancer. Note: CAPO has up to 30 days to process a recertification.
- ◆ Re-activate in WWWP
 - Check with clients eleven months after their diagnosis to see if they have completed treatment and whether they need to be re-enrolled in WWWP. If a client does not need continued treatment through WWWMA, verify whether the client continues to meet WWWP eligibility criteria via a re-enrollment review.
- ◆ For problems or questions regarding WWWMA eligibility:
 - Providers can contact the county LCA;
 - The LCA can contact the WWWP Central Office staff or CAPO for specific cases. (See **Appendices 9 and 10** for central office and CAPO contact information.)



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CRITERIA THAT TERMINATE ELIGIBILITY FOR WWMA (ANY ONE)

- ◆ Woman attains age 65 (most are then eligible for Medicare or can re-enroll in WWWP for covered services)
- ◆ Woman becomes eligible for Medicare Part A, Medicare Part B, or both.
- ◆ Woman moves out of state (the WWWP coordinator should assist clients in determining potential eligibility in another state).
- ◆ Woman no longer needs treatment for breast or cervical cancer or precancerous cervical lesion.
- ◆ Woman obtains other health insurance that covers breast or cervical cancer or precancerous cervical lesion or another type of full-benefit Medicaid coverage.
- ◆ A determination that false information was provided about eligibility (recoupment of Medicaid payment is possible).

REFER TO APPENDIX 9, WWWP TO WWMA SUMMARY FOR LOCAL COORDINATING AGENCIES, FOR SPECIFIC PROCESSING DETAILS, CONTACT INFORMATION, AND OTHER RELEVANT RESOURCES



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GLOSSARY OF TERMS

ACR

American College of Radiology.

ACR Lexicon/BIRADS

The method and language CDC requires for reporting mammography results to the WWWP. The American College of Radiology (ACR) Lexicon method of reporting is the language used on the required reporting forms provided by the WWWP. Reporting of mammography results must be done by persons qualified and responsible for interpretation and the accurate reporting (translation as needed) of mammography results.

Additional Mammographic Views

Compression views, cone compression magnification views, and diagnostic mammograms. For the WWWP purposes, this information must be reported on the Breast Cancer Diagnostic and Follow-up Report (DPH F-44724).

Bethesda System

Method of reporting Pap test results that is required by the WWWP.

Case Management

The process of assuring WWWP clients receive timely and appropriate screening, re-screening, diagnostic services, and treatment.

CBE

Clinical breast exam - an examination of the breast by a qualified health care practitioner.

CDC

United States Centers for Disease Control and Prevention (the agency responsible for administering the National Breast and Cervical Cancer Early Detection Program, or NBCCEDP).

CLIA

Clinical Laboratory Improvement Act of 1988. CLIA regulates all laboratories testing human specimens for the prevention, detection, diagnosis or treatment of diseases for health assessment purposes.

CMS

Centers for Medicare and Medicaid Services Agency, U.S. Department of Health and Human Services (HHS), formerly called the Health Care Financing Administration (HCFA).

Colposcopy

Magnified inspection of the cervix with a colposcope.



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Conization

Procedure to remove a cone-shaped wedge of tissue from the cervix.

CPT

Current Procedure Terminology; codes used for billing purposes.

Date of Final Diagnosis

This is the date the clinical diagnosis is made, or the date at which the clinical decision is made that no more attempts will be made to contact the woman. If a woman dies before the diagnostic workup is started, enter the date of death as the date of administrative closeout. Date of final diagnosis is an important outcome measure for the National Breast and Cervical Cancer Early Detection Program. Program measures such as time from screening to diagnosis and time from diagnosis to treatment are calculated using this date.

Diagnosis/Final Decisions

This means that the diagnostic testing is complete and that final diagnosis and date of final diagnosis are known. The final diagnosis is an important outcome measure for the National Breast and Cervical Cancer Early Detection Program.

Diagnostic Mammogram

Mammogram performed on a patient with clinical signs, symptoms, or physical findings suggestive of breast cancer, abnormal or questionable screening mammogram; a history of breast cancer with breast conservation surgery regardless of symptoms or physical findings; or augmented breast regardless of presence/absence of clinical breast signs, symptoms, or physical findings.

DPH/DHS

The Wisconsin Division of Public Health, Department of Health Services - administers the Wisconsin Well Woman Program.

Endocervical Curettage

Procedure used to obtain a sampling of cells inside the cervix.

Endometrial Biopsy

Procedure used to obtain a sampling of cells lining the inside of the uterus. [This is covered by WWWP only to differentiate whether the problem is endocervical or endometrial].

FNA

Fine needle aspiration.

Health Care Provider/Provider

Includes physicians, physician assistants, nurse practitioners, clinics, hospitals, and laboratories that provide WWWP screening and diagnostic services under an agreement with the Wisconsin DHS.



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HPV Testing

Test useful in determining clients who need further management and those who do not; covered as follow-up of an ACS-US result from a Pap screening test or for surveillance at 1 year following an LSIL test result without evidence of CIN on colposcopy-directed biopsy.

LEEP

Loop electrosurgical excision procedure; uses a thin, low-voltage electrified wire loop to cut out abnormal tissue in the cervix.

Local Coordinating Agency/Local Coordinator

Agency and its staff that provide client outreach, recruitment, case management and health care provider liaison at the county, multi-county or tribal level for the WWWP under an agreement with the Wisconsin DHS.

Lost to Follow-up

A client should be noted as “lost to follow-up” only under exceptional and very limited circumstances, (e.g., when all tracking and case management efforts have been attempted and exhausted). All verbal and written attempts to reach the client must be documented in the client’s medical record, including notification letters and attempts to locate the client through other contacts. Lack of case management does not constitute a “lost to follow-up” designation. The Local Coordinating Agency should notify the WWWP Quality Assurance Coordinator of all cases with abnormal findings prior to designating them “lost to follow-up.”

MQSA

Mammography Quality Standards Act of 1992 that establishes national quality standards for mammography equipment and services.

NBCCEDP

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which established CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP provides screening services including clinical breast examinations, mammograms, pelvic examinations, Pap tests, and other specified diagnostic tests for breast and cervical cancer for women who meet eligibility criteria.

PAP

The Papanicolaou test checks for changes in the cells of the cervix.

Refusal of Follow-up

Client refusal of services should be carefully documented to ensure the client has been informed of the potential consequences of her decision. All verbal and written case management contacts must be documented, including notification letters. The Local Coordinating Agency should notify the WWWP Quality Assurance Coordinator of all refusal cases that have abnormal findings.



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Screening Mammogram

Mammogram performed to detect the presence of a breast abnormality in its incipient stage and to serve as a baseline film to which future screening or diagnostic mammograms may be compared.

Status of Treatment

The fact that a woman is referred for treatment is not sufficient confirmation that treatment has been started. A woman should be classified as having started treatment when the program has confirmed that a plan for treatment of the cancer or a precancerous lesion has been developed and started, and financial plans for the payment of treatment have been established. Status of Treatment is an important outcome measure for the National Breast and Cervical Cancer Early Detection Program.

Treatment Date

The date when treatment began refers to the patient's actual start of therapy.

Wisconsin Well Woman Medicaid (WWWMA)

A component of the Wisconsin Medicaid Program that pays for treatment of breast cancer and cervical cancer for WWWP clients whose cancer was diagnosed as a result of a WWWP covered screening. WWWMA provides a woman with full benefit Medicaid coverage.

WIC

The Women, Infants and Children Program of the U.S. Department of Agriculture; provides nutrition education, specified health screening and food vouchers for eligible women and young children.

WWWP

Wisconsin Well Woman Program, which includes Wisconsin's component of the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and additional funding from the state.