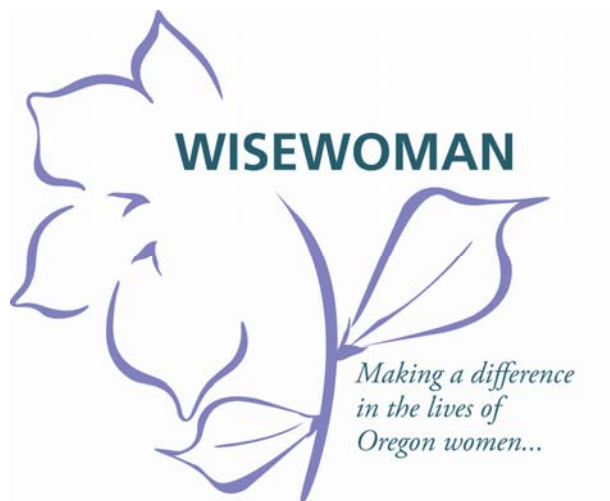


# Oregon WISEWOMAN (WW) Program Manual

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Oregon Department of Human Services

Office of Family Health

January 2009

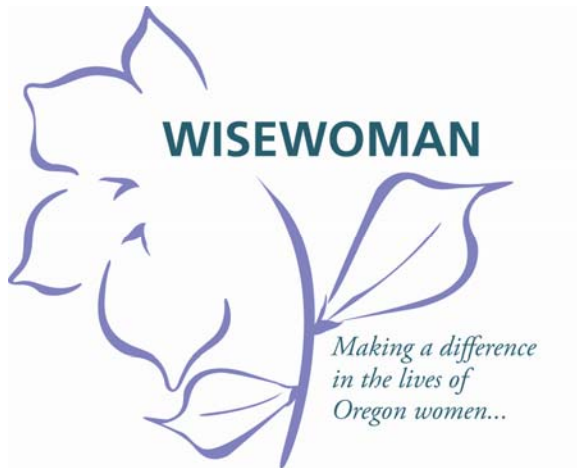
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Dear Provider,

The Oregon WISEWOMAN (WW) Program is happy to welcome you to the WW provider network.

This guide provides important information concerning program policies, procedures, standards, and forms. It is written primarily for participating providers in the Oregon WW Program for their use in applying program policies in accordance with federal and other grant requirements.

It is designed to provide WW providers with the information needed to enroll clients into the WW Program, provide the program with data needed to comply with grant requirements, and submit claims for reimbursement. This includes a framework for clinical guidelines to adhere with program standards, with more detailed information available in the *Oregon WISEWOMAN (WW) Program Clinical Guidelines for Providers*.

In addition, WW staff will continue to communicate with WW providers on a regular basis using e-mail and telephone. We will also provide guidance and updates on our website, [www.healthoregon.org/wh/wisewoman/](http://www.healthoregon.org/wh/wisewoman/), so please check there frequently.

We look forward to collaborating with you in administering this important program that serves Oregonians by providing medically underserved women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular disease and other chronic diseases.

Sincerely,

*The Oregon WISEWOMAN Program*

## Overview

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The Oregon WISEWOMAN (WW) Program is:

- A program that supports and promotes chronic disease risk factor screening for medically underserved women in Oregon who participate in the Oregon Breast and Cervical Cancer Screening Program
- A fee-for-service reimbursement program that contracts with providers
- Funded by the Centers for Disease Control and Prevention (CDC)
- Supported by the National WISEWOMAN Program within the CDC Division for Heart Disease and Stroke Prevention
- Administered by the Oregon DHS Public Health Division, through its Office of Family Health.

## Background

In 1993, Congress authorized the Centers for Disease Control and Prevention (CDC) to establish and fund the **W**ell **I**ntegrated **S**creening and **E**valuation for **W**omen **A**cross the **N**ation (WISEWOMAN) Program to expand the services that are provided to women as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The current CDC five-year funding cycle (2008 to 2013) has expanded funding to twenty-one WISEWOMAN programs, including Oregon.

The WISEWOMAN program provides low-income, uninsured and underinsured women aged 40-64 with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular disease and other chronic diseases.

## What we do

The goal of WW is to screen underserved women for cardiovascular and other chronic disease risk factors and to reduce morbidity and mortality related to cardiovascular and other chronic diseases. WW funds screening and diagnostic services at no cost to eligible clients, as well as referrals to a chronic disease self-management program for clients with abnormal or alert level results along with referrals for treatment for clients with alert level results based on clinical guidelines.

WW enables low income women to access high quality screening and diagnostic services for cardiovascular disease. This is accomplished by accessing an extensive network of private and public providers in the existing health care delivery system: community health centers, local county public health departments, hospitals, family physicians and other primary care providers, and laboratories.

## What WW covers

WW funding covers the following services for eligible clients:

- Heart Disease Screening

- Stroke Screening
- Diabetes Screening
- **Referrals** to self-management education, treatment or case management as needed (WW funds do not pay for these services)
- Counseling (limited, see guidelines under lifestyle intervention)

### **Purpose of this guide**

This guide explains how WW providers can adhere to WW program protocols and national care guidelines in offering heart disease, stroke and diabetes screening and diagnostic services to eligible women in Oregon through the Oregon WISEWOMAN Program. This guide supplements the WW policies presented in the Oregon Administrative Rules 333-010-200 to 333-010-290 and the *Oregon WISEWOMAN Program Clinical Guidelines*. The primary audience for this guide is health care professionals who have an executed Medical Services Agreement (MSA) with the WW Program to deliver services to clients eligible through the WW Program.

## Contact Information

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**WW Website:** [www.healthoregon.org/wh/wisewoman](http://www.healthoregon.org/wh/wisewoman)

**WW General Email:** [WISEWOMAN.info@state.or.us](mailto:WISEWOMAN.info@state.or.us)

**WW State Office: 971-673-0355**

The state office line is primarily for provider assistance. Please use this number or the e-mail above for questions related to:

- Contracts/Medical Service Agreements
- Billing and claims processing
- Covered services
- Data collection guidelines and requirements
- Outreach and enrollment materials
- General program information
- Patient eligibility screening and referral
- Information about providers in the WW network

The WISEWOMAN Program (WW) is housed in the Oregon Department of Human Services (DHS) in Portland. WW staff work in collaboration with other DHS staff and with local health departments, community health centers and providers in supporting implementation of community education, providing cardiovascular and other chronic disease screening for attaining the goals and objectives of the National WISEWOMAN Program. The WW Program staff achieves their goals and objectives through the following program components:

- Supporting screening and direct services provided by WW providers
- Data tracking and Follow-up to ensure quality and timeliness of services
- Supporting referral to self-management education (*Living Well with Chronic Conditions/Tomando Control de su Salud*)
- Professional education

## How to Join the WW Provider Network

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### Medical Services Agreement

Providers must sign a WW Medical Services Agreement (MSA) that outlines the policies and procedures they must follow to participate in the Oregon WW Program. Providers can be either an enrolling or an ancillary provider.

- *Enrolling provider* duties include:
  - Enrolling a client into the WW Program
  - Providing screening services for the WW client
  - Providing care coordination for the WW client
  - Submitting data on a timely basis to the WW
- *Ancillary providers* are providers that perform services beyond the scope of an enrolling provider, for example, laboratories.

Provider certification and licenses required by the program are contained in the Oregon Administrative Rules.

Contact the WW Program for information. The WW Program has limited funding and may not be accepting new providers.

### Key Provider Responsibilities

#### *Client enrollment*

The WW provider is responsible for determining eligibility and enrolling women in the Oregon WW Program, following procedures, policies and requirements discussed in the Oregon Administrative Rules and in this guide. Providers must maintain documentation in the client's records of insurance status and WW eligibility. Providers must also maintain documentation of HIPAA notification and have a current, signed enrollment form in each client's file.

#### *Documentation*

Providers must maintain documentation in the client's medical record of WW services provided. The documentation should include:

- Medical history
- Assessment
- Laboratory reports
- Notifications sent to the client
- Progress notes
- Referrals made

Documentation must also be kept for clients lost to follow-up and clients who refuse services. Documentation must be available to the WW Program for audit purposes.

### *Follow-up to ensure quality and timeliness of services*

The WW program monitors data input by WW providers into the electronic data system to ensure participating providers' compliance with the recommended screening and referral requirements. The WW Program must report accurate data to CDC which tracks each client's receipt of WW services.

The Oregon WW Program must assure that all clients enrolled in WW who receive an abnormal screening also receive timely and appropriate diagnosis and referral into a life style intervention which will assist clients in their disease self management and making healthy behavior changes. The WW program does not provide treatment.

“Care coordination” or “case management” means that a client is provided with services, results, follow-up recommendations, and active tracking of progress towards follow-up recommendations. WW program providers are responsible for assuring that WW patients with Alert level screening results receive appropriate follow-up in a timely manner. Less than three percent of WW participants nationally are expected to require further diagnostic testing and a smaller percentage are ultimately diagnosed with cardiovascular diseases or diabetes that requires treatment. The WW Program does not fund treatment or case management for WW clients. Each provider should follow an established follow-up procedure and establish a tracking system for patients.

Care coordination for clients with Alert level screening results includes:

- **Assessment:** to identify the client's needs for and barriers to clinical and support services. Barriers might include transportation or language. Interpretation and translation needs should be assessed and culturally and linguistically appropriate services provided.
- **Referral** to link a client to a participating WW ancillary provider(s). Inform the client about the scope and limit of WW covered services and their liability to pay for services not covered by the program.
- **Monitoring** to track and follow active clients who need additional follow-up. WW provides a monitoring system for providers to track client care.

### *Reporting*

After a visit or screening test is conducted, WW providers are required to provide the results and recommendations for follow-up to the client as well as the WW program.

### *Professional education*

Professional education assures that WW providers offer clinical and other WW services in compliance with the WW standards and requirements. Opportunities to participate in professional education events are coordinated by the WW Client Services Coordinator and shared with WW providers on a regular basis. Training opportunities can include areas such as the WW electronic data base, counseling/referral to lifestyle interventions and WW billing practices and procedures.

## Client education

The WW program recommends that WW providers provide their patients with education, including risk factor assessment, using the following 5 A's strategy as a guideline.

- **Ask** (Assessment of health history, family history, medication status, smoking status and lifestyle)
- **Assess** (Screening for heart disease, stroke and diabetes. Readiness to change.)
- **Advise** (Risk reduction counseling (verbal and written) on screening results and healthy lifestyle behaviors)
- **Assist** (Review options such as Quit Line, *Living Well/Tomando Control*, and Counseling. Provide community resources)
- **Arrange** (Refer to counseling or *Living Well/Tomando Control*. Schedule annual screening. If necessary (for alerts), prescribe medication, therapeutic lifestyle change (TLC), or both TLC and medication.)

General materials to reduce risk such as tobacco cessation, physical activity and healthy eating provided in the “Healthy Eating, Exercising, and Quitting Smoking” or other similar resources should be distributed to patients.

## Baseline screening services

The screening tests paid for by the WW Program for every client enrolled in the program include heart disease screening, stroke screening, and diabetes screening. WW funds can only be used for the following in-office screening tests:

- BMI
- Blood pressure
- Pulse
- Tobacco use status

See the appendix for a complete list of WW billing codes or check the [www.healthoregon.or/wh/wisewoman/](http://www.healthoregon.or/wh/wisewoman/) for the most current information. WW funds can only be used for the following laboratory screening tests:

- Fasting lipoprotein panel (includes Total, HDL, LDL, Triglycerides) or Non-fasting Total Cholesterol and non-fasting HDL
- Glucose or A1C
  - Glucose Options: Fasting plasma glucose (FPG) measurement or oral glucose tolerance test (OGTT). Note: If a FPG or OGTT is conducted as part of the baseline screening or re-screening appointment, the results of this test should be used for diagnosis and a second fasting test should not be conducted.

WW clients should be provided with the “My Health Information” brochure at the time of their initial visit. Data gathered at that time by the WW provider (BMI, blood pressure, pulse) must be recorded and provided to the client. The WW program recommends advising the client to add the results of their screening tests on the “My Health Information” brochure when they receive those results, so that the information is accessible and easy for the client to understand and interpret at any later date.

### *Referral to the Lifestyle Intervention or Tobacco Cessation Resources*

All WW program participants with abnormal and alert levels of screening results should be referred to the WW selected lifestyle interventions, *Living Well* or *Tomando Control de su Salud* in the client’s region. WW participants should be offered information about where to go to attend a *Living Well/Tomando Control* workshop and how they can register. This information can be provided in the form of business cards, program flyers, sharing the “Changing Our Lives” or “Tomando Control de su Salud” promotional videos, or referring the patient to the statewide Living Well referral number, 1-888-576-7414.

All WW program participants currently using tobacco products who indicate a readiness to change should be referred to the Oregon Tobacco Quit Line (1-800-QUIT-NOW and in Spanish: 1-800-2NO-FUME) and other tobacco cessation resources (See pages 21-22).

### *Alternatives to Living Well and Tomando Control de Su Salud*

CDC has approved the Oregon WW Program to reimburse for **only one** counseling visit for eligible clients over a 12 month period. These counseling visits will **only** be for clients who cannot or will not attend *Living Well/Tomando Control*. If clients initially decline, providers will probe for reasons why they are refusing and try to address any barriers. If they can address any barriers the client describes, the provider will again refer them to *Living Well/Tomando Control*. The data entry system will track why they decline. The reasons include:

- Client refused
- Cost
- Referral to another L.I. (lifestyle intervention)
- Transportation
- Daycare
- Don’t know

### *Treatment*

The WW Program is required to ensure that follow-up of clients with alert and abnormal value levels on screening tests occurs and that treatment is initiated in a timely manner for clients with a diagnosis of cardiovascular disease or diabetes. However, WW does **not** cover treatment costs.

- The WW Program is a screening program. It does not cover treatment for any medical condition. Women identified as having alert or abnormal values should be referred to *Living Well/Tomando Control* and a source of primary care.

- The WW Program does not cover *management* of health conditions such as hypertension, diabetes, osteoporosis, depression or domestic abuse, or any other condition even if detected as a result of WW Program screening services.
- The WW Program does not cover services and procedures related to the treatment and management of any conditions diagnosed prior to a client’s enrollment in the WW Program.
- If the health care provider recommends services or procedures not covered by the WW Program, the provider, prior to performing the services or procedures, **must** inform the client that she or he is responsible for paying for the non-covered services and allow her or him to decide whether to have the recommended services.
- To the best of his or her ability, the health care provider should help the client identify a plan and available resources to obtain necessary treatment and follow-up services for conditions that are not covered by the WW Program.

### *Continuity of care*

Clients who receive screening, re-screening, and referral services through WW must receive continuity of care. If a provider or agency discontinues WW Program services due to termination of its contractual agreement with Oregon Department of Human Services, clients with alert screening value levels must receive continued follow-up and case management services from the WW Program provider regardless of the status of the contract.

If a provider terminates the Medical Services Agreement, data are still required to be submitted through the completion of each client’s cycle.

A woman wishing to enroll in the Oregon WW Program must meet each of the following eligibility requirements:

### *Client Eligibility*

**Only** women who are enrolled and remain eligible to participate in the Oregon Breast and Cervical Cancer Program (BCCP) are eligible to participate in WW. Specifically, a woman wishing to enroll in the Oregon WW Program must meet each of the following eligibility requirements:

#### *Income*

Women must have a gross household income or a net taxable income at or below 250 percent of the current federal poverty level (FPL). These income guidelines change annually. Refer to the WW website ([www.healthoregon.org/wh/wisewoman](http://www.healthoregon.org/wh/wisewoman)) for current federal poverty level information.

“Household Income” includes the income of all family members living together and supported by family income. Gross household income is determined before deductions for income taxes, Social Security taxes, insurance premiums, bonds, and so on. For persons who are self-employed, eligibility is based on net taxable income.

*Family* means a group of persons related by birth, marriage, adoption or a legally defined dependent relationship, such as spouse, children, parents, or siblings.

## *Insurance*

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

- The woman has no health insurance (uninsured); or
- The woman is underinsured.

*Underinsured* means that insurance does not pay for preventive health exams that provide cardiovascular screening or diagnostic services, such as blood glucose or cholesterol; or the deductible is \$500 or more.

WW Program is the payer of last resort. Therefore, all other third party payers must be billed prior to billing WW.

**Medicaid** – Women who are covered under Oregon Health Plan (Medicaid) at the time of enrollment are **ineligible** for services through WW.

**Medicare** – Women enrolled in Medicare Part B are ineligible for WW. A woman who is eligible but not enrolled in Medicare Part B is encouraged to enroll in Part B. A woman who is Medicare-eligible but cannot pay the premium required by Medicare Part B, and is income and age eligible for the WW Program, may enroll in WW.

**American Indian/Alaska Native Women** – If an American Indian/Alaska Native woman is eligible for Indian Health Services (IHS), is not otherwise enrolled in WW and meets WW's age and income eligibility requirements, she is considered “uninsured” and is eligible to receive WW services. Being eligible to receive IHS services does not mean that an American Indian/Alaska Native woman is “insured” for purposes of WW.

## *Age*

The WW Program covers women residing in Oregon who are 40 years of age or older. The priority is to screen women ages 50-64. Women enrolled in the WW program must be co-enrolled in the BCCP program.

## *Re-screening*

A woman screened through the WW program who returns for her annual BCCP/WW exam 12-18 months after her WW baseline screening should receive WW re-screening services as part of her annual exam office visit. The re-screening gives an opportunity to provide feedback to:

1. Women on progress made toward reaching behavioral goals and reducing their chronic disease risk.
2. Providers on improvements made by participants and the need to reinforce lifestyle changes.
3. The WW program on the impact of its direct services.

## **WISEWOMAN Assessment Services**

Women who are between 40- and 64-years of age and meet program eligibility requirements can be enrolled in WW Program for assessment if they are:

- Symptomatic and/or have had a previous diagnosis of a diabetes, heart disease, stroke, high blood pressure and obesity.

The WW Program prefers that clients be enrolled into the program at the beginning of the BCCP/WW screening cycle. WW providers are required to provide integrated WW/BCCP visits to clients unless they have received written permission from WW program staff to deviate from this policy. However, WW cycles can be completed and closed even if a BCCP cycle remains open.

## Client Enrollment Process

To enroll in the Oregon WW Program, clients are permitted to self-declare eligibility information and verification is not required. Every year, a client must complete and sign an enrollment form documenting her eligibility. A client must meet the program eligibility requirements:

- Live or intend to live in Oregon
- Age 40 to 64 years old
- At or below 250 percent of the Federal Poverty Level
- Uninsured or underinsured (*Underinsured* means that insurance does not pay for preventive health exams that provide cardiovascular screening or diagnostic services, such as blood glucose or cholesterol; or the deductible is \$500 or more.)
- Currently enrolled or co-enroll in BCCP

Eligibility for BCCP can be determined by the call center (1-877-255-7070) which refers callers to contracted providers for services, not all of which will be offering WW services.

## Data Collection

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Information on women screened for cardiovascular disease, stroke and diabetes is collected:

- To meet CDC data requirements. Data is collected at the initial, annual and subsequent visits.
- To ensure quality and timeliness of care. Ensuring quality of care includes documenting complete screenings and diagnostic work-up for those women with abnormal and alert screening test results.

## Performance Measures

Data collection is essential for monitoring delivery of services and clinical outcomes of the program. The Oregon WW Program is required to submit a report every six months to the CDC. The CDC staff uses the reported data elements to evaluate the quality of the Oregon program and continued funding for the Oregon Program.

In addition to submitting standard claims information via the web based BCCP/WW data system, **enrolling providers** are required to submit client data in order to receive payment for the claim. The data is used to collect information pertaining to chronic disease prevention, diagnosis, and treatment and is used by the National WW Program and the Oregon WW Program primarily to monitor the delivery of services and clinical outcomes. Although data requirements may require more information than necessary for payment of a specific claim, all related fields must be completed and submitted. WW works in partnership with contracted providers to meet these benchmarks.

A WW provider must meet the following federal requirements so that the WW Program can continue to receive federal funding. Contact the WW Program staff if you need assistance in meeting these performance standards.

- Less than a 7 day lapse between screening alert level results and medical referral (includes, as needed, diagnostic tests and exams and access to low-cost medications) and/or case management as needed.
- Submission of WW Program billing and client data in the method specified by the WW Program.

## Timeliness

In accordance with the WW Program Oregon Administrative Rules:

- Enrolling providers must provide the WW Program with enrollment and eligibility information immediately or within **90** calendar days from the date of enrollment.
- Ancillary providers must provide results of services to enrolling providers within **14** calendar days from the date of service.
- All other data must be submitted within 90 days from the date of enrollment. In the event that a case requires additional diagnostic procedures that exceed **90** days from the date of enrollment, the data must be submitted immediately upon receipt.

The purpose of these rules is to ensure that the WW Program receives information from WW providers in a timely manner in order to conduct quality assurance and facilitate timely payments to providers.

### **Overview of the Data**

All WW program providers are required to submit data via the web based BCCP/WW electronic data system. Five categories of data are collected:

- Client enrollment
- Client assessment
- Cardiovascular disease tracking
- Diabetes tracking
- Referral to lifestyle interventions and tobacco cessation resources

## **Client Records, Confidentiality, Informed Consent, Release of Information (ROI) and HIPAA**

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### **Medical Records and Confidentiality**

Participating providers must maintain medical records for each WW client for a minimum of **four years**. The information must be protected from inappropriate disclosure. The use and/or disclosure of any woman's medical or social information of a confidential nature must be protected. Provision of medical services and information contained in the medical records of women enrolled in the WW Program are considered confidential.

### **Client Consent**

A signed and dated Breast and Cervical Cancer Program (BCCP)/WW Client Consent must be obtained and remain a permanent part of the woman's medical record. The Client Consent section can be found on the Enrollment/Re-enrollment Form.

A woman's signature on the Client Consent indicates that she gives permission for the Oregon Breast and Cervical Cancer Program and the Oregon WW Program to share information such as her name, date of birth, address, and results of screening and diagnostic tests with BCCP/WW provider (s), the BCCP/WW, and the organizations that fund the BCCP/WW. This information allows BCCP and WW to follow the woman's progress, improve the quality of services for women in the program, and comply with CDC data reporting requirements. Information is kept confidential.

A woman's signature on the Enrollment/Re-enrollment form authorizes her participation in the BCCP/WW Program and indicates her understanding of the screening services that will be covered. A woman's signature on the form should be renewed annually if she continues to participate in the BCCP/WW. However, the woman has the right to revoke her consent at any time.

The enrolling provider is responsible for ensuring that each woman enrolled in the BCCP/WW has reviewed and signed the Enrollment/Re-enrollment Form prior to initiating services.

The use or disclosure by the provider of any information concerning women enrolled in the BCCP/WW for any purposes not directly concerned with the BCCP/WW is prohibited.

### **Health Insurance Portability and Accountability Act Responsibilities**

As a health program, WW is required to protect client information and inform the clients of their rights under HIPAA, and contracted WW Providers are required to comply with HIPAA regarding the confidentiality of client records.

## Identification of clients requiring follow-up

The WW Program focuses on key components to reduce mortality from cardiovascular and chronic disease. These components are:

1. Routine screening (based on national guidelines)
2. Referral to tobacco cessation resources (The Oregon Tobacco Quit Line) if client indicates a readiness to change
3. Referral to self-management program (*Living Well* or *Tomando Control*) with diagnosis of abnormal or alert value screening results
4. Timely initiation of treatment if alert levels are detected

Lives can be saved only if clients who need services are systematically identified, quickly referred for follow-up tests and given access to recommended treatment.

The WW program does not provide care coordination or treatment, but requires that WW providers ensure that women enrolled in the program receive timely and appropriate diagnostic, treatment and re-screening services.

Providers are expected to provide referrals to the *Living Well with Chronic Conditions* program or *Tomando Control* program for women with abnormal screening results.

### Follow-up for Alert Results

Follow-up of alert level screening results is a crucial component of the WW Program. Care coordination is the responsibility of the WW Program provider(s).

**No more than 7 days should lapse between the time an alert level value is identified and initiation of treatment.**

It is also recommended that WW Program providers:

- Determine the factors that may keep each client from receiving recommended services.
- Assess clients' practical, cultural, and educational barriers to care, such as fear, lack of knowledge or misunderstanding about procedures, need for translation services, or need for transportation.
- Providers will check whether follow-up or annual screening appointments were made and services received in order to complete data according to WW Program requirements.

## WW Program Provider Responsibilities

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A WW Program provider's responsibilities include:

1. Inputting the WW Program data in the electronic data system and submitting it to the WW Program as required.
2. Establishing systems (such as letters, postcards, phone call, and so on) which document informing clients of normal screening results. This reassures the client and prevents unnecessary calls from clients to the provider regarding their test results.
3. Informing 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.
4. Documenting, in the client's record, examination findings and results of screening procedures, client notification and recommended re-screening date(s).

### Provider Responsibilities: Case Management and Follow-up

It is the provider's responsibility to:

1. Provide case management for the following results:
  - All alert levels for Glucose or A1C screening tests.
  - All alert levels for Blood Cholesterol/triglycerides screening tests.
  - All alert levels for Blood Pressure.
  - All alert levels for BMI.
2. Provide diagnostics and follow-up within the following timeframe:
  - Less than 1 week from an alert value to scheduling a follow-up visit.
3. Follow-up for all alert value levels and abnormal value levels by:
  - Assessing a woman's readiness to change
  - Identifying solutions to overcome barriers to make it possible for women to receive medical care/lifestyle intervention referrals
  - Refer to *Living Well/Tomando Control*
  - If woman declines *Living Well /Tomando Control* referral, offer lifestyle counseling (note: WW will only pay for **one** counseling visit for women who decline *Living Well /Tomando Control*)
4. Follow-up for all women currently using tobacco products by:
  - Referral to the Oregon Tobacco Quit Line,  
1-800-QUIT NOW (1-800-784-8669) or  
1-877-2NO-FUME (1-877-266-3863) for Espanol  
1-877-777-6534 (ITY)
  - Fax patient referrals to the Oregon Tobacco Quit line at: 1-800-483-3114

There is a Fax Referral Form available on the Oregon Tobacco Prevention and Education Program website at: [www.healthoregon.org/tobacco/](http://www.healthoregon.org/tobacco/) Click the link for “Oregon Tobacco Quit Line”, then the link for “Tobacco Cessation Resources for Health Care Providers” and you will see it listed as “FAX referral doc” or use:

<http://www.oregon.gov/DHS/ph/tobacco/oregonquitline.shtml#providers>

**The Quit Line will call your patient** once you provide the contact information. Unless you specify otherwise on the referral form, the Quit Line will automatically send you reports on patients you’ve referred. If you have not previously sent fax referrals to the Quit Line, you will be sent a form from the Quit Line asking for confirmation that you are a HIPAA covered entity and legal to receive personally identifiable health information.

Once your patient has registered with the Quit Line, they will be provided with additional resources tailored to their stage of readiness, as well as access to the online Web Coach program.

5. Provide verification to the WW Program:
  - A written explanation for any woman with an alert value who does not receive medical care and/or medication.

## Screening Services Policies

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### Woman's Wellness Exam

The BCCP/WW Program recommends that all women in the program receive an initial and then periodic preventive medical evaluation that minimally provides a personal and family health history and a physical assessment specifically relating to the health conditions covered by the BCCP/WW.

**One combined annual Woman's Wellness Exam per year is paid for by BCCP/WW. Exceptions to this policy need to be approved by the Oregon WW program.**

A Woman's Wellness Exam should include:

- Blood pressure (WW)
- Body Mass Index (WW)
- Cholesterol tests (WW)
- Glucose or A1C tests (WW)
- Triglycerides (WW)
- Smoking behavior (WW)
- Clinical Breast Exam (BCCP)
- Referral to a screening mammogram (BCCP)
- Pelvic examination (BCCP)
- Pap test (BCCP)

Follow-up services may include services such as :

- Referral to the Oregon Tobacco Quit Line (WW)
- Referral to *Living Well/Tomando Control* (WW)
- **One** consultation related to living a healthy lifestyle if woman declines *Living Well/Tomando Control* (WW)
- Ultrasound (BCCP)
- Biopsy (BCCP)
- Surgical Consultation (BCCP)
- Colposcopy (BCCP)

### Health History

A complete personal and family health history must be included as part of the examination. The health history includes:

- Date and results of any previous blood work (cholesterol, glucose or A1C screening)
- Any history of previously diagnosed diabetes, abnormal blood glucose levels, including gestational diabetes or other diagnostic or treatment procedures for

pre-diabetic conditions; history of breast cancer, heart attack, angina, coronary heart disease, stroke, high cholesterol, and/or high blood pressure.

- History of medications
- Risk factors, including tobacco use, for conditions listed above and description of present symptoms
- brief family history of breast cancer, stroke, heart attack and/or diabetes

## **Risk Factor Assessment and Counseling**

The WW program recommends that WW providers provide their patients with education, including risk factor assessment, using the following 5 A's strategy as a guideline.

- **Ask** (Assessment of health history, family history, medication status, smoking status and lifestyle)
- **Assess** (Screening for heart disease, stroke and diabetes risk factors; Readiness to change)
- **Advise** (Risk reduction counseling (verbal and written) on screening results and healthy lifestyle behaviors)
- **Assist** (Review options such as Quit Line, *Living Well/Tomando Control*, and Counseling. Provide community resources)
- **Arrange** (Refer to counseling or *Living Well/Tomando Control*. Schedule annual screening. If necessary (for alerts), refer for further follow-up. Note: The WW program does not cover treatment costs.)

WW clients should be provided with the “My Health Information” brochure at the time of their initial visit. Data gathered at that time by the WW provider (BMI, blood pressure, pulse) must be recorded and provided to the client. The WW program recommends advising the client to add the results of their screening tests on the “My Health Information” brochure when they receive those results, so that the information is accessible and easy for the client to understand and interpret at any later date.

# WW Program Health Screening Guide

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## Goal of Health Screening

The goal of health screening for the WW Program is to reduce premature mortality from heart disease, diabetes and stroke and to improve survival and quality of life for those diagnosed with these chronic conditions by ensuring quality screening and diagnostics services for women in Oregon.

## Definition of Screening

Screening is a process to detect unsuspected disease in asymptomatic persons or measure current status of those previously diagnosed. The methods used by the WW Program for early detection and screening of chronic diseases are blood pressure, Body Mass Index (BMI), blood cholesterol and blood glucose or A1C.

## Clinical guidelines

The WW Program recommends consulting standards of care established by organizations such as the following:

- **Blood Pressure** – The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) <http://www.nhlbinih.gov/guidelines/hypertension/>
- **Cholesterol** – National Cholesterol Education Program, Adult Treatment Panel III Report (ATP III) <http://www.nhlbi.nih.gov/guidelines/cholesterol/>
- **Diabetes** – American Diabetes Association Clinical Practice Recommendations 2008  
[http://care.diabetesjournals.org/content/vol31/Supplement\\_1/#POSITION\\_STATEMENTS](http://care.diabetesjournals.org/content/vol31/Supplement_1/#POSITION_STATEMENTS)
- **Overweight and Obesity** – Obesity Education Initiative’s Guidelines for Weight Management <http://www.nhlbi.nih.gov/about/oei/>  
The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults  
[http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)
- **Tobacco Use** -- U.S. Department of Health and Human Services Clinical Practice, Guideline: Treating Tobacco Use and Dependence  
<http://www.surgeongeneral.gov/tobacco/default.htm>

## Client Education and Referral

The enrollment site staff will provide and document chronic disease/healthy lifestyle information to every woman who is enrolled into the WW Program. The following

information must be explained to every woman in her primary language and may be supplemented with printed or audio-visual materials in the woman's primary language.

- Importance of screening at regular intervals
- Medical procedures as part of the Woman's Wellness Exam
- Steps a woman must take to complete her Woman's Wellness Exam
- Description of possible results of the medical procedures (Blood glucose, blood cholesterol, etc.)
- Risk factors
- Signs and symptoms of chronic diseases for which screening is provided
- Date of next appointment and a telephone number to call with questions and/or to make her next appointments
- Eligibility to receive WW Program services can change year to year
- Information on the limitations of chronic disease screening, e.g., a routine screening result does not necessarily indicate the absence of disease; normal results never rule out the later development of disease, which is why ongoing regular screening is recommended; and that an abnormal finding does not necessarily mean that the finding is immediately life threatening.

## **Components of Cardiovascular/Stroke Screening**

### *1. Blood Pressure Screening*

Accurate blood pressure measurements are critical for detecting and managing high blood pressure. The BP reading should be done by appropriately trained, licensed clinic staff. The equipment used must be regularly inspected and validated. The WW Program recommends following guidelines from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) report for accurately measuring blood pressure.

- The patient must be properly prepared and positioned
  - Caffeine, exercise, and smoking should be avoided for at least 30 minutes before BP measurement.
  - The client should be seated quietly in a chair, with feet flat on the floor, and the arm supported at heart level.
- An appropriately sized cuff must be used to ensure accuracy: cuff bladder encircles at least 80 percent of the arm.
- Both diastolic and systolic BP should be measured and recorded.
- At least 2 measurements of the BP, taken at least 2 minutes apart, should be taken and recorded. During the interval between readings, the client should continue seated quietly with feet flat on the floor.

- Clients should be given the results of their BP measurements both verbally and in writing.

## ***2. Blood Cholesterol Screening***

Screening refers to procedures, such as fasting and non-fasting blood cholesterol. Since WW screening services are expected to be integrated with the BCCP annual exam appointment, it is not always practical to require the women to fast prior to the appointment. In order to flexibly provide women services, the WW Program recommends:

- Provide fasting cholesterol testing whenever possible
- Offer a non-fasting cholesterol test as an alternative for a woman who might not otherwise receive blood cholesterol screening due to barriers.
- When both blood pressure and blood cholesterol screening results are normal, routine follow-up is recommended.
- Abnormal and alert values for non-fasting blood cholesterol always require further diagnostic evaluation. The WW program pays for a fasting test when a woman has abnormal or alert values on the non-fasting test.

## ***3. Pulse***

A diagnosis of atrial fibrillation can increase an individual's risk of stroke 5 to 6 times. This is why it is important for pulse regularity to be evaluated. Some patients may experience symptoms with an irregular pulse such as fluttering in the chest, shortness of breath, dizziness or a racing feeling in the chest, but many patients have no symptoms. Atrial fibrillation is only one cause of an irregular pulse, so it is important that clients identified as having an irregular pulse be referred for further evaluation, as outlined below.

## **Components of Diabetes Screening**

**NOTE: Women who are previously diagnosed with diabetes receive an A1C test instead of a blood glucose test.**

### ***Blood Glucose Screening***

Screening refers to procedures, such as A1C (for women previously diagnosed with diabetes), and fasting and non-fasting blood glucose. Since WW screening services are expected to be integrated with the BCCP annual exam appointment, it is not always practical to require the women to fast prior to the appointment. In order to flexibly provide women services, the WW Program recommends:

- Provide fasting blood glucose testing whenever possible
- Offer a non-fasting (casual) blood glucose test as an alternative for a woman who might not otherwise receive blood glucose screening due to barriers.
- When blood glucose screening results are normal, routine follow-up is recommended.

- Abnormal and alert values for non-fasting blood glucose always require further diagnostic evaluation. The WW program pays for a fasting test when a woman has abnormal or alert values on the non-fasting test.

## **Body Mass Index Screening (a component of both diabetes and cardiovascular screening)**

Accurate measurement of the client's weight and height are necessary to determine accurately their BMI. Scales and stadiometers used should be calibrated on a regular basis. The BP weight and height measurements and BMI calculations should be done by appropriately trained, licensed clinic staff. It is important that weight and height measurements be done in a way that respects client's privacy and dignity. Clients should remove shoes, heavy clothing, cell phones, etc, prior to measuring height and weight.

The BMI is a mathematical calculation that uses adult height and weight to determine which of 4 categories the client falls into: underweight, normal weight, overweight, or obese. The BMI may be determined using the standard formula, readily available tables, or on line calculators. Methodology used in each clinic should be consistent and reviewed regularly.

## **Follow-up of Screening Results**

Enrollment site staff are required to provide clients with written documentation of screening results using the “My Health Information” brochure provided by the WW program. Enrollment site staff are encouraged to also provide information on healthy behaviors related to tobacco cessation, healthy eating and physical activity, such as the “Healthy Eating, Exercising and Quitting Smoking” brochure provided by the WW program.

### ***Normal screening – Blood pressure and Fasting or Non-fasting Blood Cholesterol tests***

- A total blood cholesterol of less than 200, HDL 40 or above, LDL less than 100 and triglycerides less than 150, with no symptoms, needs no further diagnostic workup. The clinician must notify the woman of findings, including the need for continued screening examinations.
- Systolic blood pressure measurements of less than 120 and diastolic measurements of less than 80, with no symptoms, needs no further diagnostic workup. The clinician must notify the woman of findings, including the need for continued screening examinations.

### ***Management of Abnormal or Alert value levels – Non-fasting Blood Cholesterol Test***

- Abnormal blood HDL cholesterol tests (less than 40) and total cholesterol (between 200 and 399) require referral to the lifestyle intervention (*Living Well* or *Tomando Control*)

- Alert level values for total cholesterol (400 and above) require referral to the lifestyle intervention (*Living Well / Tomando Control*) **as well as case management and/or treatment as needed** (note: WW does not pay for treatment or medication)

#### ***Management of Abnormal value levels – Fasting Blood Cholesterol Test***

- Abnormal blood LDL cholesterol tests (100 and above) and triglycerides (150 and above) require referral to the lifestyle intervention (*Living Well / Tomando Control*)
- Women who have abnormal non-fasting values for blood cholesterol or glucose are expected to be referred for diagnostic tests in accordance with national clinical care guidelines.

#### ***Normal screening examination -- Blood Glucose test***

A blood glucose test of less than 200 with no symptoms needs no further diagnostic workup. The clinician must notify the woman of findings, including the need for continued screening examinations.

#### ***Management of Abnormal or Alert value levels -- Blood Glucose Test***

- Abnormal blood glucose tests (from 200 to 374) require referral to the lifestyle intervention (*Living Well / Tomando Control*)
- Alert level values for blood glucose (375 and above) require referral to the lifestyle intervention (*Living Well / Tomando Control*) **as well as case management and/or treatment as needed** (note: WW does not pay for treatment or medication)

## Provider Billing Procedures

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### Provider Reimbursement Rates

- Reimbursement rates for the Oregon WW Program are determined using the current Medicare Reimbursement Rates for the Portland, Oregon Metro Area.
- Reimbursement rates for the WW Program are updated annually, effective on January 1.
- CPT Code List and Provider Reimbursement Schedule. See <http://www.healthoregon.org/wh/wisewoman>
- The WW Program will not pay for more than one office visit code per date, per individual provider.
- The WW Program is the payer of last resort.

### Provider Reimbursement Requirements

- The WW Program must have a signed and executed WW Medical Services Agreement in order to reimburse the provider for procedures rendered.
- The provider must maintain documentation in the client's medical record of WW Program services provided, including a signed and completed Client Enrollment/Re-enrollment Form.
- For those clients who are underinsured, the provider must first submit claims to a client's private insurer. If a third-party payer covers a portion of the cost of the screening services, the provider may **not** bill the WW Program for the remaining costs. The WW Program does not reimburse for co-payments.
- Providers must accept WW Program reimbursement rates for billed procedures as payment in full. Providers may **not** bill WW Program clients for remaining balances of procedures reimbursed by WW. Providers may bill WW Program clients for procedures that are **not** covered by the WW Program, but providers must inform clients in advance and in writing that a specific procedure will *not* be covered by the program.
- Providers may only submit claims for completed services.
- Providers must submit claims using the BCCP/WW web based electronic billing system.

### Enrollment/Eligibility Determination and Client Tracking

- A Data Collection Fee for WW client Enrollment/Eligibility determination and client tracking is reimbursed at \$13 per client.
  - This fee is only paid once for a client within a one-year period.

- If a client had been lost to follow-up, refused services or leaves the program for any reason and re-enrolls before 12 months from her first enrollment, the fee is not paid a second time.
- If a client had been lost to follow-up, refused services or leaves the program for any reason and re-enrolls more than 12 months from her first enrollment, the fee will be paid.
- The Data Collection Fee must be documented separately on the claims and will not be paid until all results are received.

## Denial of Reimbursement

Claims will be denied for any of the following reasons. A remittance identifying the reason(s) for a claim denial will be made available to the provider. All services must be billed by submitting claim information in the method specified by the WW Program.

- Services provided to ineligible women (that is, women who do not meet the age, income, insurance or screening frequency and/or screening interval requirements.)
- A signed Medical Services Agreement and Contact Information Form are *not* on file.
- Required WW data were not submitted or all of the required data elements were not completed.
- Guidelines for screening and follow-up outlined in this guide are not met.
- The claim is submitted more than 12 months from the date of service.
- The claim is submitted in some form other than the electronic web based BCCP/WW data system.

No payment will be made for any expense incurred for any of the following services or items:

- (a) **Treatment** for cardiovascular disease or chronic conditions;
- (b) Any other medical service or laboratory tests whose primary purpose is for a reason other than heart disease, stroke, or diabetes screening.

## Appendix

### *Allowable Oregon WISEWOMAN Primary Prevention Services and Procedures with Corresponding CPT Codes January 2009<sup>1</sup>*

Listed below are allowable procedures and the corresponding suggested Current Procedural Terminology (CPT) codes<sup>2</sup> for use in the Oregon Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program.

<b>CPT Code</b>	<b>Tests to Assess Cholesterol</b>
80061	Lipid panel
80061QW	Lipid panel (CLIA waived) <sup>3</sup>
82465	Cholesterol, total
82465QW	Cholesterol, total (CLIA waived)
83718	HDL cholesterol
83718QW	HDL cholesterol (CLIA waived)
<b>CPT Code</b>	<b>Tests to Assess Glucose</b>
82947	Glucose; quantitative
82947QW	Glucose; quantitative (CLIA waived)
82948	Glucose; blood, reagent strip
82951	Glucose tolerance test, three specimens
82951QW	Glucose tolerance test, three specimens (CLIA waived)
83036	Hemoglobin, glycated (A1C) <i>used in lieu of other glucose testing for those with previous diagnosis of diabetes</i>

<sup>1</sup> Check the Oregon WISEWOMAN Program website at [www.healthoregon.org/wh/wisewoman/](http://www.healthoregon.org/wh/wisewoman/) for the most current information.

<sup>2</sup> Current Procedural Terminology (CPT), a numeric coding system maintained by the American Medical Association (AMA), consists of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. The AMA holds copyright on CPT (2001) and have registered the trademark, CPT®.

<sup>3</sup> The Clinical Laboratory Improvement Amendments of 1988 (CLIA) law specifies that laboratory requirements be based on the complexity of the test performed and established provisions for categorizing a test as waived. Tests may be waived from regulatory oversight if they meet certain requirements established by the statute. CLIA waived tests employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; pose no reasonable risk of harm to the patient if the test is performed incorrectly; and/or are cleared by the Food and Drug Administration for home use.

83036QW	Hemoglobin, glycated (A1C) (CLIA waived) <i>used in lieu of other glucose testing for those with previous diagnosis of diabetes</i>
<b>CPT Code</b>	<b>Panels that include Assessment of Glucose</b>
80048	Basic metabolic profile
80053	Comprehensive metabolic panel
<b>CPT Code</b>	<b>Other</b>
36415	Routine venipuncture
<b>CPT Code</b>	<b>Office Visits (also allowed by NBCCEDP)</b>
99201	Office visit for new patient – problem focus – 10 minutes face to face
99202	New Patient (baseline screening), includes risk reduction counseling - 20 minutes
99203	Office visit for new patient –low complexity - 30 minutes face to face
99211	Established Patient – minimal problem, evaluation and management, may not require presence of physician – 5 minutes face to face
99212	Office visit for established patient – baseline screening or 12 to 18 month re-screening, includes risk reduction counseling – 10 minutes
99213	Office visit for established Patient – expanded problem focus – 15 minutes face to face
<b>CPT Code</b>	<b>Preventive Medicine Evaluation Office Visits</b> Preventive medicine evaluation reimbursement rates should only be used for comprehensive office visits: i.e., integrated office visits (WISEWOMAN + BCCP) that include risk reduction counseling
99386	Initial preventive medicine evaluation– 40-64 years of age
99396	Periodic preventive medicine evaluation – 40-64 years of age
<b>CPT Code</b>	<b>Counseling Services</b> If appropriate, these codes may be used for reimbursement of lifestyle intervention counseling when women refuse referral to Living Well/Tomando Control.
99150	Health and behavior intervention, 15 minutes
99151	Re-assessment
99152	Health and behavior intervention, 15 minutes

99153	Group, 2 or more patients
99154	Family, with patient present

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