

## Current and Future WWWP Health Care Provider Responsibilities (8/29/14)

Current Provider Model and Responsibilities	Future Provider Model and Responsibilities
<b>Provider Types:</b> <ul style="list-style-type: none"> <li>• Ambulatory Surgery Center</li> <li>• Anesthetist (Anesthesiologist Assistants, Certified Registered Nurse Anesthetists)</li> <li>• Family Planning Clinic</li> <li>• Federally Qualified Health Center (FQHC)</li> <li>• Hospital – Outpatient</li> <li>• Independent Laboratory</li> <li>• Nurse Midwife</li> <li>• Nurse Practitioner</li> <li>• Osteopath (DO) or Osteopath Group (Clinic)</li> <li>• Physician (MD) or Physician Group (Clinic)</li> <li>• Physician Assistant</li> <li>• Portable X-ray Provider</li> <li>• Rural Health Clinic</li> </ul>	<b>Provider Types:</b> <ul style="list-style-type: none"> <li>• Health System</li> <li>• Federally Qualified Health Center (FQHC)</li> <li>• Rural Health Clinic</li> <li>• Hospital – Outpatient</li> </ul>
<b>Provider Requirements:</b> <ul style="list-style-type: none"> <li>• Current professional and facility licensure, Medicaid and Medicare certification</li> <li>• CLIA certification</li> <li>• MQSA Certification</li> <li>• Medicare and Medicaid Certification where appropriate</li> </ul>	<b>Provider Requirements:</b> <ul style="list-style-type: none"> <li>• Current professional and facility licensure, Medicaid and Medicare certification</li> <li>• CLIA certification</li> <li>• MQSA Certification</li> <li>• Medicare and Medicaid Certification where appropriate</li> </ul>
<b>Distribution of Providers:</b> <ul style="list-style-type: none"> <li>• Goal to provide WWWP screening and diagnostic services for breast and cervical cancer within a 50 mile radius of where the client lives</li> </ul>	<b>Distribution of Providers:</b> <ul style="list-style-type: none"> <li>• Goal to provide WWWP screening and diagnostic services for breast and cervical cancer within a 50 mile radius of where the client lives</li> </ul>
<b>Provider Responsibilities for Covered Services:</b> <ul style="list-style-type: none"> <li>• Accept WWWP Payments for covered services as payment in full.</li> <li>• Review non-covered (personally liable) services with the client before the service is provided. (client to decide)</li> <li>• When referral to another/different provider is needed the provider is a WWWP participating provider.</li> <li>• Comply with federal and state laws prohibiting discrimination.</li> <li>• Comply with federal and state laws regarding confidentiality including provision of HIPPA</li> </ul>	<b>Provider Responsibilities for Covered Services:</b> <ul style="list-style-type: none"> <li>• Accept WWWP Payments for covered services as payment in full.</li> <li>• Review non-covered (personally liable) services with the client before the service is provided. (client to decide)</li> <li>• When referral to another/different provider is needed the provider is a WWWP participating provider.</li> <li>• Comply with federal and state laws prohibiting discrimination.</li> <li>• Comply with federal and state laws regarding confidentiality including provision of HIPPA</li> </ul>

<p><b>Provider Responsibilities for Reporting:</b></p> <ul style="list-style-type: none"> <li>• Document results of all screening and diagnostic procedures, follow up recommendations, diagnosis, client notification, and case management actions, including client refusal</li> <li>• Establish and report a final diagnosis and recommendations for all breast and cervical abnormalities</li> <li>• If treatment is needed, report the treatment status</li> <li>• If cancer is found, report tumor stage and size</li> <li>• Use ACR Breast Imaging Reporting and Data System (BIRADS) for reporting mammography examinations</li> <li>• Use Bethesda 2001 Reporting System for reporting Pap results</li> <li>• Submit all data using WWWP approved reporting forms</li> <li>• Send copies of screening and diagnostic activity reporting forms to the local coordinating agency (LCA); send abnormal results within 10 days to facilitate coordination of care and case management</li> <li>• Maintain adequate and complete fiscal and medical records to fully document services</li> <li>• Maintain records for a minimum of 5 years</li> <li>• Failure to retain documentation for any service billed may result in recovery of payments for services not adequately documented</li> </ul>	<p><b>Provider Responsibilities for Reporting:</b></p> <ul style="list-style-type: none"> <li>• Document results of all screening and diagnostic procedures, follow up recommendations, diagnosis, client notification, and case management actions, including client refusal</li> <li>• Establish and report a final diagnosis and recommendations for all breast and cervical abnormalities</li> <li>• If treatment is needed, report the treatment status</li> <li>• If cancer is found, report tumor stage and size</li> <li>• Use ACR Breast Imaging Reporting and Data System (BIRADS) for reporting mammography examinations</li> <li>• Use Bethesda 2001 Reporting System for reporting Pap results</li> <li>• Submit all data using WWWP approved reporting forms</li> <li>• Send copies of screening and diagnostic activity reporting forms to the coordinating agency (CA); send abnormal results within 10 days to facilitate coordination of care and case management</li> <li>• Maintain adequate and complete fiscal and medical records to fully document services</li> <li>• Maintain records for a minimum of 5 years</li> <li>• Failure to retain documentation for any service billed may result in recovery of payments for services not adequately documented</li> </ul>
<p><b>Provider Responsibilities for Case Management of Abnormal Results:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Offer to provide case management to all women with abnormal screening results; the responsibility for case management is shared between the provider and the LCA</li> <li>• Contact the LCA within 10 business days after an abnormal screening result to communicate screening results and recommendations for client follow up appointments and referrals</li> <li>• Determine the frequency and type of</li> </ul>	<p><b>Provider Responsibilities for Case Management of Abnormal Results:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Offer to provide case management to all women with abnormal screening results; the responsibility for case management is shared between the provider and the CA</li> <li>• Contact the CA within 10 business days after an abnormal screening result to communicate screening results and recommendations for client follow up appointments and referrals</li> <li>• Determine the frequency and type of</li> </ul>

<p>diagnostic workup or follow up needed according to prevailing national practice guidelines</p> <ul style="list-style-type: none"> <li>• Provide or arrange for further diagnostic evaluation for: 1) all abnormal clinical breast exams, independent of mammography results, 2) all abnormal mammograms results, independent of clinical breast exam findings, 3) all Pap tests or pelvic exams which show potential malignant or pre-malignant findings</li> <li>• Provide diagnostics and initiate treatment within the following timeframes: 1) 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 or treatment], 2) interval between diagnosis and initiation of treatment for breast cancer or invasive cervical cancer should be 60 days or less, 3) interval between diagnosis and initiation of treatment for cervical intraepithelial neoplasia should be 90 days or less</li> <li>• Notify the LCA if the client needs follow up that is not available from the screening provider or is not covered by WWWP</li> <li>• Notify the client and her primary care provider of abnormal screening results: make a minimum of 3 notification attempts</li> <li>• Have an effective communication system and document written and verbal communication in the client's record</li> <li>• Keep the LCA informed of notification and case management concerns</li> <li>• Follow WWWP protocol for the notification attempts</li> <li>• Maintain good communication with the LCA to ensure clients receive needed assistance to comply with recommendations for timely and appropriate follow up care</li> <li>• Assist the LCA with client case management needs as appropriate</li> <li>• Notify the LCA when the client needs recommended diagnostic services or treatment that are not covered by WWWP so the LCA may implement its essential treatment plan</li> </ul>	<p>diagnostic workup or follow up needed according to prevailing national practice guidelines</p> <ul style="list-style-type: none"> <li>• Provide or arrange for further diagnostic evaluation for: 1) all abnormal clinical breast exams, independent of mammography results, 2) all abnormal mammograms results, independent of clinical breast exam findings, 3) all Pap tests or pelvic exams which show potential malignant or pre-malignant findings</li> <li>• Provide diagnostics and initiate treatment within the following timeframes: 1) 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 or treatment], 2) interval between diagnosis and initiation of treatment for breast cancer or invasive cervical cancer should be 60 days or less, 3) interval between diagnosis and initiation of treatment for cervical intraepithelial neoplasia should be 90 days or less</li> <li>• Notify the CA if the client needs follow up that is not available from the screening provider or is not covered by WWWP</li> <li>• Notify the client and her primary care provider of abnormal screening results: make a minimum of 3 notification attempts</li> <li>• Have an effective communication system and document written and verbal communication in the client's record</li> <li>• Keep the CA informed of notification and case management concerns</li> <li>• Follow WWWP protocol for the notification attempts</li> <li>• Maintain good communication with the CA to ensure clients receive needed assistance to comply with recommendations for timely and appropriate follow up care</li> <li>• Assist the CA with client case management needs as appropriate</li> <li>• Notify the CA when the client needs recommended diagnostic services or treatment that are not covered by WWWP so the CA may implement its essential treatment plan</li> </ul>
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<p><b>Provider Responsibilities for Case Management of Normal Results:</b></p> <ul style="list-style-type: none"> <li>• Document results of screening procedures, client notification, and recommended re-screening dates</li> <li>• Report required screening data on the WWWP Activity Reporting Form and submit copies to the WWWP fiscal agent</li> <li>• Send copies of screening reporting forms to the LCA</li> <li>• Inform the client of recommended re-screening intervals when the results are normal</li> </ul>	<p><b>Provider Responsibilities for Case Management of Normal Results:</b></p> <ul style="list-style-type: none"> <li>• Document results of screening procedures, client notification, and recommended re-screening dates</li> <li>• Report required screening data on the WWWP Activity Reporting Form and submit copies to the WWWP fiscal agent</li> <li>• Send copies of screening reporting forms to the CA</li> <li>• Inform the client of recommended re-screening intervals when the results are normal</li> </ul>
<p><b>Billing and Reimbursement:</b></p> <ul style="list-style-type: none"> <li>• Must submit appropriate completed reporting form documenting the procedure (DOS, results, recommendation, etc.)</li> <li>• Must submit appropriate claim</li> <li>• WWWP only pays for allowable breast and cervical cancer screening and diagnostic services (see Appendix 5 of the WWWP Policy and Procedures Manual, WWWP Reimbursement Rates)</li> <li>• Fee for Service payment</li> </ul>	<p><b>Billing and Reimbursement:</b></p> <ul style="list-style-type: none"> <li>• Must submit appropriate completed reporting form documenting the procedure (DOS, results, recommendation, etc.)</li> <li>• Must submit appropriate claim</li> <li>• WWWP only pays for allowable breast and cervical cancer screening and diagnostic services (see Appendix 5 of the WWWP Policy and Procedures Manual, WWWP Reimbursement Rates)</li> <li>• Fee for Service payment</li> </ul>
<p><b>Reporting Forms:</b></p> <ul style="list-style-type: none"> <li>• Must use the following forms to report breast and cervical screening and diagnostic procedures for WWWP clients: <ul style="list-style-type: none"> <li>○ Breast Cancer and Cervical Cancer Screening Activity Report (DPH F-44723)</li> <li>○ Breast Cancer Diagnostic and Follow-Up Report (DPF F-44724)</li> <li>○ Cervical Cancer Diagnostic and Follow-Up Report (DPH F-44729)</li> </ul> </li> </ul>	<p><b>Reporting Forms:</b></p> <ul style="list-style-type: none"> <li>• Must use the following forms to report breast and cervical screening and diagnostic procedures for WWWP clients: <ul style="list-style-type: none"> <li>○ Breast Cancer and Cervical Cancer Screening Activity Report (DPH F-44723)</li> <li>○ Breast Cancer Diagnostic and Follow-Up Report (DPF F-44724)</li> <li>○ Cervical Cancer Diagnostic and Follow-Up Report (DPH F-44729)</li> </ul> </li> </ul>