

MISSOURI WISEWOMAN PROGRAM MANUAL

2021-2022



WISEWOMAN™

Well-integrated Screening and Evaluation
for Women Across the Nation

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY AND PUBLIC HEALTH | SECTION FOR WOMEN'S HEALTH

The creation of this Program Manual was made possible by cooperative agreement DP18-1816 from the Centers for Disease Control and Prevention (CDC)/Division for Heart Disease and Stroke Prevention/WISEWOMAN Program. Its contents are solely the responsibility of the authors and do not represent official views of CDC.

This page is intentionally blank.

WISEWOMAN STAFF CONTACT INFORMATION

Kelly Palermo
Program Manager
573-522-2871

Kelly.Palermo@health.mo.gov

Nicole Rea, RN
Education Coordinator
573-526-0967

Nicole.Rea@health.mo.gov

Roselyn Wood
Program Representative
573-522-2866

Roselyn.Wood@health.mo.gov

Jackie Jung
Program Specialist
573-522-2859

Jackie.Jung@health.mo.gov

Toll Free Number: 866-726-9926

Fax Number: 573-522-3023

For more information about WISEWOMAN, please visit us on our website at:
<https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/index.php>

This page is intentionally blank.

TABLE OF CONTENTS

PURPOSE OF THIS MANUAL..... 1

WISEWOMAN AND SHOW-ME HEALTHY WOMEN PROGRAM OVERVIEW 1

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM..... 1

WISEWOMAN PROGRAM HISTORY 1

SHOW-ME HEALTHY WOMEN 2

 Vision Statement 2

 Mission Statement 2

WISEWOMAN 2

 Vision Statement 2

 Mission Statement 2

NBCCEDP AND WISEWOMAN SIMILARITIES 3

WISEWOMAN FOCUS AREAS 4

COMMUNITY-CLINICAL LINKAGES..... 4

PATIENT ENGAGEMENT 5

 Benefits of Patient Engagement..... 5

DATA AND OUTCOMES..... 5

NATIONAL CLINICAL GUIDELINES..... 5

 National Guidelines Guidance 6

WISEWOMAN PROVIDER CONTRACTS 7

HOW TO BECOME A WISEWOMAN PROVIDER 7

WISEWOMAN CONTRACT REQUIREMENTS..... 7

 Recruit Participants 8

 Attend Training 9

TERMINATION OF SMHW/WISEWOMAN PARTICIPATION 9

ELIGIBILITY AND ENROLLMENT 10

WISEWOMAN ELIGIBILITY REQUIREMENTS 10

INCOME REQUIREMENTS 10

INSURANCE REQUIREMENTS 11

 Eligible Health Insurance 11

 Ineligible Health Insurance 11

PARTICIPANT ELIGIBILITY GUIDANCE 11

WISEWOMAN ENROLLMENT 11

WISEWOMAN PROVIDER MAP 12

REGIONAL PROGRAM COORDINATORS 13

TRANSPORTATION SERVICES 14

 Travel Vouchers 14

 Transportation Providers 15

INTEGRATED OFFICE VISIT POLICY FOR NBCCEDP AND WISEWOMAN 17

INTEGRATED OFFICE VISITS 17

WISEWOMAN INTEGRATED SCREENING SERVICES 17

REFERRAL TO WISEWOMAN 18

RISK REDUCTION COUNSELING 18

FOLLOW-UP SERVICES 18

INTEGRATED OFFICE VISIT FLOWCHART FOR CO-LOCATED PROVIDERS 19

OFFICE VISIT FLOWCHART FOR NOT CO-LOCATED PROVIDERS 20

CLINICAL SCREENING SERVICES 21

WISEWOMAN SCREENING REQUIREMENTS 21

 Baseline Screening and Rescreening Components 21

WISEWOMAN CLINICAL MEASUREMENTS 22

 Body Mass Index (BMI).....22

 Waist-to-Hip Ratio.....22

 Blood Pressure Guidelines.....23

 Laboratory Values24

Fasting Lab Guidelines24

Follow-up / Repeat Lab Guidelines.....24

RISK REDUCTION COUNSELING.....25

RISK REDUCTION COUNSELING TOOLS 25

 Common Elements of Motivational Interviewing.....25

SCREENING STANDARDS..... 26

WISEWOMAN RISK REDUCTION COUNSELING REQUIREMENTS..... 27

ANNUAL VISIT/RESCREENING.....28

WISEWOMAN RESCREEN REQUIREMENTS..... 28

DIAGNOSTIC AND BLOOD PRESSURE MEDICAL FOLLOW-UP SERVICES29

WISEWOMAN ALERT VALUES 29

 ALERT Values.....29

 ALERT Value Reporting Guidelines.....29

 Lost to Follow-Up Guidelines30

BLOOD PRESSURE MANAGEMENT..... 30

BLOOD PRESSURE MEDICAL FOLLOW-UP 30

DIAGNOSTIC OFFICE VISIT 31

 Qualifying Reasons for a Diagnostic Visit.....31

 Diagnostic Office Visit Guidelines.....31

HEALTH COACHING32

PRINCIPAL TENETS AND FEATURES OF HEALTH COACHING 32

HEALTH COACHING PRIORITY AREAS 32

REFERRAL TO HEALTH COACHING 33

HEALTH COACHING GUIDELINES..... 33

 Initiation of Health Coaching33

 Delivery of Health Coaching33

 Requirements for Health Coaching Delivery Methods33

 Tracking Health Coaching Sessions.....34

 Follow-Up Rescreen Requirements.....34

 Completion and Continuation of Health Coaching34

HEALTHY BEHAVIOR SUPPORT SERVICES35

MISSOURI TOBACCO QUITLINE 35

DIABETES PREVENTION PROGRAM (DPP)..... 36

 Referral Guidelines for DPP36

 Nationally-Recognized DPP Providers.....36

 Criteria and Training to Provide DPP On-Site36

 Course Content of DPP.....37

 Reimbursement for DPP37

WEIGHT WATCHERS (WW) 37

 Referral Guidelines for WW37

 Session Dosage and Delivery38

 Participant Follow-Up and Program Assessment38

 Reimbursement for WW38

TAKE OFF POUNDS SENSIBLY (TOPS) 39

 Referral Guidelines for TOPS39

 Obtaining a TOPS Voucher39

Session Dosage and Delivery40

Reimbursement for TOPS.....40

EATING SMART-BEING ACTIVE (ESBA) 41

Referral Guidelines for ESBA.....41

Session Dosage and Delivery42

Participant Follow-Up and Program Assessment42

Reimbursement for ESBA42

SELF-MONITORING BLOOD PRESSURE (SMBP) 43

Referral Guidelines for SMBP43

Session Dosage and Delivery44

Participant Follow-Up and Program Assessment44

Reimbursement for ESBA44

COMMUNITY-BASED RESOURCES..... 45

Fitness Center/Gym Membership and Fitness Classes.....45

Guidelines for Memberships45

REIMBURSEMENT46

CLINICAL SERVICES REIMBURSEMENT..... 46

WISEWOMAN Reimbursement Guidelines.....46

Reimbursable WISEWOMAN Clinical Services46

Exclusions and Exceptions for Reimbursements.....47

Timing of Reimbursements47

Tracking Budgets47

Overpayment48

Reporting Only Submission48

HBSS REIMBURSEMENT GUIDELINES..... 48

LSP/HBSS Reimbursement Caps48

[WISEWOMAN SERVICES FY22](#)..... 49

[DATA ENTRY/MOHSaic](#)50

[USES OF DATA IN THE WISEWOMAN PROGRAM](#) 50

[MINIMUM DATA ELEMENTS](#)..... 50

[MDE QUALITY CHECK AND ERROR VALUES](#) 51

[MOHSaic ACCESS](#)..... 52

 Requesting Access to MOHSaic52

[NAVIGATING MOHSaic](#)..... 56

 MOHSaic Helpful Tips56

 Steps to Access the MOHSaic Application.....56

 Entering or Viewing a Participant in MOHSaic57

 Checking Medicaid Information.....60

 Entering Provider and Form Type Information60

 Filling Out a Form61

 Reporting Only Submission62

 Provider Contract Information.....62

 Review Pay Status of Forms.....63

[MOHSaic CLAIM FORMS](#)64

 SCREENING CLAIM FORM (RRC, INITIAL, ANNUAL) 64

 DIAGNOSTIC CLAIM FORM..... 68

 BLOOD PRESSURE MEDICAL FOLLOW-UP CLAIM FORM 70

 EDUCATION CLAIM FORM 71

 FOLLOW-UP RESCREEN CLAIM FORM 72

 LAB ONLY CLAIM FORM 75

 SMBP INITIAL ENROLLMENT CLAIM FORM..... 76

SMBP MEDICAL FOLLOW-UP CLAIM FORM 77

SMBP HEALTH COACHING CLAIM FORM 78

SMBP POST-INTERVENTION FOLLOW-UP CLAIM FORM 79

QUALITY ASSURANCE **80**

PERFORMANCE MEASURES..... 80

PROGRESS REPORTS 81

PROGRAM SITE VISITS 81

PROGRAM MONITORING AND AUDITS 81

QUALITY ASSURANCE PROVIDER EXPECTATIONS..... 82

 SMHW/WISEWOMAN QA FORMS..... 83

OTHER WISEWOMAN RESOURCES **84**

MEDICATION ACCESS 84

CARDIOVASCULAR RISK 85

WISEWOMAN PROGRAM FORMS **86**

 SMHW/WISEWOMAN PARTICIPANT AGREEMENT 86

 SMHW/WISEWOMAN PATIENT HISTORY FORM 87

 WISEWOMAN ASSESSMENT FORM..... 88

 WISEWOMAN SCREENING FORM..... 90

 WISEWOMAN DIAGNOSTIC FORM 91

 WISEWOMAN BP MEDICAL FOLLOW-UP FORM..... 92

 WISEWOMAN HEALTH COACHING REPORTING FORM 93

 WISEWOMAN FOLLOW-UP RESCREENING FORM 94

 WISEWOMAN SMBP PATIENT PARTICIPATION AGREEMENT 96

 WISEWOMAN SMBP INITIAL ENROLLMENT 97

 WISEWOMAN SMBP REFERRAL FORM 98

WISEWOMAN REFERRAL FORM..... 99

WISEWOMAN SCREENING RESULTS FORM..... 100

WISEWOMAN GOAL TRACKING LOG 101

WISEWOMAN ESBA REFERRAL FORMS 102

WEIGHT WATCHERS/TOPS CONSENT FORM 103

WISEWOMAN TOPS ATTENDANCE RECORD/LOG 104

WISEWOMAN SUPPLY ORDER FORM..... 105

GLOSSARY OF TERMS 106

ABBREVIATIONS AND ACRONYMS 110

Overview



PURPOSE OF THIS MANUAL

The purpose of this manual is to provide the information and resources needed to implement a successful WISEWOMAN Program and provide services to program-eligible women in Missouri. If you do not find the information you need in this manual, please contact a member of the Missouri WISEWOMAN team toll free at 866-726-9926.

WISEWOMAN AND SHOW-ME HEALTHY WOMEN PROGRAM OVERVIEW

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

<http://www.cdc.gov/cancer/nbccedp/>

In 1990, the United States Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) to establish the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The Centers for Disease Control and Prevention (CDC) authorizes the NBCCEDP to provide grants to states, American Indian/Alaska Native tribes and U.S. Territories to carry out cancer early detection activities.

WISEWOMAN PROGRAM HISTORY

<https://www.cdc.gov/wisewoman/>

In 1993, Congress amended the NBCCEDP Public Law 101-354 to create the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program. The WISEWOMAN Program addresses women's risk for heart disease and stroke by providing cardiovascular disease (CVD) health screenings and risk reduction education for NBCCEDP participants. The Missouri WISEWOMAN Program started in 2003 and is a sister program to Missouri's NBCCEDP Program, Show-Me Healthy Women (SMHW), both of which are offered through Missouri DHSS (MDHSS).

SHOW-ME HEALTHY WOMEN

www.health.mo.gov/showmehealthywomen

VISION STATEMENT

Improve the quality of life in Missouri through the cure and elimination of breast and cervical cancers.

MISSION STATEMENT

Support quality screening, diagnostic and treatment services, in accordance with current medical standards of care for breast and cervical cancers for all women in Missouri. This is achieved by education, community outreach and resource development, in partnership with public and private entities, communities and citizens.

WISEWOMAN

www.health.mo.gov/wisewoman

VISION STATEMENT

A world where all women can access preventative health services and gain the wisdom and confidence to improve her health.

MISSION STATEMENT

Provide low-income, underinsured or uninsured, 40-64 year old women with the knowledge, skills and opportunities to improve their diet, physical activity and other life habits to prevent, delay or control cardiovascular and other chronic diseases.



WISEWOMAN™

Well-integrated Screening and Evaluation
for Women Across the Nation

NBCCEDP AND WISEWOMAN SIMILARITIES

NBCCEDP (known in the State of Missouri as Show-Me Healthy Women) shares an established infrastructure with WISEWOMAN to provide integrated services including:

- ♥ Recruiting and working with women eligible for services
- ♥ Delivering screening services through an established health care delivery system
- ♥ Collecting and reporting minimum data elements (MDEs) used to track, monitor and evaluate program efforts
- ♥ Providing professional development opportunities for staff, providers and partners
- ♥ Providing public education to raise awareness about the need for women to receive program services
- ♥ Assuring that quality care is provided to women participating in the program

TOPIC	NBCCEDP/SMHW	WISEWOMAN
FIRST STATE/TRIBAL HEALTH AGENCY WAS FUNDED	1990	1995 Three demonstration projects were funded
NUMBER OF NATION-WIDE FUNDED PROGRAMS	50 states, District of Columbia, 5 territories and 12 tribal organizations	21 states and 3 tribal organizations
PROGRAM ADMINISTRATION	CDC’s Division of Cancer Prevention and Control Program, Services Branch, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	CDC’s Division for Heart Disease and Stroke Prevention, Program Development and Services Branch, NCCDPHP
SERVICES PROVIDED	<p>Cancer screening: clinical breast exam (CBE), pap test and mammography</p> <p>Diagnostic tests to identify breast and cervical problems</p> <p>Referral to health care providers for medical management of conditions for women with abnormal or suspicious test results</p> <p>Referral to the Missouri Tobacco Quitline for women who smoke</p>	<p>Heart Disease and Stroke Risk Factor Screenings: total cholesterol low-density lipoprotein (LDL) high-density lipoprotein (HDL), triglycerides, hemoglobin A1C (A1C) or fasting glucose, hypertension (HTN), waist/hip circumference, height/weight for body mass index (BMI), risk counseling</p> <p>Diagnostic Office Visit: Identify/confirm a new diagnosis of HTN, diabetes, elevated cholesterol</p> <p>Referral to community-based resources, Lifestyle Education Programs (LSPs), Missouri Tobacco Quitline, HTN medical follow-up</p>

Focus



WISEWOMAN FOCUS AREAS

COMMUNITY-CLINICAL LINKAGES

Community-clinical linkages are connections between community and clinical sectors to improve population health. Public health leaders have prioritized community-clinical linkages as an effective approach to prevent and control chronic diseases. NCCDPHP promotes community-clinical linkages as helping to “ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent, delay or manage chronic conditions once they occur.”

<p style="text-align: center;">COMMUNITY SECTOR</p> <p style="text-align: center;"><i>Composed of organizations that provide services, programs or resources to community members in a non-health care setting</i></p>	<p style="text-align: center;">CLINICAL SECTOR</p> <p style="text-align: center;"><i>Composed of organizations that provide services, programs or resources directly related to medical diagnosis or treatment of community members by health care workers</i></p>
<p>EXAMPLES INCLUDE:</p> <ul style="list-style-type: none"> ♥ Community pharmacies ♥ Employers ♥ Prisons and jails ♥ Faith-based organizations ♥ Barbershops ♥ Community centers ♥ Volunteer organizations ♥ Nonprofit organizations 	<p>EXAMPLES INCLUDE:</p> <ul style="list-style-type: none"> ♥ Hospitals ♥ Federally qualified health care centers ♥ Rural clinics ♥ Group and individual practices ♥ Community clinics
<p style="text-align: center;">BI-DIRECTIONAL REFERRALS</p> <p style="text-align: center;"><i>A system of referral from your facility to a community program or resource</i></p>	<p style="text-align: center;">TEAM-BASED CARE</p> <p style="text-align: center;"><i>An approach to cardiovascular risk management with a team of health professionals</i></p>
<p>EXAMPLES INCLUDE:</p> <ul style="list-style-type: none"> ♥ Take Off Pounds Sensibly (TOPS) ♥ Diabetes Prevention Program (DPP) ♥ Eating Smart-Being Active (ESBA) ♥ Self-Monitoring Blood Pressure (SMBP) ♥ Local YMCAs ♥ City Parks and Recreation ♥ Public swimming pools ♥ Weight Watchers 	<p>EXAMPLES INCLUDE:</p> <ul style="list-style-type: none"> ♥ Physician ♥ Nurse Practitioner (NP) ♥ Physician Assistant (PA) ♥ Nurse ♥ Community Health Worker (CHW) ♥ Pharmacist ♥ Dietitian ♥ Social Worker ♥ Medical Assistant ♥ Psychologist ♥ Health Coach ♥ Peer Counselor ♥ Receptionist

PATIENT ENGAGEMENT

Promoting patient engagement in healthcare helps to improve health outcomes, drive better patient care and achieve lower costs. It combines a patient's knowledge, skills, ability and willingness to manage their own care with communications to promote positive behaviors.

BENEFITS OF PATIENT ENGAGEMENT

- ♥ Increased knowledge and understanding among patients encourages them to become actively engaged in their own health, well-being and healthcare choices, leading to improved care
- ♥ Physicians are better able to treat patients in the most effective way possible, ultimately becoming more time and cost efficient
- ♥ Patient engagement has financial benefits, as it reduces no-shows, aids in increasing revenue and maintains your patient base

DATA AND OUTCOMES

The Missouri WISEWOMAN Program activities centers on data collection. WISEWOMAN providers will enter information into Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC). This information is then compiled by the WISEWOMAN team and reported to CDC for program improvements. Each WISEWOMAN service has specific components that are required for a valid claim. If data is entered incorrectly, the WISEWOMAN team will follow up to validate and/or correct the participant's information. Invalid data will create a MDE error, which are submitted in a report to CDC biannually for review and correction.

NATIONAL CLINICAL GUIDELINES

National clinical, diet and lifestyle guidelines, based on a rigorous review process, translate the best available science to practice and assist clinicians and participants in making health care decisions. Clinical practice guidelines on hypertension, cholesterol, diabetes and obesity are developed through collaborative efforts of national organizations, such as the American Heart Association (AHA), American Diabetes Association (ADA) and American College of Cardiology (ACC). CDC and MDHSS recognize that national guidelines are not fixed protocols that must be followed and that a licensed practitioner's judgment remains paramount.

NATIONAL GUIDELINES GUIDANCE

WISEWOMAN providers should assure the quality of all WISEWOMAN services provided by using standards of care, including following the most current national guidelines, when delivering clinical and preventive services.

EXAMPLES INCLUDE:

- ♥ When subcontracting with other organizations for services, providers should specify expectations regarding adherence to national guidelines in contractual agreements, training and program policies
- ♥ Providers should provide ongoing professional development and technical assistance on national guidelines and quality assurance regarding the use of national guidelines to their subcontractors or encourage them to attend MDHSS recommended professional development
- ♥ Providers should ensure subcontractors participate in professional development and technical assistance regarding national guidelines provided by MDHSS
- ♥ Providers should participate in site visits, chart audits and/or data audits conducted by MDHSS and should conduct their own audits to assess quality in the delivery of services

CONTRACTS



WISEWOMAN PROVIDER CONTRACTS

HOW TO BECOME A WISEWOMAN PROVIDER

WISEWOMAN is a sister program to SMHW, therefore, you must be a SMHW provider before you are eligible to become a WISEWOMAN provider. Once you are a SMHW provider, follow these steps to become a WISEWOMAN provider:

- ♥ Contact the WISEWOMAN Program Manager by email or at **573-522-2871**
- ♥ Submit a written request to the WISEWOMAN Program Manager for an amendment to your current SMHW Contract for WISEWOMAN funding
- ♥ WISEWOMAN Program Manager will submit request to CDC for approval
- ♥ Once the request is received and CDC approval is obtained, the Program Manager will submit the contract amendment to be processed
- ♥ The contract amendment will then require an administrative signature to be fully executed by the State of Missouri system
- ♥ Provider staff will be contacted by the WISEWOMAN Education Coordinator to set up WISEWOMAN Provider Training
- ♥ After the contract amendment has been fully executed and WISEWOMAN Provider Training has been completed, WISEWOMAN funding will be loaded for provider use

WISEWOMAN CONTRACTUAL AGREEMENTS

The WISEWOMAN and SMHW programs utilize annual contracts with service providers to deliver program services. Contracts are available for SMHW only or for both SMHW and WISEWOMAN services. WISEWOMAN providers are eligible to receive two different forms of annual contracts: one for direct WISEWOMAN services and one for Healthy Behavior Support Services (HBSS).

The contract for direct WISEWOMAN services would be an amendment to the provider's SMHW contract. Providers will be reimbursed for these services by entering claims in MOHSAIC. The contract for HBSS would be in the form of a Letter of Agreement (LOA). Providers will be reimbursed for these services through invoice submission. **The WISEWOMAN Fiscal Year runs from September 30-September 29, while SMHW's Fiscal Year is June 30-June 29.** Reimbursement and MOHSAIC entry information can be found in their respective sections in the WISEWOMAN Program Manual.

WHAT WE DO:

- ♥ Establish annual contracts for screening providers
- ♥ Provide an easily accessible Program Manual that describes screening, follow-up, education and reporting
- ♥ Follow guidelines based on national guidelines
- ♥ Require providers to utilize the Clinical Laboratory Improvement Amendments of 1988 (CLIA) approved laboratories or assure laboratory equipment is CLIA waived
- ♥ Provide Regional Program Coordinators (RPCs) for each geographic region to assist providers with training, technical assistance and tracking participants with abnormal values to ensure participants receive appropriate follow-up
- ♥ Provide training and technical assistance to provider staff
- ♥ Provide participant recruitment, targeting ethnically diverse program-eligible women
- ♥ Provide participant educational materials and tools
- ♥ Provide required reporting forms and data system for submitting service reports
- ♥ Reimburse providers for allowable services according to the Medicare 01 region rates
- ♥ Monitor provider services to assure quality standards
- ♥ Maintain a central data system for tracking and reporting required data to CDC
- ♥ Assist the service providers with participant case management/follow-up and annual evaluation screening efforts
- ♥ Provide promotional items, literature and other public educational materials

WISEWOMAN CONTRACT REQUIREMENTS

<https://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.

SMHW/WISEWOMAN Provider Forms can be located on the DHSS site listed above. Providers are required to complete and sign the **SMHW/WISEWOMAN Contract** annually, as well as the **SMHW/WISEWOMAN Provider Information Update Form** annually or within 30 days of any SMHW/WISEWOMAN staff changes.

RECRUIT PARTICIPANTS WITH THE FOLLOWING ACTIVITIES

- ♥ Offer WISEWOMAN services to **ALL** SMHW participants to increase program recruitment and provide materials on screening services to all eligible women attending clinics in the facility
- ♥ Display recruitment and educational information in the waiting areas and exam rooms
- ♥ Coordinate recruitment activities with DHSS staff, WISEWOMAN Education Coordinator and/or the RPC in your area

ATTEND TRAINING

- ♥ New providers of SMHW/WISEWOMAN services **MUST** participate in an on-site training and orientation session by MDHSS staff upon initial contract application prior to providing services
- ♥ Ensure staff is well-trained in program protocols by attending SMHW/WISEWOMAN provider staff training and request training sessions when new staff are hired
- ♥ Facilitate attendance/participation of staff members responsible for submission of data forms and clinical services at annual trainings that provide policy and procedure updates and review

TERMINATION OF SMHW/WISEWOMAN PARTICIPATION

Providers who terminate participation in the SMHW/WISEWOMAN Program must submit a letter with the date of termination to MDHSS **30 days** before the date of anticipated termination of services. The letter should be mailed to:

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN CENTRAL OFFICE STAFF
PO BOX 570
JEFFERSON CITY, MO 65102-0570**

Providers must continue to report all program service information after termination on the appropriate SMHW/WISEWOMAN forms to complete all outstanding cases. They should also inform participants where they may obtain SMHW/WISEWOMAN services once the provider terminates participation. To accomplish this, a provider should work closely with the RPC in their area and the WISEWOMAN Education Coordinator.

ELIGIBILITY



ELIGIBILITY AND ENROLLMENT

WISEWOMAN ELIGIBILITY REQUIREMENTS

- ♥ Age 40-64 years (**varies from SMHW*)
- ♥ Uninsured or underinsured
- ♥ Low income (at or below 200% of federal poverty level)
- ♥ Unable to pay the premium to enroll in Medicare Part B

INCOME REQUIREMENTS

SMHW/WISEWOMAN participants must have an income at or below 200% of the federal poverty income guidelines. Adjusted gross income on tax return or net amount on pay stub determines income eligibility.

SMHW/WISEWOMAN FY22 INCOME REQUIREMENTS				
HOUSEHOLD SIZE	SMHW ANNUAL	SMHW MONTHLY	SMHW WEEKLY	SMHW HOURLY
1	\$25,760.00	\$2,147.00	\$495.00	\$12.38
2	\$34,840.00	\$2,903.00	\$670.00	\$16.75
3	\$43,920.00	\$3,660.00	\$845.00	\$21.12
4	\$53,000.00	\$4,417.00	\$1019.00	\$25.48
5	\$62,080.00	\$5,173.00	\$1,194.00	\$29.85
6	\$71,160.00	\$5,930.00	\$1,368.00	\$34.21
7	\$80,240.00	\$6,687.00	\$1,543.00	\$38.58
8	\$89,320.00	\$7,443.00	\$1,718.00	\$42.94
Each additional person, add:	\$4,540.00	\$757.00	\$174.00	\$4.36

INSURANCE REQUIREMENTS

SMHW/WISEWOMAN providers will use the **SMHW/WISEWOMAN Participant Agreement Form (white)** to document the insurance status of the participant.

ELIGIBLE HEALTH INSURANCE STATUS

- ♥ No health insurance
- ♥ Health insurance does not cover services
- ♥ Participant states she is unable to pay deductible
- ♥ Have MO HealthNet with spend-down, but have not met spend-down
- ♥ Income eligible for Medicare Part B, but unable to pay premium
- ♥ Participants eligible to receive Medicare benefits, but not enrolled in Medicare should be encouraged to enroll

INELIGIBLE HEALTH INSURANCE STATUS

- ♥ Women with full MO HealthNet (ME Code 05), Adult Expansion Group (AEG) with ME Code E2, Medicare Part B, POS or HMO health coverage are **NOT** eligible for services

PARTICIPANT ELIGIBILITY GUIDANCE

Providers should develop plans to recruit SMHW participants into WISEWOMAN.

Recruitment plans should reflect the following WISEWOMAN objectives:

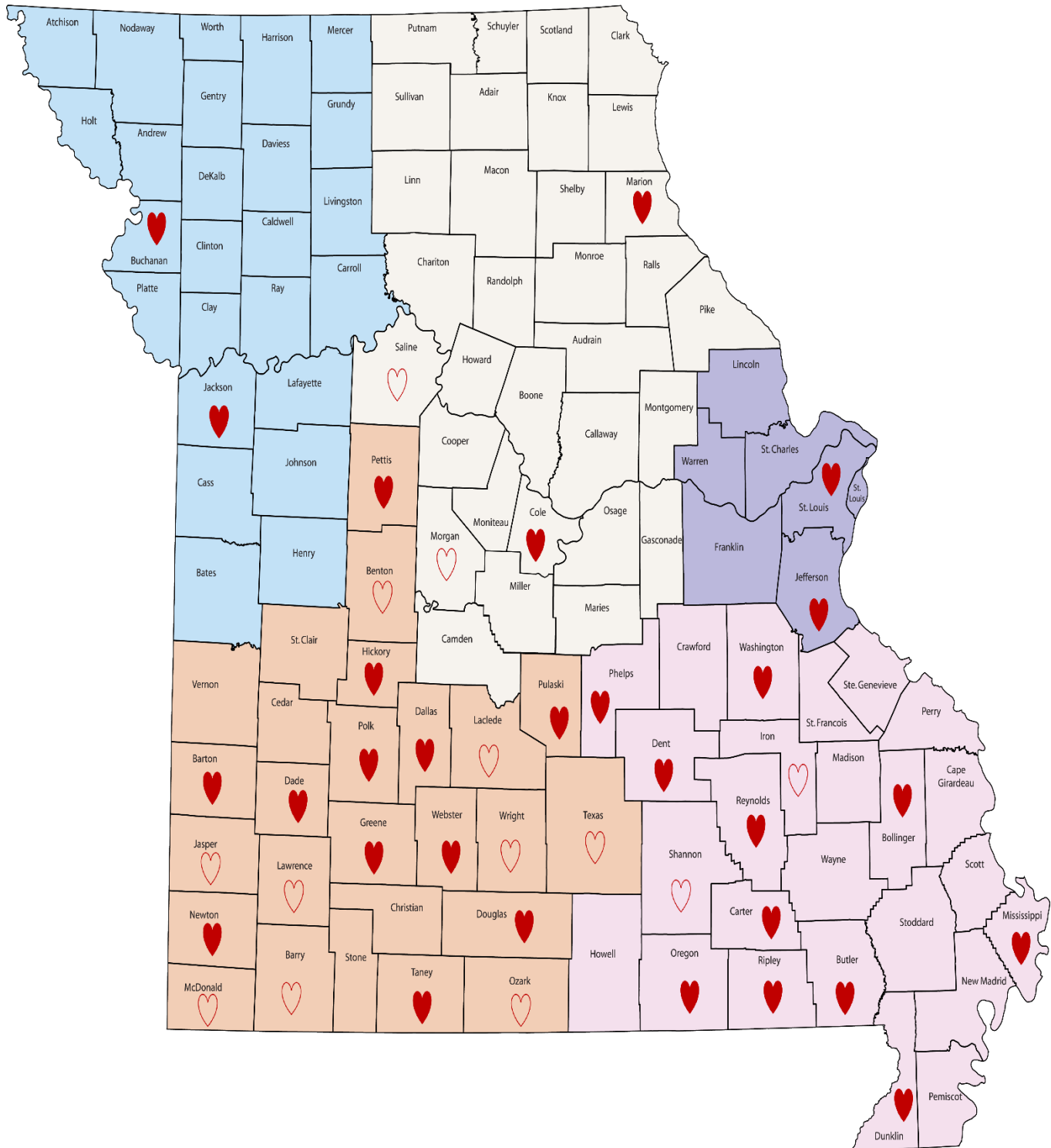
- ♥ Serve as many eligible women as possible by using the most efficient means
- ♥ Reach populations that are at disproportionate risk for cardiovascular disease

WISEWOMAN ENROLLMENT

Enrollment and participation in the WISEWOMAN Program is voluntary. WISEWOMAN participants must complete the **SMHW/WISEWOMAN Participant Agreement Form (white)**, **SMHW/WISEWOMAN Patient History Form (green)** and must also be provided with the current **DHSS Patient Privacy Rights Statement**, in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations, prior to receiving services. The participant must also receive a **HIPAA statement** from the provider facility and retain proper documentation of this action. Current HIPAA regulations are located at <http://www.health.mo.gov/information/hipaa/>. After completing all required paperwork for enrollment, WISEWOMAN participants are eligible for an initial **WISEWOMAN Screening Visit** to complete **Risk Reduction Counseling**, followed by continued WISEWOMAN services.

WISEWOMAN PROVIDER MAP

♥ = Provider Locations ♥ = Provider Satellite Locations



REGIONAL PROGRAM COORDINATORS

Northwest/K.C. Area Rebecca Conway, RN 816-607-1021 Fax: 816-404-6986

003 Andrew	047 Clay	083 Henry	147 Nodaway
005 Atchison	049 Clinton	087 Holt	165 Platte
013 Bates	061 Daviess	095 Jackson	177 Ray
021 Buchanan	063 DeKalb	101 Johnson	227 Worth
025 Caldwell	075 Gentry	107 Lafayette	
033 Carroll	079 Grundy	117 Livingston	
037 Cass	081 Harrison	129 Mercer	

Northeast/Central Area Lisa Graessle, RN 573-522-2855 Fax: 573-522-3023

001 Adair	073 Gasconade	131 Miller	173 Ralls
007 Audrain	089 Howard	135 Moniteau	175 Randolph
019 Boone	103 Knox	137 Monroe	195 Saline
027 Callaway	111 Lewis	141 Morgan	197 Schuyler
029 Camden	115 Linn	139 Montgomery	199 Scotland
041 Chariton	121 Macon	151 Osage	205 Shelby
045 Clark	125 Maries	163 Pike	211 Sullivan
015 Cole	127 Marion	171 Putnam	
053 Cooper			

Southwest Area Missy Rice, RN 417-693-3409 Fax: 417-345-1069

009 Barry	067 Douglas	145 Newton	213 Taney
011 Barton	077 Greene	153 Ozark	215 Texas
015 Benton	085 Hickory	159 Pettis	217 Vernon
039 Cedar	097 Jasper	167 Polk	225 Webster
043 Christian	105 Laclede	169 Pulaski	229 Wright
057 Dade	109 Lawrence	185 St. Clair	
059 Dallas	119 McDonald	209 Stone	

Southeast Area Mary Costephens, RN 573-418-1358 Fax: 573-522-3023

017 Bollinger	091 Howell	157 Perry	203 Shannon
023 Butler	093 Iron	161 Phelps	207 Stoddard
031 Cape Girardeau	123 Madison	179 Reynolds	221 Washington
035 Carter	133 Mississippi	181 Ripley	223 Wayne
055 Crawford	143 New Madrid	187 St. Francois	
065 Dent	149 Oregon	186 Ste. Genevieve	
069 Dunklin	155 Pemiscot	201 Scott	

St. Louis Area Cameron Smith, RN 314-657-1509 Fax: 314-612-5005

071 Franklin	113 Lincoln	189 St. Louis	219 Warren
099 Jefferson	183 St. Charles	510 St. Louis City	

TRANSPORTATION SERVICES

Free transportation for all program services is available for SMHW/WISEWOMAN participants to help remove the barrier of access to care. Providers should contact WISEWOMAN Central Office Staff at **866-726-9926** or the RPC assigned to their area and request a travel voucher booklet. Transportation services are available Monday-Friday in most counties and the City of St. Louis, with charges based on urban or county trips and one-on-one or regular route travel. See page 18-19 for a complete list of transportation providers.

TRAVEL VOUCHER INSTRUCTIONS

WHEN A PARTICIPANT CALLS TO MAKE AN APPOINTMENT FOR SMHW/WISEWOMAN SCREENING, DIAGNOSTIC OR EDUCATION SERVICES, PLEASE ASK HER THE FOLLOWING QUESTIONS/COMPLETE THESE STEPS BEFORE MAKING AN APPOINTMENT:

1. DOES THE CLIENT NEED TRANSPORTATION?

- ♥ If yes, explain that free transportation is available for SMHW/WISEWOMAN participants
- ♥ A transportation provider will pick her up at her home, take her to the clinic and return her to her home
- ♥ Check with the transportation provider in your area for the transportation schedule
- ♥ Ensure the clients appointment date and time coincides with the transportation provider's schedule

2. SECURE CLIENT ADDRESS AND TELEPHONE NUMBER

- ♥ If the participant does not have a telephone, ask for a neighbor's telephone number or for another number where she can be reached, as the transportation driver may not be familiar with the participant's address and may need directions to the residence

3. DOES CLIENT NEED ANY SPECIAL ASSISTANCE?

- ♥ If the participant needs an assistant or helper, SMHW/WISEWOMAN will pay for transportation for one extra person
- ♥ If a disabled participant needs more than one assistant, call SMHW/WISEWOMAN for approval
- ♥ If the client has special medical equipment, such as a wheelchair or oxygen, please inform the transportation provider at the time of scheduling

4. COMPLETE A TRAVEL VOUCHER

- ♥ Complete the travel voucher and include the facility name and site code number
- ♥ Provider can mail or fax the completed travel voucher to the transportation provider including the date and time of the appointment
- ♥ A copy of the voucher may be given to the participant
- ♥ Transportation provider will secure the participant's signature on pickup

5. CANCELLATION OF A VOUCHER

- ♥ Notification of cancellation to the transportation provider is required to avoid a penalty charge to SMHW/WISEWOMAN for the cost of a one-way trip
- ♥ Provide one business day notice to cancel a voucher

TRANSPORTATION PROVIDERS

CONTRACTOR/COUNTIES

TELEPHONE NUMBER

SYNERGY **314-666-5752**

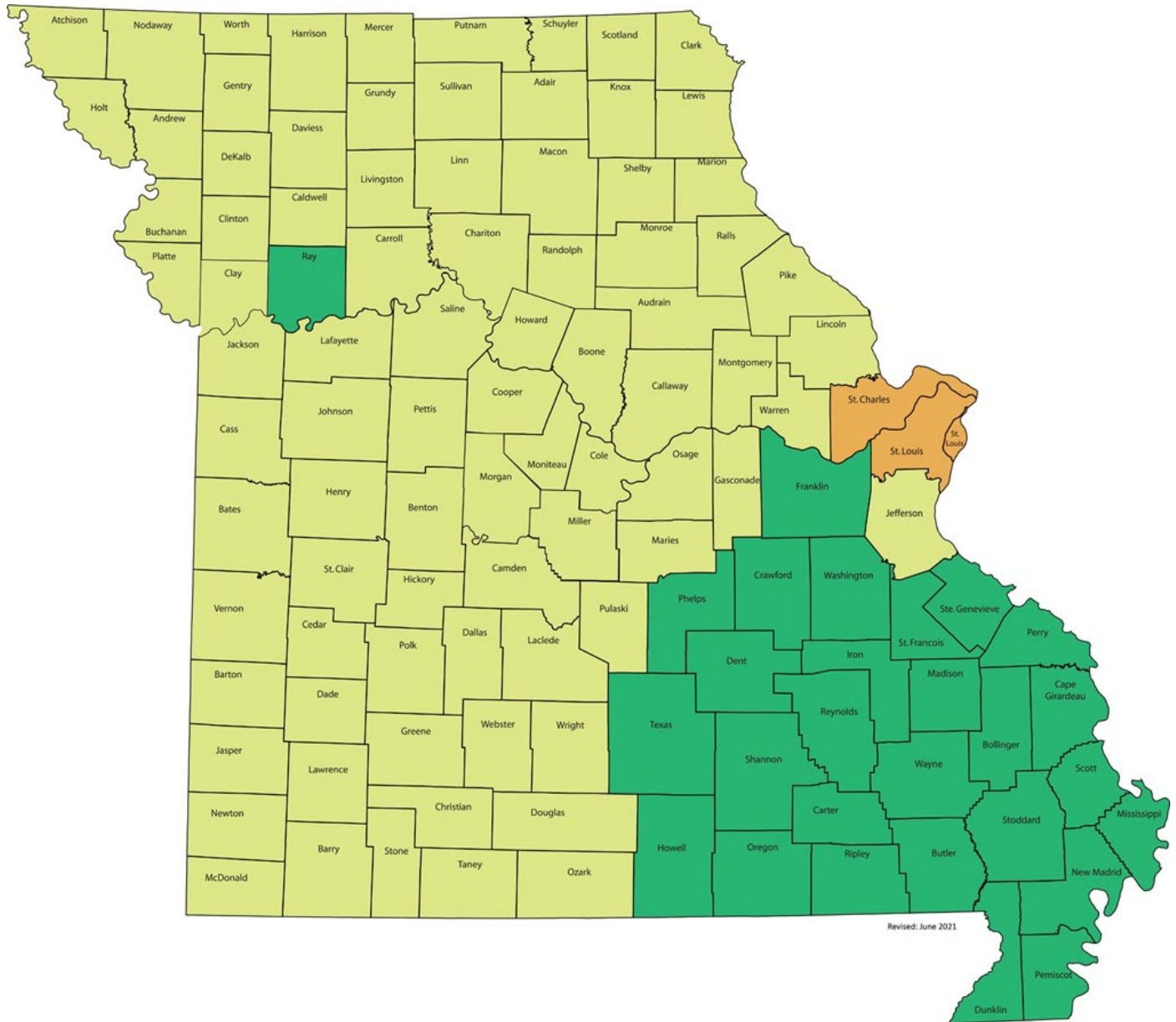
St. Charles County St. Louis City St. Louis County

Oats, Inc **573-443-4516**




Adair	Cooper	Lafayette	Platte
Andrew	Dade	Lawrence	Polk
Atchison	Dallas	Lewis	Pulaski
Audrain	Davies	Lincoln	Putnam
Barry	DeKalb	Linn	Ralls
Barton	Douglas	Livingston	Randolph
Bates	Franklin	McDonald	St. Clair
Benton	Gasconade	Macon	Saline
Boone	Gentry	Maries	Schuyler
Buchanan	Greene	Marion	Scotland
Caldwell	Grundy	Mercer	Shelby
Callaway	Harrison	Miller	Stone
Camden	Henry	Moniteau	Sullivan
Carroll	Hickory	Monroe	Taney
Cass	Holt	Montgomery	Vernon
Cedar	Howard	Morgan	Warren
Chariton	Jackson	Newton	Webster
Christian	Jasper	Nodaway	Worth
Clark	Jefferson	Osage	Wright
Clay	Johnson	Ozark	
Clinton	Knox	Pettis	
Cole	Laclede	Pike	

No Contract **Call local RPC for assistance**

Bollinger	Franklin	Pemiscot	St. Francois
Butler	Howell	Perry	Ste. Genevieve
Cape Girardeau	Iron	Phelps	Shannon
Carter	Madison	Ray	Stoddard
Crawford	Mississippi	Reynolds	Texas
Dent	New Madrid	Ripley	Washington
Dunklin	Oregon	Scott	Wayne



Map revisions issued as transportation vendors are added or deleted.
 Contracts with additional transportation vendors are pending.

	SYNERGY	314-666-5752
	Oats, Inc.	573-443-4516
	No contract	Call local RPC for assistance.

Please check the Transportation Services Catalog for other transportation options that may help your clients receive appropriate services: [Transportation Services Catalog \(http://www.health.mo.gov/atoz/pdf/transportationservices.pdf\)](http://www.health.mo.gov/atoz/pdf/transportationservices.pdf).

INTEGRATED VISIT



INTEGRATED OFFICE VISIT POLICY FOR NBCCEDP AND WISEWOMAN

The CDC's NBCCEDP and WISEWOMAN programs have developed joint policies to provide guidance for an integrated office visit. The intent and benefit of coupling the two programs is to create a stronger link to ensure that as many women aged 40-64 who are enrolled in the NBCCEDP also receive appropriate CVD risk assessment and reduction in states that have both NBCCEDP and WISEWOMAN programs.

ALL OFFICE VISITS FOR WISEWOMAN SCREENINGS ARE EXPECTED TO BE INTEGRATED INTO THE NBCCEDP SCREENING OFFICE VISIT

INTEGRATED OFFICE VISITS

Integrated office visits should occur for women aged 40-64 who are enrolled in the NBCCEDP. Both programs must appropriately reimburse for screening visits and services using the following guidance:

- ♥ NBCCEDP funds should be used to reimburse for the integrated office visit and WISEWOMAN funds should NOT be used to pay for these office visits unless they have received CDC approval to conduct non-integrated office visits
- ♥ WISEWOMAN funds should be used to reimburse providers for the costs associated with measuring cholesterol, lipids, glucose, A1C or any other applicable labs
- ♥ When rescreening for NBCCEDP and WISEWOMAN coincide, this should be an integrated office visit, with reimbursement for the office visit using NBCCEDP funds
- ♥ Any non-integrated rescreening or diagnostic office visits for WISEWOMAN services should be paid for with WISEWOMAN funds

WISEWOMAN INTEGRATED SCREENING SERVICES

The following WISEWOMAN clinical screening services are expected to be integrated into the NBCCEDP screening exam office visit:

- ♥ **TWO** complete blood pressure measurements
- ♥ Height and weight measurement to calculate BMI
- ♥ Smoking assessment and referral for cessation (also expected as part of the NBCCEDP office visits)

REFERRAL TO WISEWOMAN

Women who are determined by their provider to be at risk for cardiovascular disease (e.g., elevated blood pressure, obesity, smoking, family history of cardiovascular disease, etc.) should be referred to WISEWOMAN for appropriate services. It is expected that state NBCCEDP and WISEWOMAN programs collaborate to develop procedures and policies to ensure needed services are received.

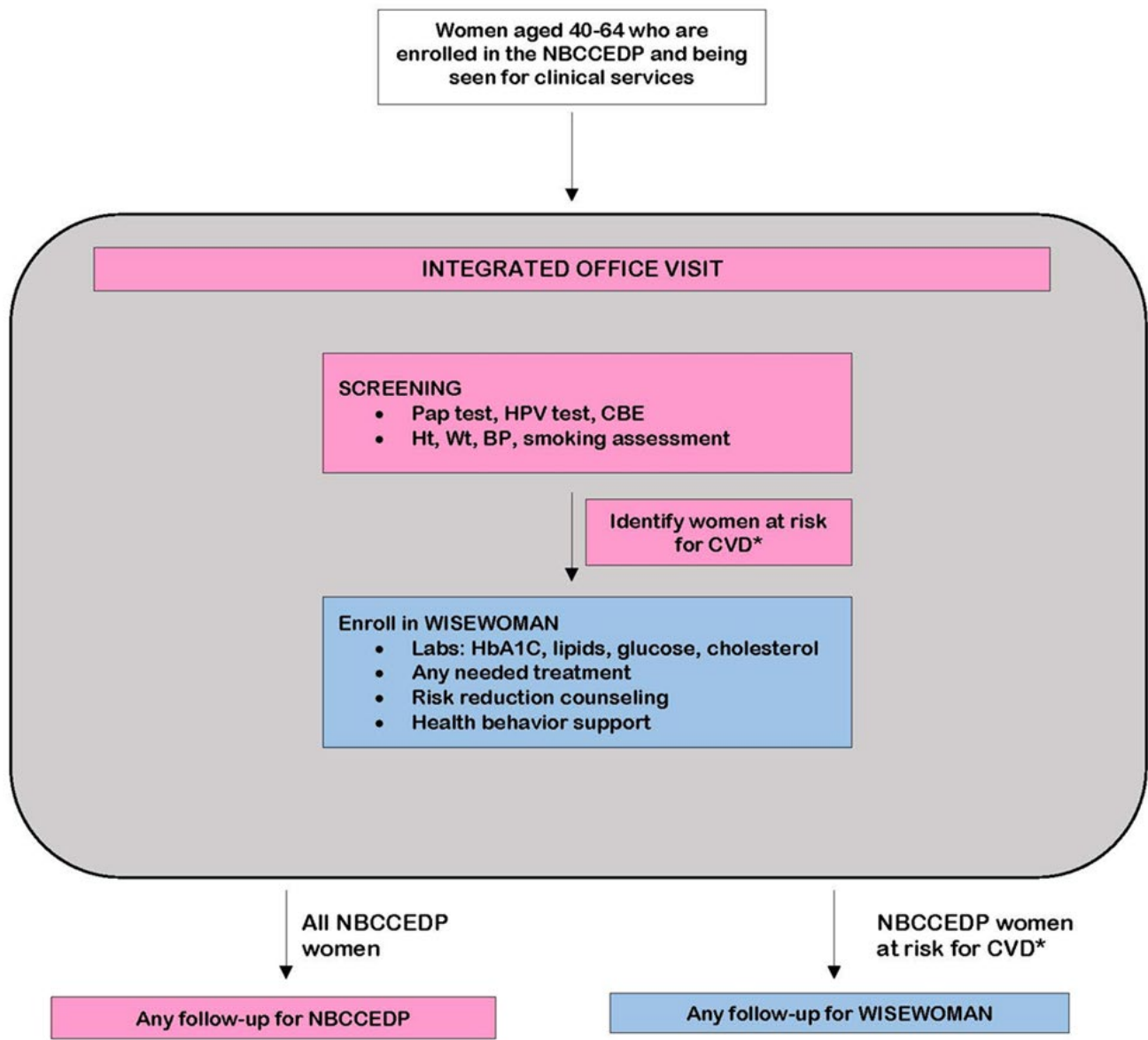
RISK REDUCTION COUNSELING

Women who are found to be at risk for cardiovascular disease (e.g., elevated blood pressure, obesity, tobacco use, family history of cardiovascular disease, etc.) should be referred for **Risk Reduction Counseling** through WISEWOMAN. **Risk Reduction Counseling** services can take place on the same day as the **Screening Office Visit** or on a different day, depending on the funded program structure, but must be billed appropriately. If women are referred for WISEWOMAN services on a different day, the programs must ensure that there is an adequate system in place for follow-up. Funded WISEWOMAN programs are expected to reimburse providers for the time spent conducting the **Risk Reduction Counseling** services. This reimbursement should be billed separate from the time spent conducting the clinical screening services that are part of the integrated office visit. The duration of the counseling should be appropriate to the level of counseling needed to convey the woman's screening results, interpretation of the results and appropriate recommendations.

FOLLOW-UP SERVICES

Any needed follow-up services for NBCCEDP or WISEWOMAN should be scheduled, as appropriate. These services may occur simultaneously or consecutively depending upon the nature of care needed. Both programs must ensure that a system is in place to monitor the follow-up recommended.

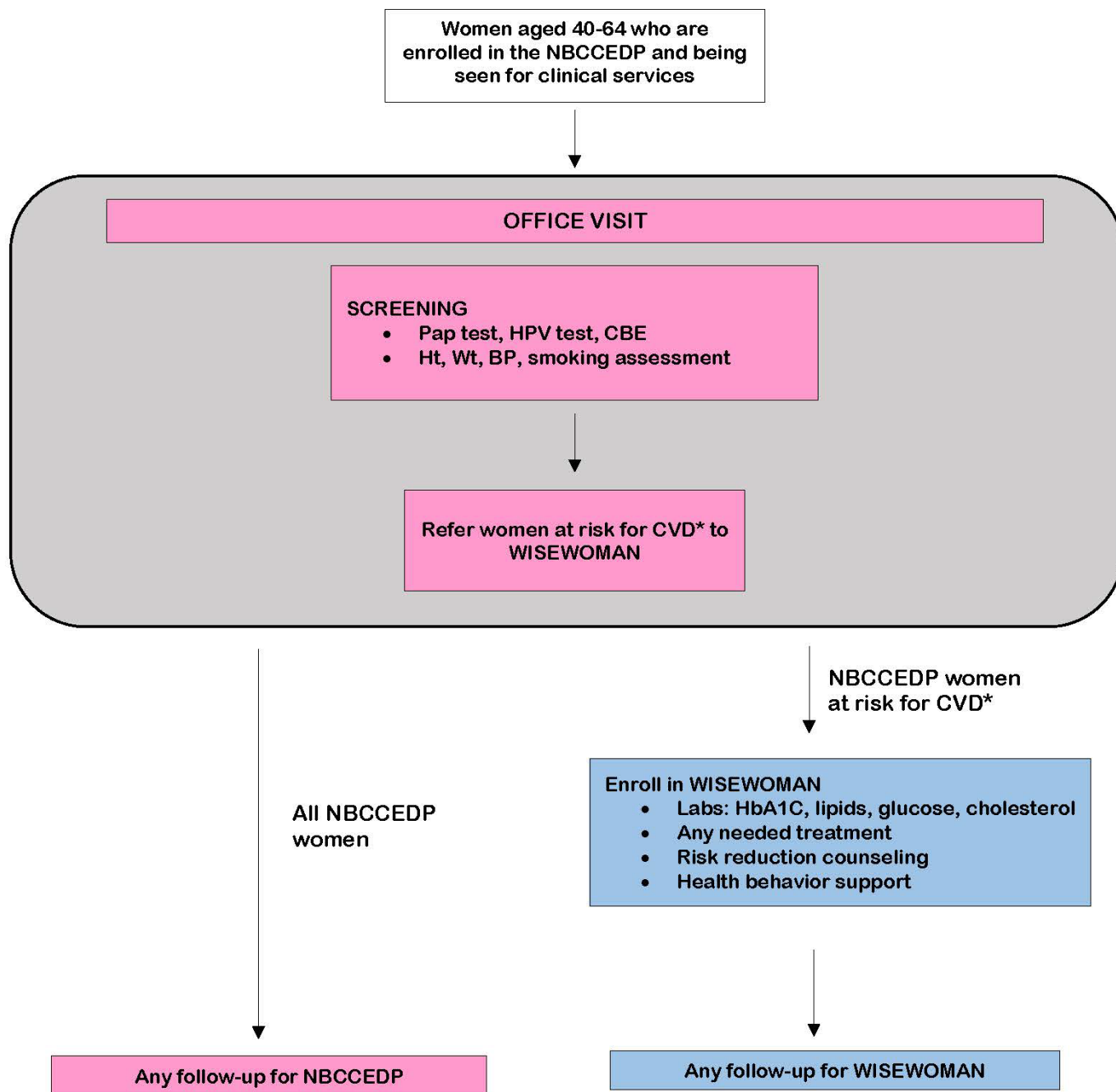
Integrated Office Visit for Co-Located Providers



- NBCCEDP funds for reimbursement
- WISEWOMAN funds for reimbursement

*At risk for CVD = elevated blood pressure, obesity, smoking, family history for CVD, etc.

Office Visit for Not Co-Located Providers



- NBCCEDP funds for reimbursement
- WISEWOMAN funds for reimbursement

*At risk for CVD = elevated blood pressure, obesity, smoking, family history for CVD, etc.

SCREENING



CLINICAL SCREENING SERVICES

The WISEWOMAN Program provides free screenings and counseling for women about their risk for heart disease and stroke. WISEWOMAN aims to improve the delivery of heart disease and stroke prevention services by focusing on CVD risk factors, specifically improving blood pressure control. Women are then supported as they participate in evidence-based lifestyle programs, Health Coaching and/or are referred to community resources. WISEWOMAN Clinical Screening Services are funded through the provider's annual contract amendment.

WISEWOMAN SCREENING REQUIREMENTS

All WISEWOMAN providers must conduct a baseline screening, in accordance with national clinical guidance, for all women enrolling in WISEWOMAN and rescreen WISEWOMAN participants **12-18 months*** after their previous WISEWOMAN screening. WISEWOMAN participants should have their demographics and enrollment paperwork obtained prior to a screening by completing the **SMHW/WISEWOMAN Participant Agreement Form (white)** and the **SMHW/WISEWOMAN Patient History Form (green)**.

NOTE: Although a rescreening visit should occur 12-18 months after the previous WISEWOMAN screening visit, an 11-month cutoff has been established to allow flexibility for women who return just before the one-year mark

BASELINE SCREENING AND RESCREENING COMPONENTS

FOR WISEWOMAN SCREENINGS TO BE CONSIDERED VALID, THEY MUST INCLUDE:

- ♥ Demographics—date of birth, race and ethnicity
- ♥ Previous cardiovascular disease risk—high cholesterol, hypertension, diabetes, stroke/TIA, heart attack, coronary artery disease, heart failure, vascular disease/peripheral artery disease, congenital heart disease and defects
- ♥ Use of medications to lower cholesterol, blood pressure, blood sugar and/or daily aspirin for heart attack and stroke prevention
- ♥ Diet—consumption of fruits, vegetables, fish, whole grains, beverages with added sugar and salt/sodium intake
- ♥ Physical activity
- ♥ Alcohol consumption
- ♥ Overall wellness/mental health status
- ♥ Tobacco use/smoking status
- ♥ Height, weight and BMI
- ♥ TWO complete blood pressure (BP) measurements [2 systolic blood pressures (SBP) and 2 diastolic blood pressures (DBP)] with an average of the readings
- ♥ Laboratory values—total cholesterol, HDL, LDL, triglycerides and a fasting glucose or hemoglobin A1C

WISEWOMAN CLINICAL MEASUREMENTS

The clinical screening component of the WISEWOMAN Program is used to assess the presence and evaluate a participant's cardiovascular risk, provide participant-centered **Risk Reduction Counseling** and determine appropriate next steps.

BODY MASS INDEX (BMI)

Body Mass Index (BMI) is an indicator of the amount of body fat, for most people, and is used as a screening tool to identify if an adult is at a healthy weight. BMI is a numerical value of a person's height in relation to their weight. Individuals with a BMI that is considered overweight ($\geq 25\text{kg}/\text{m}^2$) are at a higher risk of cardiovascular disease, hypertension and type 2 diabetes.

TO CALCULATE A PARTICIPANT'S BMI:

- ♥ Obtain the participant's weight in pounds (lbs) and height in inches (in)
- ♥ Calculate BMI using a standard BMI chart or table
 - Find the appropriate height in the left-hand column labeled "height"
 - Move across to a given weight to the number at the top of the column that correlates to the BMI for that height and weight

WAIST-TO-HIP RATIO

In women, waist-to-hip ratio can be a stronger independent risk factor than BMI (*Lapidus et al., 1984*). The World Health Organization (WHO) Expert Consultation on Obesity recognizes the importance of abdominal fat mass/abdominal obesity, which can vary considerably within range of total body fat and BMI (*WHO, 2000a*).

GUIDELINES ON WAIST AND HIP MEASUREMENTS:

- ♥ Make both measurements with a stretch-resistant tape that is wrapped snugly around the subject, but not to the point that the tape is constricting
- ♥ Keep the tape level and parallel to the floor at the point of measurement
- ♥ Ensure that the subject is standing upright during the measurement, with arms relaxed at the side, feet evenly spread apart and body weight evenly distributed
- ♥ Measure waist circumference at the end of several consecutive natural breaths, at a level parallel to the floor, midpoint between the top of the iliac crest and the lower margin of the last palpable rib in the mid axillary line
- ♥ Measure the hip circumference at a level parallel to the floor, at the largest circumference of the buttocks

NOTE: Waist and hip measurements to calculate waist-to-hip ratio are **NOT required for WISEWOMAN screenings, but are strongly suggested to help support the understanding of CVD risk factors of individual participants and the overall WISEWOMAN population**

BLOOD PRESSURE GUIDELINES

The Missouri WISEWOMAN Program follows the blood pressure guidelines of the American Heart Association (AHA) and American College of Cardiologists (ACC).

TWO COMPLETE BP MEASUREMENTS ARE REQUIRED FOR WISEWOMAN SERVICES AND SHOULD BE TAKEN USING THE FOLLOWING STEPS/TECHNIQUES TO ENSURE ACCURACY:

STEP 1: Properly prepare the patient

- ♥ Have the patient relax, sitting in a chair (feet on floor, back supported) for >5 minutes
- ♥ The patient should avoid caffeine, exercise and smoking for at least 30 minutes before measurement
- ♥ Ensure patient has emptied her bladder
- ♥ Neither the patient nor the observer should talk during the rest period or during the measurement
- ♥ Remove all clothing covering the location of cuff placement
- ♥ Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria

STEP 2: Use proper technique for BP measurements

- ♥ Use a BP measurement device that has been validated and ensure that the device is calibrated periodically
- ♥ Support the patient's arm (e.g., resting on a desk)
- ♥ Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum)
- ♥ Use the correct cuff size, such that the bladder encircles 80% of the arm and note if a larger- or smaller-than-normal cuff size is used
- ♥ Either the stethoscope diaphragm or bell may be used for auscultatory readings

STEP 3: Take the measurements needed for diagnosis and treatment of hypertension

- ♥ At the first visit, record BP in both arms and use the arm that gives the higher reading for subsequent readings
- ♥ Separate repeated measurements by 1-2 minutes
- ♥ For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP—inflate the cuff 20-30 mm Hg above this level for an auscultatory determination of the BP level
- ♥ For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds

STEP 4: Properly document accurate BP readings

- ♥ Record SBP and DBP—if using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number
- ♥ Note the time of most recent BP medication taken before measurements, if applicable

STEP 5: Average the readings using ≥ 2 readings obtained on ≥ 2 occasions to estimate the individual's level of BP

STEP 6: Provide BP readings to patient both verbally and in writing

Reference: Whelton, Paul K., et al. "Correction to: 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure In Adults: A Report of the American College OF CARDIOLOGY/AMERICAN Heart Association Task Force on Clinical Practice Guidelines." *Hypertension*, vol. 71, no. 6, June 2018, doi:10.1161/hyp.000000000000076.

LABORATORY VALUES

- ♥ WISEWOMAN labs must be completed **30 days** before or after a screening visit
- ♥ Lab values **MUST** be reviewed verbally **AND** in writing with WISEWOMAN participants with proper documentation by providers
- ♥ A complete lipid panel (total cholesterol, HDL, LDL, triglycerides) and a fasting glucose or A1C are required for WISEWOMAN screening
- ♥ A participant may have **ONE** Comprehensive Metabolic Panel (CMP) or Basic Metabolic Panel (BMP) per year, if medically necessary, and the provider should document the reasoning for the lab draw, as well as any abnormal values found on the CMP or BMP
- ♥ If a CMP or BMP is drawn, the provider will **NOT** be reimbursed for a glucose, also, as you can obtain the value from the CMP or BMP
- ♥ Fasting laboratory tests are preferred over non-fasting, in accordance with national clinical guidelines
- ♥ When fasting laboratory tests are not feasible, providers may use non-fasting laboratory tests to maximize screening opportunities

FASTING LAB GUIDELINES:

- ♥ Women should fast for **9-12** hours prior to a fasting lab draw
- ♥ If a woman has a history of high cholesterol and/or is on lipid-lowering therapy, a fasting lab value is **REQUIRED**
- ♥ In participants with pre-existing diabetes or for those who are non-fasting, A1C should be performed for glucose testing
- ♥ If the participant presents in a non-fasting state, only the values for total cholesterol and HDL will be useable and a follow-up fasting lipid profile is needed

FOLLOW-UP/REPEAT LAB GUIDELINES:

- ♥ WISEWOMAN will reimburse for a repeat fasting lab **WITHIN 30 DAYS** of the WISEWOMAN Screening if a woman's non-fasting labs are abnormal, she has a history of high cholesterol and/or she is on lipid-lowering therapy
- ♥ If a participant has an abnormal WISEWOMAN Screening, they may have repeat labs drawn **3-6 months** following their screening office visit
- ♥ If a woman is participating in **Health Coaching**, an ideal time to repeat labs is during her face-to-face **Follow-Up Rescreen**
- ♥ Repeat labs will be documented using the **Diagnostic Form (gray)** and submitted as a **WISEWOMAN Lab Only** claim

NOTE: If a participant has a CMP or BMP drawn and there are abnormal findings **UNRELATED to CVD risk and prevention, WISEWOMAN will **NOT** reimburse for follow-up labs—if there is a question regarding lab coverage, contact the WISEWOMAN staff**

RISK REDUCTION COUNSELING



RISK REDUCTION COUNSELING

Risk Reduction Counseling (RRC) is a major component of the WISEWOMAN Program. A participant-centered risk reduction plan should be developed collaboratively by the participant and provider by utilizing Team-Based Care and Bi-Directional Referrals. WISEWOMAN providers should offer options, not directives, and participant goals should be acceptable to the participant, explicit and achievable.

RRC must be initiated in person at the initial SMHW/WISEWOMAN integrated office visit. If lab results are not available at the time of the visit, providers can provide RRC based on other available participant health information and then complete RRC with the participant when lab results are obtained. After RRC requirements are complete, the provider will be reimbursed for services and participants can then be referred to additional WISEWOMAN services.

RISK REDUCTION COUNSELING TOOLS

There are a number of approaches and curricula designed to provide the necessary skills for effective client-centered counseling. It is highly recommended that all provider staff conducting RRC be trained in at least introductory level Motivational Interviewing.

COMMON ELEMENTS OF MOTIVATIONAL INTERVIEWING

- ♥ Talking with, rather than to, the client
- ♥ Responding with sensitivity and considering health literacy or cultural issues that may emerge
- ♥ Maintaining a non-judgmental attitude, using active listening, asking open ended questions
- ♥ Supporting positive risk reduction changes already made by the client
- ♥ Assisting the client in identifying barriers to risk reduction (e.g., knowledge gaps, skills needed, socio-economic and other life circumstances that are barriers to being healthy)

WISEWOMAN SCREENING STANDARDS				
BLOOD PRESSURE				
BLOOD PRESSURE CATEGORY/STAGE	SYSTOLIC BLOOD PRESSURE (SBP)		DIASTOLIC BLOOD PRESSURE (DBP)	
NORMAL	<120 mmHg		<80mmHg	
ELEVATED: PRE-HYPERTENSIVE	120-129mmHg		<80mmHg	
HIGH: STAGE 1 HYPERTENSION	130-139mmHg		80-89mmHg	
HIGH: STAGE 2 HYPERTENSION	≥140mmHg		≥90mmHg	
ALERT: HYPERTENSIVE CRISIS	≥180mmHg		≥120mmHg	
GLUCOSE				
CATEGORY/STAGE	FASTING PLASMA GLUCOSE (FPG)		HEMOGLOBIN A1C (HBA1C)	
NORMAL	<100mg/dl		<5.7%	
ELEVATED: PREDIABETES	≥100mg/dl - <126mg/dl		5.7-6.4%	
HIGH: DIABETES	≥126mg/dl		≥6.5%	
ALERT	≤50mg/dl or ≥250mg/dl		NONE	
CHOLESTEROL				
CATEGORY/STAGE	TOTAL	HDL	LDL	TRIGLYCERIDES
NORMAL	<200	>60	<100	<150
BORDERLINE	200-239	40-59	130-159	150-199
TOO HIGH OR LOW	≥240	<40	High: 160-189 Very High: >190	High: 200-499 Very High: >500
CONSULT A PHYSICIAN IMMEDIATELY FOR ANY WISEWOMAN ALERT VALUE				

WISEWOMAN RISK REDUCTION COUNSELING (INITIAL SCREENING) REQUIREMENTS:

- ♥ Evaluate and review the patient-reported information on the **WISEWOMAN Assessment Form (tan)** regarding a woman's risk for CVD including:
 - Previous CVD and risk levels
 - Use of medications for HTN, cholesterol and/or diabetes
 - Nutritional habits
 - Physical activity
 - Alcohol use
 - Overall wellness/mental health
 - Smoking status/tobacco use
 - Readiness to change health habits

- ♥ Obtain clinical screening measures using the **WISEWOMAN Screening Form (light pink)** including:
 - Height, weight and BMI
 - Waist and hip circumference for waist-to-hip ratio (*optional*)
 - **TWO** complete blood pressure (BP) readings with an average reading
 - Laboratory tests (complete lipid panel and A1C or fasting glucose) completed 30 days before or 30 days after the screening office visit

****NOTE: FASTING LABS ARE PREFERRED OVER NON-FASTING VALUES
(see Laboratory Values for detailed guidelines)****

- ♥ Review the results of the screening with the WISEWOMAN participant and provide participant-centered **Risk Reduction Counseling** on cardiovascular risk
- ♥ Refer WISEWOMAN participants for follow-up office visits, if applicable, for abnormal screening results and/or ALERT values including; elevated blood pressure, cholesterol, blood glucose, smoking cessation medication and mental health referrals
- ♥ Refer **ALL** WISEWOMAN participants who are willing and ready for change to Lifestyle Education Programs (LSPs) including: Health Coaching, Missouri Quitline, Eating Smart-Being Active (ESBA), Take Off Pounds Sensibly (TOPS), Diabetes Prevention Program (DPP), Weight Watchers (WW) and Self-Monitoring Blood Pressure (SMBP)
- ♥ Submit a **WISEWOMAN Risk Reduction Counseling** or **WISEWOMAN Initial** claim in MOHSAIC for the participant's initial WISEWOMAN Screening visit for reimbursement of services with all required components

ANNUAL VISIT | RESCREEN



WISEWOMAN ANNUAL VISIT/RESCREEN

WISEWOMAN Annual Visits (Rescreen) have the same required components as Risk Reduction Counseling/Initial Screening, which are to be completed *12-18 months after the previous screening. WISEWOMAN participants should return annually for completion of assessment and screening.

NOTE: Although a rescreening visit should occur 12-18 months after the previous WISEWOMAN screening visit, an 11-month cutoff has been established to allow flexibility for women who return just before the one-year mark

WISEWOMAN RESCREEN REQUIREMENTS

- ♥ Review the **WISEWOMAN SMHW Patient History (green)**
- ♥ Complete the **WISEWOMAN Assessment Form (tan)**
 - Previous CVD and risk levels
 - Use of medications for HTN, cholesterol and/or diabetes
 - Nutritional habits
 - Physical activity
 - Alcohol use
 - Overall wellness/mental health
 - Smoking status/tobacco use
 - Readiness to change health habits
- ♥ Complete the **WISEWOMAN Screening Form (light pink)**
 - Height, weight and BMI
 - Waist and hip circumference for waist-to-hip ratio (optional)
 - TWO complete blood pressure (BP) readings with an average reading
 - Laboratory tests (complete lipid panel and A1C or fasting glucose) completed 30 days before or 30 days after the screening office visit
- ♥ Review the results of the screening with the WISEWOMAN participant and provide participant-centered Risk Reduction Counseling on cardiovascular risk
- ♥ Refer WISEWOMAN participants for follow-up office visits and to appropriate LSPs
- ♥ Submit a **WISEWOMAN Annual** claim in MOHSAIC

MEDICAL FOLLOW-UP SERVICES



DIAGNOSTIC AND BLOOD PRESSURE MEDICAL FOLLOW-UP SERVICES

WISEWOMAN ALERT VALUES

WISEWOMAN ALERT Values are clinical measures or laboratory results that require medical follow-up immediately or **WITHIN 7 DAYS** of the WISEWOMAN office visit. Follow-up can be completed the same day, if possible, with a **WISEWOMAN Diagnostic Visit**. The provider should document the date of the medical work-up on the screening form and note follow-up details. If a woman does not receive a work-up or intends to follow-up with another provider, the WISEWOMAN Education Coordinator should be notified and the follow-up information should be coded appropriately in MOHSAIC. Providers must also enter a claim for any visit including an ALERT Value **WITHIN 7 DAYS** of the date of service (DOS).

WISEWOMAN ALERT VALUES

- ♥ **BLOOD PRESSURE (BP):** SBP ≥ 180 mmHg and/or DBP ≥ 120 mmHg
- ♥ **BLOOD GLUCOSE (fasting or non-fasting):** ≤ 50 mg/dL or ≥ 250 mg/dL

NOTE: There are NO ALERT values for cholesterol or A1C

ALERT VALUE REPORTING GUIDELINES

- ♥ Record the participant's BP and lab values on the **WISEWOMAN Screening or Diagnostic Form**, as appropriate (entering any ALERT value in MOHSAIC will automatically trigger the ALERT box to be completed)
- ♥ Record the date of the medical evaluation with a qualified practitioner on the **WISEWOMAN Screening or Diagnostic Form**
- ♥ Code the status of the ALERT value work-up with numerical coding system on the paper form and in MOHSAIC
- ♥ **THE NUMERICAL CODING SYSTEM FOR THE STATUS OF A WORK-UP IS AS FOLLOWS:**
 1. **WORK-UP COMPLETE**: Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit
 2. **FOLLOW-UP/WORK-UP BY ALTERNATE PROVIDER**: Participant intends to see alternate provider within 7 days
 3. **PARTICIPANT REFUSED WORK-UP**: Participant has an ALERT value, but refused work-up
 4. **WORK-UP NOT COMPLETED, PARTICIPANT LOST TO FOLLOW-UP**: Participant had an ALERT value, but was lost to follow-up and work-up was not completed
- ♥ A participant who did not attend her scheduled work-up within **THREE (3)** months after a screening visit and could not be reached to reschedule another appointment is considered "lost to follow-up"

LOST TO FOLLOW-UP GUIDELINES

CDC requires specific documentation on ALERT value participants, which is submitted on the **WISEWOMAN Screening or Diagnostic Form** for the participant. There is a section on the **Screening Form** and the **Diagnostic Form** titled “ALERT Value Notes,” where information regarding the participant’s treatment plan and follow-up will be documented.

If a participant is referred to an outside clinician for ALERT value follow-up, the referring WISEWOMAN clinic is responsible for following up with the outside clinic to see if participant attended her appointment and obtain records to report back to the WISEWOMAN Program. Providers should notify the WISEWOMAN Education Coordinator if any participant is “lost to follow-up” and document the information on the appropriate form, including contact attempts.

WISEWOMAN PARTICIPANT IS CONSIDERED “LOST TO FOLLOW-UP” WHEN:

- ♥ Participant is referred to a medical provider in-house for the ALERT value follow-up and the clinic has **THREE** documented phone calls or attempts to reach participant to have ALERT value addressed with the medical provider with no response
- ♥ Participant is referred to an outside clinician and the referring WISEWOMAN clinic attempts to make the appointment **WITHIN SEVEN (7) DAYS** and are unable to

BLOOD PRESSURE MANAGEMENT

Improving control of hypertension is a major focus of the WISEWOMAN Program. Providers are expected to conduct additional preventive services for participants who have disease level hypertension, which is defined as a woman with an average BP of $\geq 130/80$.

It is **required** that a WISEWOMAN participant receive follow-up services if they present to the provider with an abnormal or disease level blood pressure. This follow-up can be completed with a **Blood Pressure Medical Follow-up, Diagnostic Office Visit** or a **Health Coaching** session to discuss blood pressure management.

BLOOD PRESSURE MEDICAL FOLLOW-UP

Blood Pressure Medical Follow-Ups (yellow) are recommended for participants with abnormal disease level hypertension (Stage 2 $\geq 140/\geq 90$ and ALERT Level $\geq 180/\geq 120$) identified during a WISEWOMAN screening visit. The WISEWOMAN Program will reimburse up to **THREE** 25-minute, face-to-face, in-office **Blood Pressure Medical Follow-Ups** within 12 months of the participants Initial RRC or Annual screening visit. **TWO** complete blood pressure measurements are required and **BP Medical Follow-Ups** can be completed by any trained medical staff who has the ability to contact a practitioner, if necessary. BP Medical Follow-Ups should be submitted as a **WISEWOMAN First/Second/Third Blood Pressure Medical Follow-Up** claim in MOHSAIC.

DIAGNOSTIC OFFICE VISIT

A **Diagnostic Office Visit (gray)** is utilized when a participant has an abnormal WISEWOMAN screening. WISEWOMAN will reimburse providers for **ONE** 30 minute, face-to-face **Diagnostic Office Visit** per grant year.

QUALIFYING REASONS FOR A DIAGNOSTIC OFFICE VISIT

- ♥ Hypertension ($\geq 130/80$)
- ♥ Elevated cholesterol
- ♥ Elevated blood glucose
- ♥ Smoking cessation medication
- ♥ Mental health follow-up

DIAGNOSTIC OFFICE VISIT GUIDELINES

- ♥ Must be a face-to-face visit with a qualified clinician (e.g. physician, physician assistant or nurse practitioner)
- ♥ If the screening clinic does not have a qualified clinician on-site, the participant should be referred to an outside provider and it is the responsibility of the referring WISEWOMAN provider to obtain follow-up information for the **Diagnostic Office Visit** to reimburse the provider
- ♥ Must be completed to confirm a diagnosis of hypertension ($\geq 130/80$), high cholesterol or diabetes, assess and prescribe medication for smoking cessation or follow-up on mental health concerns
- ♥ A participant can still receive a **Diagnostic Office Visit** if they have a history of any of the qualifying conditions
- ♥ Documentation of the reason(s) for the **Diagnostic Office Visit** must be completed on the **WISEWOMAN Diagnostic Form (gray)**
- ♥ **Diagnostic Office Visits** should be scheduled WITHIN 7 DAYS for any ALERT value
- ♥ **Diagnostic Office Visits** can be completed on the SAME day as the screening visit, if possible, and do not require additional BP or lab values (the provider can input the values from the screening visit)
- ♥ If a **Diagnostic Office Visit** is completed at a later date, TWO new complete BP measurements are required
- ♥ Document any ALERT values on the **WISEWOMAN Diagnostic Form (gray)**
- ♥ Screening providers must be able to link participants to medical services for medical evaluation and assist participants with access to low-cost or free medication
- ♥ Submit a **WISEWOMAN Diagnostic** claim in MOHSAIC for the participant's **Diagnostic Office Visit** for reimbursement of services with all required components

NOTE: WISEWOMAN is unable to reimburse for the cost of any medications

HEALTH COACHING



HEALTH COACHING

Health Coaching (HC) is a provider-based lifestyle education program (LSP) that applies a collaborative, participant-focused approach to enable participants to take responsibility for their health and well-being. The goal of HC is to help participants increase readiness and gain confidence to make lasting changes for improved health. **Health Coaching** can be conducted by **ANY** trained medical professional (e.g. nurse, dietitian, pharmacist, counselor, community health worker, etc.) involved in implementing Team-Based Care as a WISEWOMAN provider. Utilizing a range of medical professionals is encouraged by the WISEWOMAN program to best serve the participant's needs and meet their defined goals.

Women will work collaboratively with their health coach to determine a priority area(s) of focus for the brief coaching interventions. Motivational interviewing techniques will be effectively utilized to elicit and strengthen motivation for changing behaviors related to the priority area. Drawing on core components of this counseling approach, health coaches will employ open ended questions, affirmative statements, reflective listening skills and summarizations to effectively capture and resonate change talk and self-motivational statements communicated by the participant.

PRINCIPAL TENETS OF HEALTH COACHING

- ♥ **PARTICIPANT-CENTERED**—interaction is collaborative and non-directive
- ♥ **PARTICIPANT-TAILORED**—participants choose the goals that they want to address, quantity and duration of sessions can vary based on participant's needs and desires, coaching can be done in person or by phone to eliminate barriers to participation
- ♥ **WHOLE-PERSON APPROACH**—all health risks and conditions of an individual are taken into consideration and women are linked to additional community-based resources, as necessary

HEALTH COACHING PRIORITY AREAS

WISEWOMAN HEALTH COACHING PRIORITY AREAS INCLUDE, BUT ARE NOT LIMITED, TO THE FOLLOWING TOPICS:

- ♥ Healthy eating
- ♥ Physical activity
- ♥ Blood pressure management
- ♥ Smoking cessation
- ♥ Medication education
- ♥ Mental health

REFERRAL TO HEALTH COACHING

Health Coaching should be offered and encouraged for ALL WISEWOMAN participants. However, it is most appropriate for WISEWOMAN participants who:

- ♥ Indicate a readiness for change
- ♥ Agree that HC is an appropriate HBSS for them
- ♥ Prefer to individualize their HBSS
- ♥ Desire a condensed program delivery timeline

HEALTH COACHING GUIDELINES

Risk Reduction Counseling precedes **Health Coaching** and lays the groundwork for a woman's priority areas. For participants that show readiness for engagement and motivation to change, an initial **Health Coaching** session may be conducted in conjunction with a **WISEWOMAN Screening/Risk Reduction Counseling**. Because **Health Coaching** differs from **RRC**, **Health Coaching** content must be distinct and separate from **RRC**. **Health Coaching** should be submitted as a **WISEWOMAN Education** claim in MOHSAIC or included in the **WISEWOMAN Screening (RRC, Initial or Annual)** claim submission.

INITIATION OF HEALTH COACHING

WISEWOMAN participants should be encouraged to schedule an initial **Health Coaching** session within TWO weeks of referral, if unable to complete the first **Health Coaching** in conjunction with **RRC**, but ultimately may propose a schedule informed by personal goals, learning style and schedule availability. **Health Coaching** sessions should be staggered in intervals to ensure that participants have sufficient time to institute behavior change, maximize opportunity for application and support self-efficacy.

DELIVERY OF HEALTH COACHING

To minimize known barriers to participant access and maximize participant choice, **Health Coaching** must be offered both face-to-face and via phone. **Health Coaching** sessions can range from 15-45 minutes, completed individually or in a group setting.

REQUIREMENTS FOR HEALTH COACHING DELIVERY METHODS INCLUDE:

- ♥ **Individual, face-to-face Health Coaching**—provided, at a minimum, in a private exam, counseling or conference room located at a WISEWOMAN clinic
- ♥ **Individual, telephonic Health Coaching**—health coach must be, at a minimum, conducting counseling from a private or semi-private room or office in a clinic
- ♥ **Group, face-to-face Health Coaching**—provided, at a minimum, in a private conference room at a clinic with multiple WISEWOMAN participants

TRACKING HEALTH COACHING SESSIONS

Health Coaching sessions conducted by WISEWOMAN providers will be documented using the **Health Coaching Reporting Form (peach)**. Each form is used through the completion of **Health Coaching**. The form will be incorporated into the WISEWOMAN MOHSAIC database to further support documentation and program evaluation processes. **Health Coaching** sessions should be completed 2-4 weeks apart, if possible. The WISEWOMAN health coach will document the date, session length, delivery method, topic(s) and comments on the form for **Health Coaching** sessions 1-3. On the 4th **Health Coaching**, it is required to complete a face-to-face **WISEWOMAN Follow-Up Rescreen (hot pink)**.

FOLLOW-UP RESCREEN REQUIREMENTS

WISEWOMAN health coaches must follow-up with participants within **FOUR WEEKS** of completion of their third **Health Coaching** session to complete the **WISEWOMAN Follow-Up Rescreen (hot pink)**. This should be submitted as a **WISEWOMAN Follow-Up Rescreen** claim in MOHSAIC. A **Follow-Up Rescreen** should be conducted face-to-face and must include the following components:

- ♥ Completion of health history assessment questions (also found on the WISEWOMAN Assessment Form) regarding a woman's risk for CVD including:
 - Previous CVD and risk levels
 - Use of medications for HTN, cholesterol and/or diabetes
 - Nutritional habits
 - Physical activity
 - Alcohol use
 - Overall wellness/mental health
 - Smoking status/tobacco use
- ♥ Height, weight and BMI
- ♥ TWO complete blood pressure (BP) readings with an average reading
- ♥ *Laboratory tests (if ordered and deemed necessary by a qualified practitioner)

COMPLETION AND CONTINUATION OF HEALTH COACHING

Completion of **Health Coaching** consists of **THREE** **Health Coaching** sessions, in addition to, a face-to-face **Follow-up Rescreen (hot pink)** during the 4th session. **Health Coaching** should ideally be completed in less than **six months**. Once a participant has completed one cycle of **Health Coaching**, further HBSS should be offered to the woman. After a **Follow-Up Rescreen**, a WISEWOMAN participant can continue **Health Coaching** sessions for up to **16 sessions/year**. A new **Health Coaching Reporting Form (peach)** will be used to track each cycle of **Health Coaching** sessions.

HEALTHY BEHAVIOR SUPPORT SERVICES



HEALTHY BEHAVIOR SUPPORT SERVICES

In conjunction with **Health Coaching**, the WISEWOMAN Program offers **Healthy Behavior Support Services (HBSS)**, including referrals to LSPs and community-based resources, as part of a strategy to improve the health status of individuals participating in the WISEWOMAN Program. These services are funded through the provider's LOA.

MISSOURI TOBACCO QUITLINE

The CDC requires that all enrolled WISEWOMAN participants are assessed for tobacco use and that tobacco cessation services are promoted by WISEWOMAN providers. WISEWOMAN participants are assessed for tobacco use with the **WISEWOMAN Assessment Form (tan)** and referred for cessation services by following these steps:

- ♥ Participant will indicate her current smoking status, smoking cessation completion, if applicable, and readiness for behavior change on the **WISEWOMAN Assessment Form (tan)**
- ♥ Participants who report smoking/tobacco use and express interest in quitting, including identifying tobacco cessation as a priority during **RRC** and/or **Health Coaching**, should be given a referral to the Missouri Tobacco Quitline or another evidence-based tobacco cessation program
- ♥ WISEWOMAN suggests using the *Ask, Advise and Refer* method:
 - **ASK** every participant at each encounter about tobacco use and document their status
 - **ADVISE** every tobacco user to quit with a clear, strong, personalized health message about the benefits of quitting
 - **REFER** participants who are ready to quit tobacco within 30 days to the Missouri Tobacco Quitline
- ♥ Refer a participant to the Missouri Tobacco Quitline, which is free to anyone in Missouri, by calling **1-800-QUIT-NOW/1-800-784-8669** or registering online at <http://www.quitnow.net/missouri>
- ♥ Select the **Tobacco Quitline LSP referral box** and document the date of referral
- ♥ Smoking/tobacco cessation should be checked as a “topic” on the **Health Coaching Reporting Form (peach)** and discussion should be documented in the comments section
- ♥ A **Diagnostic Office Visit** can be billed and reimbursed through the WISEWOMAN Program for participants who wish to discuss tobacco cessation medication with a physician or practitioner

NOTE: WISEWOMAN funds CANNOT be used for nicotine replacement therapies, but the Missouri Tobacco Quitline and other tobacco cessation resources often offer these therapies at little to no cost for participants

DIABETES PREVENTION PROGRAM

The focus of a Diabetes Prevention Program (DPP) is to prevent type 2 diabetes among people at-risk for diabetes. This successful, standardized lifestyle intervention was developed to increase physical activity to a minimum of 150 minutes per week and reduce weight by a minimum of 7 percent, for population meeting eligibility criteria. Individual lifestyle coaches work with participants to help them achieve individualized, clearly defined weight loss and physical activity goals. The program focuses on self-management to achieve long-term improvements in diet and physical activity.

REFERRAL GUIDELINES FOR DPP

REFER WISEWOMAN PARTICIPANTS TO DPP WHO:

- ♥ Indicate a readiness to change
- ♥ Agree DPP is an appropriate HBSS
- ♥ Have access to a local DPP
- ♥ Meet the DPP eligibility requirements as outlined in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures:
 - BMI of ≥ 25 kg/m² or ≥ 22 kg/m², if Asian
 - Elevated blood sugar/glucose is **NOT** a requirement for participation
 - Participant cannot have already been diagnosed with diabetes—if the participant had gestational diabetes, she may be eligible to participate
- ♥ Select the **DPP LSP referral box** and enter the referral date on the **WISEWOMAN Screening Form (light pink)**
- ♥ Fax a paper referral form to the WISEWOMAN Staff at **573-522-3023**
- ♥ WISEWOMAN staff will send the referral to the appropriate DPP Coordinator

NATIONALLY-RECOGNIZED DPP PROVIDERS

- ♥ Missouri's recognized DPPs are listed here: <https://dprp.cdc.gov/Registry>
- ♥ To become a nationally-recognized program, providers should complete the application at the following link:
<http://www.cdc.gov/diabetes/prevention/recognition/application.htm>

CRITERIA AND TRAINING TO PROVIDE DPP ON-SITE INCLUDE:

- ♥ Personnel must meet specific criteria for the responsibilities, skills, knowledge, and qualities to become a DPP Lifestyle Coach
- ♥ Lifestyle coaches may have other credentials (e.g. *RD, RN and MA*), but they are not required
- ♥ Diabetes Prevention Coordinator is designated to implement the program, supervise daily operations, provide support and guidance to coaches and ensure the program activities achieve quality performance outcomes
- ♥ Coach and coordinator may be the same individual

COURSE CONTENT OF DPP

DPP consists of two phases: a 16-session core curriculum and a 6-session maintenance/post-core phase. The 16-session core curriculum courses are typically delivered once per week and must be completed within 26 weeks. The remaining six post-core classes are each usually delivered once per month.

60-MINUTE, IN-PERSON SESSIONS INCLUDE:

- ♥ Private weigh-in and review of self-monitoring records
- ♥ Discussions on various topics
- ♥ Identification of barriers
- ♥ Action planning

Completion of the DPP is defined as 9 of 16 core sessions and 3 of 6 maintenance/post-core. If a WISEWOMAN provider has a participant interested in DPP participation, but a class is not scheduled to start soon, the provider may choose to refer participants interested in DPP to **Health Coaching** sessions in the interim. **Health Coaching** can be conducted as an interim HBSS to keep the participant engaged and motivated until a DPP or other lifestyle program group becomes available. This option should be used if the participant's screening visit is not conducted around the time that a new DPP class will begin the course.

REIMBURSEMENT FOR DPP

For individuals referred to DPP by the WISEWOMAN Program, the program fee is covered by WISEWOMAN and the reimbursement cap for DPP is \$705.00 per year.

WEIGHT WATCHERS

Weight Watchers (WW) is a diet plan first developed in the 1960s that encourages weight loss by making healthy food and lifestyle choices. The Weight Watchers plan is based upon the idea that dieting is only one part of a healthy lifestyle. The program stresses the importance of overall mental and physical health and well-being.

Weight Watchers does not forbid specific foods or tell people what to eat. There are also no pre-prepared meals or foods to purchase. Instead, people are encouraged to make healthier eating choices and to increase physical activity. Weight Watchers sponsors group meetings in locations throughout the world and online where members can offer each other encouragement, support and tips for making healthier lifestyle choices.

REFERRAL GUIDELINES FOR WEIGHT WATCHERS

- ♥ Participant indicates a readiness for change
- ♥ BMI $\geq 25\text{kg}/\text{m}^2$ or $\geq 22\text{kg}/\text{m}^2$, if Asian
- ♥ Participant must sign the **Weight Watchers Consent Form** at the time of her screening visit to participate in the program
- ♥ Select the **Weight Watchers priority area box** on the **WISEWOMAN Screening Form (light pink)**

SESSION DOSAGE AND DELIVERY

- ♥ Weight Watchers participants will receive a 10 week prepayment coupon and an attendance sheet
- ♥ Local meeting registration fee will be waived
- ♥ Membership kit is provided at the first meeting with resources from Weight Watchers
- ♥ In order to receive the second set of ten-week prepayment coupons, the participant must attend and participate in 80% of the first ten meetings
- ♥ Once the participant has selected her preferred meeting, she will take the voucher to her next chapter meeting
- ♥ Weight Watchers chapter leader will take the voucher and have her complete a Weight Watchers membership application
- ♥ Voucher along with the membership application will be sent to the Weight Watchers corporate office
- ♥ Participant is responsible for presenting her attendance sheet at each weekly meeting and having the Weight Watchers leader sign off on her attendance
- ♥ If attending Weight Watchers online, the participant must share their app log-in information with the WISEWOMAN provider by creating an account with the provider in-person in the clinic
- ♥ Once the participant has attended 12 weekly sessions, she will then return to the WISEWOMAN provider clinic for a face-to-face visit, providing the attendance sheet to the health coach, which is faxed to the WISEWOMAN central office staff as a form of completion of the 12 weekly sessions
- ♥ Weekly attendance does not need to be recorded following the 12 week check-in, however it is encouraged as a motivator for the participant

PARTICIPANT FOLLOW-UP AND PROGRAM ASSESSMENT

Participants must agree to actively participate in Health Coaching from the provider. This allows the provider to follow-up with the participant and see that the program is meeting the participant's needs and address any concerns the participant may have.

REIMBURSEMENT FOR WEIGHT WATCHERS

Weight Watchers services will be reimbursed every three months. The reimbursement cap for Weight Watchers is currently \$800.00/year and it set based on grant budget.

TAKE OFF POUNDS SENSIBLY

Take Off Pounds Sensibly (TOPS) is the short name for TOPS Club, Inc.—the original nonprofit, noncommercial network of weight loss support groups and wellness education organization. Established in 1948 to champion weight loss support and success, TOPS has helped millions of people live healthier lives. TOPS offers tools and programs for healthy living and weight management, with exceptional group fellowship and recognition.

Weekly meetings include private weigh-ins and professionally prepared, informational chapter programs that feature up-to-date information on nutrition, exercise and healthy lifestyles. Programs provide positive reinforcement and motivation to adhere to food and exercise programs. TOPS does not sell foods, endorse products or push a one-size-fits-all meal plan. On the TOPS meal plan, you choose foods you enjoy in moderation. The flexible guidelines help you control calories while eating real food at home or in a restaurant.

Chapter locations vary and include; hospitals, churches, senior center settings, libraries and other community locations. Participants can find the local chapters by going to the website www.tops.org, clicking on “Find a Meeting” tab and entering her home zip code and a travel radius.

REFERRAL GUIDELINES FOR TOPS

- ♥ Participant indicates a readiness for change
- ♥ BMI $\geq 25\text{kg/m}^2$ or $\geq 22\text{kg/m}^2$, if Asian
- ♥ Must be able to establish a healthy and responsible weight loss goal
- ♥ Select the **TOPS LSP referral box** and enter the referral date on the **WISEWOMAN Screening Form (light pink)**
- ♥ Participant must sign the **TOPS Consent Form** at the time of her screening visit to participate in the program
- ♥ Fax the signed consent form to the WISEWOMAN Staff at **573-522-3023**
- ♥ Participant is provided with her signed voucher and the attendance/weigh-in sheet to take to her local chapter meetings

OBTAINING A TOPS VOUCHER

Once a provider has recognized a participant qualifies for the TOPS program and the enrollment paperwork is complete, a TOPS voucher will be mailed to the clinic for pick up by the participant. Vouchers are valid for one grant year and the participant must continue to achieve goals and participate in health coaching to obtain additional vouchers. Please note that the membership voucher is **NOT** replaceable if lost and **CANNOT** be photocopied

SESSION DOSAGE AND DELIVERY

- ♥ Participants choose to join a local chapter or become an online member
- ♥ Weekly meetings provide a supportive, educational environment
- ♥ Participants will have the option of attending the local chapter that is best for their schedule and comfort level
- ♥ Participants are encouraged to attend several different chapter meetings to find the best suited chapter for them
- ♥ Meetings are held at various times of the day and days of the week
- ♥ Initial visits are free of charge
- ♥ Once the participant has selected her preferred chapter, she will take the voucher to complete a TOPS membership application
- ♥ The voucher, along with the membership application, will be sent to the TOPS corporate office
- ♥ Participant is responsible for presenting her attendance sheet at each weekly meeting and having the TOPS leader sign off on her attendance
- ♥ Once the participant has attended 12 weekly sessions, she will then return to the WISEWOMAN provider clinic for a face-to-face visit
- ♥ The WISEWOMAN provider/health coach will obtain the attendance sheet from the participant and fax it to the WISEWOMAN central office staff as a form of completion of the 12 weekly sessions
- ♥ At the 12 week face-to-face session with the participant, the WISEWOMAN provider will provide the participant with the book *Real Life: The Hands-on Pounds-Off Guide* and food cards for her attendance to the TOPS program
- ♥ Weekly attendance does not need to be recorded following the 12 week check-in, however it is encouraged as a motivator for the participant
- ♥ If at any time the participant stops attending TOPS Chapter meetings regularly, the TOPS Chapter leader or another member may call or email the participant for follow-up

REIMBURSEMENT FOR TOPS

The WISEWOMAN Program will cover the yearly cost for the participant at \$32.00 per year. The participant will be responsible for any minimal chapter dues of \$5.00 monthly.

EATING SMART-BEING ACTIVE

Eating Smart-Being Active (ESBA) is a research-based nutrition, food safety and food resource management education curriculum for low-income adults. All participant materials are available in English and Spanish. Curriculum activities include facilitated discussion and hands-on activities to allow participants to be actively engaged in the learning process and apply the newly learned information. Lessons include the latest research-based information from the Dietary Guidelines for Americans 2015-2020 and MyPlate.

(<http://www.choosemyplate.gov>).

TOPICS COVERED INCLUDE:

- ♥ Physical activity
- ♥ Nutrition and healthy lifestyle choices
- ♥ Food preparation
- ♥ Saving money at the grocery store
- ♥ Eating a variety of healthy foods from all the food groups
- ♥ Food safety
- ♥ Reducing fat, sugar and salt
- ♥ Feeding children

ESBA is delivered by the University of Missouri Extension (UME). The UME is part of the national land-grant university and Cooperative Extension System that brings research-based knowledge and information to people in their homes, workplaces and communities to improve the lives of Missourians. The UME puts research into practice by providing high-value education programs and resources in the areas of agriculture and natural resources, home and consumer life, nutrition and health, families and youth, community and leadership, and business and workforce development.

REFERRAL GUIDELINES FOR ESBA

- ♥ Participant indicates a readiness for change
- ♥ Select the **ESBA LSP referral box** and enter the referral date on the **WISEWOMAN Screening Form (light pink)**
- ♥ Fax the **ESBA Referral Form** to the WISEWOMAN Staff at **573-522-3023**
<https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providerforms.php>
- ♥ WISEWOMAN staff will send the referral to the appropriate UME
- ♥ UME receives the paper referral form and contacts the participant to set up the class and address any barriers the participant may have in regards to attendance

SESSION DOSAGE AND DELIVERY

- ♥ Consists of 9 lessons, each 90 to 120 minutes in length
- ♥ Lessons are designed to be taught in sequential order, building on previous lesson content
- ♥ Completion of the ESBA program is defined as attending six (6) sessions, but attending all nine (9) sessions is encouraged
- ♥ ESBA provides incentives to the participant once they have completed the minimum of six (6) sessions
- ♥ Taught in either a one-on-one or in small group class (2-12 people) setting for maximum interaction among participants
- ♥ A variety of learning styles are incorporated into the lessons through the use of handouts, discussions, facilitated dialogue, demonstrations and hands-on performance of skills learned during class
- ♥ Curriculum is written for participants who may have a low literacy level

PARTICIPANT FOLLOW-UP AND PROGRAM ASSESSMENT

- ♥ UME provides follow-up with participants who do **NOT** attend scheduled classes
- ♥ UME provides WISEWOMAN staff with a monthly attendance list
- ♥ UME makes attempts to call the participant after completion to gain follow-up information regarding the participant's status and the success of the class
- ♥ UME also encourages the participant to follow-up for their annual WISEWOMAN screenings

REIMBURSEMENT FOR ESBA

WISEWOMAN providers do not receive reimbursement for ESBA services as this time. Providers make the referrals to ESBA and ESBA has a contract with MDHSS to provide and administer services. ESBA will send MDHSS an invoice for services provided and MDHSS will then reimburse ESBA.

OTHER PROGRAMS

Any additional HBSS options will require prior approval by the Missouri WISEWOMAN program.

SELF-MONITORING BLOOD PRESSURE

Self-Monitoring Blood Pressure (SMBP) is the regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere. SMBP requires the use of a home blood pressure measurement device by the patient to measure blood pressure at different points in time. SMBP, plus clinical support, helps people with hypertension lower their blood pressure.

SMBP is a significantly more individualized program that focuses heavily on the participant's blood pressure, when compared to other lifestyle programs. The individualization of the program allows for it to be adapted to the needs and motivation level of each participant. Coaching will be customized to the participant priority and willingness/ability to make change.

This coaching program is optimal for those who are not able to attend other programs due to barriers, such as transportation, inability to afford gas to travel and time conflicts. Telephone health coaching will be provided if that best accommodates the participant's needs. The health coaches will help the participant use problem-solving skills to overcome barriers and will be a source of support and encouragement to the participant when working to reach goals. Health coaches will also be able to refer participants to community-based resources for assistance in overcoming barriers.

REFERRAL GUIDELINES FOR SMBP

- ♥ Participant indicates a readiness for change
- ♥ Participants who have presented with disease level hypertension ($\geq 130/80$)
- ♥ Participants who need to closely monitor their HTN diagnosis (each clinic will utilize appropriate trained clinical staff to address medical issues such as hypertension and determine, based on screening and diagnostic visits, if the participant is a good candidate to enroll in SMBP)
- ♥ If the provider determines the participant would benefit from a SMBP program, the clinic will fill out the **SMBP Referral Form (white)**, **SMBP Initial Enrollment Form (white)** and **Patient Participation Agreement (white)** then fax the forms to the WISEWOMAN staff at **573-522-3023**
- ♥ WISEWOMAN clinics may operate SMBP within their clinic or they may refer the participant to a community SMBP Program that works with WISEWOMAN
 - If the clinic operates a SMBP, the clinic will then schedule the participant for a follow-up 2-3 days later to recheck the blood pressure and the participant will receive a blood pressure cuff and self-monitoring packet with tracking information
 - If the clinic does not operate a SMBP in their community, the WISEWOMAN central office staff will work with the clinic to determine a SMBP partner within the community to offer SMBP services

SESSION DOSAGE AND DELIVERY

- ♥ Consists of at least three or more in-person **SMBP Blood Pressure Medical Follow-Up** visits **AND** three **SMBP Health Coaching** telephone calls until appropriate blood pressure goal is reached
- ♥ If blood pressure is not controlled, additional counseling will be available or other interventions will be considered
- ♥ During the in-person **BP Follow-Up** visits the participant will be trained in appropriate home blood pressure monitoring techniques, receive a home monitoring blood pressure cuff and receive tools to document the readings
- ♥ During the **SMBP Health Coaching** sessions, concerns over medications will be discussed with the participant and shared with the primary care provider, as needed
- ♥ Between visits the participant is asked to self-monitor and record their blood pressure **TWICE** daily, or as prescribed by physician
- ♥ Participant will be asked to bring these results and the device at the **BP Medical Follow-Up** visits and **SMBP Health Coaching** sessions in order to ensure proper utilization of the blood pressure device
- ♥ After the program has ended, participant will be allowed to keep the blood pressure monitor in order to continue self-monitoring

PARTICIPANT FOLLOW-UP AND PROGRAM ASSESSMENT

- ♥ Within four weeks of completion of **SMBP Health Coaching**, the participant will receive a face-to-face **Post Intervention Assessment** to include **TWO** clinical BP readings and **TWO** SMBP readings and participants will be counseled on the use of community resources and potential challenges/barriers
- ♥ Six months after the program is complete, a **Post Intervention Follow-Up** telephone call will be made to the participant to address the participant's blood pressure, medication adherence, any further needs the participant may have and reinforcement of community resources
- ♥ **WISEWOMAN Fourth Follow-Up Assessment** will be completed either face-to-face or via the telephone with the participant after the completion of three **SMBP Health Coaching** sessions

REIMBURSEMENT GUIDELINES FOR SMBP

Self-Monitoring Blood Pressure has a reimbursement cap dependent upon the budget. Please see the Reimbursement Guidelines section of the manual for specific reimbursement rates and CPT codes.

COMMUNITY-BASED RESOURCES

Community-based resources supplement other HBSS, such as **Health Coaching** and LSP referrals, to reduce a woman’s CVD risk. For an individual woman, referral to community-based resources may be the most appropriate HBSS. WISEWOMAN participants should be referred to community-based resources to support identified goals. These resources may include programs that support chronic disease management, physical activity, nutrition and tobacco cessation. Providers should develop partnerships to offer community-based resources at low or no cost to women. Reimbursement for community-based resources and barrier-reduction tools will be utilized through LOA funding for HBSS and invoice submission to the WISEWOMAN staff. See the Reimbursement Section for detailed guidelines.

COMMUNITY-BASED RESOURCES AND BARRIER-REDUCTION TOOLS THAT ARE REIMBURSABLE THROUGH THE WISEWOMAN PROGRAM SHOULD ONLY BE OFFERED AND UTILIZED ONCE A PARTICIPANT SHOWS COMMITMENT TO THE WISEWOMAN PROGRAM AND HAS ATTENDED AT LEAST THREE HEALTH COACHING SESSIONS WITHIN SIX MONTHS OF ENROLLMENT

PHYSICAL ACTIVITY AND NUTRITION RESOURCES	BARRIER-REDUCTION TOOLS
♥ Supplemental Nutrition Assistance Program (SNAP)	♥ Vouchers for farmer’s markets or grocery stores
♥ TOPS	♥ Gas cards
♥ Local parks and recreation departments	♥ Exercise mat or resistance bands
♥ Walking/biking trails	♥ Tote bag/lunch bag
♥ Mall walking programs	♥ Cookbook
♥ Gardening programs	♥ Workout DVD
♥ Food coupon programs	♥ Food scale or measuring set
♥ Farmer’s markets	♥ Voucher for walking shoes
♥ Nutrition classes	♥ Fitness tracker

FITNESS CENTER/GYM MEMBERSHIP AND FITNESS CLASSES

Fitness center/gym memberships or fitness classes for committed WISEWOMAN participants are eligible for reimbursement. Fitness center/gym memberships allow for participants to have the opportunity to work out in a safe environment that promotes successful lifestyle changes. Providers would have agreements with local fitness centers/gyms where participants could exercise. The provider would pay the initial fee for the participant and would be reimbursed by the WISEWOMAN Program. If a provider has a fitness center/gym that offers fitness classes on-site or at another facility, the provider may be reimbursed for the cost of the membership or class cost for the WISEWOMAN participants.

GUIDELINES FOR MEMBERSHIPS INCLUDE:

- ♥ Participants who qualify may have a membership for a three-month period
- ♥ Provider will need to follow-up with the fitness center/gym to assure the participant has attendance of 80% or greater for a three-month period to continue to qualify for an additional three-month period
- ♥ Participants must also be participating in **Health Coaching** sessions

REIMBURSEMENT

WISEWOMAN billing and reimbursement guidelines for providers outlined in this section are effective **September 30, 2021-September 29, 2022** and replace all other existing billing guidelines. WISEWOMAN reimbursement rates are set based on Medicare CPT Code rates and are subject to change, typically with the fiscal year. Please see the MOHSAIC section for guidelines on claim submission.

CLINICAL SERVICES REIMBURSEMENT

The WISEWOMAN Program will provide reimbursement for services including; completed cardiovascular screening, laboratory tests, Risk Reduction Counseling, diagnostic and other medical follow-up. WISEWOMAN clinical services will be directly reimbursed through the provider's annual contract, with awarded funds loaded in MOHSAIC. In order to be considered for payment, WISEWOMAN services must be entered into the MOHSAIC data system within **SIXTY (60) DAYS** of the service being performed. If a participant has an ALERT value, claim submission must occur within **SEVEN (7) DAYS**. Providers will only be paid for cases that meet eligibility, performance and data requirements.

WISEWOMAN REIMBURSEMENT GUIDELINES

IN ACCORDANCE WITH PUBLIC LAW 101-354 AND ITS AMENDMENTS, REIMBURSEMENT GUIDELINES FOR THE WISEWOMAN PROGRAM INCLUDE:

- ♥ MDHSS/WISEWOMAN must be the **payer of last resort**
- ♥ MDHSS reimbursements are considered payment in full
- ♥ Service providers and their subcontractors shall not charge the participant for any screening/diagnostic services reimbursable by MDHSS
- ♥ MDHSS participants shall not be charged with any administrative fees
- ♥ When services other than WISEWOMAN cardiovascular risk assessment are performed, documentation shall be provided verifying the participant was notified in advance of these services and their costs
- ♥ Grantees cannot use WISEWOMAN funds to pay for any services that are covered by a State compensation program, an insurance policy, a federal or state health benefits program or an entity that provides health services on a prepaid basis

REIMBURSABLE WISEWOMAN CLINICAL SERVICES

- ♥ Cardiovascular screening, laboratory tests and Risk Reduction Counseling services, as outlined in those respective sections of this manual
- ♥ Follow-up visit(s) with a provider for ALERT values, untreated disease-level values and uncontrolled hypertension
- ♥ Participation in lifestyle programs or Health Coaching
- ♥ Administrative procedures to ensure access to affordable medication for women who require it
- ♥ Costs associated with WISEWOMAN referrals for HBSS

REIMBURSEMENT



EXCLUSIONS AND EXCEPTIONS FOR REIMBURSEMENTS

USE OF WISEWOMAN FUNDS ARE **NOT** ALLOWED FOR THE FOLLOWING SERVICES:

- ♥ Services provided to ineligible women
- ♥ Standards outlined in the Provider Manual, as stated in Clinical Screening Services Section, are not met
- ♥ Required data reporting forms are **NOT** submitted into MOHSAIC within 60 days of service (or 7 days for an ALERT value), with the exception of filing with participant's insurance, which must be submitted within 30 days from receipt of the Explanation of Benefits (EOB)
- ♥ Participant's original enrollment and office visit (paid for by SMHW)
- ♥ Laboratory tests other than those on the allowable CPT Code List
- ♥ Medication or other medical treatment or procedures for clinical conditions

Resubmission for denied service will only be considered one time. Submit questions pertaining to participant's data reporting form for service denied/adjusted to the MDHSS by telephone toll-free at 866-726-9926 or fax 573-522-3023. Denial will be explained or reconsidered. No further resubmission will be accepted after the second denial.

TIMING OF REIMBURSEMENTS

- ♥ Reimbursements are made at MDHSS through a warrant
- ♥ On average, warrants are run every 3 weeks, typically on Thursdays
- ♥ Reimbursement from the warrant run will be based on the completed and approved WISEWOMAN services that have met data and quality standards in MOHSAIC, as of the date of the warrant
- ♥ Reimbursement payments are produced by and electronically transferred from the MDHSS comptroller's office
- ♥ Payment vouchers are mailed to the providers from the WISEWOMAN central office, outlining the claims and services that have been paid and the amount reimbursed with WISEWOMAN funding
- ♥ Each payment received will include a payment voucher

TRACKING BUDGETS

- ♥ Each provider receives a funding amount to be used to provide services through the WISEWOMAN Program each fiscal year
- ♥ WISEWOMAN providers are responsible for tracking their funding amounts
- ♥ Once a provider's total budget amount has been reached, the WISEWOMAN program may not pay for any additional expenses incurred by the provider
- ♥ When 80 percent of the provider contract total for WISEWOMAN funds are expended, the provider will be notified and they should contact the WISEWOMAN central office to request an amendment to increase funding
- ♥ Providers that are under-spent in their budgets may have funds taken back and reallocated to other providers at any time during the contract period
- ♥ WISEWOMAN staff will send each provider contract expenditures semi-annually

OVERPAYMENTS

When an overpayment has occurred, please notify the WISEWOMAN staff and your RPC. A paper check for each participant will need to be sent in for the overpayment amount.

INCLUDE THE FOLLOWING INFORMATION ON THE CHECK:

- ♥ Provider agency
- ♥ Participant's full name
- ♥ Date of birth
- ♥ Date of service
- ♥ Program to return funds to

PLEASE MAKE THE CHECK PAYABLE TO DEPARTMENT-DA-FEE RECEIPTS AND MAIL TO:

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF ADMINISTRATION, FEE RECEIPTS
P.O. BOX 570
920 WILDWOOD DRIVE
JEFFERSON CITY, MO 65102-0570**

REPORTING ONLY SUBMISSION

If a WISEWOMAN participant receives cardiovascular screening services that do **NOT** meet the requirements for a valid WISEWOMAN screening, a MOHSAIC claim submission can be entered as “**Reporting Only.**” A **Reporting Only** claim will have no reimbursement cost for the provider, but will be used to track data on WISEWOMAN participants. Examples of appropriate **Reporting Only** claims include:

- ♥ Incomplete screening (*e.g. missing labs, only one BP measure, no height/weight*)
- ♥ Additional labs not covered by the WISEWOMAN Program
- ♥ Diagnostic information from an outside provider

HBSS REIMBURSEMENT GUIDELINES

If providers choose to sign a LOA for additional funding for HBSS, they will be reimbursed using invoice submission to the WISEWOMAN Program. Invoices can be faxed to WISEWOMAN staff at **573-522-3023**. Every LSP and HBSS has a reimbursement cap per participant for the grant year. Similar to clinical service funding, providers are responsible for tracking their LOA funding. If a provider is in need of additional funding, please contact the WISEWOMAN Program Manager to request an amendment for additional funding.

LSP/HBSS REIMBURSEMENT CAPS

- ♥ **Fitness Club/Gym Memberships:** \$360.00/year, including the joining fee
- ♥ **Fitness Class:** \$30.00 for a 4-6 week class or a total cost of \$200.00/year
- ♥ **TOPS:** \$32.00 yearly fee and no more than \$5.00 weekly fee, if necessary
- ♥ **Weight Watchers:** \$800.00/year for membership every 3 months
- ♥ **DPP:** \$500.00/year

WISEWOMAN SERVICES FISCAL YEAR 2022

CLINICAL OFFICE VISITS

SERVICES	CPT CODE	RATE
Risk Reduction Counseling/Initial Screening	99386	\$73.90
Annual Screening	99396	\$73.90
Diagnostic Office Visit	99203	\$103.95
Blood Pressure Medical Follow-Up	99214	\$120.89

LAB TESTS

SERVICES	CPT CODE	RATE
Venipuncture	36415	\$3.00
Lipid Panel	80061QW	\$13.39
Total Cholesterol	82465QW	\$4.35
HDL Cholesterol	83718QW	\$8.19
Glucose Quantitative	82947	\$3.93
Glucose, Blood Reagent	82948	\$5.04
Glucose, Hemoglobin A1C	83036QW	\$9.71
Basic Metabolic Profile (BMP)	80048	\$8.46
Comprehensive Metabolic Profile (CMP)	80053	\$10.56

HEALTH COACHING

SERVICES	CPT CODE	RATE
<i>Individual</i>		
15 Minute Session	99401	\$39.21
30 Minute Session	99402	\$53.71
45 Minute Session	99403	\$68.22
Follow-Up Rescreen	99403	\$68.22
<i>Group</i>		
30 Minute Session	99411	\$18.80
60 Minute Session	99412	\$34.23

SMBP PROGRAM

SERVICES	CPT CODE	RATE
SMBP Health Coaching-15 Minute	99401	\$39.21
SMBP Health Coaching-30 Minutes	99402	\$53.71
SMBP BP Medical Follow-Up	99214	\$119.26
SMBP Post-Intervention/Follow-Up	99403	\$68.22

MOHSAIC



DATA ENTRY/MOHSIAIC

WISEWOMAN providers must collect and store data on WISEWOMAN services. The WISEWOMAN Program provides paper forms for WISEWOMAN services. Information gathered on these paper forms represents all WISEWOMAN data that must be manually entered in the Missouri Health Strategic Architectures & Information Cooperative (MOHSAIC) web application. MOHSAIC is an online data system used to collect and manage participant service records for the SMHW and WISEWOMAN programs. It is not an electronic health record (EHR) and should not be used to gather any information beyond required data elements used for cardiovascular screening surveillance. WISEWOMAN forms are located on the DHSS website at the following location:

<http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/providerforms.php>.

MOHSAIC also tracks funding allocations and expenditures and is linked to the Statewide Advantage for Missouri (SAM II) accounting system for reimbursing providers. Prior to reimbursement, WISEWOMAN staff review all submitted forms to ensure provided services meet program standards. Based on data entered, agency grant activity statements are generated within the MOHSAIC application—making MOHSAIC data entry the only way WISEWOMAN service delivery providers can access grant funds. MOHSAIC submission will automatically generate proper CPT codes for claim reimbursement for WISEWOMAN services.

USES OF DATA IN THE WISEWOMAN PROGRAM

- ♥ Ensure participant eligibility
- ♥ Monitor grant spending and screening goals
- ♥ Monitor data across all service delivery providers to ensure volume of data entry errors is minimal
- ♥ Ensure clinical quality of services provided meet CDC indicators
- ♥ Identify providers in need of funding increases or decreases

MINIMUM DATA ELEMENTS

MOHSAIC data is submitted to the CDC for review two times each fiscal year. WISEWOMAN minimum data elements (MDEs) are a set of standardized data variables needed to ensure that consistent and complete information is collected for each WISEWOMAN participant. MDEs serve the purposes of describing, monitoring and assessing individual and program progress, which are captured using MOHSAIC. Each data element has a valid range. If an entry is made that is outside of the valid range, it will create an MDE error and the WISEWOMAN staff will contact providers regarding data in this range while reviewing claim submissions. To assist with entry of accurate data, MOHSAIC will create an error message for providers if an “out of range” value is entered. When this occurs, please contact WISEWOMAN staff to assist with submission.

WISEWOMAN MDE 18.3 QUALITY CHECK and ERROR VALUES			
ITEM #	VALID RANGE	QUALITY CHECK	ERROR
5C: MedAdhere	01-07 days	---	<01 >07
7A: FruitVeg	01-65 cups	---	<01 >65
7F: AlcFreq	00-07 days	<00 >07	---
7G: AlcDay	00-50 drinks	<00 >50	---
8A: PA	0010-1700 minutes	<10 >1700	---
11A: Height	48-76 inches	48-58 74-76	<48 >76
11B: Weight	074-460 lbs	74-90 350-460	<74 >460
11C: Waist	16-71 inches	<16 >71	---
12B: SBP	074-260 mmHg	230-260	<74 <260
12C: DBP	002-156 mmHg	2-12 122-156	<2 >156
14A: TotChol	044-702 mg/dL	44-60 400-702	<44 >702
14B: HDL	007-196 mg/dL	155-196	<7 >196
14C: LDL	020-380 mg/dL	344-380	<20 >380
<i>Non-fasting participants who are on lipid-lowering therapy, have a history of high cholesterol or have a triglyceride level >400mg/dL</i>		---	<u>ANY VALUE</u>
14D: Trigly	0012-3000	---	---
<i>Fasting</i>		1000-3000	<12 >3000
<i>Non-fasting who are on lipid-lowering therapy or have a history of high cholesterol</i>		---	<u>ANY VALUE</u>
<i>Non-fasting participants who are NOT on lipid-lowering therapy and do NOT have a history of high cholesterol</i>		---	0012-0400
15A: Glucose	037-571 mg/dL	37-50 275-571	<37 >571
15B: A1C	02.8-16.2%	2.8-4% 13-16.2%	<2.8% >16.2%

MOHSAIC ACCESS

The MOHSAIC application is located on the MDHSS Portal at:

<http://webapp01.dhss.mo.gov/SMHW/Default.aspx> / <https://webapp02.dhss.mo.gov/SMHW/Default.aspx>

SMHW/WISEWOMAN Providers do not need to install additional software beyond a web browser. MOHSAIC data entry is a WISEWOMAN contract requirement; therefore, it is important that MOHSAIC users at each provider agency site have access to a MOHSAIC-supported web browser.

REQUESTING ACCESS TO MOHSAIC

To apply for access to MOHSAIC for SMHW/WISEWOMAN, follow the instructions below. If assistance is needed regarding MOHSAIC, please contact the WISEWOMAN staff or your RPC.

WHEN AN EXISTING MOHSAIC USER NO LONGER NEEDS ACCESS FOR WISEWOMAN DATA ENTRY, THE PROVIDER MUST REPORT USER’S NAME TO PROGRAM STAFF WITHIN 15 DAYS

****If you have an Automated Security Access Processing (ASAP) profile already and you know your login credentials, please skip to **STEP 2: Request SMHW Access**. If you are unsure if you have an ASAP profile, use the following steps to help determine your status:*

- ♥ If you already have a local public health agency (LPHA) email account, DHSS health applications and/or Department of Social Services (DSS) prod/mainframe access, you most likely have an ASAP profile
- ♥ If you try to create an ASAP profile and you receive a message indicating the first and last name are already in use, please contact the ITSD Call Center for assistance at **1-800-347-0887**—this likely means you have an ASAP profile and ITSD can assist with profile updates, password resets, logging into ASAP and/or submitting requests

STEP 1: CREATING AN AUTOMATED SECURITY ACCESS PROCESSING USER PROFILE

1. Open Internet browser and enter address
http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx
2. Select “Yes” for any security messages
3. Select the “NEW USER” option

DEPARTMENT OF HEALTH AND SENIOR SERVICES
a.s.a.p automated security access processing

DHSS Home >> asap_web >> ASAPLogin

Welcome to the Missouri Department of Health and Senior Services Automated Security Access Process(A.S.A.P) site.

Users can request new access or change existing access for various network or application systems supported by the Department of Health and Senior Services.

[NEW USER?](#)

Please Create an ASAP user Profile, if you require access to a DHSS system or Network or applications

EXISTING ASAP USERS
ENTER USER ID AND PASSWORD TO SIGN IN

* ASAP User Id :

* Password :

[FORGOT USER ID?](#) [FORGOT PASSWORD?](#) [CHANGE USER PROFILE?](#)

4. Enter your first name, last name, last four digits of your SSN and preferred first name
5. Click the “CREATE USERID” button

6. Make note of your UserID


7. Select “Others (Schools, Private Providers, etc.)” for the Agency
8. Select “DHSS DIVISION OF COMMUNITY HEALTH” for Local Security Officer County
9. Select “SHOW ME HEALTHY WOMEN LSO (Paula Fox)” for Local Security Officer

10. Type your work street number (it will provide a drop-down list) and select your provider’s address

11. Enter your e-mail address, telephone number and fax number

- 12. Enter a password
- 13. Retype your password
- 14. Enter a challenge question (this should be something **ONLY** you know the answer to)
- 15. Type the response or answer to the challenge question
- 16. Retype the response or answer to the challenge question

* Password	<input type="text"/>	[Password length between 6-8]
* Retype Password	<input type="text"/>	
* Challenge Question	<input type="text"/>	ex: What is your favorite color?
* Challenge Response	<input type="text"/>	ex: Blue
* Retype Response	<input type="text"/>	

- 17. Select "CREATE PROFILE" 
- 18. You should see a message about the profile being successfully created

PLEASE MAKE NOTE OF YOUR USER ID AND PASSWORD

PROFILE SUCCESSFULLY CREATED.

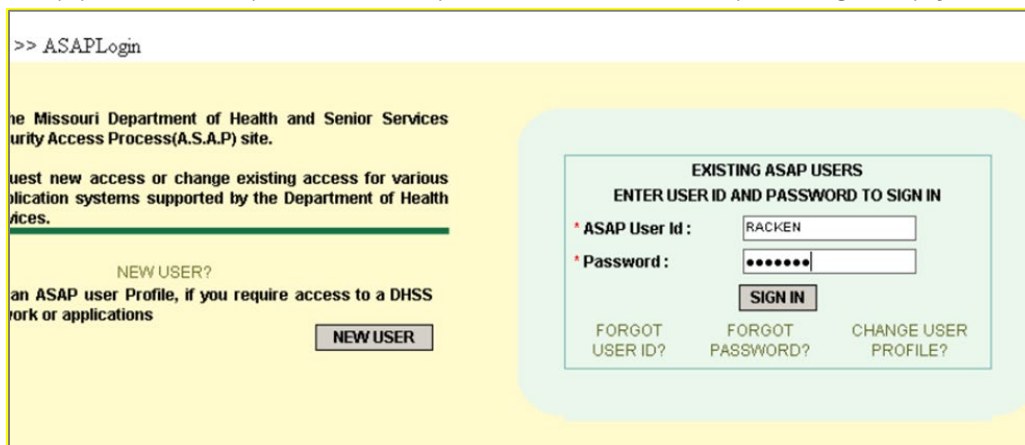
Your ASAP User ID has successfully been generated. Your User ID is: USERL

[Request Access](#)

STEP 2: REQUEST SMHW ACCESS

- 1. Open Internet browser and enter address
http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx
- 2. Select "Yes" for any security messages
- 3. Type the User ID and Password you created in Step 1
- 4. Select the "SIGN IN" button

If ASAP did not prompt you to create a password, your password was automatically set to first initial of first name, first initial of last name and last four digits of your SSN



- 5. Select the "Completing for Self" option
- 6. Select the "NEXT" button

Who are you completing this ASAP request for?

COMPLETING FOR SELF

COMPLETING FOR OTHER EMPLOYEE

APPROVE REQUESTS

VACATIONS

[NEXT](#)

7. Select “HEALTH APPLICATIONS” for Area Type
8. Select “SHOWMEHEALTHYWOMEN” for Health Area Type
9. Select “ADD ACCESS” for Request Type
10. Select “SMHWPROVIDER (***FOR USE BY SMHW PROVIDER ONLY)” from the Role drop down list
11. Select “NONE” for other role/report type
12. Type in any comments (*optional)
13. Type in the Effective Date
14. If not entering data for additional agencies, leave defaulted to “NO”
15. To select other agencies, select “YES” and pick the county and the agency from the dropdown list

*Area Type: HEALTH APPLICATIONS
 *Health Area Type: SHOW ME HEALTHY WOMEN
 *9 Digit S.S.N:
 *Request Type: ADD ACCESS
 Use Ctrl+click to choose more than one role
 SMHWFUNDSANDWARRANTSADMINISTRATOR
 SMHWMDEADMINISTRATOR (SUBMIT FORM)
 SMHWMEDICAIDELIGIBILITYPROCESSOR (P
 SMHWMEDICALPROCESSOR (PROCESS FOR
 SMHWPROVIDER (***FOR USE BY SMHW PF
 SMHWPROVIDERADMINISTRATOR (MAINTAI
 *Role:
 * Other Role/Report Type: NONE
 Comments:
 * Effective Date [MM/DD/YYYY]:
 Do you enter Data for Additional Agencies? YES NO

Do you enter Data for Additional Agencies? YES NO

To pick additional Agencies ,Choose the respective County

*County: ADAIR - 001
 *Agency: ADAIR COUNTY HEALTH DEPARTMENT

ADD	ADDRESS	City	State	Zip
<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000

16. Select the “I Agree” button
17. Select the “Submit Form” button

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROVAL ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZED ONLY FOR ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH AFFECT THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL LAWS REQUIRE CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION OR ALL OF THE FOLLOWING: (1) SUSPENSION, (2) CIVIL COURT AND (3) DISMISSAL. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

18. A message should appear stating the request was successfully completed
19. Print a copy of the completed form for agency records

You have successfully completed your request form. Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process.

IF YOU EXPERIENCE ANY PROBLEMS OR HAVE QUESTIONS WHILE USING THE ASAP SYSTEM, PLEASE NOTIFY THE DHSS ITSD CALL CENTER AT 573-751-6388/ 1-800-347-0887 OR SUPPORT@HEALTH.MO.GOV.

NAVIGATING MOHSAIC

MOHSAIC HELPFUL TIPS

- ♥ Use Internet Explorer browser
- ♥ Check compatibility setting (*mo.gov* and *mo.dhss*)
- ♥ Check text size for screens with overlapping words or adjust zoom setting
- ♥ Turn off pop-up blockers (MOHSAIC uses pop-up screens for data information)

STEPS TO ACCESS/LOGGING ONTO MOHSAIC AND SMHW APPLICATION

1. Open the Internet browser and enter the Web address on the address line:
<https://healthapps.dhss.mo.gov/smhw/>
2. If this is the first time to login, a password must be established:
 - ♥ Use the username and assigned password provided to you by e-mail from SMHW, when approved
 - ♥ User name is usually the first five letters of last name and first name initial
 - ♥ Initial password is first and last name initials and last four digits of SSN
3. Click on “Change Password”
 - ♥ If you do not login to MOHSAIC for 30 days, the system will “lock out” and you must call the ITSD Help Desk at **1-800-347-0887** to unlock and enter new password
 - ♥ After a password is established, the program will ask to change your password every 30 to 60 days
 - ♥ Password can be numbers, letters or a combination and requires six (6) to eight (8) characters and one numeric value
4. Once logged in, your agency name will appear and stay constant throughout the application
5. Select the “Login” button to proceed

Missouri Department of
Health & Senior Services

- Read the disclaimer
- Check *Change Password* to change passwords
- Enter the login information
- Click Login to proceed

Login Information	
Username	<input type="text"/>
Password	<input type="password"/>
	<input type="checkbox"/> Change Password
	<input type="button" value="Login"/> <input type="button" value="Cancel"/>

Disclaimer

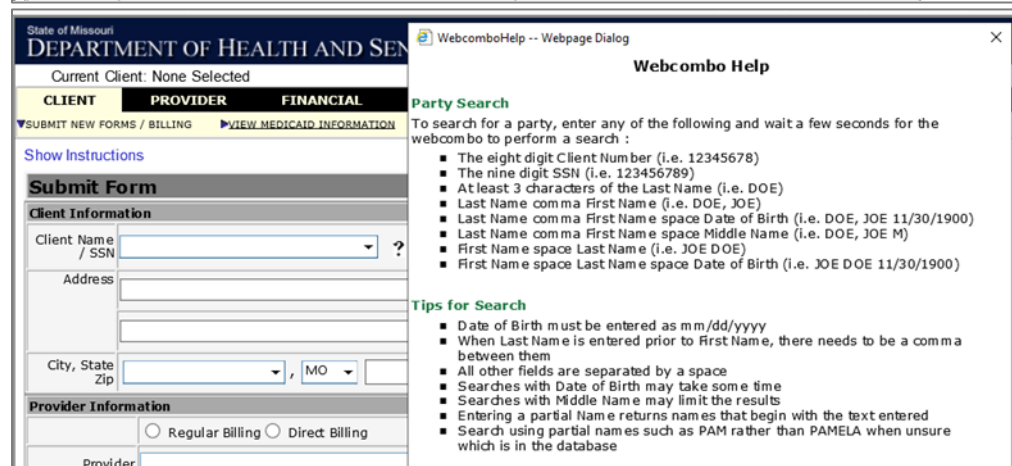
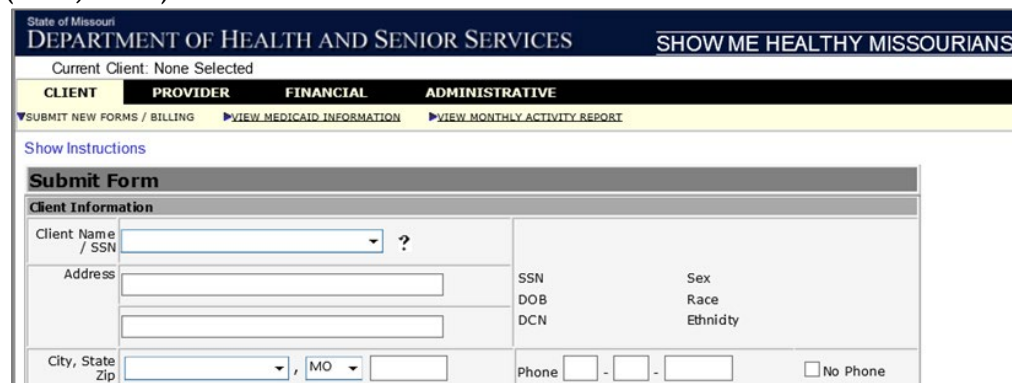
Notice: You are about to gain access to a Missouri Department of Health and Senior Services application. By proceeding, you are agreeing to keep confidential all information made available to you through this application. Any unauthorized access, use and/or disclosure of information may result in a loss of access privileges, an action for civil damages, an action for criminal charges, and/or disciplinary action including but not limited to suspension or dismissal.

ENTERING OR VIEWING A PARTICIPANT IN MOHSAIC

1. Log on to the SMHW application main screen
2. Select the “Client” section on the menu bar



3. Choose the “Submit New Forms/Billing” tab under the “Client” section
4. In the “Submit New Forms/Billing” tab under the “Client” section, type the client’s name (Last, First) and hit “enter”



5. If the client is already registered, MOHSAIC will auto populate the client’s information—**DO NOT CLICK “RETURN” TO ALLOW MOHSAIC ADEQUATE TIME TO SEARCH**

NOTE: If the screen returns more names than the screen will hold, use the scroll down bar to see the full screen—if there are more than 15 names on the screen use the double arrow at the bottom of the screen to proceed to the next search result screen

6. If the client name appears, select the correct name by clicking on it and verify the name by checking the date of birth (DOB) and DCN number, if available, as the client may be in the system with multiple names



7. The client information screen will display the client demographic information
8. If any information is missing, add the correct information in the “View/Edit Client Information” screen

Submit Form

Client Information -- Please verify address and demographics below and update as needed.

Client Name / SSN	PERSON, ONE	View/Edit Client Information
Address	111 PERSON ST	SSN 123-32-1111 Sex FEMALE
		DOB 2/2/1970 Race WHITE
		DCN 65937895 Ethnicity NON HISPANIC
City, State Zip	JEFFERSON CITY, MO 65101	Phone 321 - 444 - 5555 <input type="checkbox"/> No Phone

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHC**

Current Client: PERSON, ONE 111 PERSON ST JEFFERSON CITY, MO 65101 (321) 444-5555

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE

[SUBMIT NEW FORMS / BILLING](#) [VIEW MEDICAID INFORMATION](#) [VIEW MONTHLY ACTIVITY REPORT](#)

View Basic Demographic Information Required fields are denoted by *

[EDIT](#) [CLOSE](#)

NAME ID	NAME TYPE	PRIMARY	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
EDIT DELETE 116996691718	PRINCIPAL	YES		ONE		PERSON	

Add Party Name

SEX * DATE OF BIRTH * DATE OF DEATH

FEMALE 2/2/1970

DEPARTMENT CLIENT NUMBER (DCN)

65937895

● THE 'GET DCN' BUTTON IS NOT VISIBLE BECAUSE:
 PARTY ALREADY HAS A DCN 65937895.

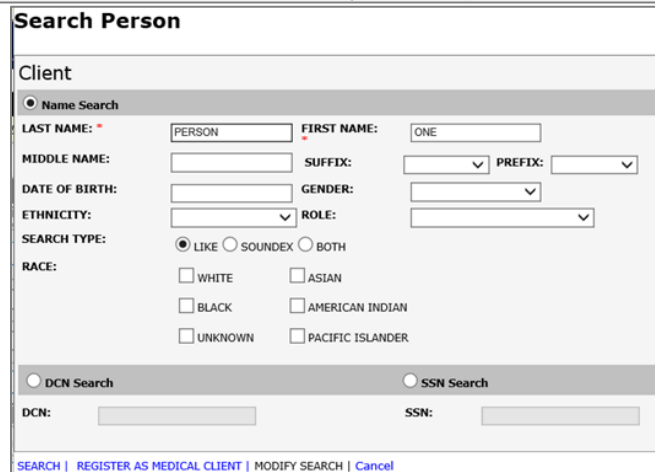
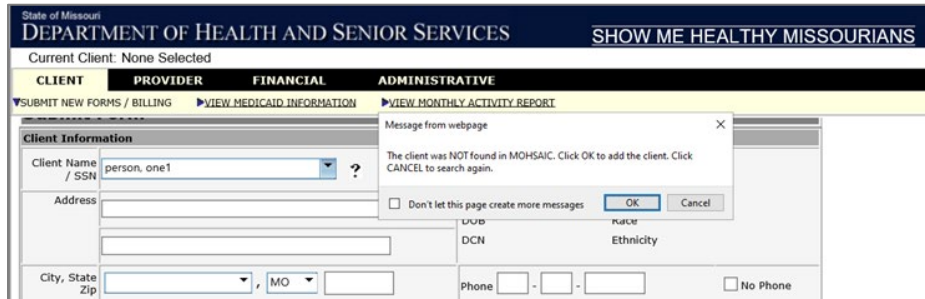
PRIMARY LANGUAGE * ENGLISH OTHER

SECONDARY LANGUAGE ENGLISH OTHER UNKNOWN

Reads Primary Language UNKNOWN

Writes Primary Language UNKNOWN

9. If the client’s name is not in the database, this screen will say **“The client was NOT found in MOHSAIC. Click OK to add the client. Click CANCEL to search again.”**
 - ♥ This screen will also allow you to complete an extended search using the client’s DCN or Social Security Number (SSN)
 - ♥ The search will check the MOHSAIC and DSS databases
 - ♥ If the participant name is not in the system, the screen appears with the **“The client was NOT found in MOHSAIC. Click OK to add the client. Click CANCEL to search again”** message to prompt entry of a new client in MOHSAIC



10. Select **“OK”** to add client to MOHSAIC, enter the following information and select **“REGISTER AS MEDICAL CLIENT”**
 - ♥ Last name
 - ♥ First name
 - ♥ Date of Birth
 - ♥ Race
 - ♥ Ethnicity
 - ♥ Gender
 - ♥ Social Security Number (SSN) with no spaces or hyphens
 - ♥ Departmental Participant Number (DCN)
 - ♥ Phone number
 - ♥ Address
 - If the system does not recognize address, **“Address Verification”** will pop up
 - If the address is correct, enter the county and click **“save”** or change the address to a valid address and click **“save”**
 - If the county and address match the database, the pop-up box will turn orange
 - If not and both fields are correct, call SMHW/WISEWOMAN at **866-726-9926** to request an address fix—typically, this fix will be done overnight

CHECKING MEDICAID INFORMATION

1. After entering client information, proceed to the “View Medicaid Information” tab under the “Client” section (*information is transferred from the DSS database*)
2. If the client is not on Medicaid, the screen will be empty—this screen is “read only” and will display the current client at the top of the screen
3. If a client name is displayed at the top of the screen and the client is on Medicaid, the screen will be filled in, showing all of the participant and guardian information, as well as managed care information
4. **IF THERE IS AN OPEN DATE BUT NO CLOSE DATE, THE PARTICIPANT IS ON SOME SORT OF ASSISTANCE AND HAS AN ACTIVE MEDICAID CASE—A CLIENT WITH ME CODE 05 (FULL MEDICAID) OR E2 (AEG) WITH NO END DATE OR DURING THE TIME OF SERVICES PROVIDED IS NOT ELIGIBLE FOR WISEWOMAN SERVICES**
5. Please remember, when pulling up or entering another client under “Client Demographics,” verify that the client’s address and other personal information is correct—we have encountered several forms that were entered for a different client, but only the client name was changed, leading to duplicate records in the system and resulting in errors on the data submitted to CDC
UNTIL A SOFTWARE PROGRAMMING CHANGE IS COMPLETE, PLEASE MAKE SURE THE DOB AND SSN ARE CORRECT FOR THE PARTICIPANT FORM BEING ENTERED

State of Missouri DEPARTMENT OF HEALTH AND SENIOR SERVICES SHOW ME HEALTHY MISSOURIANS			
Current Client: PERSON, ONE 111 PERSON ST JEFFERSON CITY, MO 65101 (321) 444-5555			
CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
SUBMIT NEW FORMS / BILLING VIEW MEDICAID INFORMATION VIEW MONTHLY ACTIVITY REPORT			
Client Name: PERSON, ONE Client DCN:			
No Medicaid data found on MOHSAIC at: 10/4/2021 11:11:46 AM No Managed Care data found on MOHSAIC at: 10/4/2021 11:11:46 AM Change Client Data refreshed successfully from DSS at:10/4/2021 11:11:46 AM			
Client's Medicaid Status			
Status	Status Date		
Medicaid Case Information			
Case DCN	Status		
Telephone			
Address 1			
Address 2			
City	State	Zip	
Worker Name			
Worker Phone			
Spend Down Amt			
Client's Medicaid Dates			
Begin Date	End Date	Program	Level Of Care ME Code
		1	
Client's Managed Care (Medicaid Only)			
Plan	Begin Date	End Date	Plan Number
		1	
Client's Other Program Participation			
Program	Participate	1	

ENTERING PROVIDER AND FORM TYPE INFORMATION

1. Select the “Client” section and “Submit New Forms/Billing” tab
2. Search or enter the client, as outlined in the Program Manual
3. On the “Provider Information” section, select “Regular Billing”
4. Type in the provider’s name and select the appropriate provider—MOHSAIC will generate the provider’s address, when selected

CLIENT	PROVIDER	FINANCIAL	ADMINISTRATIVE
SUBMIT NEW FORMS / BILLING VIEW MEDICAID INFORMATION VIEW MONTHLY ACTIVITY REPORT			
Show Instructions			
Submit Form			
Client Information Please verify address and demographics below and update			
Client Name / SSN	HC	Provider	?
Address	10	WASHINGTON COUNTY HEALTH DEPA	
City, State Zip	CA	WASHINGTON COUNTY MEM HOSP	30-9267
Provider Information		WASHINGTON COUNTY MEMORIAL HK	
Provider		10 of 10 retrieved.	
Service Name/Address		washington county	X
		1616 INDUSTRIAL DR, JEFFERSON CITY, MO 65109-1471	

5. When entering information in this section is complete, proceed to the next section “Form Type/Version”
6. Select “WiseWoman Form” under “Type”
7. Select form (*Forms for Services Provided On or After September 30, 20__*) that corresponds to the participant’s DOS and the appropriate grant year under “Version”
 - ♥ Please note that by default, MOHSAIC software automatically selects the version based on the present date
 - ♥ To enter a form with a different date of service, select a different version from the drop down box—this is likely to occur during the first few months of a grant year when a provider could be entering multiple versions of the forms

FILLING OUT A FORM

1. Verify all of the client and provider information entered on the “Submit New Forms/Billing” screen and click “Create Form” to generate a new WISEWOMAN form (*MOHSAIC form screen will match the paper forms provided by WISEWOMAN*)
2. Enter the current date for “Date Form Received” and the date WISEWOMAN services were completed for “Service Date”

3. Use the dropdown box to select the appropriate form type and services
4. If content of the drop down box is known, then tab to the empty field and type the first letter and the word will appear
5. Once a form type and service is selected, MOHSAIC will generate the corresponding form for completion that matches the WISEWOMAN paper forms

6. To fill in the forms use the mouse, tab key or the space bar
 - ♥ To use the mouse, click on the drop down arrow and then select the appropriate choice
 - ♥ If using the mouse for buttons, click inside the circle for all forms
 - ♥ Tab to the next field
 - ♥ When tabbing and encountering a square radio button, hit the space bar to fill it in
 - ♥ Tabbing to a radio button will automatically fill in the circle when highlighted
7. Hit “Submit” once all information is entered appropriately in the form

REPORTING ONLY SUBMISSION

If a WISEWOMAN participant receives cardiovascular screening services that do **NOT** meet the requirements for a valid WISEWOMAN screening, a MOHSAIC claim submission can be entered as “Reporting Only.” A Reporting Only claim will have **NO** reimbursement cost for the provider, but will be used to track data on WISEWOMAN participants. By checking the “Reporting Only for Entire Form” box or “Reporting Only” as the service, the WISEWOMAN participant’s data will still be submitted in MOHSAIC, but no reimbursement will be issued.

EXAMPLES OF APPROPRIATE REPORTING ONLY CLAIMS INCLUDE:

- ♥ Incomplete screening (*e.g. missing labs, only one BP measure, no height/weight*)
- ♥ Additional labs not covered by the WISEWOMAN Program
- ♥ Diagnostic information from an outside provider
- ♥ Services covered by another funding source

PROVIDER CONTRACT INFORMATION

TO REVIEW PROVIDER CONTRACT/FUNDING INFORMATION, FOLLOW THESE STEPS:

1. Select the “Financial” section, followed by “Provider Contract Maintenance” tab
2. Search for a provider
 - ♥ This screen tracks and displays the amount of funding given, amount billed, amount paid and amount available
 - ♥ The billed amount subtracts from the amount available upon submission
 - ♥ If this information does not correspond with your records, contact the WISEWOMAN Education Coordinator at **866-726-9926**
 - ♥ WISEWOMAN encourages you to monitor your funds through your internal system

REVIEW PAY STATUS OF FORMS

THERE ARE FOUR “FORM STATUS TYPES” IN THE REVIEW AND PAYMENT PROCESS OF THE WISEWOMAN PROGRAM:

1. **SUBMITTED BY PROVIDER**—claim form has been submitted by provider for review
2. **APPROVED**—claim form has been reviewed by WISEWOMAN staff and approved for reimbursement
3. **RELEASED TO FINANCE FOR PAYMENT**—claim form has gone through a warrant and electronically transferred
4. **CHECK MAILED**—payment voucher(s) have been mailed to the providers from the WISEWOMAN central office, outlining the claims and services that have been paid and the amount reimbursed with WISEWOMAN funding

TO SEARCH AND REVIEW ALL SUBMITTED FORMS FOR A SPECIFIC PARTICIPANT OR PROVIDER, FOLLOW THESE STEPS:

1. Select the “Financial” section then the “Review Pay Status of Forms” tab
2. Search for either a participant or provider by entering their information and selecting “SUBMIT”
3. Searching for a participant/provider will display all forms submitted for that participant/provider and the pay status
4. Click on “Form Status” to view specific form statuses or click multiple items to display all the selections
5. Entering the date range will display all forms status for the range
6. The “Form Type” and “Total Amount Paid” columns show in blue—selecting either one brings up the form or the claim screen to review in a “read only” format

CLIENT
PROVIDER
FINANCIAL
ADMINISTRATIVE

▶ PROCESS FORMS
▶ MAINTAIN OA FUNDS
▶ REQUEST/CREATE WARRANTS
▶ CLOSE WARRANTS
▼ REVIEW PAY STATUS OF FORMS

Show Instructions

Pay Status of Forms

Provider Name: WASHINGTON COUNTY

Client Party id:

Client Name: Last: First:

Form Status: Submitted By Provider Approved
Uncheck All

Released To Finance For Payment Check Mailed

Form Type: SMHW Forms WiseWoman Forms Patient History Forms

Visit Date Range: Begin Date: End Date:

Provider	Party ID	Client Name at Time of Visit	Visit Date	Form Type	Amt Billed	Original Amt Paid	Adjustment	Total Amt Paid	Status	Warrant Date
WASHINGTON COUNTY HEALTH DEPARTMENT	116996692783	TWISHES, BESS	09/20/2021	WiseWomanThirdFollowUp	\$120.89	\$120.89	\$0.00	\$120.89	APPROVED	
WASHINGTON COUNTY HEALTH DEPARTMENT	116996692783	TWISHES, BESS	09/19/2021	WiseWomanSecondFollowUp	\$120.89	\$120.89	\$0.00	\$120.89	APPROVED	

CLIENT
PROVIDER
FINANCIAL
ADMINISTRATIVE

▶ PROCESS FORMS
▶ MAINTAIN OA FUNDS
▶ REQUEST/CREATE WARRANTS
▶ CLOSE WARRANTS
▼ REVIEW PAY STATUS OF FORMS

Show Instructions

Pay Status of Forms

Provider Name:

Client Party id:

Client Name: Last: First:

Form Status: Submitted By Provider Approved
Uncheck All

Released To Finance For Payment Check Mailed

Form Type: SMHW Forms WiseWoman Forms Patient History Forms

Visit Date Range: Begin Date: End Date:

Provider	Party ID	Client Name at Time of Visit	Visit Date	Form Type	Amt Billed	Original Amt Paid	Adjustment	Total Amt Paid	Status	Warrant Date
WASHINGTON COUNTY HEALTH DEPARTMENT	116996691717	PERSON, ONE	09/01/2021	WiseWomanAnnual	\$100.00	\$100.00	0.00	\$100.00	SUBMITTED BY PROVIDER	
JORDAN VALLEY COMMUNITY HEALTH CENTER - SPRINGFIELD	116996691717	PERSON, ONE	10/30/2020	WWSMBPHHealthCoaching	\$39.21	\$0.00	0.00	\$0.00	SUBMITTED BY PROVIDER	

CLAIM FORMS



WISEWOMAN MOHSAIC CLAIM FORMS

WISEWOMAN SCREENING CLAIM FORM (RRC, INITIAL AND ANNUAL)

WISEWOMAN SCREENING FORM				Ver. - 78
Provider SAMII Number - Service Address	<input type="text"/>			
Name (Last, First, Middle Initial)	<input type="text"/>			
Maiden Name	<input type="text"/>			
Date of Birth:	<input type="text"/>	Social Security Number:	<input type="text"/>	Medicaid DCN/Medicare Number: <input type="text"/>
Date Form Received:	<input type="text"/>	MM/DD/YYYY		
Service Date:	<input type="text"/>	MM/DD/YYYY		
Form Type:	SCREENING	<input type="checkbox"/>	Reporting Only for Entire Form	
Services:	Initial WISEWOMAN Screening, Integrated			
A. HEALTH HISTORY				Clear Section
1. Do you have high cholesterol?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
If No, skip to question 2.				
a. Do you take medication to lower your cholesterol?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
Is the medication a statin?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?	<input type="text"/>	Number of Day(s)	<input type="radio"/>	None because I couldn't obtain medication
			<input type="radio"/>	Don't know/not sure
2. Do you have hypertension (high blood pressure)?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
If you answered No, skip to question 3.				
a. Do you take medication to lower your blood pressure?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?	<input type="text"/>	Number of Day(s)	<input type="radio"/>	None because I couldn't obtain medication
			<input type="radio"/>	Don't know/not sure
c. Do you measure your blood pressure at home or use another blood pressure machine located in the community?	<input type="radio"/>	Yes (Skip to i)	<input type="radio"/>	No (check reason)
	<input type="radio"/>	I was never told to measure my blood pressure	<input type="radio"/>	I don't know how to measure my blood pressure
	<input type="radio"/>	I don't have equipment to measure my blood pressure		
i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community?	<input type="radio"/>	Multiple times per day	<input type="radio"/>	Daily
	<input type="radio"/>	A few times per week	<input type="radio"/>	Weekly
	<input type="radio"/>	Monthly	<input type="radio"/>	Other (Don't Measure)
	<input type="radio"/>	Don't know/not sure		
ii. Do you regularly share blood pressure readings with your health care provider for feedback?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
3. Do you have diabetes? (either Type 1 or Type 2)	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
If No, skip to question 4.				
a. Do you take medication to lower your blood sugar (for diabetes)?	<input type="radio"/>	Yes	<input type="radio"/>	No
	<input type="radio"/>	Don't know/not sure		
b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?	<input type="text"/>	Number of Day(s)	<input type="radio"/>	None because I couldn't obtain medication
			<input type="radio"/>	Don't know/not sure
4. Have you been diagnosed by a healthcare provider as having any of these conditions:				

WISEWOMAN SCREENING CLAIM FORM (RRC, INITIAL AND ANNUAL) CONT.

a. Stroke/transient ischemic attach (TIA)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure		
b. Heart Attack	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure		
c. Coronary heart disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure		
d. Heart failure	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure		
e. Vascular disease (peripheral arterial disease)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure		
f. Congenital heart disease and defects	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure		
B. HEALTH HISTORY SECTION CONT...			Clear Section		
1. Are you taking an aspirin daily to help prevent a heart attack or stroke?	<input type="radio"/> Yes	<input type="radio"/> No			
2. How many cups of fruits and vegetables do you eat in an average day?	<input type="text"/>	Number of Cup(s)	<input type="checkbox"/> None		
3. Do you eat two (2) servings or more of fish weekly?	<input type="radio"/> Yes	<input type="radio"/> No			
4. How many servings of grain products do you eat in a typical day?	<input type="radio"/> 1/2 serving or less	<input type="radio"/> 1/2 serving			
	<input type="radio"/> 1/2 serving or more	<input type="radio"/> none			
5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)?	<input type="radio"/> 1/2 serving or less	<input type="radio"/> 1/2 serving			
	<input type="radio"/> 1/2 serving or more	<input type="radio"/> none			
6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	<input type="radio"/> Yes	<input type="radio"/> No			
7. Are you currently watching or reducing your sodium or salt intake?	<input type="radio"/> Yes	<input type="radio"/> No			
8. Physical Activity					
a. How many minutes of physical activity (exercise) do you get in a week?	<input type="text"/>	Number of Minute(s)	<input type="checkbox"/> None		
9. Alcohol					
a. In the past 7 days, how often do you have a drink containing alcohol?	<input type="text"/>	Number of Day(s)	<input type="checkbox"/> Don't know/not sure		
b. How many alcoholic drinks, on average do you consume during a day you drink?	<input type="text"/>	Number of Drinks	<input type="checkbox"/> Don't know/not sure		
10. Overall Wellness					
a. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	<input type="radio"/> Not at all	<input type="radio"/> Several Days			
	<input type="radio"/> More than half the month	<input type="radio"/> Nearly every day			
b. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?	<input type="radio"/> Not at all	<input type="radio"/> Several Days			
	<input type="radio"/> More than half the month	<input type="radio"/> Nearly every day			
11. Tobacco Products					
a. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form)	<input type="radio"/> Current Smoker	<input type="radio"/> Quit(1-12 months ago)			
	<input type="radio"/> Quit(More than 12 months ago)	<input type="radio"/> Never smoked			
	<input type="radio"/> Yes	<input type="radio"/> No			
b. Tobacco Cessation activity Completed?	<input type="radio"/> Discontinued activity	<input type="radio"/> Not sure			
READINESS TO CHANGE HABITS			Clear Section		
Check the one box by each of the following three statements that best describes your behavior today.	I have little to no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.

WISEWOMAN SCREENING CLAIM FORM (RRC, INITIAL AND ANNUAL) CONT.

1. Eat more fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(or never smoked)
3. Increase physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL MEASUREMENTS						Clear Section
BMI: <input type="text"/> Height: <input type="text"/> ft. <input type="text"/> in.			Weight: <input type="text"/> lbs.		Waist Circumference: <input type="text"/> Hip Circumference: <input type="text"/> Ratio: <input type="text"/>	
BP 1st: <input type="text"/> / <input type="text"/>		BP 2nd: <input type="text"/> / <input type="text"/>		Average BP: <input type="text"/> / <input type="text"/>		
Fasting Status (9-12 hrs) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> BMP(Comment below abnormal values) <input type="checkbox"/> CMP(Comment below abnormal values)				
<input type="checkbox"/> Glucose Quant. <input type="text"/>		<input type="checkbox"/> BG Strip <input type="text"/>		<input type="checkbox"/> A1C <input type="text"/>		
<input type="checkbox"/> Lipid Panel		<input type="checkbox"/> Total Cholesterol <input type="text"/>		<input type="checkbox"/> HDL <input type="text"/>		LDL <input type="text"/> Triglycerides <input type="text"/>
ALERT VALUE FOLLOW-UP						
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. <i>Document status of work-up using codes below.</i>						
<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: <input type="text"/> *Status of Work-Up: <input type="text"/>			<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose <= 50 or >= 250 mg/dl Evaluation Visit Date: <input type="text"/> *Status of Work-Up: <input type="text"/>			
*STATUS OF WORK-UP CODE NUMBERS 1. Work-up Complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit. Notify WISEWOMAN Education Coordinator of any of the following status responses: 2. Follow-up/Workup by Alternate Provider. Patient intends to see alternate provider within seven (7) days. 3. Client Refused Work-up. Participant had an alert value but refused workup. 4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.						
Alert Value Notes/Comments: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>						
OTHER FOLLOW-UP						

WISEWOMAN SCREENING CLAIM FORM (RRC, INITIAL AND ANNUAL) CONT.

Date Risk Counseling Completed:

Client Priority Area(s): None Healthy Eating Physical Activity Smoking Cessation Blood Pressure Management
 Weight Watchers Self-Monitoring Blood Pressure Add HBSS referral Mental Health Referral

Physical Activity Clearance denied. Client is not cleared to increase her physical activity until further evaluation.

LSP Referred To: Eating Smart-Being Active Diabetes Prevention Program Health Coaching Tobacco Quitline TOPS

Date Referred:

Mental Health Referral

Follow-Up Comments:

RECORD OF PARTICIPATION [Clear Section](#)

Clients should be encouraged to participate in at least three (3) Health Coaching sessions. Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.

Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)
Health Coaching Individual (Session 1)	<input type="text"/>	Select Length <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching Individual (Session 2)	<input type="text"/>	Select Length <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching Individual (Session 3)	<input type="text"/>	Select Length <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching Individual (Session 4), Face to Face	<input type="text"/>	Select Length <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pink Assessment Form Completed
Health Coaching, Group, Face to Face	<input type="text"/>	Select Length <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education

COMMENTS Maximum length is 600 characters.

Override

WISEWOMAN DIAGNOSTIC CLAIM FORM

WISEWOMAN DIAGNOSTIC FORM				Ver. - 78
Provider SAMII Number - Service Address	<input style="width: 100%; height: 40px;" type="text"/>			
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 25px;" type="text"/>			
Maiden Name	<input style="width: 100%; height: 25px;" type="text"/>			
Date of Birth:	<input style="width: 100px;" type="text"/>	Social Security Number:	<input style="width: 100px;" type="text"/>	Medicaid DCN/Medicare Number:
Date Form Received:	<input style="width: 100%; height: 25px;" type="text"/> MM/DD/YYYY			
Service Date:	<input style="width: 100%; height: 25px;" type="text"/> MM/DD/YYYY			
Form Type:	<input type="text" value="DIAGNOSTIC"/>		<input type="checkbox"/> Reporting Only for Entire Form	
Services:	<input type="text" value="Diagnostic Visit"/>			
DIAGNOSTIC OFFICE VISIT JUSTIFICATION				
<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation <input type="checkbox"/> Mental Health Referral				
CLINICAL MEASUREMENTS				Clear Section
BMI:	Height: <input style="width: 40px;" type="text"/> ft. <input style="width: 40px;" type="text"/> in.	Weight:	Waist Circumference: <input style="width: 100px;" type="text"/>	
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Hip Circumference: <input style="width: 100px;" type="text"/> Ratio: <input style="width: 100px;" type="text"/>	
BP 1st:	BP 2nd:	Average BP:		
<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>		
80	80	80.0		
Fasting Status (9-12 hrs) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BMP(Comment below abnormal values) <input type="checkbox"/> CMP(Comment below abnormal values)				
<input type="checkbox"/> Glucose Quant. <input type="checkbox"/> BG Strip <input type="checkbox"/> A1C				
<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>				
<input type="checkbox"/> Lipid Panel <input type="checkbox"/> Total Cholesterol <input type="checkbox"/> HDL LDL <input style="width: 100px;" type="text"/> Triglycerides <input style="width: 100px;" type="text"/>				
<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>				
MEDICAL FOLLOW-UP				Clear Section
Have the client's medications been addressed?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
If yes, was the client prescribed medication?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
If yes, was client referred for medication education?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
If yes, was the client identified to have uncontrolled hypertension?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
Can the client obtain medications?		<input type="radio"/> Yes	<input type="radio"/> No	

WISEWOMAN DIAGNOSTIC CLAIM FORM CONT.

Was the client given access to resources or were resources given?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
Was a treatment plan offered?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused
If yes, which of the following was offered?	<input type="radio"/> Health Coaching	<input type="radio"/> BP Medical Follow-Up	<input type="radio"/> Self Monitoring Blood Pressure
ALERT VALUE FOLLOW-UP			
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. <i>Document status of work-up using codes below.</i>			
<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: <input style="width: 150px;" type="text"/> *Status of Work-Up: <input style="width: 150px;" type="text"/>	<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose <= 50 or >= 250 mg/dl Evaluation Visit Date: <input style="width: 150px;" type="text"/> *Status of Work-Up: <input style="width: 150px;" type="text"/>		
*STATUS OF WORK-UP CODE NUMBERS 1. Work-up Complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit. Notify WISEWOMAN Education Coordinator of any of the following status responses: 2. Follow-up/Workup by Alternate Provider. Patient intends to see alternate provider within seven (7) days. 3. Client Refused Work-up. Participant had an alert value but refused workup. 4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.			
Alert Value Notes/Comments: <div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>			
MEDICAL PROFESSIONAL NOTES Maximum length is 600 characters.			
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>			
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>	
<input type="checkbox"/> Override			

WISEWOMAN BLOOD PRESSURE MEDICAL FOLLOW-UP CLAIM FORM

WISEWOMAN BP MEDICAL FOLLOW-UP FORM				Ver. - 78
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>			
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>			
Date of Birth:	<input style="width: 100%; height: 20px;" type="text"/>	Social Security Number:	<input style="width: 100%; height: 20px;" type="text"/>	Medicaid DCN/Medicare Number:
Date Form Received:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Service Date:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Form Type:	<input type="text" value="BP MEDICAL FOLLOW-UP"/>		<input type="checkbox"/>	Reporting Only for Entire Form
Services:	<input type="text" value="FIRST"/>			
FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP				Clear Section
<div style="text-align: center;"> <p>BP 1st</p> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> <p>BP 2nd</p> <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 100%; height: 20px;" type="text"/> </div>				
Is the client compliant with medications/treatment plan?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused	
Were BP medications prescribed or adjusted?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused	
Can the client obtain BP medications?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused	
Was the client given access to resources or were resources given?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Client Refused	
Is the client self-monitoring BP?	<input type="radio"/> Yes	<input type="radio"/> No		
Treatment Plan:	Information Discussed with Client:			
<input type="radio"/> Health Coaching	<input type="checkbox"/> Health Eating	<input type="checkbox"/> Physical Activity		
<input type="radio"/> Blood Pressure Medical Follow-Up	<input type="checkbox"/> Sodium Reduction	<input type="checkbox"/> Smoking Cessation		
<input type="radio"/> Client Refused	<input type="checkbox"/> Weight Loss			
COMMENTS Maximum length is 600 characters.				
<input style="width: 100%; height: 40px;" type="text"/>				
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>		<input type="checkbox"/> Override

WISEWOMAN EDUCATION CLAIM FORM

WISEWOMAN EDUCATION FORM						Ver. - 78					
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/>										
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>										
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>										
Date of Birth:	<input style="width: 50px;" type="text"/>	Social Security Number:	<input style="width: 50px;" type="text"/>	Medicaid DCN/Medicare Number:	<input style="width: 100%; height: 20px;" type="text"/>						
Date Form Received:	<input style="width: 50px;" type="text"/>	MM/DD/YYYY									
Service Date:	<input style="width: 50px;" type="text"/>	MM/DD/YYYY									
Form Type:	EDUCATION			<input type="checkbox"/>	Reporting Only for Entire Form						
RECORD OF PARTICIPATION										Clear Section	
Clients should be encouraged to participate in at least three (3) Health Coaching sessions. Areas/boxes that are not shaded indicate allowable billing times for each type of Health Coaching.											
Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)						
Health Coaching Individual (Session 1)	<input style="width: 50px;" type="text"/>	Select Length <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Coaching Individual (Session 2)	<input style="width: 50px;" type="text"/>	Select Length <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Coaching Individual (Session 3)	<input style="width: 50px;" type="text"/>	Select Length <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Coaching Individual (Session 4), Face to Face	<input style="width: 50px;" type="text"/>	Select Length <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pink Assessment Form Completed				
Health Coaching, Group, Face to Face	<input style="width: 50px;" type="text"/>	Select Length <input type="button" value="v"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMMENTS Maximum length is 600 characters.											
<input style="width: 100%; height: 20px;" type="text"/>											
<input type="button" value="Submit"/>				<input type="button" value="Cancel"/>				<input type="checkbox"/> Override			

WISEWOMAN FOLLOW-UP RESCREEN CLAIM FORM

WISEWOMAN SCREENING FORM				Ver. - 78
Provider SAMII Number - Service Address	<input type="text"/>			
Name (Last, First, Middle Initial)	<input type="text"/>			
Maiden Name	<input type="text"/>			
Date of Birth:	<input type="text"/>	Social Security Number:	<input type="text"/>	Medicaid DCN/Medicare Number: <input type="text"/>
Date Form Received:	<input type="text"/>	MM/DD/YYYY		
Service Date:	<input type="text"/>	MM/DD/YYYY		
Form Type:	SCREENING	<input type="checkbox"/>	Reporting Only for Entire Form	
Services:	WISEWOMAN Follow-up Rescreen, Non-integrated			
A. HEALTH HISTORY				Clear Section
1. Do you have high cholesterol?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
If No, skip to question 2.				
a. Do you take medication to lower your cholesterol?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
Is the medication a statin?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?				
<input type="text"/>		Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure
2. Do you have hypertension (high blood pressure)?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
If you answered No, skip to question 3.				
a. Do you take medication to lower your blood pressure?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?				
<input type="text"/>		Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure
c. Do you measure your blood pressure at home or use another blood pressure machine located in the community?		<input type="radio"/> Yes (Skip to i)	<input type="radio"/> No (check reason)	
<input type="radio"/> I was never told to measure my blood pressure		<input type="radio"/> I don't know how to measure my blood pressure		
<input type="radio"/> I don't have equipment to measure my blood pressure				
i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community?				
<input type="radio"/> Multiple times per day		<input type="radio"/> Daily	<input type="radio"/> A few times per week	<input type="radio"/> Weekly
<input type="radio"/> Monthly		<input type="radio"/> Other (Don't Measure)	<input type="radio"/> Don't know/not sure	
ii. Do you regularly share blood pressure readings with your health care provider for feedback?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
3. Do you have diabetes? (either Type 1 or Type 2)		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
If No, skip to question 4.				
a. Do you take medication to lower your blood sugar (for diabetes)?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?				
<input type="text"/>		Number of Day(s)	<input type="radio"/> None because I couldn't obtain medication	<input type="radio"/> Don't know/not sure
4. Have you been diagnosed by a healthcare provider as having any of these conditions:				

WISEWOMAN FOLLOW-UP RESCREEN CLAIM FORM CONT.

a. Stroke/transient ischemic attach (TIA)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
b. Heart Attack	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
c. Coronary heart disease	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
d. Heart failure	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
e. Vascular disease (peripheral arterial disease)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
f. Congenital heart disease and defects	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know/not sure
B. HEALTH HISTORY SECTION CONT...			Clear Section
1. Are you taking an aspirin daily to help prevent a heart attack or stroke?	<input type="radio"/> Yes	<input type="radio"/> No	
2. How many cups of fruits and vegetables do you eat in an average day?	<input type="text"/>	Number of Cup(s)	<input type="checkbox"/> None
3. Do you eat two (2) servings or more of fish weekly?	<input type="radio"/> Yes	<input type="radio"/> No	
4. How many servings of grain products do you eat in a typical day?	<input type="radio"/> 1/2 serving or less	<input type="radio"/> 1/2 serving	
	<input type="radio"/> 1/2 serving or more	<input type="radio"/> none	
5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)?	<input type="radio"/> 1/2 serving or less	<input type="radio"/> 1/2 serving	
	<input type="radio"/> 1/2 serving or more	<input type="radio"/> none	
6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	<input type="radio"/> Yes	<input type="radio"/> No	
7. Are you currently watching or reducing your sodium or salt intake?	<input type="radio"/> Yes	<input type="radio"/> No	
8. Physical Activity			
a. How many minutes of physical activity (exercise) do you get in a week?	<input type="text"/>	Number of Minute(s)	<input type="checkbox"/> None
9. Alcohol			
a. In the past 7 days, how often do you have a drink containing alcohol?	<input type="text"/>	Number of Day(s)	<input type="checkbox"/> Don't know/not sure
b. How many alcoholic drinks, on average do you consume during a day you drink?	<input type="text"/>	Number of Drinks	<input type="checkbox"/> Don't know/not sure
10. Overall Wellness			
a. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	<input type="radio"/> Not at all	<input type="radio"/> Several Days	
	<input type="radio"/> More than half the month	<input type="radio"/> Nearly every day	
b. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?	<input type="radio"/> Not at all	<input type="radio"/> Several Days	
	<input type="radio"/> More than half the month	<input type="radio"/> Nearly every day	
11. Tobacco Products			
a. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form)	<input type="radio"/> Current Smoker	<input type="radio"/> Quit(1-12 months ago)	
	<input type="radio"/> Quit(More than 12 months ago)	<input type="radio"/> Never smoked	
b. Tobacco Cessation activity Completed?	<input type="radio"/> Yes	<input type="radio"/> No	
	<input type="radio"/> Discontinued activity	<input type="radio"/> Not sure	
SURVEY OF SERVICES RENDERED			Clear Section
1. Has the WISEWOMAN Program improved the quality of your life?	<input type="radio"/> Yes	<input type="radio"/> No	
2. Are you satisfied by the services offered by the WISEWOMAN Program?	<input type="radio"/> Yes	<input type="radio"/> No	

WISEWOMAN FOLLOW-UP RESCREEN CLAIM FORM CONT.

CLINICAL MEASUREMENTS		Clear Section
Height: <input style="width: 50px;" type="text"/> ft. <input style="width: 50px;" type="text"/> in. BMI: <input style="width: 100px;" type="text"/> Weight: <input style="width: 100px;" type="text"/> lbs.	Waist Circumference: <input style="width: 100px;" type="text"/> Hip Circumference: <input style="width: 100px;" type="text"/> Ratio: <input style="width: 50px;" type="text"/>	
BP 1st: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> BP 2nd: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> Average BP: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>		
Fasting Status (9-12 hrs) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> BMP(Comment below abnormal values) <input type="checkbox"/> CMP(Comment below abnormal values)		
<input type="checkbox"/> Glucose Quant. <input style="width: 100px;" type="text"/> <input type="checkbox"/> BG Strip <input type="checkbox"/> A1C <input style="width: 100px;" type="text"/>		
<input type="checkbox"/> Lipid Panel <input type="checkbox"/> Total Cholesterol <input style="width: 100px;" type="text"/> <input type="checkbox"/> HDL <input style="width: 100px;" type="text"/> LDL <input style="width: 100px;" type="text"/> Triglycerides <input style="width: 100px;" type="text"/>		
ALERT VALUE FOLLOW-UP		
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. <i>Document status of work-up using codes below.</i>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: <input style="width: 100px;" type="text"/> *Status of Work-Up: <input style="width: 100px;" type="text"/> </div> <div style="width: 45%;"> <input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose <= 50 or >= 250 mg/dl Evaluation Visit Date: <input style="width: 100px;" type="text"/> *Status of Work-Up: <input style="width: 100px;" type="text"/> </div> </div>		
<p>*STATUS OF WORK-UP CODE NUMBERS</p> <p>1. Work-up Complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.</p> <p>Notify WISEWOMAN Education Coordinator of any of the following status responses:</p> <p>2. Follow-up/Workup by Alternate Provider. Patient intends to see alternate provider within seven (7) days.</p> <p>3. Client Refused Work-up. Participant had an alert value but refused workup.</p> <p>4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.</p>		
Alert Value Notes/Comments: <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>		
OTHER FOLLOW-UP		
Date Risk Counseling Completed: <input style="width: 100px;" type="text"/> Client Priority Area(s): <input type="checkbox"/> None <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Weight Watchers <input type="checkbox"/> Self-Monitoring Blood Pressure <input type="checkbox"/> Add HBSS referral <input type="checkbox"/> Mental Health Referral		
<input type="checkbox"/> Physical Activity Clearance denied. Client is not cleared to increase her physical activity until further evaluation.		
LSP Referred To: <input type="checkbox"/> Eating Smart-Being Active <input type="checkbox"/> Diabetes Prevention Program <input type="checkbox"/> Health Coaching <input type="checkbox"/> Tobacco Quitline <input type="checkbox"/> TOPS Date Referred: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Mental Health Referral <input style="width: 100px;" type="text"/>		
COMMENTS Maximum length is 600 characters.		
<input style="width: 100%; height: 20px;" type="text"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="checkbox"/> Override		

WISEWOMAN LAB ONLY CLAIM FORM

WISEWOMAN DIAGNOSTIC FORM				Ver. - 78
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/>			
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>			
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>			
Date of Birth:	<input style="width: 100%; height: 20px;" type="text"/>	Social Security Number:	<input style="width: 100%; height: 20px;" type="text"/>	Medicaid DCN/Medicare Number:
Date Form Received:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Service Date:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Form Type:	DIAGNOSTIC <input type="button" value="v"/>			<input type="checkbox"/> Reporting Only for Entire Form
Services:	Lab Only <input type="button" value="v"/>			
CLINICAL MEASUREMENTS				Clear Section
BMI:	Height: <input style="width: 50px;" type="text"/> ft. <input style="width: 50px;" type="text"/> in.	Weight:	Waist Circumference: <input style="width: 100px;" type="text"/>	
			Hip Circumference:	Ratio:
			<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
BP 1st:	BP 2nd:	Average BP:		
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		
Fasting Status (9-12 hrs)	<input type="checkbox"/> BMP(Comment below abnormal values)			
<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> CMP(Comment below abnormal values)			
<input type="checkbox"/> Glucose Quant.	<input type="checkbox"/> BG Strip	<input type="checkbox"/> A1C		
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		
<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	LDL	Triglycerides
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
ALERT VALUE FOLLOW-UP				
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. <i>Document status of work-up using codes below.</i>				
<input type="checkbox"/> ALERT BLOOD PRESSURE	Alert Blood Pressure SBP > 180 or DBP > 120 mmHg		<input type="checkbox"/> ALERT BLOOD GLUCOSE	Alert Blood Glucose <= 50 or >= 250 mg/dl
Evaluation Visit Date:	<input style="width: 100px;" type="text"/>		Evaluation Visit Date:	<input style="width: 100px;" type="text"/>
*Status of Work-Up:	<input style="width: 100px;" type="text"/>		*Status of Work-Up:	<input style="width: 100px;" type="text"/>
*STATUS OF WORK-UP CODE NUMBERS 1. Work-up Complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit. Notify WISEWOMAN Education Coordinator of any of the following status responses:				
2. Follow-up/Workup by Alternate Provider. Patient intends to see alternate provider within seven (7) days. 3. Client Refused Work-up. Participant had an alert value but refused workup. 4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.				
Alert Value Notes/Comments:				
<input style="width: 100%; height: 20px;" type="text"/>				
COMMENTS Maximum length is 600 characters.				
<input style="width: 100%; height: 20px;" type="text"/>				
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>		<input type="checkbox"/> Override

WISEWOMAN SMBP INITIAL CLAIM FORM

WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM				Ver. - 77
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/>			
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>			
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>			
Date of Birth:	<input style="width: 100px; height: 20px;" type="text"/>	Social Security Number:	<input style="width: 100px; height: 20px;" type="text"/>	Medicaid DCN/Medicare Number:
Date Form Received:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Service Date:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Form Type:	SELF-MONITORING BLOOD PRESSUR <input type="text"/>		<input type="checkbox"/> Reporting Only for Entire Form	
Services:	<input type="text" value="Initial Enrollment"/>			
BLOOD PRESSURE MEASUREMENTS AND ENROLLMENT INFORMATION				Clear Section
Clinic Measurements: BP 1st: BP 2nd: SMBP Measurements: BP 1st: BP 2nd:				
<input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/>				
<input style="width: 100px; height: 20px;" type="text"/> / <input style="width: 100px; height: 20px;" type="text"/>				
WISEWOMAN Hypertension Diagnostic Office Visit Completed: <input type="radio"/> Yes <input type="radio"/> No Date Completed: <input style="width: 100px; height: 20px;" type="text"/>				
Self-monitoring Blood Pressure (SMBP) Consent form Completed: <input type="radio"/> Yes <input type="radio"/> No				
SMBP Consent form faxed to WISEWOMAN Central Office (573) 522-3023: <input type="radio"/> Yes <input type="radio"/> No				
MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION				Clear Section
Were BP medications prescribed or adjusted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused				
Can the client obtain BP medications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused				
Self-Monitoring Blood Pressure Education Provided? <input type="radio"/> Yes <input type="radio"/> No				
Tracking Information Provided to client along with blood pressure tracking card <input type="radio"/> Yes <input type="radio"/> No				
Medication Education (referral) <input type="radio"/> Yes <input type="radio"/> No				
Healthy Lifestyle Information Discussed with Client				
<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity				
<input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation				
<input type="checkbox"/> Weight Loss				
EDUCATIONAL RESOURCES				Clear Section
Educational Resources Provided to the Client:				
<input type="checkbox"/> Self-Monitoring Blood Pressure Client Education Folder				
<input type="checkbox"/> 10 Ways to Prevent and Control High Blood Pressure				
<input type="checkbox"/> 30 Things Everyone Should Know about High Blood Pressure				
<input type="checkbox"/> 15 Ways to Cut Back on Salt				
<input type="checkbox"/> Healthy Eating on a Budget				
<input type="checkbox"/> My Plate: Do it Your Way				
<input type="checkbox"/> American Heart Association Information Sheets				
<input type="checkbox"/> Other: <input style="width: 100px; height: 20px;" type="text"/>				
COMMENTS Maximum length is 256 characters.				
<input style="width: 100%; height: 20px;" type="text"/>				
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		<input type="checkbox"/> Override		

WISEWOMAN SMBP MEDICAL FOLLOW-UP CLAIM FORM

WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM				Ver. - 77																		
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/>																					
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>																					
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>																					
Date of Birth:	<input style="width: 100%; height: 20px;" type="text"/>	Social Security Number:	<input style="width: 100%; height: 20px;" type="text"/>	Medicaid DCN/Medicare Number:																		
Date Form Received:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY																					
Service Date:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY																					
Form Type:	SELF-MONITORING BLOOD PRESSUR <input type="checkbox"/> Reporting Only for Entire Form																					
Services:	Medical Follow-Up																					
BLOOD PRESSURE MEASUREMENTS				Clear Section																		
Clinic Measurements: BP 1st: BP 2nd: SMBP Measurements: BP 1st: BP 2nd:																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">/</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">/</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">/</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: none; text-align: center;">/</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: none;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>						/		/		/		/										
	/		/		/		/															
Blood Pressure Medical Follow-Up Session (25 minute Face-to-Face Only): <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3																						
MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION				Clear Section																		
Is the client compliant with medications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications																						
Were blood pressure medications prescribed or adjusted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications																						
Can the client obtain BP medications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications																						
Is the client tracking blood pressure as prescribed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused																						
Did the client bring blood pressure log to Post Intervention Follow-Up? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused																						
Are the client's blood pressure values within the client's acceptable range? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Tracking																						
Healthy Lifestyle Information Discussed with Client																						
<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity																						
<input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation																						
<input type="checkbox"/> Weight Loss																						
EDUCATIONAL RESOURCES AND TREATMENT PLAN				Clear Section																		
Educational Resources Provided to the Client:																						
<input type="checkbox"/> Self-Monitoring Blood Pressure Client Education Folder																						
<input type="checkbox"/> 10 Ways to Prevent and Control High Blood Pressure																						
<input type="checkbox"/> 30 Things Everyone Should Know about High Blood Pressure																						
<input type="checkbox"/> 15 Ways to Cut Back on Salt																						
<input type="checkbox"/> Healthy Eating on a Budget																						
<input type="checkbox"/> My Plate: Do it Your Way																						
<input type="checkbox"/> American Heart Association Information Sheets																						
<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>																						
Changes to Treatment Plan:																						
<input type="checkbox"/> Blood Pressure Monitoring Changes																						
<input type="checkbox"/> Medication Changes																						
<input type="checkbox"/> Health Coaching Changes																						
<input type="checkbox"/> Client to return to Physician																						
Information faxed to Prescribing Physician? <input type="radio"/> Yes <input type="radio"/> No																						
COMMENTS Maximum length is 256 characters.																						
<input style="width: 100%; height: 20px;" type="text"/>																						
<input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="checkbox"/> Override																						

WISEWOMAN SMBP HEALTH COACHING CLAIM FORM

WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM				Ver. - 77
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>			
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>			
Date of Birth:	<input style="width: 100%; height: 20px;" type="text"/>	Social Security Number:	<input style="width: 100%; height: 20px;" type="text"/>	Medicaid DCN/Medicare Number:
Date Form Received:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Service Date:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Form Type:	SELF-MONITORING BLOOD PRESSUR <input type="checkbox"/> Reporting Only for Entire Form			
Services:	Health Coaching ▼			
HEALTH COACHING SESSION INFORMATION				Clear Section
Health Coaching Session Number:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
Length of Time of Health Coaching Session:	<input type="radio"/> 15 minutes <input type="radio"/> 30 minutes <input type="radio"/> 45 minutes "Face-to-Face Only"			
Health Coaching Session Complete:	<input type="radio"/> Face-to-Face <input type="radio"/> Telephone			
MEDICATIONS AND SELF-MONITORING BLOOD PRESSURE TRACKING				Clear Section
Is the client compliant with medications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications			
Were blood pressure medications prescribed or adjusted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications			
Can the client obtain BP medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications			
Is the client tracking blood pressure as prescribed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused			
Are the client's blood pressure values within the client's acceptable range?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Tracking			
Healthy Lifestyle Information Discussed with Client				
<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Physical Activity			
<input type="checkbox"/> Sodium Reduction	<input type="checkbox"/> Smoking Cessation			
<input type="checkbox"/> Weight Loss				
EDUCATIONAL RESOURCES AND TREATMENT PLAN				Clear Section
Educational Resources Provided to the Client:				
<input type="checkbox"/>	10 Ways to Prevent and Control High Blood Pressure			
<input type="checkbox"/>	30 Things Everyone Should Know about High Blood Pressure			
<input type="checkbox"/>	15 Ways to Cut Back on Salt			
<input type="checkbox"/>	Healthy Eating on a Budget			
<input type="checkbox"/>	My Plate: Do it Your Way			
<input type="checkbox"/>	American Heart Association Information Sheets			
Changes to Treatment Plan:				
<input type="checkbox"/>	Blood Pressure Monitoring Changes			
<input type="checkbox"/>	Medication Changes			
<input type="checkbox"/>	Health Coaching Changes			
<input type="checkbox"/>	Client to return to Physician			
Self-Monitoring Blood Pressure Information faxed to Prescribing Physician's Office:				<input type="radio"/> Yes <input type="radio"/> No
COMMENTS Maximum length is 256 characters.				
<input style="width: 100%; height: 20px;" type="text"/>				
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>		<input type="checkbox"/> Override

WISEWOMAN SMBP POST-INTERVENTION FOLLOW-UP CLAIM

WISEWOMAN SELF-MONITORING BLOOD PRESSURE FORM				Ver. - 77
Provider SAMII Number - Service Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>			
Name (Last, First, Middle Initial)	<input style="width: 100%; height: 20px;" type="text"/>			
Maiden Name	<input style="width: 100%; height: 20px;" type="text"/>			
Date of Birth:	Social Security Number:	Medicaid DCN/Medicare Number:	<input style="width: 100%; height: 20px;" type="text"/>	
Date Form Received:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Service Date:	<input style="width: 100%; height: 20px;" type="text"/> MM/DD/YYYY			
Form Type:	SELF-MONITORING BLOOD PRESSUR ▼		<input type="checkbox"/> Reporting Only for Entire Form	
Services:	Post Intervention Follow-Up ▼			
BLOOD PRESSURE MEASUREMENTS AND POST INTERVENTION FOLLOW UP				Clear Section
Clinic Measurements: BP 1st: BP 2nd: SMBP Measurements: BP 1st: BP 2nd:				
<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>
Did the client complete the SMBP Program as prescribed? <input type="radio"/> Yes <input type="radio"/> No Was the SMBP Program successful for the client goals? <input type="radio"/> Yes <input type="radio"/> No				
MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION				Clear Section
Is the client compliant with medications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications Were blood pressure medications prescribed or adjusted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications Can the client obtain BP medications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused <input type="radio"/> No Medications Is the client tracking blood pressure as prescribed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused Did the client bring blood pressure log to Medical Follow-Up? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client Refused Are the client's blood pressure values within the client's acceptable range? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Tracking				
Healthy Lifestyle Information Discussed with Client <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss				
EDUCATIONAL RESOURCES AND TREATMENT PLAN				Clear Section
Educational Resources Provided to the Client: <input type="checkbox"/> Self-Monitoring Blood Pressure Client Education Folder <input type="checkbox"/> 10 Ways to Prevent and Control High Blood Pressure <input type="checkbox"/> 30 Things Everyone Should Know about High Blood Pressure <input type="checkbox"/> 15 Ways to Cut Back on Salt <input type="checkbox"/> Healthy Eating on a Budget <input type="checkbox"/> My Plate: Do it Your Way <input type="checkbox"/> American Heart Association Information Sheets Other: <input style="width: 100px;" type="text"/>				
Changes to Treatment Plan: <input type="checkbox"/> Blood Pressure Monitoring Changes <input type="checkbox"/> Medication Changes <input type="checkbox"/> Health Coaching Changes <input type="checkbox"/> Client to return to Physician Information faxed to Prescribing Physician? <input type="radio"/> Yes <input type="radio"/> No Client referred to Community Resources? <input type="radio"/> Yes <input type="radio"/> No Client to continue with self-monitoring blood pressure post SMBP Program? <input type="radio"/> Yes <input type="radio"/> No				
COMMENTS Maximum length is 256 characters.				
<input style="width: 100%; height: 20px;" type="text"/>				
<input type="button" value="Submit"/> <input type="button" value="Cancel"/> <input type="checkbox"/> Override				

QUALITY ASSURANCE



QUALITY ASSURANCE

The goal of the Quality Assurance (QA) program component is to assure that appropriate services are provided to each participant and that program funds are utilized as required by program protocol. QA activities ensure high-quality medical standards of care are provided to women receiving SMHW and WISEWOMAN screenings, diagnostic and education services, as well as referrals for treatment, when appropriate.

PERFORMANCE MEASURES

Funding received from the CDC's WISEWOMAN Program is contingent upon the Missouri WISEWOMAN Program meeting or exceeding several quality assurance parameters and performance measures. WISEWOMAN performance measures have been created based on the required measures from the CDC and other essential program requirements.

WISEWOMAN GRANTEES ARE EXPECTED TO MEET OR EXCEED THE FOLLOWING PERFORMANCE MEASURES:

- ♥ Program submits MDE files on schedule and with no more than a 5% error rate
- ♥ Program has actively engaged with a minimum of two public or private partner organizations to promote and support environmental changes for increased physical activity, access to healthy food choices, smoking cessation and elimination of exposure to secondhand smoke
- ♥ Program delivers Risk Reduction Counseling, including appropriate referral to Health Coaching, community resources or lifestyle programs, to 100% of women screened
- ♥ Program follows up with 100% of women with abnormal BP values with follow-up parameters determined by WISEWOMAN guidelines and facility medical protocol
- ♥ Program ensures that 80% of women referred to a lifestyle program or Health Coaching participate in the program, with participation defined as attendance at a minimum of one lifestyle program or coaching session
- ♥ Program ensures that 60% of women who participate in a lifestyle program or Health Coaching complete the program, with completion defined as the number of sessions that the evidence base for the program has determined to be required for behavior change

PROVIDER PROGRESS REPORTS

The goal of the progress reports is to increase provider ability to make changes throughout the fiscal year that enable them to maximize volume and quality of screenings completed and streamline reporting expectations across WISEWOMAN contracts, where possible. Providers will be sent a quarterly provider progress report (PPR).

PROGRAM SITE VISITS

WISEWOMAN staff members conduct annual site visits with providers throughout the course of the five-year grant cycle. Site visits serve as an opportunity to highlight program successes, challenges encountered, lessons learned, useful tools and technical assistance needs.

PROGRAM MONITORING AND AUDITS

MDHSS/WISEWOMAN MONITORS AND EVALUATES THE QUALITY AND APPROPRIATENESS OF PARTICIPANT CARE USING THE FOLLOWING QA ACTIVITIES:

- ♥ Incorporating data edits in the MOHSAIC electronic reporting system that limit the reporting of inappropriate and inaccurate participant service records
- ♥ Reviewing electronically submitted participant service reports for compliance to standards of care prior to approval for reimbursement
- ♥ Tracking ALERT values and abnormal testing results to assure participants receive appropriate diagnostic services and access to treatment, if needed
- ♥ Performing initial on-site QA audits at each new SMHW and WISEWOMAN provider six months after the first participant is served and every two years thereafter
- ♥ Scheduled QA audits occur at any time deemed necessary by MDHSS staff because of questionable reports
- ♥ Providing training and technical assistance to providers to improve quality of care based on results of QA audits
- ♥ Evaluating participant and provider expectations

QUALITY ASSURANCE PROVIDER EXPECTATIONS

QA MONITORING WILL ASSESS PROVIDER'S COMPLIANCE WITH THE FOLLOWING EXPECTATIONS:

CLINIC MANAGEMENT

- ♥ Staff is trained and familiar with provider guidelines
- ♥ Policy and procedures are in place for billing and filing forms
- ♥ Procedure to track amount of program funds is in place
- ♥ Maintain professionally licensed or certified staff to perform program activities
- ♥ Notify SMHW central office, including RPC, of staffing changes promptly regarding need for provider or rescinding clinic staff MOHSAIC access and to schedule SMHW trainings for new hires
- ♥ Track participants who receive screening and diagnostic results to provide complete case management from the initiation of care to the end of the plan of care
- ♥ If missed appointments or refusals of follow-up recommendations occur, make attempts to contact the participant to reschedule and notify the RPC about situations regarding missed or refused follow-up
- ♥ Facility is clean with appropriate space for screening
- ♥ There is an in-house plan for quality checks at regular intervals
- ♥ Possible navigation criteria

SCREENING AND DIAGNOSTIC PROTOCOLS

- ♥ Screening includes cardiovascular screening risk factors and lab work
- ♥ Standards and protocols for follow-up
- ♥ Procedure to track participants with abnormal results, including:
 - Name of participant
 - Diagnostic office visit
 - Date diagnostic office visit or missed appointments rescheduled
 - Results and that participant is notified of results
 - Referrals including tracking that appointments were kept or rescheduled
 - Follow-up visit dates, if needed
 - Documentation of complete plan of care/treatment to include facility, treatment start dates and treatment type
 - Disposition of participant status regarding follow-up, refusals of treatment or diagnostic testing recommended
 - Report to the RPC problems with missed appointments, lost to follow-up or refusals, in a timely manner

INTAKE AND ELIGIBILITY GUIDELINES

- ♥ Staff knowledge of SMHW/WISEWOMAN eligibility guidelines
- ♥ Procedure to screen and identify participants
- ♥ Annual review of clients for participants' eligibility

CLIENT RIGHTS

- ♥ Privacy
- ♥ Confidentiality
- ♥ Access to test results
- ♥ Follow-up of medical problems through referrals, diagnosis and treatment
- ♥ Participant will not be held financially responsible if identified as a SMHW participant
- ♥ Access to an interpreter
- ♥ Treatment per Civil Rights Act
- ♥ Treatment per Americans with Disabilities Act

CORRECTIVE ACTION PLANS

At the time of the provider’s on-site review, technical assistance is provided by the RPC to clarify or demonstrate any points of confusion. The on-site review is followed by a post-review letter describing any areas needing improvement. Follow-up may be conducted to review success in instituting the recommended improvements. If the RPC determines a provider has consistently not met the program clinical standards, the provider is asked to complete a **Corrective Action Plan**. Typically, the RPC conducts another review in six (6) months to ensure implementation of the **Corrective Action Plan** and the provider is working to resolve the problem. Providers out of compliance with the contract may be placed under a **Corrective Action Plan**.

SMHW/WW QUALITY ASSURANCE FORM																																																																																																																																																																																																																																																																																								
Provider Name: _____ QA Reviewer: _____ Date: _____ SMHW/WW monitoring <input type="checkbox"/> SMHW monitoring only <input type="checkbox"/> 6 Month New provider <input type="checkbox"/> 2 year biennial monitoring <input type="checkbox"/> Re-monitor <input type="checkbox"/>																																																																																																																																																																																																																																																																																								
Mammography unit name: _____ Cytology Lab name: _____ Professional staff name and title of those conducting screenings: Name/Title: _____ Name/Title: _____ Name/Title: _____ Name/Title: _____																																																																																																																																																																																																																																																																																								
There are qualified SMHW/WW trained staff for all phases of service: Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																																																																																																																								
There is an Internal QA program for SMHW/WW services: Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																																																																																																																								
SMHW/WW materials are prominently displayed: Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																																																																																																																								
CHART MONITORING RESULTS																																																																																																																																																																																																																																																																																								
Charts requested: _____ Charts available: _____ Use: X= Done O = Not Done NA = Not Applicable D = Declined to document each client chart result.																																																																																																																																																																																																																																																																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Criteria Monitored</th> <th style="width: 5%;">% tests complete</th> <th>Chart 1</th> <th>Chart 2</th> <th>Chart 3</th> <th>Chart 4</th> <th>Chart 5</th> <th>Chart 6</th> <th>Chart 7</th> <th>Chart 8</th> <th>Chart 9</th> <th>Chart 10</th> <th>Chart 11</th> <th>Chart 12</th> <th>Chart 13</th> <th>Chart 14</th> <th>Chart 15</th> <th>Chart 16</th> <th>Chart 17</th> <th>Chart 18</th> <th>Chart 19</th> <th>Chart 20</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Eligibility</td> <td>Copies of proof of age <small>(proof of age is only expected once while SMHW client)</small></td> <td>50</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Copies of proof of income updated annually</td> <td>50</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>SMHW/WW Eligibility Agreement Form signed annually</td> <td>50</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>History form (green) updated annually</td> <td>50</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td rowspan="4">Screening and Reports</td> <td>Physical exam = submitted information</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Mammogram scheduled if eligible.</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Clients with disease level blood pressure (>140/90) receive referrals for medical follow-up</td> <td>100</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>WW Lab results equal submitted results</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td rowspan="2">Follow-Up</td> <td>Client notified of SMHW test results</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Documentation that client notified of WW screening/risk factor results in writing and verbally</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Billing-Reporting</td> <td>Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td> <td>Procedures and results submitted to SMHW/WW equal information in chart</td> <td>80</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	Criteria Monitored	% tests complete	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Chart 11	Chart 12	Chart 13	Chart 14	Chart 15	Chart 16	Chart 17	Chart 18	Chart 19	Chart 20	Eligibility	Copies of proof of age <small>(proof of age is only expected once while SMHW client)</small>	50																				Copies of proof of income updated annually	50																				SMHW/WW Eligibility Agreement Form signed annually	50																				History form (green) updated annually	50																				Screening and Reports	Physical exam = submitted information	80																				Mammogram scheduled if eligible.	80																				Clients with disease level blood pressure (>140/90) receive referrals for medical follow-up	100																				WW Lab results equal submitted results	80																				Follow-Up	Client notified of SMHW test results	80																				Documentation that client notified of WW screening/risk factor results in writing and verbally	80																				Billing-Reporting	Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral	80																					Procedures and results submitted to SMHW/WW equal information in chart	80																			
Criteria Monitored	% tests complete	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Chart 11	Chart 12	Chart 13	Chart 14	Chart 15	Chart 16	Chart 17	Chart 18	Chart 19	Chart 20																																																																																																																																																																																																																																																																			
Eligibility	Copies of proof of age <small>(proof of age is only expected once while SMHW client)</small>	50																																																																																																																																																																																																																																																																																						
	Copies of proof of income updated annually	50																																																																																																																																																																																																																																																																																						
	SMHW/WW Eligibility Agreement Form signed annually	50																																																																																																																																																																																																																																																																																						
	History form (green) updated annually	50																																																																																																																																																																																																																																																																																						
Screening and Reports	Physical exam = submitted information	80																																																																																																																																																																																																																																																																																						
	Mammogram scheduled if eligible.	80																																																																																																																																																																																																																																																																																						
	Clients with disease level blood pressure (>140/90) receive referrals for medical follow-up	100																																																																																																																																																																																																																																																																																						
	WW Lab results equal submitted results	80																																																																																																																																																																																																																																																																																						
Follow-Up	Client notified of SMHW test results	80																																																																																																																																																																																																																																																																																						
	Documentation that client notified of WW screening/risk factor results in writing and verbally	80																																																																																																																																																																																																																																																																																						
Billing-Reporting	Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral	80																																																																																																																																																																																																																																																																																						
	Procedures and results submitted to SMHW/WW equal information in chart	80																																																																																																																																																																																																																																																																																						
Comments: _____																																																																																																																																																																																																																																																																																								

OTHER WISEWOMAN RESOURCES

MEDICATION ACCESS REFERENCES/RESOURCES

340B DRUG PRICING PROGRAM & PHARMACY AFFAIRS

Health Resources and Services Administration (HRSA) requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices

<http://www.hrsa.gov/opa/index.html>

FEDERAL TRADE COMMISSION

Federal Trade Commission (FTC) provides useful consumer information regarding prescription savings programs and generic drugs

<http://www.consumer.ftc.gov/articles/0063-generic-drugs-and-low-cost-prescriptions>

MEDICARE INFORMATION

Information about the specific drug plans available in a particular area and about Medicare drug plans, in general, are available at 1-800-MEDICARE (1-800-633-4227)

www.medicare.gov

NEEDYMEDS

NeedyMeds keeps up-to-date information from pharmaceutical companies on client assistance programs

<http://www.needymeds.org/>

RxASSIST

Funded by The Robert Wood Johnson Foundation, RxAssist is a web-based medication resource center for providers, advocates, consumers and caregivers

<http://rxassist.org/providers>

RxHOPE

RxHope contracts directly with pharmaceutical companies to provide an electronic application process for their client assistance programs and provides this service to physicians and clients free of charge

<https://www.rxhope.com/>

STATE PHARMACEUTICAL ASSISTANCE PROGRAMS

This website identifies states that have programs to provide pharmaceutical coverage or assistance, primarily to low-income older people or people with disabilities who do not qualify for Medicaid

<http://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>

RESOURCES



CARDIOVASCULAR DISEASE REFERENCES AND RESOURCES

CARDIOVASCULAR RISK AND BLOOD PRESSURE

Whelton, Paul K., et al. "Correction to: 2017

ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure In Adults: A Report of the American College OF CARDIOLOGY/AMERICAN Heart Association Task Force on Clinical Practice Guidelines." Hypertension, vol. 71, no. 6, June 2018, doi:10.1161/hyp.0000000000000076.

<https://www.ahajournals.org/doi/10.1161/HYP.0000000000000065>

The Eighth Report of the Joint National Committee (JNC 8 on Evidence-Based Guideline for the Management of High Blood Pressure in Adults)

<https://jamanetwork.com/journals/jama/fullarticle/1791497>

The 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437740.48606.d1>

CHOLESTEROL

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>

DIABETES

American Diabetes Association Standards of Medical Care in Diabetes—2017

https://professional.diabetes.org/sites/professional.diabetes.org/files/media/dc_40_s1_final.pdf

TOBACCO USE

Best Practices for Comprehensive Tobacco Control Programs—2014; Centers for Disease Control and Prevention

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/

DIET AND LIFESTYLE

Million Hearts. Healthy Eating & Lifestyle Resource Center

<https://millionhearts.hhs.gov/learn-prevent/recipes.html>

GET THE FACTS: Sodium and the Dietary Guidelines

http://www.cdc.gov/salt/pdfs/sodium_dietary_guidelines.pdf

WISEWOMAN PROGRAM FORMS

SMHW/WISEWOMAN PARTICIPANT AGREEMENT FORM (WHITE)

Name: _____ Birthdate / / SS#: _____
mm dd yyyy (Optional)

Address _____
Street City State Zip

The Missouri Department of Health and Senior Services invite you to take part in the Show Me Healthy Women (SMHW) and WISEWOMAN programs. If you qualify and agree, you will receive your breast and cervical cancer examinations and assessments for heart disease and stroke free. WISEWOMAN also provides education resources for improving lifestyle habits to help you lower your risk for heart disease.

If your test results are not normal, this clinic will work with SMHW and/or the Department of Social Services to help you obtain additional tests and, if needed, treatment for cancer. WISEWOMAN does not pay for treatments for heart disease risk factors such as high blood pressure, but the clinic will assist you in obtaining follow-up medical care if needed.

Income/Insurance Information *(Please check all that apply.)*

Are you receiving: Unemployment insurance WIC TANF Food stamps
 Medicare Part A and/or Part B MO HealthNet (Medicaid)
 Have you applied for MO HealthNet (Medicaid)? Yes No

Do you have health insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your insurance have a deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you pay the deductible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your health insurance an HMO?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CLIENT AGREEMENT

I have not supplied documentation of household income. I declare my household income is within SMHW/WISEWOMAN present income guidelines. _____ **(If applicable, please initial)**

I have received the income guidelines and I qualify for SMHW / WISEWOMAN.

A staff person has informed me which tests the SMHW / WISEWOMAN programs cover and possible side effects of the tests.

I understand that the SMHW / WISEWOMAN services will be available to me at no cost.

I understand that my health is my responsibility. I am responsible for keeping my appointments.

I understand that persons associated with SMHW / WISEWOMAN may contact me in receiving medically recommended services.

I need to contact this clinic for my test results.

I understand that no test is 100% accurate.

I agree to participate in both the screening tests and the WISEWOMAN lifestyle education sessions.

I understand that I will be contacted to return in 1 year to see if my health status related to these services has changed.

I have read or had the above read to me. I agree that all the information above is correct.

As a client receiving services funded by Show Me Healthy Women / WISEWOMAN, your protected health care information will be shared with appropriate staff at the Department of Health and Senior Services and other agencies as required by the federal funding source. I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any subsequent revisions to this Notice. If this document is signed by the guardian or Durable Power of Attorney for Health Care (DPOA-HC), attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care.

 Signature of Client/Guardian
 Durable Power of Attorney for Health Care (DPOA-HC)

_____/_____/_____
 Date

FORMS



SMHW/WISEWOMAN PATIENT HISTORY FORM (GREEN)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SHOW ME HEALTHY WOMEN (SMHW)
PATIENT HISTORY
 (TO BE COMPLETED BY CLIENT AND REVIEWED ANNUALLY)

P. O. Box 570
 Jefferson City, MO 65102-0570
 (573) 522-2845

ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)		DATE OF VISIT (MM/DD/YYYY)	
A. PERSONAL HISTORY			
NAME (LAST, FIRST, MIDDLE INITIAL)		MAIDEN NAME	
E-MAIL ADDRESS	HOME PHONE NO. ()	WORK PHONE NO. ()	CELL PHONE NO. ()
STREET ADDRESS	CITY/STATE	ZIP CODE	COUNTY
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (OPTIONAL)	WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
NUMBER OF HOUSEHOLD MEMBERS	INSURANCE COVERAGE: <input type="checkbox"/> None <input type="checkbox"/> Mo HealthNet <input type="checkbox"/> Medicare <input type="checkbox"/> Private		MEDICAID DCN/MEDICARE NUMBER
Race: (must be answered, choose all that apply) <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) Asian <input type="checkbox"/> (4) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (5) American Indian or Alaskan Native <input type="checkbox"/> (6) Other _____ <input type="checkbox"/> (7) Unknown (please avoid using)		Ethnicity: (must be answered.) Are you of Hispanic origin? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest grade of school completed (circle one) (U. S. equivalent if educated in another nation) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
How did you hear about the Show Me Healthy Women program? (please choose only one) <input type="checkbox"/> (1) Physician/NP <input type="checkbox"/> (10) Health Coalition/Local Organization <input type="checkbox"/> (2) Clinic/Health Center <input type="checkbox"/> (11) Community Health Worker/Outreach <input type="checkbox"/> (3) Television <input type="checkbox"/> (12) Relative/Friend <input type="checkbox"/> (4) Radio/Podcast <input type="checkbox"/> (13) Faith Home/Church <input type="checkbox"/> (5) Print Ad/Newspaper <input type="checkbox"/> (14) Financial Counselor/Registration <input type="checkbox"/> (6) Billboard/Banner <input type="checkbox"/> (15) Other Location (specify) _____ <input type="checkbox"/> (7) Bus Sign <input type="checkbox"/> (16) Case/Care Manager, Navigator <input type="checkbox"/> (8) Health Care Provider <input type="checkbox"/> (17) Internet/Online/Google Search <input type="checkbox"/> (9) Health Fair/Relay Event <input type="checkbox"/> (18) Social Media (Facebook, Instagram, Twitter, etc.)		What type of transportation did you use to get to your clinic appointment? (please choose only one) <input type="checkbox"/> (1) Bus <input type="checkbox"/> (2) Van/Shuttle <input type="checkbox"/> (3) OATS Bus <input type="checkbox"/> (4) Taxi <input type="checkbox"/> (5) Personal Vehicle <input type="checkbox"/> (6) Relative/Friend <input type="checkbox"/> (7) SMTS <input type="checkbox"/> (8) Other _____	
Date of last Pap Test ____/____/____ <small>MM DD YYYY</small>		Date of Last mammogram ____/____/____ <small>MM DD YYYY</small>	
Do you now smoke cigarettes? <input type="checkbox"/> Everyday <input type="checkbox"/> Some days <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know			
Name and telephone numbers of two people who can always reach you:			
NAME	HOME PHONE WITH AREA CODE ()	WORK PHONE ()	
NAME	HOME PHONE WITH AREA CODE ()	WORK PHONE ()	

WISEWOMAN ASSESSMENT FORM (TAN) FRONT



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Assessment Form



LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB (MM/DD/YYYY)	DATE OF VISIT (MM/DD/YYYY)
-----------	------------	----------------	------------------	----------------------------

A. Health History (Check as appropriate)

1. Do you have high cholesterol? Yes No Don't Know/Not Sure
If you answered No, skip to question 2.

a. Do you take medication to lower your cholesterol? Yes No Don't Know/Not Sure

i. Is the medication a statin? Yes No Don't Know/Not Sure

b. If yes, during the past seven (7) days, including today, how many days did you take prescribed medication to lower your cholesterol? _____ Number of Days
 None, I could not obtain medication
 Don't Know/Not Sure

2. Do you have hypertension (high blood pressure)? Yes No Don't Know/Not Sure
If you answered No, skip to question 3.

a. Do you take medication to lower your blood pressure? Yes No Don't Know/Not Sure

b. If yes, during the past seven (7) days, how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? _____ Number of Days
 None, I could not obtain medication
 Don't Know/Not Sure

c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? Yes No
If no, check reason:

I was never told to measure my blood pressure
 I don't know how to measure my blood pressure
 I don't have equipment to measure my blood pressure

If yes:

i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community?
 Multiple times per day Daily A few times per week
 Weekly Monthly
 Other (don't measure)
 Don't Know/Not Sure

ii. Do you regularly share blood pressure readings with your health care provider for feedback? Yes No Don't Know/Not Sure

3. Do you have diabetes (Either Type 1 or Type 2)? Yes No Don't Know/Not Sure
If you answered No, skip to question 4.

a. Do you take medication to lower your blood sugar (for diabetes)? Yes No Don't Know/Not Sure

b. If yes, during the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)? _____ Number of days
 None, I could not obtain medication
 Don't Know/Not Sure

4. Have you been diagnosed by a healthcare provider as having any of these conditions:

a. Stroke/transient ischemic attack (TIA) Yes No Don't Know/Not Sure

b. Heart attack Yes No Don't Know/Not Sure

c. Coronary heart disease Yes No Don't Know/Not Sure

d. Heart failure Yes No Don't Know/Not Sure

e. Vascular disease (peripheral arterial disease) Yes No Don't Know/Not Sure

f. Congenital heart disease and defects? Yes No Don't Know/Not Sure

MO 580-2687 (11-19)

DHSS-WW-ASMT-01 (11-19)

WISEWOMAN ASSESSMENT FORM (TAN) BACK

B. Health History (Check as appropriate)

1. Are you taking aspirin daily to prevent heart attack or stroke? Yes No
2. How many cups of fruit and vegetables do you eat in an average day? ___ Cups None
3. Do you eat two (2) servings or more of fish weekly? Yes No
4. How many servings of grain products do you eat in a typical day? ½ serving or less ½ serving
 ½ serving or more None
5. How many servings are whole grains (oatmeal, cereal, bread, etc.)? ½ serving or less ½ serving
 ½ serving or more None
6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly? Yes No
7. Are you currently watching or reducing your sodium or salt intake? Yes No
8. Physical Activity
 - a. How many minutes of physical activity (exercise) do you get in a week? ___ Number of minutes None
9. Alcohol
 - a. In the past seven (7) days, how often did you have a drink containing alcohol? ___ Number of days Don't Know/ Not Sure
 - b. How many alcoholic drinks, on average, do you consume during a day you drink? ___ Number of drinks containing alcohol
10. Overall Wellness
Over the past two (2) weeks, how often have you been bothered by any of the following problems?
 - a. Have little interest or pleasure in doing things? Not at all Several days
 More than half of the month
 Nearly every day
 - b. Feeling depressed or hopeless? Not at all Several days
 More than half of the month
 Nearly every day
11. Tobacco Products
 - a. Do you smoke (including cigarettes, pipes, cigars, or e-cigarettes)? Current smoker Quit (1-12 months ago)
 Quit (More than 12 months ago)
 Never Smoked
 - b. Did you complete a tobacco cessation activity? Yes No
 Discontinued activity
 Not sure

C. Readiness to Change Health Habits (Check as appropriate)

Check the one box by each of the following three statements that best describes your behavior today.	I have little or no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.
1. Eat more fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quit smoking/utilizing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (or never smoked)
3. Increase physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MO 580-2687 (11-19)

DHSS-WW-ASMT-01(11-19)

WISEWOMAN SCREENING FORM (LIGHT PINK)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN SCREENING FORM



- Initial Risk Reduction Counseling with SMHW Annual Risk Reduction Counseling with SMHW
 Initial Screening, Non-integrated Annual Screening, Non-integrated Reporting Only

PROVIDER NAME				DATE	
NAME: LAST		FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	
				SOCIAL SECURITY NUMBER	
A. CLINICAL MEASUREMENTS					
BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: _____ Ratio: _____		
BP 1 st ____/____	BP 2 nd ____/____	Average BP ____/____	Hypertension Follow-up (>130/80) <input type="checkbox"/> Diagnostic Office Visit <input type="checkbox"/> Client Refused <input type="checkbox"/> Blood Pressure Medical Follow-up <input type="checkbox"/> Health Coaching <input type="checkbox"/> SMBP		
Fasting (9-12 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> BMP					
<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C	Hypertension Follow-up (>130/80) <input type="checkbox"/> In-House <input type="checkbox"/> Referring Clinic		
<input type="checkbox"/> Lipid Panel (Fasting Only)		<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides
B. ALERT VALUE FOLLOW-UP					
Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of workup using codes below.					
<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)			<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)		
<p>* Status of work-up Number Codes</p> <p>1. Work-up complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.</p> <p>Notify WISEWOMAN Education Coordinator of any of the following status responses:</p> <p>2. Follow-up/workup by alternate provider. Patient intends to see alternate provider within seven (7) days.</p> <p>3. Client refused workup. Participant had an alert value and refused workup.</p> <p>4. Workup not completed, client lost to follow-up. Participant had an alert value but was lost to follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.</p>					
Alert Value Notes/Comments:					
C. OTHER					
Date Risk Counseling Completed: ____/____/____					
Client Priority Area(s):					
<input type="checkbox"/> None	<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Blood Pressure Management	
<input type="checkbox"/> Weight Watchers	<input type="checkbox"/> SMBP	<input type="checkbox"/> HBSS Referral			
<input type="checkbox"/> Physical Activity Clearance Denied. Client not cleared for activity until further evaluation.					
LSP Referred To: <input type="checkbox"/> Eating Smart-Being Active <input type="checkbox"/> Diabetes Prevention Program <input type="checkbox"/> Health Coaching <input type="checkbox"/> TOPS					
Date Referred: ____/____/____ ____/____/____ ____/____/____ ____/____/____					
<input type="checkbox"/> Tobacco Quitline ____/____/____					
Comments:					

MO 580-3046 (6-19)

WISEWOMAN DIAGNOSTIC FORM (GRAY)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Diagnostic Form



Used for Reporting: Diagnostic Office Visit, Labs not completed on the day of the screening visit, Alert Values not completed on the day of screening, and Reporting services not being billed.

Diagnostic Visit
 Lab Only
 Reporting Only

PROVIDER NAME				DATE
NAME: LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (TWO BLOOD PRESSURE READINGS REQUIRED)				
<input type="checkbox"/> Blood Pressure <input type="checkbox"/> Blood Glucose <input type="checkbox"/> Cholesterol <input type="checkbox"/> Medication for Smoking Cessation		BP 1 st ____/____	BP 2 nd ____/____	
B. CLINICAL MEASUREMENTS				
Fasting (9-12 hrs.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Glucose Quant. (Fasting Only)	<input type="checkbox"/> BG Strip (Fasting Only)	<input type="checkbox"/> A1C <input type="checkbox"/> BMP (Abnormal results in Comments) <input type="checkbox"/> CMP (Abnormal results in Comments)	
<input type="checkbox"/> Lipid Panel (Fasting Only)	<input type="checkbox"/> Total Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides
C. MEDICAL FOLLOW-UP NOTES				
Have the client's medications been addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused If yes, was the client prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused If yes, was the client referred for medication education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused If yes, was the client identified to have uncontrolled hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Can the client obtain medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the client given access to resources or were resources given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused Was a treatment plan offered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused If yes, which of the following was offered? <input type="checkbox"/> Health Coaching <input type="checkbox"/> BP Medical Follow-Up <input type="checkbox"/> Self-Monitoring Blood Pressure				
D. ALERT VALUE FOLLOW-UP				
Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.				
<input type="checkbox"/> ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)		<input type="checkbox"/> ALERT BLOOD GLUCOSE Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl Evaluation Visit Date: ____/____/____ *Status of Work-up: ____ (Number from below)		
*Status of Work-up Number Codes				
1. Work-up complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit. Notify WISEWOMAN Education Coordinator of any of the following status responses: 2. Follow-up/workup by alternate provider. Patient intends to see alternate provider within seven (7) days. 3. Client refused workup. Participant had an alert value but refused workup. 4. Workup not completed, client lost to follow-up. Participant had an alert value but was lost to follow-up and workup was not completed. <i>Lost to follow-up</i> is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.				
Alert Value Notes/Comments:				
Medical Professional Notes:				

MO 580-3060 (12-19)

WISEWOMAN BP MEDICAL FOLLOW-UP FORM (YELLOW)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Blood Pressure Medical Follow-Up Form



Face-to-Face in Office Only

PROVIDER NAME				DATE	
NAME LAST		FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)					
BP 1 st		BP 2 nd		VISIT DATE	
Is the client compliant with medications/treatment plan?.....				NEXT FOLLOW-UP VISIT DATE	
Were blood pressure (BP) medications prescribed or adjusted?.....				INFORMATION SHARED WITH PHYSICIAN <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can the client obtain BP medications?.....					
Was the client given access to resources or were resources given?..					
Is the client self-monitoring BP?.....					
Treatment Plan:			Information Discussed with Client:		
<input type="checkbox"/> Health Coaching <input type="checkbox"/> Medication Change <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss		
B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)					
BP 1 st		BP 2 nd		VISIT DATE	
Is the client compliant with medications/treatment plan?.....				NEXT FOLLOW-UP VISIT DATE	
Were BP medications prescribed or adjusted?				INFORMATION SHARED WITH PHYSICIAN <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can the client obtain BP medications?.....					
Was the client given access to resources or were resources given?..					
Is the client self-monitoring BP?.....					
Treatment Plan:			Information Discussed with Client:		
<input type="checkbox"/> Health Coaching <input type="checkbox"/> Medication Change <input type="checkbox"/> Blood Pressure Medical Follow-Up <input type="checkbox"/> Client Refused			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss		
C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)					
BP 1 st		BP 2 nd		VISIT DATE	
Is the client compliant with medications/treatment plan?.....				INFORMATION SHARED WITH PHYSICIAN <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were BP medications prescribed or adjusted?					
Can the client obtain BP medications?.....					
Was the client given access to resources or were resources given?..					
Is the client self-monitoring BP?.....					
Treatment Plan:			Information Discussed with Client:		
<input type="checkbox"/> Health Coaching <input type="checkbox"/> Client Refused <input type="checkbox"/> Medication Change			<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sodium Reduction <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Weight Loss		
Comments:					

MO 580-3116 (10-19)

DHSS-WW-BPM-01 (10-19)

WISEWOMAN HEALTH COACHING REPORTING FORM (PEACH)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Health Coaching Reporting Form



Participant Name: _____ SSN/DCN: _____

A. RECORD OF PARTICIPATION

Clients should be encouraged to participate in at least three (3) Health Coaching sessions.
 Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

Description/Type	Date	Length of session (minutes)				Face-to-Face	Telephone	Topic (Mark all that apply)
		15	30	45	60			
Health Coaching, Individual (Session 1)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching, Individual (Session 2)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching, Individual (Session 3)								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education
Health Coaching Individual, Face-to-Face (Session 4)								<input type="checkbox"/> Bright Pink Assessment Form Completed
Health Coaching, Group, Face-to-face								<input type="checkbox"/> Healthy Eating <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Education

B. COMMENTS

WISEWOMAN FOLLOW-UP RESCREEN (HOT PINK) FRONT



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Follow-Up Rescreen
 Completed at 4th Health Coaching Session



LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB (MM/DD/YYYY)	DATE OF VISIT (MM/DD/YYYY)
-----------	------------	----------------	------------------	----------------------------

A. Health History (Check as appropriate)

<p>1. Do you have high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <i>If you answered No, skip to question 2.</i></p> <p>a. Do you take medication to lower your cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure i. Is the medication a statin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p> <p>b. If yes, during the past seven (7) days, including today, how many days did you take prescribed medication to lower your cholesterol? _____ Number of Days <input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure</p>	
<p>2. Do you have hypertension (high blood pressure)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <i>If you answered No, skip to question 3.</i></p> <p>a. Do you take medication to lower your blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure b. If yes, during the past seven (7) days, how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? _____ Number of Days <input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure</p> <p>c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, check reason:</i></p> <p style="text-align: right;"><input type="checkbox"/> I was never told to measure my blood pressure <input type="checkbox"/> I don't know how to measure my blood pressure <input type="checkbox"/> I don't have equipment to measure my blood pressure</p> <p><i>If yes:</i></p> <p>i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community? <input type="checkbox"/> Multiple times per day <input type="checkbox"/> Daily <input type="checkbox"/> A few times per week <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (don't measure) <input type="checkbox"/> Don't Know/Not Sure</p> <p>ii. Do you regularly share blood pressure readings with your health care provider for feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p>	
<p>3. Do you have diabetes (Either Type 1 or Type 2)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure <i>If you answered No, skip to question 4.</i></p> <p>a. Do you take medication to lower your blood sugar (for diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure b. If yes, during the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)? _____ Number of days <input type="checkbox"/> None, I could not obtain medication <input type="checkbox"/> Don't Know/Not Sure</p>	
<p>4. Have you been diagnosed by a healthcare provider as having any of these conditions:</p> <p>a. Stroke/transient ischemic attack (TIA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p> <p>b. Heart attack <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p> <p>c. Coronary heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p> <p>d. Heart failure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p> <p>e. Vascular disease (peripheral arterial disease) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p> <p>f. Congenital heart defects? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know/Not Sure</p>	
<p>5. Are you taking an aspirin daily to prevent heart attack or stroke? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

MO 580-3320 (10-19)

DHSS-WW-A-04 (10-19)

WISEWOMAN FOLLOW-UP RESCREEN (HOT PINK) BACK

B. Health History (Check as appropriate)

<p>1. How many cups of fruit and vegetables do you eat in an average day?</p> <p>2. Do you eat two (2) servings or more of fish weekly?</p> <p>3. How many servings of grain products do you eat in a typical day?</p> <p>4. How many servings are whole grains (oatmeal, cereal, bread, etc.)?</p> <p>5. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?</p> <p>6. Are you currently watching or reducing your sodium or salt intake?</p> <p>7. Physical Activity</p> <p style="margin-left: 20px;">a. How many minutes of physical activity (exercise) do you get in a week?</p> <p>8. Alcohol</p> <p style="margin-left: 20px;">a. In the past seven (7) days, how often did you have a drink containing alcohol?</p> <p style="margin-left: 20px;">b. How many alcoholic drinks, on average, do you consume during a day you drink?</p> <p>9. Overall Wellness</p> <p>Over the past two (2) weeks, how often have you been bothered by any of the following problems?</p> <p style="margin-left: 20px;">a. Have little interest or pleasure in doing things?</p> <p style="margin-left: 40px;">b. Feeling depressed or hopeless?</p> <p>10. Tobacco Products</p> <p style="margin-left: 20px;">a. Do you smoke (including cigarettes, pipes, cigars, or e-cigarettes)?</p> <p style="margin-left: 40px;">b. Tobacco cessation activity completed.</p>	<p style="text-align: right;">Cups <input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> ½ serving or less <input type="checkbox"/> ½ serving</p> <p><input type="checkbox"/> ½ serving or more <input type="checkbox"/> None</p> <p><input type="checkbox"/> ½ serving or less <input type="checkbox"/> ½ serving</p> <p><input type="checkbox"/> ½ serving or more <input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>____ Number of minutes <input type="checkbox"/> None</p> <p>____ Number of days <input type="checkbox"/> Don't Known/ Not Sure</p> <p>____ Number of drinks containing alcohol</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> Several days</p> <p><input type="checkbox"/> More than half of the month</p> <p><input type="checkbox"/> Nearly every day</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> Several days</p> <p><input type="checkbox"/> More than half of the month</p> <p><input type="checkbox"/> Nearly every day</p> <p><input type="checkbox"/> Current smoker <input type="checkbox"/> Quit (1-12 months ago)</p> <p><input type="checkbox"/> Quit (More than 12 months ago)</p> <p><input type="checkbox"/> Never Smoked</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Discontinued activity</p> <p><input type="checkbox"/> Not sure</p>
--	--

C. Survey of Services Rendered

Has the WISEWOMAN Program improved the quality of your life?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you satisfied with the services offered by the WISEWOMAN Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

D. Clinical Measurements TO BE COMPLETED BY CLINICIAN

BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____	Hip circumference: _____	Ratio: _____
BP 1 st _____/_____	BP 2 nd _____/_____	Average BP _____/_____	Hypertension Follow-up (>130/80)		
<input type="checkbox"/> Labs Not Done			<input type="checkbox"/> Medical Follow-up		
Fasting (9-12 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> BMP <input type="checkbox"/> CMP	<input type="checkbox"/> Health Coaching <input type="checkbox"/> SMBP <input type="checkbox"/> Client Refused		
<input type="checkbox"/> A1C	LIPID PANEL (Fasting only)		<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	<input type="checkbox"/> Triglycerides
RISK REDUCTION COUNSELING:	<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Physical Activity	LSP Referral:	<input type="checkbox"/> ESBA	<input type="checkbox"/> DPP
	<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> BP Management		<input type="checkbox"/> Tobacco Quitline	<input type="checkbox"/> TOPS
	<input type="checkbox"/> SMBP			<input type="checkbox"/> Health Coaching	<input type="checkbox"/> Weight Watchers
<input type="checkbox"/> Other HBSS					

COMMENTS:

WISEWOMAN SMBP PATIENT PARTICIPATION AGREEMENT (WHITE)



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

PATIENT PARTICIPATION AGREEMENT

LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB (MM/DD/YYYY)
BLOOD PRESSURE DEVICE SERIAL NUMBER			
SIGNATURE			SIGNATURE DATE (MM/DD/YYYY)

I AGREE TO:

1. Participate in the self-monitoring blood pressure program.
2. Take my blood pressure using the monitor provided to me and as directed.
3. Record my blood pressure readings as indicated below.
4. Report my blood pressure readings to my clinic as instructed below.
5. Contact my clinic right away if my blood pressure reading is more than _____.

INSTRUCTIONS

1. Take blood pressure twice, two times a day; two measurements one minute apart in the morning and two measurements one minute apart every evening.
2. Take blood pressure readings for _____ Days.
 Alternatively, _____

3. Record blood pressure readings in a log/write down.
4. Report blood pressure measurements to the clinic by (check one):
 - Telephone
 - Take blood pressure machine/log to the office for review
 - Provide blood pressure readings through the patient portal/secure computer messaging

MO 580-3262 (07-20)

DHSS-WW-PPF-01(07-20)

WISEWOMAN SMBP INITIAL ENROLLMENT FORM (WHITE)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Self-Monitoring Blood Pressure Program Initial Enrollment Form



Face-to-Face in Office Only

PROVIDER NAME				DATE	
NAME: LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	

A. BLOOD PRESSURE MEASUREMENTS AND ENROLLMENT INFORMATION

Clinic Measurements: BP 1 st ____/____	BP 2 nd ____/____	SMBP Measurements: BP 1 st ____/____	BP 2 nd ____/____
--	---------------------------------	--	---------------------------------

WISEWOMAN Hypertension Diagnostic Office Visit Completed: Yes No Date Completed: ____/____/____

Self-Monitoring Blood Pressure (SMBP) Consent form Completed: Yes No

SMBP Consent form faxed to WISEWOMAN Central Office (573) 522-2898 Yes No

B. MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION

Were BP medications prescribed or adjusted? Yes No Client Refused

Can the client obtain BP medications? Yes No Client Refused

Self-Monitoring Blood Pressure Education Provided? Yes No

Tracking Information Provided to client along with blood pressure tracking card? Yes No

Medication Education (Referral) Yes No

Healthy Lifestyle Information Discussed with Client:

<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Physical Activity
<input type="checkbox"/> Sodium Reduction	<input type="checkbox"/> Smoking Cessation
<input type="checkbox"/> Weight Loss	

C. EDUCATIONAL RESOURCES

Educational Resources Provided to the Client:

- Self-Monitoring Blood Pressure Client Education Folder
- 10 Ways to Prevent and Control High Blood Pressure
- 30 Things Everyone Should Know about High Blood Pressure
- 15 Ways to Cut Back on Salt
- Healthy Eating on A Budget
- My Plate: Do It Your Way
- American Heart Association Information Sheets
- Other: _____

Changes to Treatment Plan:

- Blood Pressure Monitoring Changes
- Medication Changes
- Health Coaching Changes
- Client to Return to Physician

Information Faxed to Prescribing Physician? Yes No

Comments:

WISEWOMAN SMBP REFERRAL FORM



WISEWOMAN SELF-MONITORING BLOOD PRESSURE FAX REFERRAL FORM



WISEWOMAN CENTRAL OFFICE

FAX 573-522-3023

Provider Information:

Date ____/____/____

Clinic Name: _____

Health Care Provider: _____

Contact Name: _____ Phone: _____

Client Information:

Client Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Home #: (____) ____-____ Cell #: (____) ____-____

Language Preference: ____ English ____ Other - _____

Client IS / IS NOT currently taking medications for hypertension

WISEWOMAN Screening	
BP#1 ____/____	BP#2 ____/____
Average BP ____/____	
Weight ____	Smoker YES NO

Name of Medication & Dosage _____

Name of Prescribing Provider: _____

Client IS / IS NOT able to access medication.

Needs assistance in filling out Prescription Assistance Paperwork ____

Needs referral to a Prescription Assistance Program ____

Comments: _____

This form is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this form or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this form and notify the sender by calling (573)522-2866.

WISEWOMAN REFERRAL FORM



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN REFERRAL FORM



Client Name				Date of Birth		Last 4 numbers of SSN	
Client Address				City, State and Zip		Client Phone Number	
Name of Facility Client was Referred To				Facility Address		City, State, and Zip	
Appointment Date		Appointment Time		Facility Phone		Facility Fax	
Purpose of Referral: <input type="checkbox"/> Blood Pressure _____ / _____ mmHg <input type="checkbox"/> Smoking Cessation Medication <input type="checkbox"/> Cholesterol _____ mgdL <input type="checkbox"/> Glucose _____ mgdL							
Notes/Comments:							
✓	Description			CPT Code			
	Office Visits						
	Diagnostic Consultation			99203			
Medical Evaluation Notes:							
Physician/NP Signature:				Date:			

Please fax consult note to the referring provider, Thank you!

Referring clinic _____ Phone number _____ Fax number _____

WISEWOMAN SCREENING RESULTS FORM

WISEWOMAN Screening Results

Heart Disease and Stroke Risk Factors

There are some risk factors that you cannot change, such as your age, race/ethnicity and family history.

These are risk factors that you can change:

Cigarette Smoking	High blood cholesterol
Overweight	Physical inactivity
Diabetes	High blood pressure

Your WISEWOMAN Screening Results

Blood Pressure: WISEWOMAN measures blood pressure by averaging two blood pressure measurements, separated by two minutes or longer. This is the national standard for blood pressure screening.

Your blood pressure is _____ (Desirable levels are less than 120/80)

BMI or Body mass index: BMI is calculated using a formula of your height and weight measurements.

Your weight is _____ Your BMI is _____ (Desirable is less than 25)

Waist and Hip Circumference

Your waist measurement is _____ Your hip measurement is _____

Your waist/hip ratio is _____ (Desirable is .80 or below)

Lab Test Results:

Total Cholesterol _____ mg/dl
(Desirable is less than 200 mg/dl)

HDL _____ mg/dl
(Desirable is more than 50 mg/dl)

Triglycerides _____ mg/dl
(Desirable is less than 150 mg/dl)

Blood Glucose _____ mg/dl
(Desirable is less than 100 mg/dl)

LDL _____ mg/dl
(Desirable is less than 100 mg/dl)

Things You Can Do To Be Heart Healthy

- Quit smoking. Avoid second-hand smoke.
- Become more physically active.
- Eat heart healthfully. Include more fruits, vegetables, whole grains, and low-fat dairy products. Limit foods high in saturated fat, trans fat, and cholesterol.
- Reduce salt and sodium intake.
- Lose weight if you are overweight and maintain a healthy weight.
- If you drink alcoholic beverages, do so in moderation.
- Schedule your WISEWOMAN screening with your Show Me Healthy Woman screening next year.

Thank you for participating in the WISEWOMAN Program!

<http://health.mo.gov/living/healthcondiseases/chronic/wisewoman/index.php>

WISEWOMAN GOAL TRACKING LOG



GOAL TRACKING LOG Healthy Eating

Circle the number of servings you eat each day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fruits and Vegetables GOAL = 5 + per day My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
Fruits and Vegetables GOAL = 5 + per day My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
Fruits and Vegetables GOAL = 5 + per day My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+
Fruits and Vegetables GOAL = 5 + per day My Goal = __ per day	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+



GOAL TRACKING LOG Physical Activity

Record the number of minutes of moderate physical activity or the number of steps you take each day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Minutes: Goal = 30 min/day My Goal: __ min/day							
Steps : GOAL=10,000 steps/day My Goal = _____steps/day							
Minutes: Goal = 30 min/day My Goal: __ min/day							
Steps : GOAL=10,000 steps/day My Goal = _____steps/day							
Minutes: Goal = 30 min/day My Goal: __ min/day							
Steps : GOAL=10,000 steps/day My Goal = _____steps/day							
Minutes: Goal = 30 min/day My Goal: __ min/day							
Steps : GOAL=10,000 steps/day My Goal = _____steps/day							

Missouri Department of Health and Senior Services / WISEWOMAN (6/11)

WISEWOMAN EATING SMART-BEING ACTIVE REFERRAL FORM



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Eating Smart • Being Active
Lifestyle Program Referral Form



Please print

Provider Information

Date of Referral: _____
Referring Agency Name: _____
Address: _____
Contact Person: _____
Phone: _____ Fax: _____ E-mail: _____

Client Information

Name: _____
Address: _____ City, State, and Zip: _____
Phone: _____ Email: _____
Best Time to Contact: _____
Barriers to Attendance (ex. transportation, money for gas): _____

Goal: Nutrition Physical Activity Weight Loss

Complete and fax referral forms to:

Missouri WISEWOMAN Program
Phone: 573-522-2841
Fax: 573-522-2898

UME office only

Date Received: _____
Referred to: _____

WEIGHT WATCHERS/TOPS CONSENT FORM



Weight Watchers/ Taking off Pounds Sensibly

Participant Consent Form

I consent to participate in the Weight Watchers/TOPS program and I understand and agree to the following:

- I may attend any chapter meeting for one time at no charge. I understand that I am encouraged to visit more than one chapter to find one that I am most comfortable attending.
- Once I find the chapter that I am most comfortable with, I will present my Weight Watchers/TOPS membership coupon and complete the Weight Watchers/TOPS application process.
- I am responsible for paying the weekly, monthly, or quarterly chapter dues, which vary by chapter. (Not applicable in every area of the state)
- I agree/must have the weigh-in attendance sheet signed by the Weight Recorder for the chapter at each meeting to verify participation.
- I agree/must return the attendance log to my WISEWOMAN Provider after I have attended 12 sessions.
- I will receive the TOPS "Real Life" book free of charge after presenting the attendance log verifying completion of 12 sessions.

Signature of Participant

Date

Rev. 1/8/2019

WISEWOMAN TOPS ATTENDANCE RECORD/LOG



Missouri WISEWOMAN Attendance Record TOPS – Lifestyle Program

Please have your TOPS chapter recorder or leader initial and date each time you attend a meeting. When you have attended 12 meetings, please return this card to your clinic. Thank you

Meeting Number	Date	Length of Meeting (# minutes)	Initial	Meeting Number	Date	Length of Meeting (# minutes)	Initial
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

WWWISEWOMAN/LSP/TOPS/2016

Participants Name: _____

Beginning Weight: _____


Clinic Name: _____

Week 12 weight: _____


Revised 01/19



WISEWOMAN SUPPLY ORDER FORM



WISEWOMAN Supply Order Form



	Amount Requested	Item # (WW Use Only)	Amount Sent (WW Use Only)	Date Sent (WW Use Only)
Client Educational Material				
Missouri WISEWOMAN Stroke & Cardiovascular Disease Prevention – Health Coaching booklet				
It's Your Health Booklet				
Goal Tracking Log				
Eating Smart-Being Active Cards (4" x 9")				
Eating Smart-Being Active Posters (11" x 17")				
50 Things to Know about Stress				
50 Things to Know about Stress -- Spanish				
Stretch Band		11303		
9 Ways to Lower your Risk of Stroke				
10 Ways to a Healthier Heart				
10 Ways to Prevent and Control High Blood Pressure				
10 Ways to Prevent and Control High Blood Pressure -- Spanish				
15 Easy Ways to Cut Back on Salt				
15 Easy Ways to Cut Back on Salt -- Spanish				
30 to Know About High Blood Pressure				
A Healthy Heart Chart				
Blood Pressure Wallet Card				
Eat For Your Heart: 8 Simple Tips				
Fruits and Veggies MORE Matters				
Women and Heart Disease, What You Should Know				
Missouri Tobacco Quitline Business Card		938		
Missouri Tobacco Quitline – Do You Want to Quit . . ?				
Diabetes and Your Heart: Managing Your ABC's				
Healthy Eating on a Budget				
Healthy Eating on a Budget -- Spanish				
Healthy Snacks				
My Plate: Do It Your Way				
My Plate: Do It Your Way -- Spanish				
Pre-Diabetes: Are you at Risk?				
8 Ways to Improve Your Cholesterol				
30 Things Everyone Should Know About Cholesterol				
Outreach Items for Health Fairs, Etc.				
Recipe Card – Barbeque Chicken				
Recipe Card – Cauliflower Pizza Crust				
WISEWOMAN Informational Brochure				
Forms				
WISEWOMAN Assessment Form (Tan)				
WISEWOMAN Blood Pressure Follow Up Form (Yellow)				
WISEWOMAN Diagnostic Form (Gray)				
WISEWOMAN Health Coaching Reporting Form (Peach)				
WISEWOMAN Screening Form (Light Pink)				
WISEWOMAN Follow-Up Rescreen/4 th Health Coaching (Bright Pink)				

Date: _____

Fax to: 573-522-3023

Attn: WISEWOMAN

Provider Name: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

09/2020

WISEWOMAN GLOSSARY OF TERMS

A

- ♥ **ALERT Value**—a screening result that is abnormal and requires tracking by the provider and/or SMHW/WISEWOMAN RPCs to assure appropriate follow-up care is documented
- ♥ **A1C Test**—Glycosylated hemoglobin, known as hemoglobin A1C or HbA1C/A1C, is a test that measures the average plasma glucose concentration over 6-12 weeks to assess how diabetes is being controlled

B

- ♥ **Breast and Cervical Cancer Early Detection Program (BCCEDP)**—State/Tribal-level program is federal funded through the CDC resulting from the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) legislated in 1995. The WISEWOMAN program was a legislative supplement to the Breast and Cervical Cancer Mortality Prevention Act, in 1993 through legislation. WISEWOMAN originally began as a demonstration project and then as a program in 1995.
- ♥ **Body Mass Index (BMI)**—measurement of body mass that is correlated with skinfold thickness and body density

C

- ♥ **Cardiovascular**—pertaining to the heart and blood vessels
- ♥ **Cholesterol**—waxy, fat-like substance present in every cell in the body and in many foods
- ♥ **Community Health Workers (CHW)**—members of a community who are chosen by community members or organizations to provide basic health care to their community
- ♥ **Control of Hypertension**—managing hypertension to maintain blood pressure readings of <130 mmHg systolic and <90 mmHg diastolic
- ♥ **Current Procedural Terminology (CPT)**—numeric coding system maintained by the American Medical Association (AMA), consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures

D

- ♥ **Diabetes Mellitus**—chronic syndrome of impaired carbohydrate, protein and fat metabolism, due to insufficient secretion of insulin or to target tissue insulin resistance
- ♥ **Diabetes Prevention Program (DPP)**—12 month program to prevent or delay the onset of Type 2 Diabetes for people at an increased risk of developing the condition
- ♥ **Diagnostic Services**—services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding

GLOSSARY



E

- ♥ **Eating Smart-Being Active (ESBA)**—research-based nutrition, food safety and food resource management education curriculum for low-income adults developed at Colorado State University and University of California at Davis

F

- ♥ **Fasting**—abstaining from all food and drink
- ♥ **Federal Poverty Level (FPL)**—measure of income determined annually by the U.S. Census Bureau based on the last calendar year’s increase in prices as measured by the Consumer Price Index
- ♥ **Follow-Up Visit**—scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit as an abnormal or ALERT value

H

- ♥ **Health Education**—any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health
- ♥ **Health Promotion**—activities directed toward developing the resources of clients that maintain or enhance well-being
- ♥ **Hypertension**—persistently high arterial blood pressure
- ♥ **Hypertension Control**—managing hypertension to blood pressure readings of ≤ 130 systolic and ≤ 80 diastolic mmHg

L

- ♥ **Lipid Panel**—group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL and triglycerides
- ♥ **Lost to Follow-Up**—participant who did not attend her scheduled workup within 3 months after a screening visit and could not be reached to reschedule another appointment

M

- ♥ **Medical Professional/Clinician**—physician, physician’s assistant, certified nurse practitioner, certified nurse midwife or registered nurse
- ♥ **Million Hearts**—national campaign formed to prevent one million heart attacks and strokes by 2017
- ♥ **Minimum Data Element (MDE)**—clinical data items submitted to CDC twice a year
- ♥ **Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC)**—online data system used to collect and manage client service records for the SMHW and WISEWOMAN programs

- ♥ **Missouri Council for Activity and Nutrition (MOCAN)**—coalition comprised of representatives from statewide and local agencies, institutions, organizations, other coalitions and individuals who work together to advance the goals and objectives of the statewide plan
- ♥ **Motivational Interviewing (MI)**—counseling/conversation style that helps clients increase motivation and confidence to make behavior changes

N

- ♥ **Normal Blood Pressure**—systolic blood pressure ≤ 120 mmHg and diastolic blood pressure ≤ 80 mmHg
- ♥ **Nurse Practitioner**—nurse who is licensed as a registered nurse (RN), has taken additional highly specialized training and is nationally certified and recognized by the Missouri State Board of Nursing as an Advanced Practice Registered Nurse. Nurse practitioners must have written collaborative agreements with a physician and take on additional duties in diagnosis and treatment of patients, and in many states, they may write prescriptions.

O

- ♥ **Obese**—having a body mass index (BMI) of 30 or above

P

- ♥ **Pre-Hypertension**—systolic blood pressure 120-129 mmHg or diastolic blood pressure < 80 mmHg

Q

- ♥ **Quality Assurance (QA)**—overall process of assessing and maintaining the highest possible quality in the acquisition and interpretation of results

R

- ♥ **Regional Program Coordinator (RPC)**—SMHW/WISEWOMAN staff persons located in several regions of the state who assist with referrals for diagnosis and treatment and provide service coordination/case management services for women enrolled in SMHW/WISEWOMAN
- ♥ **Risk Factors**—aspect of personal behavior or lifestyle, environment exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent

S

- ♥ **Screening Guidelines**—screening requirements for WISEWOMAN for reimbursement
- ♥ **Show Me Healthy Women (SMHW)**—functional entity created within the Missouri DHSS/Division of Community and Public Health/Section for Women’s Health, to implement and manage all components of the NBCCEDP grant
- ♥ **Stage 1 Hypertension**—systolic blood pressure 130-139 mmHg or diastolic blood pressure 80-89 mmHg
- ♥ **Stage 2 Hypertension**—systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 100 mmHg
- ♥ **Statewide Advantage for Missouri (SAM II)**—system for reimbursing providers

U

- ♥ **Uncontrolled Hypertension**—cases where treatment for hypertension has not achieved these target blood pressures.
- ♥ **University of Missouri Extension (UME)**—Part of the national land-grant university and Cooperative Extension System, and brings research-based knowledge and information to people in their homes, workplaces and communities to improve the lives of Missourians

ABBREVIATIONS AND ACRONYMS

A	
A1C	Glycosylated Hemoglobin Test/Hemoglobin A1C
ACC	American College of Cardiologists
ACS	American Cancer Society
ADA	American Diabetes Association
AGE	Adult Expansion Group
AHA	American Heart Association
AMA	American Medical Association
ASAP	Automated Security Access Processing
B	
BCCEDP	Breast and Cervical Cancer Early Detection Program
BMI	Body Mass Index
BMP	Basic Metabolic Panel
BP	Blood Pressure
C	
CBE	Clinical Breast Exam
CDC	Centers for Disease Control
CHW	Community Health Worker
CLIA	Clinical Laboratory Improvement Amendments
CMP	Comprehensive Metabolic Panel
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CVD	Cardiovascular Disease
D	
DASH	Dietary Approaches to Stop Hypertension
DBP	Diastolic Blood Pressure
DCN	Departmental Participant Number
DHDSP	Division of Heart Disease and Stroke Prevention
DHSS	Department of Health and Senior Services
DOB	Date of Birth
DOS	Date of Service
DPP	Diabetes Prevention Program
DSS	Department of Social Services
E	
EFT	Electronic Funds Transfer
EHR	Electronic Health Record
EOB	Explanation of Benefits
ESBA	Eating Smart-Being Active

ABBR/ACRONYMS

F	
FFR	Federal Financial Report
FLP	Fasting Lipid Panel
FOA	Funding Opportunity Announcement
FPG Test	Fasting Plasma Glucose Test
FPL	Federal Poverty Level
FSD	Family Support Division
FTC	Federal Trade Commission
FTE	Full Time Employee
H	
HBP	High Blood Pressure
HBSS	Healthy Behavior Support Services
HC	Health Coaching
HDL	High-Density Lipoprotein
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resource Services Administration
HTN	Hypertension
I	
IN	Inches
ITSD	Information Technology Services Division
L	
LBS	Pounds
LDL	Low-Density Lipoprotein
LOA	Letter of Agreement
LPHA	Local Public Health Agency
LSO	Local Security Officer
LSPs	Lifestyle Education Programs
M	
MDEs	Minimum data elements
MDHSS	Missouri Department of Health and Senior Services
MI	Motivational Interviewing
MOCAN	Missouri Council for Activity and Nutrition
MOHSAIC	Missouri Health Strategic Architectures and Information Cooperative
N	
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NHLBI	National Heart, Lung and Blood Institute
NIH	National Institutes of Health
NP	Nurse Practitioner

O	
OATS	Older American’s Transport System, Inc.
OMB	Office of Management and Budget
P	
PA	Physician Assistant
PGO	Procurements and Grants Office
PPR	Provider Progress Report
Q	
QA	Quality Assurance
R	
RPC	Regional Program Coordinator
RRC	Risk Reduction Counseling
S	
SAM II	Statewide Advantage for Missouri
SBP	Systolic Blood Pressure
S.M.A.R.T	Specific, Measurable, Achievable, Realistic and Time-Based
SMBP	Self-Monitoring Blood Pressure
SMHW	Show-Me Healthy Women
SMTS	Southeast Missouri Transit Services
SNAP	Supplemental Nutrition Assistance Program
SSN	Social Security Number
T	
TC	Total Cholesterol
TIA	Transient Ischemic Attack
TOPS	Taking Off Pounds Sensibly
U	
UME	University of Missouri Extension
W	
WISEWOMAN	Well-Integrated Screening and Evaluation for Women Across the Nation
WHO	World Health Organization
WW	Weight Watchers
Y	
YMCA	Young Men’s Christian Association