

2016-17



SHOW ME
Healthy
Women



PROVIDER MANUAL

Provider Manual

Show Me Healthy Women (SMHW)

Table of Contents

June 30, 2016 – June 29, 2017

Section	Content	Page
1.	Overview	
	Overview of SMHW/WISEWOMAN Programs	1.1
	History	1.2
	Program Similarities	1.3
	At-A-Glance Comparison Between Programs	1.4
	Contractual Agreements.....	1.5
	Advisory Groups.....	1.6
2.	Provider Requirements	
	Contract Requirements.....	2.1
	Provider Application Approval Criteria.....	2.7
	How to Become a WISEWOMAN Provider.....	2.9
3.	Client Eligibility	
	Guidelines	3.1
	Age Eligibility	
	Transgender Clients	
	WISEWOMAN Services	
	Income Guidelines	
	Insurance Status of Uninsured or Underinsured	
	Documentation and Certification	3.4
	Free Transportation for Clients.....	3.5
	Travel Voucher Instructions	
	Transportation Providers	
	Transportation Providers Map	

4. SMHW Screening Services

SMHW Screening Recommendations	4.1
Provider Responsibilities	
Initial Screening	
Annual Screening	
Rescreening	
Green History Form	4.3
Clinical Requirements for SMHW Services.....	4.4
Comprehensive Breast and Cervical Screening	
Annual Screening Protocol	
Breast Cancer Screening	
Cervical Cancer Screening	
Blue Screening Form	4.9
Clinical Service Summary	4.10

5. Breast Diagnostic Services and Treatment Coordination

Provider Assurances.....	5.1
Rescreen Protocols	5.2
Specialist Consultation Guidelines.....	5.4
Diagnostic Services Available.....	5.5
Guidelines: Breast Diagnostic Services	5.6
Guidelines: Clinical Tables and Abnormal Breast Algorithms	5.8
Purple Breast Form.....	5.17
Alert Value Follow-Up	5.18

Section	Content	Page
6.	Cervical Diagnostic Services and Treatment Coordination	
	Abnormal Cervical Screening Results	6.1
	Protocol for Rescreen	
	Specialist Consultation Guidelines	6.4
	Diagnostic Services Available	6.5
	Guidelines for Cervical Diagnostic Services	6.6
	HPV Testing	
	Cervical Conization	
	Yellow Cervical Form	6.7
	<u>ASCCP Guidelines for Cervical Diagnostic Services-Cytological</u>	6.8
	For additional information visit the ASCCP	
	website: http://www.asccp.org/	
	Alert Value Follow-up	6.22
7.	MO HealthNet-Breast and Cervical Cancer Treatment (BCCT) Act	
	The Act.....	7.1
	Basic BCCT Act Eligibility Guidelines.....	7.2
	MO HealthNet Treatment Services Covered	7.6
	SMHW Provider Responsibilities.....	7.7
	SMHW Regional Program Coordinator BCCT Responsibilities	7.8
	Family Support Division Responsibilities	7.9
8.	Quality Assurance	
	Performance Indicators	8.1
	Quality Assurance	8.3
	Follow-Up	
	Provider Expectations	
	SMHW Quality Assurance Form.....	8.5

Section	Content	Page
9.	Billing Guidelines	
	Billing Guidelines	9.1
	Provider Reimbursement Guidelines	
	Reasons for Denial	
	Insurance Guidelines	9.3
	Administrative Referral Fee	9.3
	Screening/Referring Provider Responsibilities.....	9.5
	Direct Billing Diagnostic Provider Responsibilities	9.5
	Reimbursement Rates by CPT Codes: SMHW	9.6
10.	Forms	
	Provider Application.....	10.2
	SMHW Eligibility Agreement (English & Spanish).....	10.6
	Green Patient History (English & Spanish).....	10.8
	Blue Screening Report.....	10.10
	Purple Breast Diagnosis and Treatment.....	10.12
	Yellow Cervical Diagnosis and Treatment	10.14
	BCCT Temporary MO HealthNet Authorization	10.16
	BCCT Medical Assistance Application (Mo HealthNet).....	10.17
	Certification of Need for Treatment – Breast/Cervical Cancer	10.18
	Request for Forms	10.20
11.	MOHSAIC	
	Overview.....	11.1
	Access	11.3
	Navigating.....	11.8
12.	Client Navigation	
	Navigation.....	12.1
	SMHW Cancer Resources.....	12.2

Section	Content	Page
13.	Appendices	
	Provider Map	13.1
	Regional Program Coordinator County List.....	13.2
	Provider List by County	13.3
	Request for Literature Form	13.19
	SMHW/WW Available Literature - English.....	13.20
	SMHW/WW Available Literature - Spanish.....	13.22
	Most Commonly Asked Questions	13.24
	Acronyms/Abbreviations.....	13.28
	Glossary of Terms	13.32

Missouri Department of Health and Senior Services
 Division of Community and Public Health / Bureau of Cancer and Chronic Disease Control
 920 Wildwood Drive, PO Box 570, Jefferson City MO 65102-0570
 Telephone: 573-522-2845 or toll-free at: 866-726-9926 Fax: 573-522-2898
 Web address: www.health.mo.gov/showmehealthywomen

Funded in part by CDC Grant #1U58DP003924-05 and #1U58DP004861-04
 Show Me Healthy Women Grant Year 25 WISEWOMAN Grant Year 14

Show Me Healthy Women Provider Manual

Overview

Overview of SMHW/WISEWOMAN Programs	1.1
History.....	1.2
Programs Similarities	1.3
At-A-Glance Comparison Between Programs	1.4
Contractual Agreements	1.5
Advisory Groups	1.6

Overview of Show Me Healthy Women and WISEWOMAN Programs

Welcome to the Missouri Show Me Healthy Women (SMHW) and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) programs. These programs are offered through the Missouri Department of Health and Senior Services (DHSS). The purpose of the SMHW and WISEWOMAN Provider Manual is to help participating health professionals understand program requirements and provide services to program-eligible women.

This manual is intended to offer an integrated approach in providing SMHW and WISEWOMAN services. It is designed to provide important information needed to enroll clients into the SMHW and WISEWOMAN programs, explain health professional roles and responsibilities, define reimbursable services and provide necessary reimbursement and billing information. It also includes a framework for clinical guidelines to adhere to program standards. The SMHW and WISEWOMAN staff are available to assist providers on a regular basis using e-mail, telephone, and on-site visits as needed. Help is available from the SMHW and WISEWOMAN staff by calling toll-free at 866-726-9926 or 573-522-2845.

Show Me Healthy Women Vision and Mission

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 Vision and Mission

Vision Statement

A world where any woman can access preventive health services and gain the wisdom to improve her health.



Mission Statement

Provide low-income, under-insured or uninsured 35-64 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.

History

National Breast and Cervical Cancer Early Detection Program

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

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) in 1990. 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

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

Congress amended the NBCCEDP Public Law 101-354 in 1993 to create the WISEWOMAN Program. The WISEWOMAN Program addresses women's risk for heart disease and stroke by providing cardiovascular disease (CVD) health screenings and risk reduction lifestyle education for NBCCEDP clients.

NBCCEDP and WISEWOMAN Similarities

NBCCEDP 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.

At-A-Glance Comparison of NBCCEDP and WISEWOMAN

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	20 states and 2 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: Cholesterol and HDL, A1C or glucose, high blood pressure (HBP), waist/hip circumference, height/weight for BMI, Risk Counseling</p> <p>Diagnostic office visit to identify/confirm a new diagnosis of HBP, diabetes, elevated cholesterol</p> <p>Referral to community-based resources, Lifestyle Education Programs, Missouri Tobacco Quitline, uncontrolled HBP medical follow-up</p>

Contractual Agreements

The SMHW and WISEWOMAN programs utilize contracts with service providers to deliver program services. Contracts are available for SMHW only services or for providers who choose to deliver both SMHW and WISEWOMAN services.



What We Do

- Establish annual contracts for screening providers.
- Provide an easily accessible program manual that describes screening, follow-up, education, and reporting guidelines based on national CDC 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 clients with abnormal values to ensure clients receive appropriate follow-up.
- Provide training and technical assistance to provider staff.
- Provide client recruitment targeting ethnically diverse program-eligible women.
- Provide client 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 client case management/follow-up and annual evaluation screening efforts.
- Provide promotional items, literature and other public educational materials when available.

Show Me Healthy Women Advisory Board

The SMHW Advisory Board strengthens the program's activities in the state of Missouri through professional and policy development, public and clinical education, private partnerships, and coalition building.

Advisory Board Responsibilities

- Advise SMHW management on SMHW issues.
- Assist SMHW in enhancing the breast and cervical cancer control knowledge and skills of Missouri's health care professionals.
- Assist SMHW in identifying appropriate breast and cervical cancer control legislation.
- Establish task forces, as necessary, to assist SMHW in developing cancer control policies, such as cervical and breast cancer screening protocols and policies, diagnostic guidelines and funding applications.
- Assist SMHW in identifying partners who will extend and enhance the work of SMHW.

The SMHW Advisory Board is composed of representatives of organizations that are, or potentially can be, involved in SMHW activities and of individuals with special expertise in breast and cervical cancers. The board has approximately 30 members. Board members are elected to serve a two-year term. The Board meets quarterly and meetings are open to the public.

WISEWOMAN Medical Advisory Committee

The Quality Health Care Work Group of the Missouri Heart Disease and Stroke Prevention Partnership serves as an advisory group for the WISEWOMAN program. The Quality Health Care Work Group is a work group originating from the Heart Disease and Stroke Partnership formed in August 2009. The purpose of the Quality Health Care Work Group is to assist programs with planning and implementing interventions on quality health care issues for heart disease and stroke. These topics relate to grant priorities and to provide medical advice on protocols, policies, diagnostic guidelines, program questions requiring a medical interpretation, and funding applications.



Show Me Healthy Women Provider Manual

Provider Contract Requirements

Contract Requirements.....	2.1
Provider Application Approval Criteria.....	2.7
How to Become a WISEWOMAN Provider.....	2.9

Provider Contract Requirements

All of the following provider contract requirements must be met.

Complete Provider Application

Complete and sign the Provider Application and Provider Contract annually. The Provider Application is located on page 10.2-.5 or at:

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

Recruit Clients

Recruit clients by the following activities:

- Utilize public education resources provided by DHSS to recruit eligible women.
- Collaborate with American Cancer Society (ACS), National Cancer Institute (NCI), American Heart Association (AHA), local cancer control coalitions, and other local partners.
- Display recruitment and educational information in waiting areas and examination rooms.
- Provide materials on screening services to all eligible women attending clinics in the facility.
- Coordinate recruitment activities with the DHSS staff and RPC in your area.
- Schedule women for annual screenings at a minimum of 10 month intervals following initial or annual screening.
- Recruit WISEWOMAN clients from SMHW clients.

Attend Training

- Attend SMHW/WISEWOMAN provider staff training.
- New providers of SMHW/WISEWOMAN services must participate in an on-site training session by DHSS staff prior to providing services.
- Ensure staff is well trained in program protocols prior to delivering services. Require at least one staff member to participate in an orientation training delivered by DHSS program staff upon initial contract application.
- 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.
- Request DHSS training sessions when new staff are hired.

Register clients for services

- Obtain clients' signatures on the SMHW-WISEWOMAN Client Eligibility Agreement Form.
- Annually provide clients with the current DHSS patient privacy rights statement in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations prior to receiving services annually. The client must receive this information along with the HIPAA statement from the provider facility. The provider must retain documentation of this action.

Comply with HIPAA Regulations

- Comply with current [HIPAA regulations](http://www.health.mo.gov/information/hipaa/) (<http://www.health.mo.gov/information/hipaa/>) in delivering services.

Utilize Medical Staff

- Provision of services is dependent upon current license or certification with the State of Missouri.
- Utilize medical doctors, doctors of osteopathy, nurse practitioners, certified nurse midwives, clinical nurse specialists, certified physician assistants, and RNs with specialized training within the registered nurse's scope of practice to provide services.

Obtain Permission for RN to Provide Services

Obtain written approval from DHSS for the RN to provide breast and cervical screening services for SMHW clients. Submit the following information in a written request to SMHW:

- A letter documenting previous practice;
- A licensure or certification numbers; and
- Documentation of any of the following breast and/or cervical cancer screening training:
 - ♥ Length of the preceptorship;
 - ♥ Number of Pap tests, CBEs, and pelvic examinations completed during the preceptorship. A minimum of 10 Pap tests, CBEs, and pelvic examinations must be performed in order for the RN to be eligible to provide screening services; and
 - ♥ The preceptor must verify that the nurse completed these examinations with minimal or no difficulty.

Laboratories

Utilize only laboratories that adhere to all applicable standards established under the Clinical Laboratory Improvement Amendments (CLIA) of 1988 or are CLIA waived. Laboratories must report Pap test findings using the Bethesda System 2001.

MQSA

Comply with Mammography Quality Standards Act (MQSA). Prior authorization by SMHW and DHSS is required for MQSA-accredited mobile mammography vans based out-of-state.

Report Results-Mammography

Report mammography test results in the American College of Radiology BIRADS system.

On-Site Quality Assurance Reviews

Agree to on-site record reviews by qualified DHSS staff six months after initial services begin and every two years thereafter, or more frequently if requested by the DHSS.

Notify Clients

Notify clients of non-program-covered services. Notify the client in writing of any services not covered by the programs **prior to** providing any non-program-covered services.

Billing Clients

Ensure clients receive no bills (invoices) for services covered by the SHMW or WISEWOMAN programs.

Electronic Data and Reports

Enter all data and reports electronically with accompanying Current Procedural Terminology (CPT) codes into the SMHW central data management computer-tracking program, MOHSAIC.

Reporting Form

Submit data on a reporting form within 60 days of the last date of service. An exception should be noted for end-of-grant-year services. The end-of-year billing deadline notification is sent to providers annually.

Electronic Reimbursement

Agree to receive SMHW/WISEWOMAN reimbursements through EFT. SMHW/WISEWOMAN reimbursement rates and CPT codes can be viewed in Section 9; Billing and Reporting Guidelines.

Recording and Maintaining Documentation

Complete and maintain documentation on all client eligibility, screening and case management services outlined in this manual. Maintain client records for at least seven years. All SMHW enrolled clients with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly. Examples of screening results which would require a case management assessment would be BIRADS 3, 4, 5 for mammograms; and ASC-US, LSIL and high grade lesions for Pap tests. Case management services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the SMHW program. When a woman concludes her cancer treatment, and is released by her treating physician to return to a schedule of routine screening, she may return to the program and receive services if she meets eligibility requirements.

Assure Follow-up

Assure all clients identified on screenings that have suspicious, abnormal, or alert test results receive appropriate follow-up services, including case management, rescreen, diagnostic evaluation, treatment referral and/or education services according to program protocols. These services may be provided directly by the contracted provider or by an established referral sub-contractor that meets SMHW/WISEWOMAN program requirements.

Communicating with Sub-Contractors

Ensure that communications with sub-contractors include notification and approval from the SMHW/WISEWOMAN provider prior to the subcontractor's provision of additional tests. This communication is necessary to be sure the subcontractor's services and reimbursements will meet SMHW/WISEWOMAN program guidelines. Providers are also responsible for ensuring that clients understand why they are being referred and what services will be provided. It is the recommendation of DHSS that a written agreement between each sub-contractor and each SMHW/WISEWOMAN provider is complete.

Subcontractor Requirements

Ensure subcontractors meet the requirements specified in these guidelines (i.e., MQSA, CLIA, etc.). Subcontracted services may include:

<ul style="list-style-type: none"> • Pap test processing and interpretation • Cervical conization • LEEP • Cold knife conization (covered as diagnostic, not treatment) • Endocervical curettage (alone) • Colposcopy with or without biopsy • ECC • Endometrial with AGC 	<ul style="list-style-type: none"> • Mammography • Specialist consultation • Breast ultrasound • FNA • Core needle biopsy • Stereotactic biopsy • Surgical incisional biopsy • Excisional breast biopsy
	<ul style="list-style-type: none"> • WISEWOMAN diagnostic office visits • WISEWOMAN lifestyle education • WISEWOMAN laboratory tests

Refer Tobacco Users

Ensure that SMHW and WISEWOMAN clients who use tobacco products are referred to the Missouri Quitline 800-QUIT-NOW (800-784-8669) for free counseling. The Missouri Quitline is available free of charge to all Missouri SMHW and WISEWOMAN participants. Be sure to have the client complete a fax referral form and fax the form to the Quitline.

Submit Personnel Information

Submit written changes of clinical, administrative or contact personnel to DHSS within 30 days.

Collaborate

Collaborate with the Missouri Department of Social Services (DSS), Family Services Division (FSD) regarding clients diagnosed with breast/cervical cancer. These clients may be eligible for treatment through the Breast and Cervical Cancer Treatment (BCCT) Act.



Providers who terminate participation

1. Submit Letter

- ♥ Submit a letter to DHSS 30 days before the date of anticipated termination of services. The letter must include the date of termination of SMHW/WISEWOMAN services.

2. Continue to Report

- ♥ Continue to report all diagnostic and/or treatment information after termination on the appropriate SMHW/WISEWOMAN forms to complete all outstanding follow-up cases. To accomplish this, a provider should work closely with the Regional Program Coordinator (RPC) in their area.

3. Work with RPC

- ♥ Work with the RPC to inform clients where they may obtain SMHW/WISEWOMAN services in their area once the provider terminates participation.

Provider Application Approval Criteria

The DHSS approves or disapproves providers based on the following criteria:

Commitment

Commitment and ability to meet the contract requirements;

Accreditation

Accreditation or certification status of the site and clinical staff;

Capacity

Capacity to submit timely and accurate data and billing reports to DHSS via the MOHSAIC electronic reporting system;

Location

Located in area of need in relation to other SMHW/WISEWOMAN providers and to the population to be served;

Commitment to Clients

Commitment and ability to serve clients with special emphasis on priority-eligible populations, particularly women 35-64 years of age or older and women who have rarely or never been screened;

Experience

Successful experience in providing comprehensive breast and cervical cancer screening, education and referral services, either through existing on-site facilities or referral linkages. Access to CLIA-approved laboratory and/or MQSA accredited mammography facility;

Network

Ability to network with the ACS and NCI, and other educational state and regional resources;

Compliance

Compliance with current HIPAA regulations; and

Application Denial

If an application is denied, a contact list identifying other SMHW/WISEWOMAN providers in the same geographic area will be provided. Applicants may use this information to facilitate referrals for women in need of SMHW/WISEWOMAN services.

The Provider Application can be found at:

<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php> or page 10.2-.5.

How to Become a WISEWOMAN Provider

If you are currently a Show Me Healthy Women provider, you can easily become a WISEWOMAN Provider by following these steps.

Contact

- ♥ Contact the WISEWOMAN Program Manager at 573-522-2871.

Submit Request

- ♥ Submit a written request via e-mail to the Program Manager to become a WISEWOMAN Program Provider. This e-mail must request an amendment to your current SMHW Contract and a request for WISEWOMAN funding. Please be specific with the amount of WISEWOMAN funding you are requesting. This amount should be based on the number of screenings to be provided in the grant year.

Contract Amendment

- ♥ Once the written request is received, the WISEWOMAN Program Manager will submit the contract amendment to be processed.
- ♥ Once the contract amendment has been processed at the Central Office, the WISEWOMAN Program Manager will send the amendment to the requesting provider for an administrative signature.
- ♥ Once the signature is obtained from the requesting provider, the contract amendment is then sent to be executed.
- ♥ Once the contract amendment has been executed in the State of Missouri system, the requested funding will be loaded for the provider to use for WISEWOMAN services.
- ♥ The WISEWOMAN Education Coordinator will then contact the provider to set up orientation training to the WISEWOMAN program for the provider staff. Please note, until this training has occurred with the WISEWOMAN staff, WISEWOMAN services cannot be provided to clients.
- ♥ The WISEWOMAN Central Office staff, to include the Program Manager, Education Coordinator and Project Specialist are available to provide technical assistance to all providers of the WISEWOMAN Program.
- ♥ An education site visit will be conducted by the WISEWOMAN staff, six (6) months after a new provider has started providing WISEWOMAN services. The Regional Program Coordinator will provide audits as scheduled with the Show Me Healthy Women Program.

Show Me Healthy Women Provider Manual

Client Eligibility

Guidelines	3.1
Age Eligibility	
Transgender Clients	
WISEWOMAN Services	
Income Guidelines	
Insurance Status of Uninsured or Underinsured	
Documentation and Certification	3.4
Free Transportation for Clients	3.5
Travel Voucher Instructions	
Transportation Providers	
Transportation Providers Map	

Client Eligibility Guidelines

Eligibility for SMHW free breast and cervical cancer screenings is based on income, health insurance status and age guidelines. Income guidelines are based on 200 percent of the federal poverty guidelines. The SMHW program reimburses only for services when there is no other funding source available. Women 35 to 64 years of age are eligible for services; some service restrictions apply by age categories.

WISEWOMAN heart disease screening and education services are available to women who qualify for and receive services from SMHW.

Age Eligibility Includes 35 to 64 Year-Old Women

Some exceptions pertain to guidelines for services available to clients age 50 to 64 or older.

Transgender Clients

- Screening and diagnostic services are available for male-to-female transgender clients who have/are taking hormones as long as they meet program eligibility guidelines.
- The CDC does not make a recommendation on routine screening with this population; transgender women are eligible under federal law to receive appropriate cancer screening.
- CDC recommends providers discuss the benefits and harms of screening with all eligible clients to determine if screening is medically indicated.

WISEWOMAN Services

- Women 35 to 64 years of age and older are eligible for WISEWOMAN services if they are a current SMHW client. WISEWOMAN clients must have received at least one breast and cervical cancer screening service that was billed and approved for payment. This includes a screening office visit for CBE, a mammogram, pelvic exam, and/or Pap test per program guidelines.
- The WISEWOMAN screening must occur as part of the same office visit as the SMHW office visit, unless provider obtains **prior approval** for separate office visits from DHSS WISEWOMAN staff.
- WISEWOMAN clients must sign the joint Client Eligibility Agreement (pages 10.6 [English] and 10.7 [Spanish]) or at: <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>) to acknowledge willingness to participate in the assessments, screening and lifestyle education services.

Income Guidelines

Household Size	SMHW Annual	SMHW monthly	SMHW weekly	SMHW hourly
1	\$23,760.00	\$1,980.00	\$456.92	\$11.42
2	\$32,040.00	\$2,670.00	\$616.15	\$15.40
3	\$40,320.00	\$3,360.00	\$775.38	\$19.38
4	\$48,600.00	\$4,050.00	\$934.62	\$23.37
5	\$56,880.00	\$4,740.00	\$1,093.85	\$27.35
6	\$65,160.00	\$5,430.00	\$1,253.08	\$31.33
7	\$73,460.00	\$6,121.67	\$1,412.69	\$35.32
8	\$81,780.00	\$6,815.00	\$1,572.69	\$39.32
Each additional person, add:	\$8,320.00	\$693.33	\$160.00	\$4.00

- Clients must have an income at or below 200 percent of the federal poverty income guidelines. Adjusted gross income on tax return or net amount on pay stub determines income eligibility.

Insurance Status of Uninsured or Underinsured

Health Insurance Status++
<ul style="list-style-type: none"> • No health insurance • Health insurance does not cover services • Unable to pay deductible • Have MO HealthNet with spend-down, but have not met spend-down • Have Medicare Part B, are income eligible but unable to pay premium to enroll in Medicare Part B, are eligible to receive mammograms • If a woman, 50 years and older, is eligible to receive Medicare benefits but not enrolled, she should be encouraged to enroll
++ Women with full MO HealthNet, Medicare Part B, POS or HMO health coverage are not eligible for services.

- Providers may use the Client Eligibility Agreement form to document insurance status of the client. Copies of these forms are located on pages 10.6-.7 or download a copy at:
<http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.

Current Breast or Cervical Cancer

- Women who are currently diagnosed with breast cancer or cervical cancer are not eligible for SMHW/WISEWOMAN services. Women being currently treated for breast cancer are also not eligible for SMHW/WISEWOMAN services. Once the physician has deemed the client is finished with the treatment she can enroll into the SMHW program if eligible.

MO HealthNet (Medicaid)

- Women with MO HealthNet coverage may be eligible for SMHW/WISEWOMAN services if they are enrolled in the Expanded MO HealthNet for Pregnant Women program, Uninsured Women's Services, or have an unaffordable MO HealthNet spend-down. Those women would be eligible for diagnostic services through SMHW/WISEWOMAN. Expanded MO HealthNet and Uninsured Women's Services does not cover diagnostic services. They must meet all SMHW/WISEWOMAN eligibility guidelines.

Medicare

- Women enrolled in Medicare Part B are not eligible for SMHW/WISEWOMAN services. Medicare Part B covers breast and cervical cancer screenings. Refer women with Medicare Part B coverage to providers who accept Medicare reimbursement.
- Women who meet SMHW/WISEWOMAN eligibility requirements and cannot pay the premium to enroll in Medicare Part B are eligible for SMHW/WISEWOMAN screening services. If women are eligible to receive Medicare Part B benefits and not enrolled, encourage them to enroll.
- SMHW/WISEWOMAN are the payers of last resort. Providers may call program for guidance.

Insurance

- The client's insurance must be billed first; then include the insurance payment amount in the "Comments" section on reporting forms when billing DHSS. SMHW/WISEWOMAN will only reimburse up to the total amount allowed for the procedure per program guidelines.
- SMHW and WISEWOMAN are the payers of last resort.
- Women enrolled in prepaid/managed care and health plans (such as HMOs, POS and MO HealthNet Managed Care [formerly MC+]) are not eligible for SMHW/WISEWOMAN services.
- Women who meet the SMHW/WISEWOMAN guidelines but have private insurance or who are enrolled in PPOs and are financially unable to pay the deductible or co-payment, are eligible for SMHW/WISEWOMAN.
- Provider must retain a copy of documentation of deductibles or co-payment requirements in the client's chart along with a copy of the client's insurance card.
- In MOHSAIC, under comments, please indicate what insurance covered in detail, or by line item. For example: \$50.00 for pathology, \$40.00 for mammogram, and \$250 for breast biopsy. Show Me Healthy Women can only reimburse at the contracted program amount per procedure based on current MEDICARE

reimbursement rates. It is the responsibility of the provider to keep a copy of the insurance explanation of benefits (EOB) in the clients files for audits. The payment received by Show Me Healthy Women is based on Show Me Healthy Women contract rates, not the rate of a commercial insurance company, or general public.

Documentation and Certification of Client Eligibility

The client must sign a SMHW Client Eligibility Agreement form that is retained in the client's record each year. (Download a copy of this form at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php> or pages 10.6 [English] and 10.7 [Spanish]).

Providers must obtain documentation of income, age eligibility and address, if available, on an annual basis and place a copy of the documentation in the client's record. (Electronic or paper medical records are acceptable.)

The following may be used for proof of income and/or age:	
<ul style="list-style-type: none">• Driver's license• Medicare card• Birth certificate	<ul style="list-style-type: none">• Income tax forms (annual adjusted gross income)• Food stamps• WIC voucher• Social Security award letter• Unemployment insurance• Pay stub (net amount)

Once eligibility is determined, screening providers must verify eligibility on all reporting forms. To comply with the quality assurance policy, 50 percent of client records must contain proof of eligibility.

Provider must retain information in clients' charts regarding the green history form, (pages 10.8 [English] and 10.9 [Spanish] or at: <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>), and review this information with each additional annual screening. Client records must be available for seven years.

Free Transportation for Clients

Free transportation is available for SMHW/WISEWOMAN clients. Providers should contact Show Me Healthy Women/WISEWOMAN staff or the Regional Program Coordinator (RPC) assigned to their area and request a travel voucher booklet. All program services qualify for transportation services, including initial office visits, lab visits, follow-up diagnostic office visits, lifestyle education sessions, and annual evaluation screenings in the contracted counties.

 FREE Breast and Cervical Cancer Screening Program <i>Removing barriers to life saving cancer screenings for women.</i>	Transportation Voucher
	County: _____
	Trip Date: _____
	Appointment Time: _____
	Client Signature: _____
Clinic Signature: _____	

Sample

Note:

Call the SMHW/WISEWOMAN office toll-free at 866-726-9926 or 573-522-2845, to receive a book of 48 vouchers.

Travel Voucher Instructions

Funds are available through SMHW and WISEWOMAN to cover the cost of transportation to help remove the barrier of access to care in receiving screening, diagnostic, and education services.

Transportation services are available in all counties, except for Mississippi, Ripley, Scott and St. Louis City. Please call the RPC for assistance in those areas. See pages 3.8 and 3.9 for a complete list of transportation providers and their contact information. Services are available Monday through Friday, with charges based on urban or county trips and one-on-one or regular-route travel. When a client calls to make an appointment for a SMHW or WISEWOMAN screening or diagnostic, or education services, please ask her the following questions **before** making an appointment date and time for her:

Does the client need transportation?

If yes, explain that free transportation is available for SMHW 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. If possible set up an appointment date and time that coincides with the transportation provider's schedule. If it is not possible to coordinate an appointment time, a special bus can be arranged by calling the transportation provider. After you have set a time and date for an appointment, please ask the client the following questions:

Secure client address and telephone number.

If the client does not have a telephone, ask for a neighbor's telephone number or for another number where she can be reached.

The transportation driver may not be familiar with the client's address and may need directions to the residence.

Does client need any special assistance?

If the client needs an assistant or helper, SMHW will pay for transportation for one extra person. If necessary, the client may bring a child along. If a disabled client needs more than one assistant, call SMHW 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.

Travel Vouchers

The provider can mail the travel voucher to the clients' home address with the date and time of the appointment. Please give the transportation driver this voucher when he or she comes to your home. Each voucher is for a round-trip.

After you talk to the client, call the transportation office that is closest to your facility, and identify yourself as the SMHW/WISEWOMAN contact person. Give the transportation office the information you have obtained from the client.

Complete the travel voucher, and include your facility name and site code number. The client may be accompanied by one person, 17 years of age or greater.

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.

Contact the transportation provider for questions related to transportation services. See page 3.8 for a complete list of transportation providers, service areas, and contact information. Address SMHW questions to the central office by calling toll-free at 866-726-9926 or 573-522-2845.

SMHW/WISEWOMAN Transportation Providers Fiscal Year 2017

Contractor/County(ies) **Telephone Number**

Dunklin County Transit Service 573-276-5806

Dunklin New Madrid Stoddard

Ray County Transportation 816-776-8058

Ray

Southeast MO Transportation 573-783-5505

Bollinger	Iron	Reynolds	Butler
Madison	St. Francois	Carter	Oregon
Ste. Genevieve	Crawford	Pemiscot	Shannon
Dent	Perry	Washington	Howell
Phelps	Wayne		

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. Charles
Benton	Gasconade	Macon	St. Clair
Boone	Gentry	Maries	St. Louis Co
Buchanan	Greene	Marion	Saline
Caldwell	Grundy	Mercer	Schuyler
Callaway	Harrison	Miller	Scotland
Camden	Henry	Moniteau	Shelby
Carroll	Hickory	Monroe	Stone
Cass	Holt	Montgomery	Sullivan
Cedar	Howard	Morgan	Taney
Chariton	Jackson	Newton	Vernon
Christian	Jasper	Nodaway	Warren
Clark	Jefferson	Osage	Webster
Clay	Johnson	Ozark	Worth
Clinton	Knox	Pettis	Wright
Cole	Laclede	Pike	

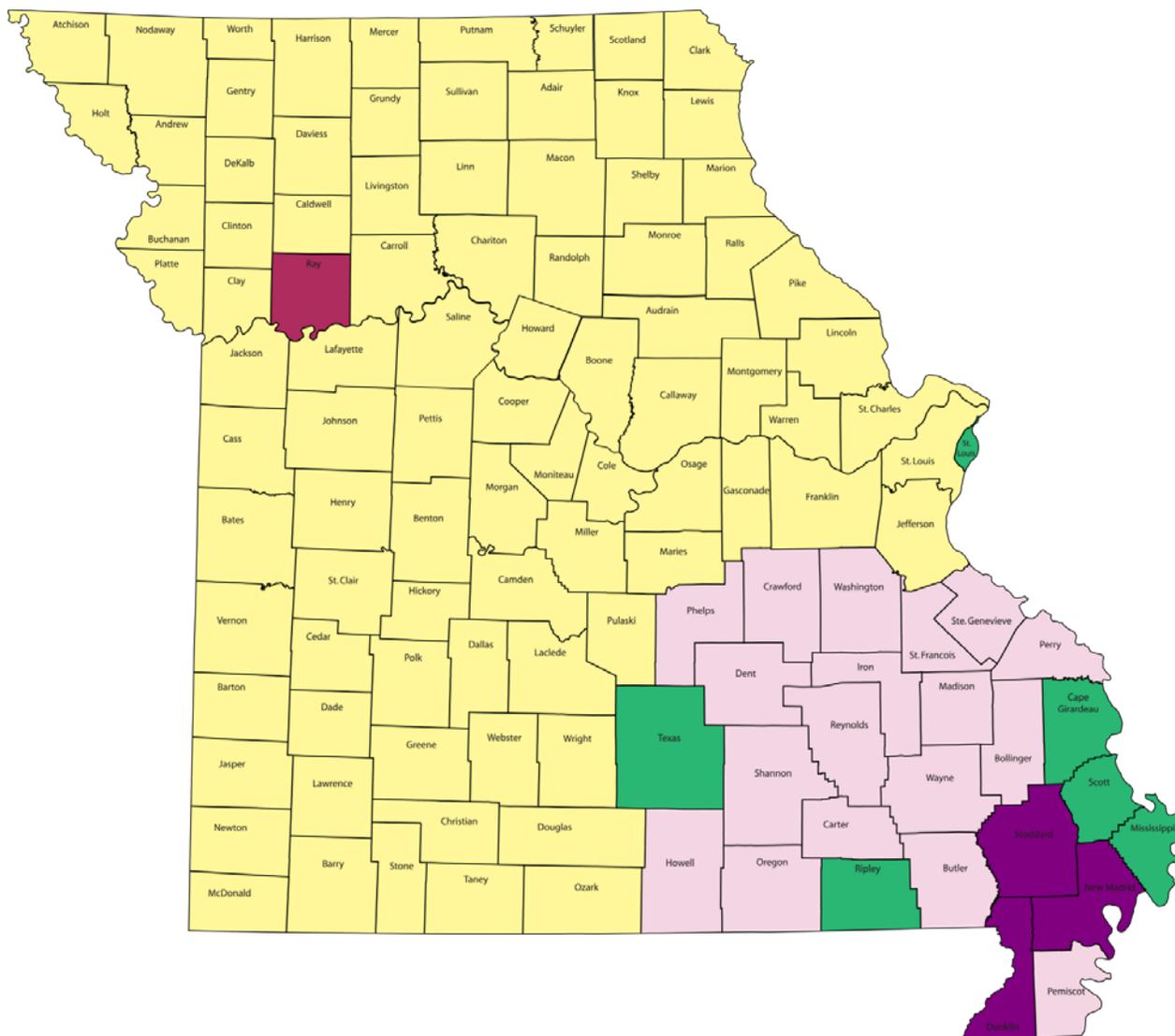
No Contract Call local RPC for assistance

Cape Girardeau	Ripley	St. Louis City
Mississippi	Scott	Texas

SMHW/WW Transportation Providers Fiscal Year 2017

	Ray County Transportation	816-776-8058
	Southeast Missouri Transportation	573-783-5505
	Oats, Inc.	573-443-4516
	No contract	Call local RPC for assistance
	Dunklin County Transit Service	573-276-5806

Please check the following resource list for other transportation options that may help your client receive appropriate services: [Transportation Services Catalog](#).





Show Me Healthy Women Provider Manual

SMHW Screening Recommendations

Screening Recommendations	4.1
Provider Responsibilities	
Initial Screening	
Annual Screening	
Rescreening	
Green History Form	4.3
Clinical Requirements	4.4
Comprehensive Breast and Cervical Screening	
Breast Cancer Screening	
Cervical Cancer Screening	
Blue Screening Form	4.9
Clinical Service Summary	4.10

SMHW Screening Recommendations

Routine screening and early detection are vital to reducing morbidity and mortality from breast and cervical cancer. Regular screening and early detection decreases mortality and improves quality of life for all individuals. Regular clinical breast exams, mammography, pelvic exams, and Pap tests are the best screening methods available for breast and cervical cancers and pre-cancerous conditions.

Provider Responsibilities

- Schedule annual breast and cervical cancer screenings appropriately for clients.
- Notify clients in advance of recommended screening dates. If the client does not schedule an appointment after the first notification, a second attempt shall be made.

Initial Screening

The initial screening is:

- The **first** screening performed on a woman by a SMHW provider.

OR

- If a client has not been seen for five years for a SMHW screening by the same provider.

NOTE:

Initial clients need to complete a SMHW green history form (pages 10.8 [English] and page 10.9 [Spanish]) or download a copy at:
<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>

Annual Screening

The annual screening is:

- The process of returning for an annual screening test at a predetermined interval. SMHW defines an annual screening to be 10 months or greater from the initial screening or previous annual screening.

NOTE:

Annual clients need to review and update the green history form at each annual visit either by completing a new form or by reviewing and initialing updates and initialing the new form with the date of the current visit.

Rescreening

Rescreening is:

- An additional screening visit resulting from an abnormal initial or abnormal annual screening that is less than 10 months from an initial or annual screen.

NOTE:

If there is a delay in the rescreening visit for 10 months or more from the date of the annual/initial visit, reimbursement occurs only after the rescreen meets breast/cervical criteria for an annual screening.

Green History Form

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is **dated correctly to correspond with the date of service**. At the beginning of each grant year there are multiple versions of this form in Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC). Click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (3/14).

NOTE:

All clients who participate in SMHW **must** complete a Patient History Form also referred to as green history form at the initial screening. The green history form is available in English and Spanish. Assistance may be given to the client for completion of the form. To order blank forms from SMHW call toll-free at 866-726-9926 or 573-522-2845.

- Information from the green history form is used to verify a client's eligibility for screening, as well as statistics to evaluate the program. Some information from the green history form is also reported to the Centers for Disease Control and Prevention (CDC). Keep all information confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. File all reported information in the client's record.
- Access MOHSAIC electronic forms at <https://webapp01.dhss.mo.gov/SMHW/Default.aspx> and <https://webapp02.dhss.mo.gov/SMHW/Default.aspx>.
- A copy of the green history form is located on page 10.8 [English] and page 10.9 [Spanish] or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>.
- If you have additional questions, please call SMHW/WISEWOMAN toll-free at 866-726-9926 or 573-522-2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at support@health.mo.gov.

Clinical Requirements for SMHW Services

The screening services outlined in the following pages are clinical requirements and shall be completed by the provider of SMHW services in order to be considered for reimbursement. Age restrictions and income guidelines always apply. Providers must have the capability to provide or offer access to the following services:

Comprehensive Breast and Cervical Screening

- Clinical Breast Exam (CBE) provided annually for all women.
 - Client education on the importance of obtaining screenings for breast and cervical cancer according to the appropriate screening schedules.
 - Routine screening mammogram offered annually or every other year per clinician and client determination, beginning at age 50 and over. Special circumstances include (Table 1, page 4.6):
 - ♥ Offer a mammogram annually if a woman has a personal history of breast cancer.
 - ♥ Any client, age 35 or older, who currently has abnormal breast exam results, can receive diagnostic mammograms and other necessary breast diagnostic services covered by the SMHW program.
 - Complete visual and manual pelvic examination.
 - Pap test, conventional or liquid-based, at appropriate intervals (Table 2, page 4.7).
 - Documentation of providing screening examination results to clients per verbal report or in writing.
 - Appropriate and timely case management for all clients with suspicious or abnormal results, including rescreening, diagnostic procedures and/or treatment.

Annual Screening Protocol

Age restrictions and income guidelines always apply to a client's eligibility for the services described below.

Breast Cancer Screening

- SMHW will reimburse for an annual breast cancer screening after ten (10) months has lapsed from the previous annual breast cancer screening. This includes annual CBE for all SMHW women ages 35 to 64 and yearly or every other year screening mammogram for women ages 50 and older.
 - If a mammogram is completed in a mammography van, a CBE is not required for mammography reimbursement. In all other scenarios, a CBE is required for mammography reimbursement. When the mammogram is performed on a mammogram van, the blue screening form, "Section B5 Mammography provider facility" field should be completed to include the name of the facility providing the van and include the word "Van" by the facility name. Example: Ellis Fischel Van. When done on a Mam Van, mark box "Van" on the blue form or in MOHSAIC.

- Perform a CBE annually on all women, especially if they have had previous breast cancer surgery.
 - Annually provide clients, ages 35 to 64 with a personal history of breast cancer, a diagnostic mammogram.
 - Family history of breast cancer does not qualify a woman for routine mammograms.
 - A client with self-reporting abnormal breast self-exam (BSE) may be followed with a diagnostic breast work-up, with the **exception of** self-reporting pain and tenderness or family history. If pain and tenderness are self-reported, she may be followed with a rescreening CBE in two (2) weeks up to 10 months. If the client continues to report pain and tenderness, case management is at the clinician's discretion.
- ♥ (Diagnostic workup may include services such as: diagnostic mammogram, ultrasound, specialist consult and breast biopsy.)
- Mammogram funding for the purpose of screening women 40 to 49 years of age without abnormal breast findings through SMHW may be available. Funding is dependent on availability of donated funds.

NOTE:

To reserve and schedule donated funding for the woman's screening mammogram, obtain prior approval by calling toll-free 866-726-9926 or 573-522-2845.

- Women 35 years of age and older qualify for diagnostic breast services if breast exam findings are abnormal.



Table 1

Annual Breast Screening Recommendations for Women	
Age	Recommendation
Age 35 to 39	Complete breast exam by health care provider annually
Age 40 to 49	Complete breast exam by health care provider annually Screening mammogram every 1 to 2 years IF funding is available*
Age 50 and over	Complete breast exam by health care provider annually Mammogram every 1 to 2 years
The Missouri SMHW program follows guidelines of the CDC and NCI. Clinically evaluate and schedule appropriate diagnostic procedures within 60 days, for symptomatic women.	
<p>Screening Mammograms for Women age 40 to 49 (dependent upon funding)</p> <ul style="list-style-type: none"> • For preauthorization, please call the DHSS toll-free at 866-726-9926 or 573-522-2845. • Screening mammogram funding for this age group is only available if donations or other funding sources become obtainable during the current contract year. 	

Cervical Cancer Screening

- Pap test results of “inadequate specimen” are not reimbursable by SMHW.
 - Pap test results initially indicating no endocervical cells should refer to 2013 ASCCP guidelines.
 - For women who have a cervix, Pap tests will be covered every three (3) years if no human papillomavirus (HPV) done, or screening with a combination of a Pap test and HPV testing every five (5) years. See blue screening form (pages 10.10-.11).
 - Hysterectomy:
 - ♥ SMHW will **NOT** fund Pap testing for women who had a hysterectomy for benign (non-cervical neoplasia) conditions. A woman who has no cervix due to a reason other than cancer may have a **pelvic** exam to establish that there is no cervix.
 - ♥ Follow a woman annually for 10 years (conventional or liquid-based Pap tests can be annually reimbursed) if reason for hysterectomy is unknown or if it was for CIN 2, CIN 3, AIS or cervical cancer in situ, which was biopsy-documented.
 - ♥ Women who had a hysterectomy for invasive cervical cancer should undergo an **annual Pap test** (conventional or liquid-based) **indefinitely** as long as they are in good health.
 - ♥ Annual Pap test may be done only for persons who meet specific high-risk guidelines for cervical cancer per CDC and/or SMHW Advisory Board approval.

Table 2

Annual Cervical Cancer Screening Recommendations for Women*	
Age	Recommendation
Age 35 to 64	<ul style="list-style-type: none"> - Pelvic exam may be offered annually or with Pap testing schedule - Conventional or Liquid-based Pap test every 3 years <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> - Combination Pap test and human papillomavirus (HPV) test every 5 years
Age 35 and over AFTER HYSTERECTOMY	<ul style="list-style-type: none"> - Pap is NOT covered for those whom have undergone a hysterectomy unless: (Page 4.8, Table 3) <ul style="list-style-type: none"> - They have a remaining cervix <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> - They had surgery for CIN 2, CIN 3; CIS/AIS (eligible for annual Pap for 10 years from date of hysterectomy). - They have invasive cervical cancer (eligible for annual Pap)
Pap findings are reported using the 2001 Bethesda System Guidelines.	
The Missouri SMHW program follows guidelines of the CDC and American Society for Colposcopy and Cervical Pathology (ASCCP) for screening and diagnostic recommendations.	
NOTE: * Intervals above are guidelines for asymptomatic women only. Evaluate and schedule appropriate diagnostic procedures quickly, preferably within 60 days, but within a maximum of 90 days for symptomatic women.	

Table 3

Cervical Cancer Risk Factors to Consider
Women who warrant annual Pap test (conventional or liquid-based) must have a personal history of one of the following HIGH RISK factors:
<ul style="list-style-type: none"> • Hysterectomy for invasive cervical cancer. Screenings may continue indefinitely, as long as they are in good health.
<ul style="list-style-type: none"> • CIN 2, CIN 3 or CIS/AIS lesions documented by tissue biopsy after hysterectomy (not based on Pap results). Follow routine Pap intervals after the client has 10 years of annual Pap test with negative results.
<ul style="list-style-type: none"> • Hysterectomy with reason unknown and not obtainable. Follow routine Pap intervals after the client has 10 years of annual Pap test with negative results.
If Pap test is performed due to one the following reasons, please note this in the comments section on the blue screening form.
<ul style="list-style-type: none"> • HIV+
<ul style="list-style-type: none"> • Kidney or other organ transplant
<ul style="list-style-type: none"> • Medication for severe arthritis or other collagen vascular disease
<ul style="list-style-type: none"> • Diethylstilbestrol exposure in utero
Risk factors which are NOT adequate to warrant annual Pap screening:
<ul style="list-style-type: none"> • Smoking
<ul style="list-style-type: none"> • Low income
<ul style="list-style-type: none"> • Numerous sexual partners (known or suspected)
<ul style="list-style-type: none"> • HSIL unless histologically diagnosed with a biopsy

Blue Screening Form

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is **dated correctly to correspond with the date of service**. At the beginning of each grant year there are multiple versions of this form in MOHSAIC (page 10.10-.11). Be sure to click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner.

NOTE:

The Screening Report Form, also referred to as blue screening form, must be completed for all clients participating in the SMHW program. Please order blank forms from SMHW by calling 573-522-2845 or toll-free at 866-726-9926.

- Information from the blue screening form is used to verify clients' eligibility for screening, as well as diagnostic services that are recommended. Some information from the blue form is reported to the CDC. Keep all information confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. File all reported information in the client's record.
- Access MOHSAIC electronic forms at <https://webapp01.dhss.mo.gov/SMHW/Default.aspx> and <https://webapp02.dhss.mo.gov/SMHW/Default.aspx>.
- A copy of the blue screening form is located on pages 10.10-.11 or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>
- If you have additional questions, please call SMHW/WISEWOMAN toll-free 866-726-9926 or 573-522-2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at support@health.mo.gov.

SMHW Clinical Service Summary

Provider Service	SMHW Client
<p>Initial and Annual Screening:</p> <p>SMHW 20-minute office visit</p>	<p>SMHW Client:</p> <ol style="list-style-type: none"> 1. Provide verification of household income, date of birth. 2. Sign eligibility agreement form to participate in SMHW/WISEWOMAN services. 3. Complete green history form (pages 10.8-.9). <p>SMHW Provider:</p> <ol style="list-style-type: none"> 1. Verify client eligibility and retains a copy of the documentation in the chart. 2. Give a copy of HIPAA form to client. 3. Review client history form with client; update or clarify information on subsequent annual visits. 4. Perform CBE on women age 35 to 64 or older. 5. Refer clients 50 years and older whose CBE is normal or benign for screening mammogram at one to two year intervals. 6. Perform pelvic exam on all women ages 35 to 49. Offer pelvic exam to women ages 50 to 64 or older. 7. Perform Pap tests per SMHW/CDC protocols and intervals depending on age, previous screening cycle, presence of cervix, reason for hysterectomy, and previous Pap result (page 4.7, Table 2 and 4.8 Table 3 guidelines). 8. Schedule follow-up as needed. Refer clients with abnormal breast and cervical results for diagnostic exams as needed. 9. Submit green history form and blue screening form.

(Continued on next page)

(Continued from previous page)

Provider Service	SMHW Client
<p>Tobacco Quitline:</p>	<p>SMHW Provider:</p> <ol style="list-style-type: none"> 1. Refer clients who smoke to the Missouri Tobacco Quitline, 800-QUIT-NOW (800-784-8669). 2. Provide Quitline card.
<p>Diagnostic Office Visit:</p> <p>20- or 30-minute office visit.</p> <p>*Specific timeframes may apply.</p>	<p>SMHW Referrals/Diagnostics:</p> <ol style="list-style-type: none"> 1. Follow abnormal breast results within 60 days of result. 2. Follow abnormal cervical results by diagnostic tests within 60 to 90 days. 3. Refer women age 35 to 64 or older who have abnormal CBE, qualifying self-reporting symptoms, or personal history of breast cancer for diagnostic mammogram and possibly other breast diagnostics. 4. Schedule client for cervical follow-up rescreens or further cervical diagnostic services as needed. 5. For alert/abnormal screening results, complete documentation of scheduled or completed medical evaluation and results on Section B and/or C of the blue screening form. 6. Electronically submit purple breast form and yellow cervical form. 7. Contact RPC for any client refusals or patterns of missed appointments.

(Continued from previous page)

Provider Service	SMHW Client
<p>Tobacco Quitline:</p>	<p>SMHW Provider:</p> <ol style="list-style-type: none"> 1. Refer clients who smoke to the Missouri Tobacco Quitline, 800-QUIT-NOW (800-784-8669). 2. Provide Quitline card.
<p>Diagnostic Office Visit:</p> <p>20- or 30-minute office visit.</p> <p>*Specific timeframes may apply.</p>	<p>SMHW Referrals/Diagnostics:</p> <ol style="list-style-type: none"> 1. Follow abnormal breast results within 60 days of result. 2. Follow abnormal cervical results by diagnostic tests within 60 to 90 days. 3. Refer women age 35 to 64 or older who have abnormal CBE, qualifying self-reporting symptoms, or personal history of breast cancer for diagnostic mammogram and possibly other breast diagnostics. 4. Schedule client for cervical follow-up rescreens or further cervical diagnostic services as needed. 5. For alert/abnormal screening results, complete documentation of scheduled or completed medical evaluation and results on Section B and/or C of the blue screening form. 6. Electronically submit purple breast form and yellow cervical form. 7. Contact RPC for any client refusals or patterns of missed appointments.

Breast Diagnostic Services and Treatment Coordination

Provider Assurances 5.1

Rescreen Protocols 5.2

Specialist Consultation Guidelines 5.4

Diagnostic Services Available 5.5

Guidelines: Breast Diagnostic Services 5.6

Guidelines: Clinical Tables and Abnormal Breast Algorithms 5.8

Purple Breast Form 5.17

Alert Value Follow-Up..... 5.18

Diagnostic Breast Services & Treatment Coordination

A mandatory component as a provider of the SMHW program is the responsibility for providing clinical case management of abnormal findings as well as reporting the abnormal findings, and the outcomes to the SMHW program on a timely basis.

The clinician, using current standards of practice and the established SMHW breast cancer screening protocols, determines abnormal findings clinical case management type and frequency.

Providers must ensure the following
--

Suspicious or Abnormal Breast Results

Clients with suspicious or abnormal breast results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment. Clinicians will report data to SMHW. Two diagnostic tests must be completed after an abnormal CBE. Include a detailed comment on the form why a second diagnostic test was not completed.

CDC: 60 days or less from result of suspicious for cancer screening to diagnosis

Standard: 60 days or less from time of cancer diagnosis to start of treatment

<i>Breast Exception</i>

An exception in counting the number of days has been made for women referred into the program for diagnostic evaluation after an abnormal breast test result is received from a provider <u>outside</u> of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial abnormal breast test.

Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- Notify and explain to the client with abnormal findings the need for any additional diagnostic service(s).

Pending Abnormal Screening Results

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be checked and a new annual screening test must be performed prior to the initiation of further diagnostic studies. SMHW will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.

- For clients referred to direct billing diagnostic providers (page 9.4), continue to track that the client receives/attends the scheduled appointments.
- For a client diagnosed with cancer, SMHW providers must provide the following information to SMHW:
 - ♥ Date treatment started
 - ♥ Type of treatment initiated
 - ♥ Name of the facility where treatment occurred

Note:

Contact the RPC in your area (pages 13.1-2) with questions.

Rescreen Protocol

CBE

- A repeat CBE is optional as a rescreen, 14 days to ten (10) months later, when a CBE was initially termed suspicious for cancer and **after** performance of appropriate diagnostic tests confirmed a **non-cancer diagnoses**. There must be a previously documented first occurrence of breast pain/tenderness. It is acceptable to enter the first occurrence of pain/tenderness in the comment section if no prior Show Me Healthy Women documentation submitted.

Mammogram

- SMHW will pay up to four consecutive probable benign mammograms within a two year period. The standard recommendation of a probable benign mammogram is four consecutive six-month follow-ups (a complete cycle of two years). However, if during this follow-up cycle, the test result is downgraded to a benign finding (Category II), additional follow-up is not required. **If the result remains probably benign or upgraded to a higher category, another type of additional diagnostic testing must be performed within 60 days.**

- A repeat mammogram is an option within ten (10) months if the previous mammogram reported to SMHW was a “Category 0, Assessment incomplete.” If “Category 0, Assessment incomplete” is the result reported on a mammogram, film comparison, additional mammography, or ultrasound images are needed within 60 days. If possible, providers should **not** enter this result until the **final** result is available. However, if “Category 0, Assessment incomplete” is noted on the blue screening form (pages 10.10-.11) providers should complete the film comparison or take additional images within 60 days. The film comparison result should be reported on the purple breast form (pages 10.12-.13) if the blue screening form has already been submitted. Additional imaging would also be reported on the purple breast form (pages 10.12-.13).

Reporting Directions:

If a client receives breast diagnostic procedures that recommend a rescreen mammogram or rescreen ultrasound (typically in six months), the current purple breast form (pages 10.12-.13) should be entered as “Work-up complete.” When the rescreen mammogram is submitted it shall be on a blue screening form (pages 10.10-.11) entered as “Rescreen.”

Ultrasound

- Ultrasound may be used as a rescreening tool when a mammogram is not appropriate. Rescreen must be less than ten months from original abnormal ultrasound screening.

Limitation:

SMHW will not reimburse for more than two consecutive ultrasound tests with the result of “probably benign” without further diagnostic testing planned within 60 days (something other than ultrasound such as a specialist consult or biopsy).

Reporting Directions:

If a client receives breast diagnostic procedures that recommend a follow-up/rescreen mammogram or ultrasound in six months, enter as “Work-up complete” on the current purple breast form (pages 10.12-.13). Submit the rescreen ultrasound on a purple breast form with “Rescreen ultrasound” box checked.

Specialist Consultation Guidelines

A SMHW client may be referred for a specialist consultation following abnormal screening and diagnostic test results. Refer clients requiring a specialist consultation to a surgeon, OB/GYN specializing in breast and/or cervical health, or a physician or nurse practitioner who works for a cancer diagnostic or treatment center. Referral to the same screening examiner is not a specialist consult.

Limitation:

Reimbursement for breast and/or cervical specialist consultation following abnormal results is limited to one breast and one cervical referral per client in a contract year.

Specialist Consultation Reminder

- Retain a copy of the consult in the client's chart. Do not submit a copy to SMHW.

Diagnostic Services Available

ATTENTION:

Complete breast diagnostic services within 60 days of an abnormal screen.

LIMITATIONS FOR DIAGNOSTIC SERVICES

Breast Cancer

- Diagnostic mammogram (Digital or Conventional)
- Breast ultrasound
- MRI (prior approval must be obtained)
- FNA without pathology
- FNA clinical procedure plus pathology
- FNA deep tissue under guidance plus pathology
- Core needle biopsy
- Stereotactic biopsy
- Incisional biopsy
- Excisional biopsy
- Specialist consultation
- Facility fees
- General anesthesia*

*Only one (1) anesthesia fee reimbursement paid for when performing multiple biopsies during the same operation.

*Payment: Services are paid at an outpatient rate only. SMHW program reimburses for services as indicated on pages 9.6-.10.

Protocols: The frequency and type of services is at the discretion of the clinician based on current standards of practice and on the protocols included on pages 5.8-.16.

Guidelines for Breast Diagnostic Services

CBE Suspicious for Cancer

- Completely evaluate and appropriately refer women age 35 and older with a clinically suspicious lesion.

Non-palpable Mammography Abnormality

- Mammography results reported by a radiologist with reference to America Cancer Society (ACS) categories “Suspicious abnormality” (Category 4) or “Highly suggestive of malignancy” (Category 5) should be referred to a surgeon.
- “Assessment incomplete” (Category 0) should be followed by additional views, comparison of films and/or ultrasound within 60 days. If comparison of previous films is needed, only the final result of the comparison study should be reported. Providers who have already submitted reporting forms with the “Assessment incomplete” (Category 0) should enter results on the Breast Diagnosis and Treatment form in the film comparison section.

Ultrasound

- Ultrasound may be recommended when the CBE is suspicious for cancer and mammogram is not appropriate.
- Abnormal ultrasound requires additional diagnostic imaging.
- Refer women whose results are Category 4 or Category 5 to the BCCT program with or without a biopsy.

Magnetic Resonance Imaging (MRI)

- All MRIs MUST HAVE PRIOR APPROVAL from the SMHW program manager. Contact your RPC with client information for approval from the manager.
- SMHW will pay for screening breast MRI when done with a mammogram and documented with one of the following:
 - ♥ BRCA mutation
 - ♥ A first-degree relative whom is a BRCA carrier
 - ♥ A lifetime risk of > 20-25% as defined by risk assessment models such as
 - ♥ BRCAPRO (as they are highly dependent on family history)
- The CDC suggests that providers should discuss risk factors with all clients to determine if she is at high risk for breast cancer.
- MRI should **NEVER** be done alone as a breast cancer screening tool.

- Breast MRI cannot be reimbursed to assess the extent of disease in clients who have already been diagnosed with breast cancer.
- To be most effective, it is critical to complete MRIs at facilities equipped with breast MRI equipment and perform MRI-guided breast biopsies.

Breast Biopsies:**Fine Needle Aspiration, Core Needle, Stereotactic, Incisional or Excisional**

- The BSE, CBE and/or imaging mammogram/ultrasound must be suspicious for cancer and information submitted to SMHW before the program will reimburse for breast biopsies.

3-D Mammography/Tomosynthesis

- For clients who undergo 3-D mammography, SMHW will reimburse at the rate for a standard digital 2-D mammography. Under the comments section of MOHSAIC, please enter that client had a 3-D mammogram.
- CDC does not allow SHHW to reimburse for 3D mammography/tomosynthesis.

Guidelines for the Management of *Breast Self-Exam (BSE)* Reported Symptoms

MOHSAIC Reporting Form: (Blue) Screening Form Section B1 and B2

(1) Self-reported Lump	<p>Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with 2 diagnostic tests per program guidelines:</p> <ul style="list-style-type: none"> - Diagnostic mammogram, - Specialist consult, or - Ultrasound, - Breast biopsy
	Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE
(2) Nipple Discharge (Especially unilateral spontaneous clear or bloody drainage)	<p>Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with 2 diagnostic tests per program guidelines :</p> <ul style="list-style-type: none"> - Diagnostic mammogram, - Specialist consult, or - Ultrasound, - Breast biopsy
	Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE
(3) Skin Changes (dimpling, retraction, new nipple inversion, ulceration or Paget's disease)	<p>Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with 2 diagnostic tests per program guidelines :</p> <ul style="list-style-type: none"> - Diagnostic mammogram, - Specialist consult, or - Ultrasound, - Breast biopsy
	Option 2) Clinician to perform CBE and it is their discretion to follow in 14 days – 10 months with a rescreen CBE
(4) Pain/Tenderness	If pain and tenderness are reported, client may be followed with a rescreen CBE in 14 days to 10 months. If client continues to report pain and tenderness twice, and breast cancer is a concern; it is the clinician's discretion for additional follow-up or 2 diagnostic tests per program guidelines, insert statement in comment section at bottom of screening form that additional diagnostics are being done following a second rescreen. If the client comes with a recent previous history of a documented pain or tenderness complaint, make a note in the comments when the physician documented the issue, and report it as a second occurrence of pain on the blue screening form. Please consult the RPC for your area for clarification.
(5) Other	<p>Example: Personal history of treated breast cancer. In this case, client may receive a diagnostic mammogram annually.</p>
	Example: Known BRCA carrier. At this time, screening guidelines are not altered due to genetic predisposition for breast cancer.
(6) Family History	At this time, screening guidelines are not altered due to family history of breast cancer.

Guidelines for the Management of *Clinical Breast Exam (CBE) Results*

*Indicates suspicious for cancer and **requires** additional follow-up in less than 60 days from the date of the abnormal CBE result.

MOHSAIC Reporting Form: Blue screening Form Sections B3 and B4

(1) Benign Finding	<p>Fibrocystic changes, diffuse lumpiness that is not clinically suspicious, clearly defined symmetrical thickening, tenderness, or nodularity palpated in the same location in both breasts</p> <p>Examples include: fibroadenomas, multiple secretory calcifications, oil cysts, lipomas, galactoceles, mixed density hamartomas, intramammary lymph nodes, vascular calcification, implants, and architectural distortion related to previous surgery</p>	<p>CBE may be repeated in 14 days to 10 months.</p> <p>(NOT eligible for SMHW reimbursed diagnostics with these results)</p>
(2) *Discrete Palpable Mass	<p>includes masses that may be diffuse, poorly defined thickening, asymmetric thickening/nodularity, cystic or solid</p>	<p>2 diagnostic tests are to be performed per program guidelines (if something different is done, make a note in the comments section of the form).</p> <ul style="list-style-type: none"> - Diagnostic Mammogram - Ultrasound - MRI (obtain preapproval) - Breast Consult - FNA - biopsy <p>SMHW program does not reimburse for skin biopsy.</p> <p>Reassess clinical/pathology correlation if tissue biopsy results are benign. Also consider repeating the biopsy.</p>
(3) *Nipple Discharge	<p>whether or not there is a palpable mass</p> <p>especially spontaneous unilateral, clear, serous, sanguineous or serosanguineous</p>	
(4) *Nipple Excoriation, Areolar Scaliness, or Erythema	<p>(clinically suspicious of Paget's Disease)</p>	
(5) *Skin Changes	<p>dimpling; retraction; new nipple inversion/peau d'orange; ulceration; one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral lymph nodes; also swelling of upper arm.</p> <p>(clinically suspicious of Inflammatory Breast Cancer)</p>	
(6) *Abnormal clavicular, or axillary lymph nodes, or swelling of upper arm.	<p>Enlarged, tender, fixed or hard palpable supraclavicular, infraclavicular or axillary lymph nodes, also swelling of upper arm.</p>	

Guidelines for the Management of a “Suspicious for Cancer” CBE and First Follow-up Test is a Diagnostic Mammogram

**All diagnostic follow-up should be completed in less than 60 days from the date of the abnormal CBE*

*If the first test following an abnormal CBE is a mammogram, no matter the mammogram result (Category 0-5), **an additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

*Use a **diagnostic mammogram**, rather than a screening mammogram, if a mammogram is preferred following an abnormal CBE.

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed, is a mammogram is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the blue screening form.

Mammogram Result Category 0 Assessment Incomplete

Option 1 Compare to Previous Films <i>(Enter Results on a Blue Screening Form)</i>	Option 2 Additional Diagnostic Mammogram Views <i>(Enter Results on a Blue Screening Form)</i>	Option 3 Ultrasound <i>(Enter Results on a Purple Diagnostic Form)</i>
<p>If comparison does not clinically clarify mammogram result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow-up as clinically indicated.</p> <p><i>(Note: It is preferable to hold blue MOHSAIC reporting form submission until comparison results can be entered on the initial form)</i></p>	<p>If additional mammogram views do not clinically clarify result to a specific category 1-5, should perform ultrasound or refer to specialist and progress using program guidelines for breast follow-up as clinically indicated.</p> <p><i>(Note: Updates of the additional mammogram views should be submitted on a purple breast diagnostic MOHSAIC form)</i></p>	<p>If Ultrasound result does not clinically correlate to the CBE result, should refer to specialist and progress to other SMHW covered diagnostic tests and progress using program guidelines for breast follow-up as clinically indicated.</p> <p><i>(Note: Ultrasound result should be submitted on a purple breast diagnostic MOHSAIC form)</i></p>

Once Mammogram Result is Clarified from Category 0 to a Specific Category 1-5, Refer to Next Page for Follow-up Guidelines:

SMHW staff note that at times, the original screening provider performs a diagnostic mammogram and when the client is referred to another direct biller for further diagnostics, the direct biller is repeating a mammogram. Please avoid this duplication of services when possible, to conserve funding, service and appointment efforts. If the original provider is highly suspicious of cancer, please consider where the woman would go for treatment if she is found to have breast cancer and refer for the diagnostic mammogram as appropriate. If the potential treating provider is located a significant distance away and it would create a hardship for the client to travel for the initial diagnostics please take that situation into consideration.

(Follow-up Guidelines for Mammogram results Categories 1-5 is on page the next page.)

Guidelines for the Management of a “Suspicious for Cancer” CBE and First Follow-up Test is a Diagnostic Mammogram

All diagnostic follow-up should be completed in less than 60 days from the date of the abnormal CBE.* **page 2 of 2

*If the first test following an abnormal CBE is a mammogram, no matter what the mammogram result is (Category 0-5), an **additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

* A diagnostic mammogram rather than a screening mammogram should be used if a mammogram is preferred following an abnormal CBE.

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram, is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, MRI (prior approval by SMHW Manager), or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment section at the bottom of the blue screening form.

Mammogram Result Category 1 or 2 Negative or Benign	Mammogram Result Category 3 Probably Benign <i>Examples included non-calcified mass, focal asymmetry and cluster of round calcifications.</i>	Mammogram Result Category 4 or 5 Suspicious Abnormality or Highly Suggestive of Malignancy
<p><u>Should</u> Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as:</p> <ul style="list-style-type: none"> • Ultrasound • Surgical Consult • FNA • Tissue Biopsy • MRI (obtain prior approval from SMHW manager) 	<p><u>Should</u> Perform Another type of Breast Diagnostic Testing (as clinically indicated) such as:</p> <ul style="list-style-type: none"> • Ultrasound • Surgical Consult • FNA • Tissue Biopsy • MRI (obtain prior approval from SMHW manager) 	<ul style="list-style-type: none"> • Perform Ultrasound (if clinically appropriate) to qualify client for BCCT <u>OR</u> • If Ultrasound is not clinically appropriate or US result is Category 1-3; perform a Breast Consult <u>AND</u> FNA or Tissue Biopsy as clinically indicated. <p><i>(Note: It is preferable to qualify client for BCCT services by obtaining abnormal Ultrasound results of 4 or 5 rather than SMHW reimbursement for a biopsy – but if necessary, biopsy is payable by SMHW)</i></p>

Perform Follow-up per Guidelines as Listed Below:

Please Note: If clinician recommends other clinical protocol to be considered, please contact the SMHW RPC or the central office SMHW staff at toll-free at 866-726-9926. The above are considered to be typical guidelines and not definitive practice standards appropriate for every situation. These guidelines address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services.

Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below)

Page 1 of 2

Ultrasound	Category 1 <i>(Negative)</i> or Category 2 <i>(Benign)</i>	<ul style="list-style-type: none"> Diagnostic Referral based on CBE result. 	
	Category 3 <i>(Probably Benign)</i>	<ul style="list-style-type: none"> Clinician's discretion May proceed to Ultrasound, Surgical Consult, FNA or Biopsy within 60 days, May designate work-up complete and return to routine screening, May rescreen every 6 to 12 months for 1 to 2 years* May rescreen at shorter intervals if medically necessary <p>*If there are more than two consecutive "probably benign" results, client must have follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule.</p>	
	Category 4 <i>(Suspicious Abnormality)</i> or Category 5 <i>(Highly Suggestive of Malignancy)</i>	<ul style="list-style-type: none"> Qualifies for BCCT (temporary eligibility) (SMHW should pay for the US) Then the specialist consult and tissue biopsy can be performed through the BCCT program. Refer to Section 7 and complete and submit form on page 12.18. 	<p>If tissue biopsy is positive for breast cancer, client qualifies for the BCCT MO HealthNet application for treatment eligibility. See Section 7. Complete and submit form on page 12.19.</p>
Mammogram <i>(Mammogram is NOT the first test following an abnormal CBE)</i>	Category 0 <i>(Assessment Incomplete)</i>	<ul style="list-style-type: none"> Compare to previous films, complete additional mammogram views, or perform Ultrasound 	
	Category 1 <i>(Negative)</i> or Category 2 <i>(Benign)</i>	<ul style="list-style-type: none"> Work-up may be complete if another test result is not suspicious for cancer 	
	Category 3 <i>(Probably Benign)</i>	<ul style="list-style-type: none"> Clinician's discretion to proceed to Ultrasound, Surgical Consult, FNA, MRI (prior approval obtained from SMHW manager), or Biopsy within 60 days <u>or</u> Designate work-up complete & may rescreen at 6 month intervals for the next 6-24 months* <p>*If there are two consecutive "probably benign" results, client must have some other type of further diagnostic testing done such as surgical consult, FNA, or biopsy within 60 days of abnormal CBE result</p>	
	Category 4 <i>(Suspicious Abnormality)</i> or Category 5 <i>(Highly Suggestive of Malignancy)</i>	<ul style="list-style-type: none"> Must proceed to Ultrasound, Surgical consult, FNA, or Biopsy If Ultrasound result is a Category 4 or 5, complete and submit form on page 12.19 before proceeding with further diagnostics. With these ultrasound results, clients will be eligible to receive any further diagnostic and treatment services through the MO HealthNet program as well as health care for other medical issues that may occur. MO HealthNet requires prior authorization for many procedures, including ultrasound. 	
<p>*If clinician has other clinical protocol to be considered, please contact your RPC. The above are considered to be typical guidelines and not definitive proactive standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services.</p>			
<p><i>(Follow-Up Guidelines for Specialist Consult, FNA, and Biopsy Findings can be found on page 5.13.)</i></p>			

Guidelines for the Management of Women Who Have Suspicious for Cancer CBE and First Follow-up Test Is NOT a Mammogram

(Must offer 1 or more clinically appropriate tests below. Enter results on a purple breast form.)

Page 2 of 2

<i>Specialist Consult</i>	Category 1 (<i>Negative</i>) or Category 2 (<i>Benign</i>)	<ul style="list-style-type: none"> Work-up may be complete if another test result is not suspicious for cancer
	Category 3 (<i>Probably Benign</i>)	<ul style="list-style-type: none"> Clinician's discretion to complete additional work-up if another test result is not suspicious for cancer <u>OR</u> May designate work-up complete and may perform rescreen CBE within the next 6 -10 months
	Category 4 (<i>Suspicious Abnormality</i>) or Category 5 (<i>Highly Suggestive of Malignancy</i>)	<ul style="list-style-type: none"> Typically determination is made to perform a FNA or Biopsy within 60 days of abnormal CBE result
<i>Fine Needle Aspiration</i>	Negative	<ul style="list-style-type: none"> When clearly benign or negative, work-up may be complete
	Indeterminate	<ul style="list-style-type: none"> Typically is followed by a surgical biopsy – or FNA may be repeated within 60 days of abnormal CBE result
	Suspicious for Malignancy	<ul style="list-style-type: none"> Typically is followed by a surgical biopsy within 60 days of abnormal CBE result
	Malignancy	<ul style="list-style-type: none"> When cancer is clearly identified, refer to BCCT for treatment and report initial breast cancer treatment to RPC within 30 days of diagnosis Refer client to full BCCT by submitting BCCT MO HealthNet Application form, (page 12.19) if not submitted previously.
<i>Biopsy Pathology Findings</i>	Benign	<ul style="list-style-type: none"> Work-up may be complete and/or clinician's discretion to perform rescreen of any abnormal Mammogram/Ultrasound results in 6-12 months for 1-2 years
	Benign Atypical or Indeterminate	<ul style="list-style-type: none"> Refer to Specialist: Possible Excisional Biopsy per surgeon/radiologist recommendation
	Malignant or DCIS	<ul style="list-style-type: none"> Refer to BCCT for treatment and report initial breast cancer treatment to RPC. Refer client to full BCCT by submitting BCCT MO HealthNet Application form, (page 12.19) if not submitted previously.

*If Clinician has other clinical protocol to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program.
See provider manual for more specific information regarding covered services.

Diagnostic Breast Follow-up Algorithms

Page 1 of 3

ULTRASOUND Follow-Up <i>Enter results on a purple breast form</i>				
<i>Category 1 Negative</i>	<i>Category 2 Benign</i>	<i>Category 3 Probably Benign</i>	<i>Category 4 Suspicious Abnormality</i>	<i>Category 5 Highly Suggestive of Malignancy</i>
Diagnostic Referral based on CBE result		<p>Clinician's discretion:</p> <ul style="list-style-type: none"> • May complete additional diagnostic work-up within 60 days • May designate work-up complete and return to routine screenings, or • May designate work-up complete and may rescreen within the next 6-10 months.* <p>*If there are more than two consecutive "probably benign" results, clinician may follow-up with another type of diagnostic testing such as surgical consult, FNA, biopsy OR may continue a rescreening schedule at 6 month intervals.</p>	<ul style="list-style-type: none"> • Qualifies for BCCT PE (temporary eligibility) referral • Tissue biopsy is typically performed through the BCCT/MO HealthNet program. Refer to Section 7. Please note: MO HealthNet prior authorization for procedures may be required. 	

SPECIALIST CONSULT Follow-Up <i>Enter results on a purple breast diagnostic form.</i>				
<i>Category 1 Negative</i>	<i>Category 2 Benign</i>	<i>Category 3 Probably Benign</i>	<i>Category 4 Suspicious Abnormality</i>	<i>Category 5 Highly Suggestive of Malignancy</i>
Work-up may be complete if another test result is not suspicious for cancer		<p><i>(Example include: Symmetrical thickening/thickened tissue/nodularity palpated in the same location in both breast; irregularity or lumpiness that is not clinically suspicious)</i></p> <p>Clinician's discretion:</p> <ul style="list-style-type: none"> • May complete additional diagnostic work-up within 60 days, • May designate work-up complete and return to routine screenings, or • May designate work-up complete and may rescreen within the next 6-10 months. 	<p>Typically the determination is made to perform a Tissue Biopsy. If client is BCCT eligible prior to biopsy, MO HealthNet prior authorization for procedures may be required.</p>	

Diagnostic Breast Follow-up Algorithms

Diagnostic MAMMOGRAM Follow-Up			
<p>Category 0 Assessment Incomplete</p>	<p style="text-align: center;">Category 1 Negative Or Category 2 Benign</p> <p>Examples include: calcified fibroadenomas, multiple secretory calcifications, fat containing lesions (oil cysts), lipomas, galactoceles, mixed density hematomas and others.</p>	<p style="text-align: center;">Category 3 Probably Benign</p> <p>Examples include: noncalcified mass, focal asymmetry, cluster of round calcifications and others.</p>	<p style="text-align: center;">Category 4 Suspicious Abnormality Or Category 5 Highly Suggestive of Malignancy</p>
<ul style="list-style-type: none"> • Compare to previous films, • Complete additional mammogram views, or • Perform ultrasound as indicated. 	<p>Clinician's discretion:</p> <ul style="list-style-type: none"> • Work-up may be complete if another test result is not suspicious for cancer. If complete, return to routine screening: Annual CBE/Mammogram/Breast Awareness <p>Exception: If CBE result was abnormal, additional diagnostic work-up within 60 days of date of abnormal CBE is required. Work-up may include any or all of the following: Ultrasound, Breast Consult, and Tissue Biopsy.</p> <p>If benign and CBE result was not abnormal, may rescreen at 3 to 5 months and then further follow-up may be done based on surgeon's recommendations.</p>	<p>Clinician's discretion:</p> <ul style="list-style-type: none"> • May proceed to Ultrasound, Surgical Consult, FNA, or Biopsy within 60 days, or • May designate work-up complete and return to routine screening, or • May rescreen every 6 to 12 months for 1 to 2 years*, or • If medically necessary, may rescreen at shorter intervals. • If there are two consecutive "probably benign" results, clinician may follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule. 	<ul style="list-style-type: none"> • Should be referred to a surgeon, and • Must proceed to ANOTHER DIAGNOSTIC TEST such as Surgical Consult AND Tissue Biopsy. <p>Tissue biopsy includes: Incisional, Core Needle, Ultrasound Guided, Stereotactic, or Excisional.</p>

Diagnostic Breast Follow-up Algorithms

FINE NEEDLE ASPIRATION Follow-Up (Enter results on a purple breast diagnostic form)		
Breast cyst aspiration procedure is only to be done if the cyst is complex or suspicious for breast cancer on imaging. It is NOT approved for payment if the cyst is benign on imaging and is being aspirated for pain management or reduction of a benign cyst.		
<i>Negative</i>	<i>Indeterminate</i>	<i>Suspicious for Malignancy or Malignancy</i>
Work-up may be complete	Possible repeat or surgical biopsy per surgeon/radiologist recommendation	<ul style="list-style-type: none"> If not already enrolled, enroll in BCCT If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment

BIOPSY Follow-Up (Enter results on a purple breast diagnostic form)			
<i>Benign</i>	<i>Benign Atypical</i>	<i>Indeterminate</i>	<i>Suspicious for Malignancy or Malignancy</i>
Diagnostic Mammogram/US in 6-12 months for 1-2 years	Possible Excisional Biopsy per surgeon/radiologist recommendation	Refer to specialist	<ul style="list-style-type: none"> If not already enrolled, enroll in BCCT If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment

Purple Breast Form

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly to correspond with the date of service. At the beginning of each grant year there are multiple versions of this form in MOHSAIC. Click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner.

NOTE:

Breast Diagnosis and Treatment Form, also referred to as purple breast form, is to collect complete follow-up information for all clients with abnormal breast screening results. **Please order blank forms from SMHW by calling toll-free at 866-726-9926 or 573-522-2845.**

- The blue screening form must accompany or precede the purple breast form. A SMHW or a non-SMHW provider must base the diagnostic service on an abnormal screening result.
- Information from the purple breast form is required by CDC and is crucial for statistical reports and studies. All information received is confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. All reported information shall be filed in the client's record.
- MOHSAIC electronic forms can be accessed at <https://webapp01.dhss.mo.gov/SMHW/Default.aspx> and <https://webapp02.dhss.mo.gov/SMHW/Default.aspx>.
- A copy of the purple breast form is located on pages 12.14-.15 or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>
- If you have additional questions, please call SMHW/WISEWOMAN toll-free at 866-726-9926 or 573-522-2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at support@health.mo.gov.

Refer to Section 12, Forms Section or follow link to forms:

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

Alert Value Follow-Up

The MOHSAIC electronic reporting system has been programmed to produce lists of clients and the SMHW providers who reported abnormal, suspicious for cancer results. These lists are forwarded at least weekly to the RPCs'. The RPCs' check the MOHSAIC reporting system to determine if follow-up is reported timely. If no information is entered into MOHSAIC regarding the necessary follow-up, the RPC will contact the provider to ensure that follow-up has occurred and that it will be reported by the provider; or, if the provider or client is experiencing difficulty in completing the follow-up, the RPC will assist in contacting the client or in finding appropriate resources.

SMHW Providers Shall

- Implement some form of internal tracking and reminder system to ensure that SMHW clients who have abnormal breast test results suspicious for cancer receive further medical evaluation and treatment within 60 days. This includes that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation difficulties.
- Implement some form of internal tracking and reminder system to ensure that women who have abnormal cervical test results receive further medical evaluation and treatment within 90 days. This ensures that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers to care, such as transportation.
- Promptly notify the RPC when a client is referred to BCCT in order to ensure timely and complete follow-up, complete and accurate tracking and documentation as such. Please report additional information to the RPC who can enter the information onto forms as needed, such as treatment of cancers found.
- SMHW requires two documented attempts for client follow-up, if needed.
 - ♥ Direct telephone communication is the most effective contact method.
 - ♥ If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
 - ♥ If no response after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.
 - ♥ Schedule clients for follow-up if abnormal findings returned.
 - ♥ Utilize a tracking system to ensure that clients show up for scheduled visits and receive the appropriate diagnostic or treatment services.
 - ♥ If clients do not keep follow-up appointments, implement attempts to reach the client for rescheduling the appointment by telephone or by mail within 30 days.
 - ♥ If the client is no longer reachable or attempts to contact the client fail, please inform the RPC in your area within 30 days.

Cervical Diagnostic Services and Treatment Coordination

Abnormal Cervical Screening Results	6.1
Protocol for Rescreen	
Specialist Consultation Guidelines	6.4
Diagnostic Services Available	6.5
Guidelines for Cervical Diagnostic Services.....	6.6
HPV Testing	
Cervical Conization	
Yellow Cervical Form	6.7
ASCCP Guidelines for Cervical Diagnostic Services-Cytological.....	6.8
*For additional information visit the ASCCP website: http://www.asccp.org	
Alert Value Follow-up	6.22

Abnormal Cervical Screening Results

A mandatory component as a provider of the SMHW program is the responsibility for providing clinical case management of abnormal findings as well as reporting the abnormal findings and the outcomes to the SMHW program on a timely basis.

The clinician, using current standards of practice and the established SMHW cervical cancer screening protocols, determines abnormal findings clinical case management type and frequency.

Providers must ensure the following
--

Suspicious or Abnormal Cervical Results

Clients with suspicious or abnormal cervical results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment, and clinicians will report data to SMHW.

CDC	60 days or less from a suspicious for cancer screening result to diagnosis.
Standard	90 days or less from time of CIN 2 or CIN 3/CIS diagnosis to start of treatment.

Pap Test Exceptions:

An exception to extend the diagnostic follow-up interval to 90 days for women with an abnormal Pap test result of ASC-H or worse, including 'presumed abnormal' is allowable.
--

An exception in counting the number of days for women referred into the program for diagnostic evaluation after a received abnormal Pap test result from a provider outside of the SMHW program is allowable. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial Pap test.
--

Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- Notify and explain to the client with abnormal findings the need for any additional diagnostic service(s).
- SMHW requires two documented attempts for client follow-up, if needed.
 - ♥ Direct telephone communication has been shown to be the most effective contact.
 - ♥ If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
 - ♥ If no response is received after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.

Pending Abnormal Screening Results

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be checked and a new annual screening test must be performed prior to the initiation of further diagnostic studies. SMHW will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.

- For clients referred to direct billing diagnostic providers (page 9.4), continue to track that the client receives/attends the scheduled appointments.
- For a client diagnosed with cancer, SMHW providers must provide the following information to SMHW:
 - ♥ Date treatment started
 - ♥ Type of treatment initiated
 - ♥ Name of the facility where treatment occurred

<h2>Protocol for Rescreen</h2>

Follow these guidelines in the instances where performance of a rescreen is needed.

Pelvic Examination

- A repeat pelvic exam is optional as a rescreen in less than ten (10) months if the previous abnormal pelvic exam reported to SMHW was not within normal limits due to an abnormal **cervical** finding.

Pap Test

- Reimbursement occurs when Pap test is in accordance with the ASCCP guidelines.
- SMHW does reimburse for HPV DNA genotyping.
- HPV DNA genotyping is not considered the same as HPV testing.
- HPV DNA specific genotyping 16/18 is an ASCCP option that recommends being done with normal Pap/HPV positive results to determine if further diagnostic follow-up is needed.
- Or, the provider can choose not to do genotyping and co-test (Pap/HPV) in one year.
- Both are acceptable ASCCP options.

Reporting Directions:

Report a rescreen Pap test on a blue screening form (pages 110.10-.11) with the category "Rescreen" marked in the "Visit type" box.

- See Clinical Guidelines beginning on page 6.8.
- If rescreen results are suspicious for cancer, proceed with diagnostic procedures as indicated by ASCCP guidelines.

Specialist Consultation Guidelines

A SMHW client may be referred for a specialist consultation following abnormal screening and/or diagnostic test results. Refer clients requiring a specialist consultation to a surgeon, OB/GYN specializing in breast and/or cervical health, or a physician or nurse practitioner who works for a cancer diagnostic or treatment center.

Limitation:

Reimbursement for cervical specialist consultation following abnormal results is limited to **one cervical** referral per client per contract year.

Specialist Consultation Reminder

- Retain a copy of the consult in the client's chart. Do not submit a copy to SMHW.

Not Considered a Specialist Consultation

- Referral to the same screening examiner **is not** a specialist consultation.
- Referral for the standard/routine follow-up, such as a colposcopy by a nurse practitioner for a LSIL, is not eligible for a specialist consultation. (The appropriate follow-up is known; therefore, referral for a specialist consultation to determine the management of the problem is not required).

Limitation:

If the provider requests reimbursement for a specialist consult on the same day as the colposcopy, information must be included in the comments as to why the specialist consult is being billed (i.e., a "cervical wash" was done to verify pap test results prior to proceeding to colposcopy). SMHW will not reimburse for the specialist consult if a rationale is not included and no additional procedure completed.

Diagnostic Services Available

ATTENTION:

Complete Cervical diagnostic services within 60 days unless there is an exception.

Pap Test Exceptions

- An allowable exception is to extend the diagnostic follow-up interval to **90 days** for women with an abnormal Pap test result of ASC-H or worse, including “Presumed abnormal.”
- An exception in **counting the number** of days has been made for women referred into the program for diagnostic evaluation after an abnormal Pap test result is received from a non-SMHW provider. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial Pap test.

LIMITATIONS FOR DIAGNOSTIC SERVICES
Cervical Cancer
<ul style="list-style-type: none"> • Colposcopy without biopsy • Colposcopy with cervical biopsy • Colposcopy with ECC • Cervical biopsy (polypectomy) • Endometrial biopsy <i>(NOTE: Colposcopy with endometrial biopsy can be reimbursed only if cervical and/or endocervical biopsies are performed during the colposcopy.)</i> • Conization may be done by: <ul style="list-style-type: none"> - Cold knife <i>(refer client to BCCT/MO HealthNet if done as treatment)</i> - LEEP will only be reimbursed by SMHW if being performed for continued diagnostic work-up <i>(refer client to BCCT/MO HealthNet/ Medicaid if done as treatment)</i> - ECC done alone • Specialist consultation
Payment: Paid services are at an outpatient rate only. SMHW program reimburses for services as indicated on pages 9.6-.11.
Protocols: The frequency and type of services is at the discretion of the clinician based on current standards of practice and on the protocols included from ASCCP algorithms pages 6.8-.21.

Guidelines for Cervical Diagnostic Services

If the repeat Pap test is more than ten (10) months from the previous Pap test, then the Pap test should be part of a complete annual screening.

NOTE:

SMHW will not reimburse for more than two consecutive abnormal Pap tests with a result of LSIL or ASC-US without further diagnostic testing, as recommended by the SMHW Advisory Board in July 2001.

High-Risk Human Papillomavirus (HPV) Testing

- For five (5) years, the SMHW program will not reimburse for additional HPV testing if the initial Pap result is negative.
- If the HPV is positive, refer to the ASCCP guidelines.

Cervical Conization

- Conization by LEEP, cold knife or ECC is usually considered to be treatment and is covered by MO HealthNet BCCT. If colposcopy is inadequate, or the client is not eligible for BCCT, please call your RPC for additional instructions to meet the client's need.
- All LEEP and cold knife procedures qualify for presumptive eligibility for BCCT with a Pap test result of HSIL, which includes AGC or worse, followed by a colposcopy or tissue pathology results of moderate dysplasia or worse.

NOTE:

SMHW funding pays for the colposcopy; LEEP and cold knife are typically paid by BCCT funding.

Algorithms for Cervical Diagnostic Services are available for viewing at <http://www.asccp.org>.

Yellow Cervical Form

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly and corresponds with the date of service. **At the beginning of each grant year there are multiple versions of this form in MOHSAIC.** Click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner.

NOTE:

The Cervical Diagnosis and Treatment Form (yellow cervical form – pages 10.14-.15) is to collect complete follow-up information for all clients with abnormal cervical screening results. Please order blank forms from SMHW by calling toll-free at 866-726-9926 or 573-522-2845.

- A blue screening form must accompany or precede the yellow cervical form. A SMHW or a non-SMHW provider must base the diagnostic service on an abnormal screening result.
- The CDC requires information from the yellow cervical form and is crucial for statistical reports and studies. Keep all information confidential.
- Enter the information on the original form into the MOHSAIC system. File all reported information in the client's record.
- Access MOHSAIC electronic forms at <https://webapp01.dhss.mo.gov/SMHW/Default.aspx> and <https://webapp02.dhss.mo.gov/SMHW/Default.aspx>.
- A copy of the yellow cervical form is located on pages 10.14-.15 or download a copy at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at support@health.mo.gov.

ASCCP Guidelines (pages 6.8-.21 of the printed version) is available online at
<http://www.asccp.org/Guidelines> (click on Algorithms-PDFs for your personal use.)

Alert Value Follow-up

The MOHSAIC electronic reporting system produces lists of clients and the SMHW providers who reported abnormal, suspicious for cancer results. The RPC's receive these lists at least weekly. The RPCs' check the MOHSAIC reporting system to determine if follow-up is timely. If no information is entered into MOHSAIC regarding the necessary follow-up, the RPC will contact the provider to ensure that follow-up has occurred and that it will be reported by the provider; or, if the provider or client is experiencing difficulty in completing the follow-up, the RPC will assist in contacting the client or in finding appropriate resources.

SMHW providers shall

- Implement some form of internal tracking and reminder system to ensure that SMHW clients who have abnormal breast test results suspicious for cancer receive further medical evaluation and treatment within 60 days. This ensures that scheduling follow-up visits and procedures are complete and timely. In addition, client attendance for appropriate follow-up needs to be monitored. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation difficulties.
- Implement some form of internal tracking and reminder system to ensure that women who have abnormal cervical test results receive further medical evaluation and treatment within 90 days. This ensures that scheduling follow-up visits and procedures are complete and timely. In addition, monitor client attendance for appropriate follow-up. If there is a missed appointment, reschedule the appointment and assist with removing barriers such as transportation.
- Promptly notify the RPC when a client is referred to BCCT in order to ensure timely and complete follow-up, complete and accurate tracking and documentation as such. Please report additional information to the RPC who can enter the information as needed, such as treatment of cancers found.
- SMHW requires two documented attempts for client follow-up.
 - ♥ Direct telephone communication is the most effective contact method.
 - ♥ If unable to reach client by telephone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
 - ♥ If no response after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.

Cervical Situations that require follow-up within 90 days include:

- “**Diagnostic work-up planned**” is marked on any of the reporting forms for abnormal cervical findings.
- “**Referred for diagnostic testing**” is marked on the blue screening form or the yellow cervical form for abnormal cervical findings.
- Yellow cervical forms that are marked with “**abnormal suspicious for cancer results,**” or are marked as “**positive for cervical cancer,**” require the “Status of Final Diagnosis section B” to be completed.
 - ♥ Any diagnostic result on the diagnostic form that has an “*” in Section B requires a Final Diagnosis be marked in Section C.
 - ♥ Final Diagnostic Results in Section B or C that indicate malignancy need to have Section D Cervical Treatment completed with the status of treatment, type of treatment, treatment facility, and date treatment started inserted.
 - ♥ Update Section D information after submission of Sections A through C. Providers submit information for Section D to the RPC who will enter that information. Do not enter a separate form to include this data. Providers do not have access to enter new data onto submitted forms; the RPC does have access.

MO HealthNet-Breast and Cervical Cancer Treatment (BCCT) Act

The Act 7.1

Basic BCCT Act Eligibility Guidelines 7.2

MO HealthNet Treatment Services Covered 7.6

SMHW Provider Responsibilities 7.7

SMHW Regional Program Coordinator BCCT Responsibilities 7.8

Family Support Division Responsibilities 7.9

MO HealthNet Breast and Cervical Cancer Treatment Act



In October 2000, federal legislation was signed allowing funded programs in the NBCCEDP to participate in the MO HealthNet BCCT Act. In July 2001, Governor Bob Holden signed legislation authorizing matching funds for Missouri to participate in the Missouri Medicaid program, now known as the MO HealthNet program, effective August 28, 2001. (The legislation can be found at RSMo Section 208.151 [25]).

<http://www.moga.mo.gov/mostatutes/stathtml/20800001511.html>

Most women who receive a SMHW paid screening and/or diagnostic service, and are found to need treatment for breast and/or cervical cancer, or a precancerous condition may be eligible for BCCT in Missouri.

Once a client is enrolled into BCCT, they are qualified for full MO HealthNet benefits, as well as medical services for cancer care. Please note there is also transportation assistance available for the client enrolled in BCCT. Eligibility criteria to qualify for MO HealthNet is based on need. Details for BCCT are at <http://dss.mo.gov/mhd/general/pages/about.htm>.

Basic BCCT Act Eligibility Guidelines

Those who are eligible for the BCCT program must meet all the following:

- A Missouri resident,
- A female,
- Under the age 65,
- Enrolled in the SMHW program **prior** to tissue biopsy and have a screening or diagnostic test paid by SMHW funds. NOTE: If the only service reimbursed by SMHW is a referral fee, the client **will NOT** be eligible for BCCT,
- Diagnosed with breast and/or cervical cancer or cervical precancerous condition through SMHW,
- Need treatment for breast and/or cervical cancers or precancerous conditions as listed below,
- Have no source of health/medical insurance that covers cancer treatment,
- Meet eligibility guidelines for SMHW, and
- Meet one of the following diagnosis results:

BREAST CANCER DIAGNOSIS

Requires a tissue biopsy diagnosed by a pathologist
with one of the following

- Ultrasound result of “suspicious abnormality” (BI-RADS category 4) or “highly suggestive of malignancy” (BI-RADS category 5)
- Carcinoma in situ
- Invasive breast cancer

(If breast cancer is not diagnosed after a performed biopsy, the client will no longer be eligible for BCCT and will return to SMHW).

CERVICAL CANCER DIAGNOSIS

Requires a tissue biopsy diagnosed by a pathologist with one of the following to be eligible for BCCT:

- CIN 2/moderate dysplasia
- CIN 3/severe dysplasia
- CIS or AIS
- Invasive cancer

A cervical tissue biopsy with one of the above diagnosis qualifies the client for BCCT.

Despite a colposcopy diagnosis, if the client had a high-grade squamous intraepithelial lesion (HSIL), atypical glandular cells (AGC) or worse on their pap test prior to the colposcopy being done, the client still qualifies for BCCT.

The colposcopy will continue to be billed to SMHW and reimbursed by the program.

BCCT Temporary MO HealthNet Authorization Letter Presumptive Eligibility

The BCCT Temporary MO HealthNet Authorization letter (page 10.16 or download at: <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>), also referred to as presumptive eligibility (PE), provides temporary and immediate full MO HealthNet benefits. Clients must meet basic BCCT eligibility guidelines (above) to qualify for PE.

MO HealthNet determines the date PE begins. Typically, PE coverage begins on the date of the procedure or diagnostic test that indicate either a precancerous condition or cancer of the breast and/or cervix by tissue pathology that determined the client is eligible for BCCT (pages 7.2-.3).

In order for a SMHW client to obtain PE, e-mail the completed BCCT Temporary MO HealthNet Application (page 10.16) to the MO HealthNet Service Center, Greene County Family Support Division (FSD) (page 7.4). The client receives a copy of the BCCT Temporary MO HealthNet Authorization Letter. An additional copy is retained for the client's record. Notify the RPC of eligible clients. This procedure allows for minimal delays for women in receiving the necessary treatment indicated.

Submit the previously noted documentation for MO HealthNet to determine the date PE begins. PE coverage continues until the earlier of the following dates:

- The last day of the month following the PE decision, if the client does not submit an application for regular BCCT MO HealthNet coverage (page 10.17)

OR

- The date the client is determined ineligible or eligible for BCCT MO HealthNet.

BCCT MO HealthNet Application (Extended BCCT coverage) Extending MO HealthNet Treatment Eligibility beyond the presumptive period

For evaluation of continued MO HealthNet coverage, submit the (extended) BCCT MO HealthNet Application form for medical assistance to the FSD's MO HealthNet Service Center at time of cancer diagnosis.

The client must meet the basic BCCT guidelines (page 7.2) and:

- Have a Social Security number,
- Be uninsured or underinsured for breast or cervical cancer treatment,
- Show proof of citizenship/alien status, and
- Submit a completed, signed (extended) BCCT MO HealthNet Application form to the MO HealthNet Service Center via Greene County FSD.

It is important for providers to assist clients in completing and e-mailing the Missouri BCCT MO HealthNet Application for medical assistance as soon as possible (refer to page 10.17). SMHW providers e-mail a copy of the application/temps/etc. to Greene.CoDFSIM@dss.mo.gov the forms will then be forwarded to the appropriate person. E-mailing the forms are preferable, if unable to utilize e-mail, please fax the form to 417-895-6098 and mail the paper copies to 101 Park Central Square, Springfield, MO 65806. Please see the address listed to the right. Application related questions can be addressed by calling 888-275-5908.

MO HealthNet Service Center

FSD Customer Relations Unit
101 Park Central Square
Springfield, MO 65806

E-mail:

Greene.CoDFSIM@dss.mo.gov

Fax: 417-895-6098

Upon review of the application, and if the client is determined eligible for BCCT MO HealthNet coverage, full MO HealthNet benefits will continue until the treating physician determines treatment for the breast or cervical cancer is complete.

Copies of the BCCT forms are located in Section 10 or downloadable at:

<http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>)

NOTE:

Routine monitoring by a physician does not qualify as treatment.

Clients determined ineligible for BCCT medical assistance may receive, with prior authorization from SMHW, a cervical conization by LEEP or cold knife.

Instructions to Transfer a client from another state BCCT Program:

- The client should complete the Full BCCT MO HealthNet Application Form (page 10.17)
- Complete the Certification of Need for Treatment Form (pages 10.18-.19)
- Provide the clinic's name and telephone number as contact information to MO HealthNet. Information is used to verify enrollment in the Breast and Cervical Program of that state.
- E-mail all documentation to MO HealthNet Service Center at Greene.CoDFSIM@dss.mo.gov.

Or

- Fax, if necessary, to 417-895-6098, and mail all paper copies to:

FSD Customer Relations Unit
101 Park Central Square
Springfield, MO 65806

MO HealthNet Treatment Services Covered

Covered Services

- Cervical conization
- LEEP or cold knife - if a client received a Pap test diagnosis of HSIL or worse, or colposcopy test diagnosis of moderate dysplasia or worse
- Incisional and/or Excisional breast biopsy - if ultrasound result is category 4 (suspicious abnormality) or category 5 (highly suggestive of malignancy)
- Incisional and/or Excisional breast biopsy - if fine needle aspiration, core needle, or stereotactic biopsy result is malignant
- Breast Cancer Treatment is indicated including chemotherapy, surgery, radiation, and breast reconstruction
- All other MO HealthNet covered medical services, including services not related to the breast or cervical cancer

NOTE:

MO HealthNet services may be subject to prior authorization procedures and limitations. Full MO HealthNet benefits will continue until the treating physician determines treatment for cancer is complete.

SMHW Provider Responsibilities

- Notify client of diagnosis and recommended follow-up (preferably in person). If a specialist is treating the client, ensure that the client received the diagnosis and recommended follow-up.
- Explain the BCCT program and application processes to the client.
- Determine client's presumptive eligibility; complete the BCCT Temporary MO HealthNet Authorization letter. E-mail the letter to the FSD's MO HealthNet Service Center within five days of BCCT qualifying test results or diagnosis.
- When MO HealthNet coverage is needed beyond the temporary PE period, assist the client in completing and signing the (extended) Missouri BCCT MO HealthNet Application (page 10.17 or download at: <http://www.health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php>). Ensure:
 - ♥ The client receives a copy of the completed application form.
 - ♥ A copy of the completed form is retained in the client's medical record.
 - ♥ Verify dates included on eligibility documents are correct before sending to MO HealthNet Service Center.
 - ♥ Submit the application to the MO HealthNet Service Center for application evaluation as soon as possible after cancer diagnosis.
 - ♥ FSD's MO HealthNet Service Center shall evaluate the application of each client for other MO HealthNet programs the client may be eligible to receive.
- Notify the SMHW RPC of clients who become eligible for the BCCT MO HealthNet Treatment program. The RPC will track the treatment provider's name, date that the client's treatment regimen started and the type of treatment initiated.
- Ensure that the client's history and abnormal screening forms are entered into the MOHSAIC reporting system prior to submitting the BCCT application forms. Utilize the Department Client Number (DCN) assigned to the client when entering the SMHW green history form (page 10.8-.9) into MOHSAIC.
 - ♥ This number serves as the MO HealthNet client number for the temporary PE letter and the full BCCT application for benefits.
- Submit date treatment was initiated, type of treatment that was started, and name of treatment provider by completing Section D on the purple breast form, and/or Section D on the yellow cervical form.
- Check the "yes" box in Section A of the SMHW purple breast or yellow cervical form(s) when BCCT services initiated.

SMHW Regional Program Coordinator BCCT Responsibilities

Regional Program Coordinators will:

- Follow-up with client and assist them with the completion of the Missouri BCCT MO HealthNet Application form for an extended period of medical assistance if needed.
- Check with client to assess status of the client's cancer treatment upon request from FSD's MO HealthNet.
- Assure treatment initiated and documented in MOHSAIC.
- Inform FSD's MO HealthNet of the following:
 - ♥ Follow-up biopsy result that does not document cancer diagnosis. In these cases, typically the PE BCCT has been issued for results of ultrasound category 4, category 5, or for HGSIL Pap smear result and the biopsy obtained during the PE timeframe is benign. No treatment is needed, so the extended full BCCT application does not need to be approved,
 - ♥ Continue to track client's BCCT treatment status and plan of care for breast and/or cervical cancer. MO HealthNet eligibility ends when treatment for the breast and/or cervical cancer is completed. After the MO HealthNet eligibility end date is documented, SMHW annual services can be offered to the client if all areas of met eligibility,
 - ♥ Date client gains insurance coverage,
 - ♥ Date client moves out of state,
 - ♥ Date client is determined lost to follow-up after documented attempts by the provider and RPC to inform and assist client with barriers to care, or
 - ♥ Date client refuses care (signed waiver form or certified letter returned).



Family Support Division Responsibilities

- Enter BCCT Temporary MO HealthNet Authorization letter for presumptive eligibility in the FSD system upon receipt from SMHW provider.
- Enter Missouri BCCT MO HealthNet Application for medical assistance into the FSD system upon receipt from client or the SMHW provider.
- Determine MO HealthNet eligibility for breast and/or cervical cancer treatment and other MO HealthNet programs.
- Report eligibility determination result to the client and the appropriate SMHW provider or RPC.
- After establishment of MO HealthNet approvals for breast and/or cervical treatment, track client's need for continued treatment and continued enrollment in MO HealthNet.
 - ♥ Request the treating physician's plan of care for breast and/or cervical cancer treatment.
 - ♥ Utilize SMHW RPC for assistance, if needed.
- Terminate breast and/or cervical cancer treatment eligibility after treatment is completed.
- Notify client and SMHW provider or RPC of termination of breast and/or cervical cancer MO HealthNet treatment eligibility.
- Provide tracking for initial treatment type and date to the SMHW RPC.

**Direct questions concerning MO HealthNet treatment for SMHW to
SMHW toll free 866-726-9926 or 573-522-2845
OR
State of Missouri FSD MO HealthNet Service Center
Toll-free 888-275-5908**

Show Me Healthy Women Provider Manual

Quality Assurance

Performance Indicators	8.1
SMHW Core Performance Indicators	
WISEWOMAN Core Performance Indicators	
Quality Assurance	8.3
Follow-Up	
Provider Expectations	
SMHW Quality Assurance Form	8.5

Performance Indicators

The CDC evaluates the SMHW and WISEWOMAN program's ability to meet established core program performance indicators. Performance indicators are evaluated from the Minimum Data Elements (MDEs) submitted by DHSS every October and April. MDEs are standardized data elements that provide consistent information on patient demographics, screening results, education, diagnostic procedures, and treatment information. MDEs are collected on women screened, and/or diagnosed with program funds. Obtain MDE data from the history, assessment, screening, and diagnostic reports entered into the MOHSAIC system.

SMHW CORE PROGRAM PERFORMANCE INDICATORS		
Indicator Type	Program Performance Indicator	CDC Standard
Screening	Initial program tests; *rarely or never screened	≥ 20%
	Screening mammograms provided to women over age 50	≥ 75%
Cervical Cancer Diagnostic Indicators	Abnormal screening results with complete follow-up	≥ 90%
	Abnormal Pap screening results (ASC-H or worse, including 'presumed abnormal'); time from screening to diagnoses > 90 days	≤ 25%
	Treatment started for diagnosis of high-grade squamous intraepithelial lesion (HSIL), cervical intraepithelial neoplasia (CIN) CIN 2, CIN 3, carcinoma in situ (CIS), Invasive	≥ 90%
	HSIL, CIN 2, CIN 3, CIS; time from diagnosis to treatment > 90 days	≤ 20%
	Invasive carcinoma; time from diagnosis to treatment > 60 days	≤ 20%
Breast Cancer Diagnostic Indicators	Abnormal screening results with complete follow-up	≥ 90%
	Abnormal screening results of clinical breast exam (CBE), mammogram or ultrasound; time from screening to diagnosis > 60 days	≤ 25%
	Treatment started for breast cancer	≥ 90%
	Breast cancer; time from diagnosis to treatment > 60 days	≤ 20%
NOTE: * Rarely is defined as women who have not had a test within the past five (5) years.		

Quality Assurance

The goal of the Quality Assurance (QA) program component is to assure that appropriate services are provided to each client and that program funds are utilized as required by program protocols. 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.

DHSS monitors and evaluates the quality and appropriateness of client care using the following QA activities:

- Incorporating data edits in the MOHSAIC electronic reporting system that limit the reporting of inappropriate and inaccurate client service records.
- Reviewing electronically submitted client service reports for compliance to standards of care prior to approval for reimbursement.
- Tracking alert values (abnormal testing results) to assure clients' 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 first client is served and every two years thereafter. Scheduled QA audits occur at any time deemed necessary by DHSS staff because of questionable reports (page 8.5).
- Providing training and technical assistance to providers to improve quality of care based on results of QA audits.
- Evaluating client and provider expectations using customer satisfaction surveys.

Quality Assurance Follow-up

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 months to ensure implementation of the corrective plan and the provider is working to resolve the problem.

Quality Assurance (QA) Provider Expectations

QA audits will monitor providers' compliance with the following expectations:

Client Rights

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

Intake and Eligibility Guidelines

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

Screening and Diagnostic Protocols

- Screening include pelvic exam, Pap test, CBE, and mammogram, if appropriate
- Provide WISEWOMAN screenings that include two correct blood pressures, total cholesterol and HDL-C or lipid panel, blood glucose or A1C, and BMI
- Standards and protocols for follow-up
- Procedure to track clients with abnormal results, including:
 - ♥ Name of client
 - ♥ Test
 - ♥ Date test completed or missed appointments rescheduled
 - ♥ Results and that client is notified of results
 - ♥ Referrals including tracking that appointments were kept or rescheduled
 - ♥ Follow-up visit dates, if needed
 - ♥ Treatment
 - ♥ Disposition of client 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

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 DHSS of staffing changes promptly regarding need for providing or rescinding clinic staff MOHSAIC access
- Track clients who receive screening and diagnostic results
- Track if follow-up diagnostic tests, appointments or treatment visits are attended by the client. If missed appointments or refusals of follow-up recommendations occur, make attempts to contact the client to reschedule and let the RPC know about situations regarding missed or refused follow-up
- Programs are available for public education
- The facility is clean with appropriate space for screening
- There is an in-house plan for quality checks at regular intervals



SMHW Quality Assurance Form

Provider Name: _____		QA Reviewer: _____	
SMHW/WW audit <input type="checkbox"/>	SMHW audit only <input type="checkbox"/>	6 Month New provider <input type="checkbox"/>	2 year biennial audit <input type="checkbox"/>
Mammography unit name: _____		Cytology Lab name: _____	
Professional staff name and title of those conducting screenings:			
Name: _____		Name: _____	
Name: _____		Name: _____	
There are qualified SMHW/WW trained staff for all phases of service: Yes <input type="checkbox"/> No <input type="checkbox"/>		The provider site has a clean and inviting environment: 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 manual available either hard copy or online: Yes <input type="checkbox"/> No <input type="checkbox"/>	
SMHW/WW materials are prominently displayed: Yes <input type="checkbox"/> No <input type="checkbox"/>		System in place to assure follow-up of abnormal and alert values: Yes <input type="checkbox"/> No <input type="checkbox"/>	

CHART AUDIT RESULTS

Charts requested: _____ Charts available: _____

Use: X= done O = not done NA = not applicable D=declined to document each client chart result.

	Criteria Audited	% req'd	% Charts complete	Chart																			
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Eligibility	Copies of proof of age (proof of age is only expected once while SMHW client)	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																					
	Client notified of SMHW test results	80																					
Follow-Up	Documentation that client notified of WW screening/risk factor results in writing & verbally	80																					
	Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral	80																					
Billing-Reporting	Procedures and results submitted to SMHW/WW equal information in chart	80																					

Show Me Healthy Women Provider Manual

Billing Guidelines

Billing Guidelines	9.1
Provider Reimbursement Guidelines	
Reasons for Denial	
Insurance Guidelines	9.3
Administrative Referral Fee	9.3
Direct Billing Diagnostic Providers	9.4
Screening/Referring Provider Responsibilities	9.5
Direct Billing Diagnostic Provider Responsibilities	9.5
Reimbursement Rates By CPT Codes	9.6

Billing Guidelines

The billing guidelines for the DHSS SMHW and WISEWOMAN providers outlined in this section are effective June 30, 2016 through June 29, 2017 and replace all other existing billing guidelines.

ATTENTION:

Providers are responsible for tracking their funding amounts. When 80 percent of the provider total for SMHW or WISEWOMAN funds is expended, contact the SMHW office to request an amendment to increase funding.

Fax Request To: 573-522-2898

E-mail To: SMHW or WISEWOMAN Manager

Provider Reimbursement Guidelines

The guidelines for provider reimbursement are in accordance with the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354. Congress amended the NBCCEDP Public Law 10-354 in 1993 to create the WISEWOMAN Program. The WISEWOMAN program addresses women's risk for heart disease and stroke by providing cardiovascular disease health screenings and risk reduction lifestyle education for NBCCEDP clients. The conditions and requirements are:

- DHSS/SMHW is the payer of last resort,
- DHSS reimbursements are considered payment in full,
- Service providers and their subcontractors shall not charge the client for any screening/diagnostic services reimbursable by DHSS,
- DHSS clients shall not be charged any administrative fees,
- When services other than the breast and cervical cancer screenings/diagnostics are performed, and/or the WISEWOMAN cardiovascular risk assessment, documentation shall be provided that verifies the client was notified in advance of these services and their cost, and
- DHSS will cover only outpatient services.

Reasons for Denial

Resubmission for denied service will only be considered one time. Submit questions pertaining to client's data reporting form for service denied/adjusted to the DHSS by telephone toll-free at 866-726-9926 or 573-522-2845, or fax to 573-522-2898. Denial will be explained or reconsidered. **No further resubmission will be accepted after the second denial.**

Providers will not receive reimbursement under the following circumstances:

- Services are provided to ineligible women
- Standards outlined in the Provider Manual as stated in Sections 4 and 5 are not met

Example:

Rescreen CBE after diagnostic work-up will not be reimbursed unless the original screening CBE was abnormal.

Example:

Rescreen Pap test follows ASCCP guidelines

- Breast and cervical screening services are incomplete
- Mammography and/or Pap test results are reported as unsatisfactory. In the case of unsatisfactory results, the test must be repeated and the results reported to SMHW
- Required data reporting forms are not submitted to SMHW within 90 days of service, with the exception of filing with client's insurance, which must be submitted within 30 days from receipt of the EOB
- If data is submitted after the closing date for grant year it cannot be reimbursed by SMHWWISEWOMAN or billed to client



Insurance Guidelines

- If the client has insurance, the provider shall first bill the client's insurance company for the services.
- Insurance Explanation of Benefits (EOB) information must be included at the bottom of the page in the comment section. Note in comment section the amount of patient responsibility from the EOB. If assistance is needed with the EOB, please call 866-726-9926 or 573-522-2845. SMHW will check to determine if payment was made, or you may contact your RPC for assistance.
- For detailed information about clients with insurance, refer to page 3.2.

NOTE:

SMHW and WISEWOMAN will only reimburse up to the total allowed by SMHW and WISEWOMAN for that procedure.

Administrative Referral Fee

An administrative referral fee can be billed for the following:

- When a SMHW client receives a screening from a clinician that is not a SMHW provider, the SMHW provider must submit to the program patient history and screening forms with screening results from the non-SMHW provider as "Reporting Only,"
- Administrative referral fee will be paid one time per client, per provider, during an annual screening cycle,
- Direct billing providers may bill an administrative referral fee if the client was referred from another provider for a screening mammogram or diagnostic services, and
- Bill the administrative referral fee on the blue screening form (pages 10.10-.11) or diagnostic forms.



NOTE:

If your facility bills SMHW for the screening, you cannot bill for the administrative referral fee. The reimbursement fees for SMHW office visits include the fee to complete paperwork and reimbursable once per annual screening cycle.

Direct Billing Diagnostic Providers

SMHW has agreements with the following medical entities, referred to as direct billing diagnostic providers, to provide diagnostic services:

- Barnes Jewish Hospital, St. Louis—St. Louis City
- Barnes Jewish Hospital, St. Peters—St. Charles County
- Barnes Jewish OB/GYN Clinic, St. Louis—St. Louis City
- Bothwell Regional Health Center, Sedalia—Pettis County
- Bothwell Diagnostic Center Winchester, Sedalia—Pettis County
- Bothwell Health Center Truman Lake, Warsaw—Benton County
- Breast Healthcare Center (Missouri Baptist Hospital), St. Louis—St. Louis County
- Christian Hospital Northeast, St. Louis—St. Louis County
- Hannibal Clinic Operations LLC, Hannibal—Marion County
- Mercy Hospital Jefferson, Crystal City—Jefferson County
- Missouri Delta Medical Center, Sikeston—Scott County
- Northeast Missouri Family Health Clinic OB/GYN, Kirksville—Adair County
- SSM DePaul Hospital, Bridgeton—St. Louis County
- SSM Health Care St. Louis, Fenton—St. Louis County
- SSM St. Joseph Health Center (breast only), St. Charles—St. Charles County
- SSM St. Mary's Health Center, Richmond Heights—St. Louis County
- St. Anthony's Medical Center, St. Louis—St. Louis County
- Mercy Hospital, St. Louis (David C. Pratt Cancer Center) (breast only)—St. Louis County
- St. Louis University Cancer Center, St. Louis—St. Louis City
- Ste. Genevieve County Memorial Hospital, Ste. Genevieve—Ste. Genevieve County
- Truman Medical Center — Hospital Hill, Kansas City—Jackson County
- Truman Medical Center — Lakewood, Kansas City—Jackson County
- University of Missouri Hospital and Clinics- Ellis Fischel Cancer Center, Columbia—Boone County

Screening/Referring Provider Responsibilities

The screening/referring provider shall:

- Verify the client's eligibility for SMHW services according to the SMHW guidelines.
- Assure that new SMHW clients complete a green history form (pages 10.8 [English] -10.9 [Spanish]).
- Complete/enter the blue screening form (pages 10.10-.11) with the screening results.
- Call and make the appointment for the client with the direct billing diagnostic provider. Provide copies of the enrollment history and screening forms.
- Submit the green history and blue screening form information to SMHW as soon as possible with the appropriate billing or reporting-only information. If not, delayed payment for both screening and diagnostic services may occur.
- Copies of the client's notations and procedures shall remain in the client's records.

Direct Billing Diagnostic Provider Responsibilities

The direct billing/diagnostic provider shall:

- Retain copies of the screening provider's information in their files. The copies should include the screening results, client eligibility form and history form.
- Provide the necessary diagnostic services.
- Complete a purple breast form (pages 10.12-.13), or a yellow cervical form (pages 10.14-.15), or a blue screening form (pages 10.10-.11), if a screening mammogram was performed. Submit data to SMHW.
- Send copies of the medical and pathology reports back to the referring screening provider.

The direct billing and screening provider shall coordinate case management services of SMHW clients. Interruption of timely diagnostic services occurs with missed appointments. Reschedule missed appointments promptly.

Breast & Cervical Reimbursement Rates by CPT Code

June 30, 2016 to June 29, 2017

A CPT code followed by TC indicates technical component. A CPT code followed by the number 26 indicates professional fee. All payments based on Missouri Medicare 01 Rates.

SCREENING REPORT FORM

	CPT Codes	SMHW Rate	Description
Referral Fee		\$ 20.00	Only one per client, per year, when office visit not paid
Office Visits	99203	\$ 107.02	New patient – office visit – detailed history, exam, straightforward decision-making; 30 minutes (initial)
	99202	\$ 73.90	New patient – office visit – expanded history, exam, straightforward decision-making; 20 minutes, (initial-CBE only)
	99212	\$ 42.96	Established patient – office visit – history, exam, straightforward decision-making; 10 minutes (for repeat Pap test and CBE)
	99212A	\$ 42.96	Established patient – office visit – 10 minutes (CBE only annual)
	99213	\$ 71.88	Established patient – office visit – expanded history, exam, straightforward decision-making; 15 minutes (annual screening that includes CBE and Pelvic exam)
Mammography	77057	\$ 80.63	Screening mammogram, bilateral (2 view film study of each breast) (#77057TC \$45.19 / #7705726 \$35.44)
	77055	\$ 87.82	Mammography, diagnostic follow-up, unilateral (#77055TC \$52.38 / #7705526 \$35.44)
	77056	\$ 112.75	Mammography, diagnostic follow-up, bilateral (#77056TC \$68.80 / #7705626 \$43.96)
	G0206	\$ 125.11	Diagnostic mammogram, digital, unilateral (#G0206TC \$90.01 / #G020626 \$35.10)
	G0204	\$ 158.95	Diagnostic mammogram, digital, bilateral (#G0204TC \$114.99 / #G020426 \$43.96)
	G0202	\$ 130.25	Screening mammogram, digital, bilateral (#G0202TC \$95.14 / #G020226 \$35.10)

Pap Smear & HPV	88164	\$	14.39	Cytopathology (conventional Pap test) slides, cervical, or vaginal reported in Bethesda System, manual screening under physician supervision
	88142	\$	20.70	Cytopathology (liquid-based Pap test), cervical or vaginal, collected in preservative fluid, automate thin layer preparation; manual screening under physician supervision
	87624	\$	38.32	Human Papillomavirus, high risk
	87625	\$	38.32	HPV, types 16 & 18 only

Addendum:

HPV DNA testing is a reimbursable procedure if used in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age.

Providers should specify the high-risk HPV DNA panel only. No reimbursement provided for low-risk HPV types.

The CDC will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. The CDC funds cannot be used for reimbursement of genotyping (e.g., Cervista HPV 16/18).

BREAST FORM

	CPT Codes		SMHW Rate	Description
Referral Fee		\$	20.00	Only once per client, per year, when office visit not paid (Can be on any form – but one time, per client, per year)
Mammography	77055	\$	87.82	Mammography, diagnostic follow-up, unilateral (#77055TC \$52.38 / #7705526 \$35.44)
	77056	\$	112.75	Mammography, diagnostic follow-up, bilateral (#77056TC \$68.80 / #7705626 \$43.96)
	G0206	\$	125.11	Diagnostic mammogram, digital, unilateral (#G0206TC \$90.01 / #G020626 \$35.10)
	G0204	\$	158.95	Diagnostic mammogram, digital, bilateral (#G0204TC \$114.99 / #G020426 \$43.96)
Ultrasound	76641	\$	105.32	Ultrasound, complete examination of breast including axilla unilateral (#76641TC \$68.46 / #7664126 \$36.86)
	76642	\$	86.76	Ultrasound, limited examination of breast including axilla unilateral (76642TC \$52.38 / #7664226 \$34.39)
Specialist Consultation	99203A	\$	107.02	Specialist consultation for breast; (New patient: detailed history, exam, straightforward decision-making; 30 minutes)

Fine Needle Aspiration	10021	\$	122.23	Fine needle aspiration without imaging guidance
	10022	\$	138.89	Fine needle aspiration with imaging guidance
	88172	\$	56.62	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s) (#88172TC \$19.19 / #8817226 \$37.43)
	88173	\$	150.86	Cytopathology, evaluation of fine needle aspirate; interpretation and report (#88173TC \$77.72 / #8817326 \$73.14)
	76942	\$	60.40	Ultrasound guidance for needle placement, imaging supervision and interpretation (#76942TC \$26.71 / #7694226 \$33.69)
Percutaneous Biopsy (Core Needle & Stereotactic)	19100	\$	149.22	Breast biopsy, percutaneous, needle core, not using imaging guidance
	19100	\$	71.89	Outpatient facility setting
	19081	\$	679.30	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion
	19081	\$	173.60	Outpatient facility setting
	19082	\$	559.14	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion
	19082	\$	86.97	Outpatient facility setting
	19083	\$	657.00	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; ultrasound guidance; first lesion
	19083	\$	163.27	Outpatient facility setting
	19084	\$	537.72	Breast biopsy, with placement of localization device and image of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion
	19084	\$	81.28	Outpatient facility setting
	88305	\$	72.11	Surgical pathology, gross and microscopic examination (#88305TC \$32.87 / #8830526 \$39.24)
		\$	500.00*	Facility fee, core needle biopsy when done in an outpatient facility setting
		\$	700.00*	Facility fee, stereotactic breast biopsy when done in an outpatient facility setting
	\$	700.00*	Facility fee, ultrasound guided breast biopsy when done in an outpatient facility setting	

Incisional Breast Biopsy	19101	\$ 340.01	Breast biopsy, open, incisional (no guidance)
	19101	\$ 225.04	Outpatient facility setting
	76098	\$ 16.39	Radiological examination, surgical specimen (#77098TC \$8.24/ #7609826 \$8.15)
	88305	\$ 72.11	Surgical pathology, gross and microscopic examination (#88305TC \$32.87 / #8830526 \$39.24)
		\$ 275.00	General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents)
	\$ 1,100.00*	Facility fee, incisional breast biopsy, when done in an outpatient facility setting	
Excisional Breast Biopsy	19120	\$ 496.92	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions
	19120	\$ 420.96	Outpatient facility setting
	19125	\$ 551.38	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion
	19125	\$ 467.89	Outpatient facility setting
	19281	\$ 235.66	Placement of breast localization device, percutaneous; mammographic guidance; first lesion
	19281	\$ 103.59	Outpatient facility setting
	19283	\$ 265.16	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion
	19283	\$ 104.69	Outpatient facility setting
	19285	\$ 502.37	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion
	19285	\$ 88.71	Outpatient facility setting
	76098	\$ 16.39	Radiological examination, surgical specimen (#76098TC \$8.24 / #7609826 \$8.15)
	88307	\$ 300.73	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins (#88307TC \$214.58 / #8830726 \$86.15)
		\$ 275.00	General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents)
		\$ 1,650.00*	Facility fee, excisional breast biopsy, when done in an outpatient facility setting

Magnetic Resonance Imaging (MRI)	77058	\$	519.59	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets this criteria.) See criteria listed below. <u>Must be preauthorized on an individual basis in advance of the procedure.</u> (#77058TC \$437.35 / #7705826 \$82.23)
	77059	\$	517.19	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral (Reimbursement for breast MRI only in conjunction with a mammogram when a client meets this criteria.) See criteria listed below. <u>Must be preauthorized on an individual basis in advance of the procedure.</u> (#77059TC \$434.96 / #7705926 \$82.23)

Criteria:

Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA Mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20 to 25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. **Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed by the NBCCEDP to assess the extent of disease in a woman who is already diagnosed with breast cancer. MUST be preauthorized on an individual basis in advance of the procedure.**

NOTE:

Facility fees include \$120.00 for supplies and miscellaneous costs.

* This amount applies when performed service is in an outpatient facility setting and an additional facility fee is charged.

CERVICAL FORM

	CPT Codes	SMHW Rate	Description
Referral Fee		\$ 20.00	Only once per client, per year, when office visit not paid (Can be on any form – but one time per client per year)
Specialist Consultation	99203A	\$ 107.02	New Patient: detailed history, exam, straightforward decision-making; 30 minutes
Colposcopy without Biopsy	57452	\$ 108.99	Colposcopy of the cervix
Colposcopy	57454	\$ 152.95	Colposcopy of cervix, with biopsy and endocervical curettage (Endometrial biopsy can only be paid as pathology.)
Polypectomy	57500	\$ 126.17	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
	88305	\$ 72.11	Surgical pathology, gross and microscopic examination (#88305TC \$32.87 / #8830526 \$39.24)
LEEP	57522	\$ 261.98	Loop electrode excision procedure (may be reimbursed as a diagnostic procedure, based upon ASCCP recommendations.) <u>Must be preauthorized on an individual basis in advance of the procedure.</u>
	88305	\$ 72.11	Surgical pathology, gross and microscopic examination (#88305TC \$32.87 / #8830526 \$39.24)
Cold Knife	57461	\$ 316.26	Colposcopy with loop electrode conization of the cervix (may be reimbursed as a diagnostic procedure, based upon ASCCP recommendations.) <u>Must be preauthorized on an individual basis in advance of the procedure.</u>
	88305	\$ 72.11	Surgical pathology, gross and microscopic examination (#88305TC \$32.87 / #8830526 \$39.24)
Endocervical Curettage	57505	\$ 101.55	Endocervical curettage (not done as part of dilation and curettage)
	88305	\$ 72.11	Surgical pathology, gross and microscopic examination (#88305TC \$32.87 / #8830526 \$39.24)

Note:

Facility fees include \$120.00 for supplies and miscellaneous costs.

* This amount applies when performed service is in an outpatient facility setting and an additional facility fee is charged.

Show Me Healthy Women Provider Manual

Forms

Forms	10.1
Provider Application	10.2
SMHW Eligibility Agreement (English & Spanish)	10.6
Green Patient History (English & Spanish).....	10.8
Blue Screening Report.....	10.10
Purple Breast Diagnosis and Treatment	10.12
Yellow Cervical Diagnosis and Treatment.....	10.14
BCCT Temporary MO HealthNet Authorization	10.16
BCCT Medical Assistance Application (MO HealthNet)	10.17
Certification of Need for Treatment – Breast/Cervical Cancer	10.18
Request for Forms	10.20



Forms

The following pages contain forms associated with the SMHW and WISEWOMAN programs. All forms are available on the web at

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

Direct any questions related to the forms to your RPC.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL
SHOW ME HEALTHY WOMEN (SMHW)
PROVIDER APPLICATION FY 2016-2017
WEB ADDRESS: www.health.mo.gov/showmehealthywomen

SITE CODE	COUNTY
NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI)	

THIS SECTION IS FOR OFFICE USE ONLY		
ERS#	OFABS#	FFATA/TRACKING#
DUNS#	VENDOR#	ORIGINAL START DATE
REGIONAL PROGRAM COORDINATOR	LPHA <input type="checkbox"/> CLINIC <input type="checkbox"/> CHC <input type="checkbox"/> HOSPITAL <input type="checkbox"/> FQHC <input type="checkbox"/>	SECOND START DATE

PROVIDER INFORMATION			
PROVIDER NAME	ADDRESS	CITY	STATE
ZIP CODE + 4 DIGITS	PUBLIC TELEPHONE FOR APPOINTMENTS	ALTERNATE TELEPHONE NUMBER	FAX NUMBER
DAYS OF OPERATION	HOURS OF OPERATION		
FEDERAL TAX ID NUMBER / SOCIAL SECURITY NO.	MEDICAID PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW MANY CLIENTS DO YOU ESTIMATE THAT YOU WILL SEE ANNUALLY?
CYTOLOGY LAB NAME AND ADDRESS (LAB THAT READS PAP TEST)		CITY	STATE ZIP CODE
MAMMOGRAPHY FACILITIES <input type="checkbox"/> Yes (If yes, how many? _____) <input type="checkbox"/> No		SATELLITE SITES <input type="checkbox"/> Yes (If yes, how many? _____) <input type="checkbox"/> No	

SHOW ME HEALTHY WOMEN CONTACT INFORMATION			
SMHW ADMINISTRATIVE CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
SMHW CLINICAL CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
SMHW BILLING CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
SMHW BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE

WISEWOMAN CONTACT INFORMATION (IF APPLICABLE)			
WISEWOMAN ADMINISTRATIVE CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
WISEWOMAN CLINICAL CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
WISEWOMAN LIFESTYLE EDUCATION (LSI) CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
WISEWOMAN BILLING CONTACT NAME	E-MAIL ADDRESS	TELEPHONE	
WISEWOMAN BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE

MAMMOGRAPHY FACILITIES (IF APPLICABLE)				
1. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
2. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
3. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
4. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
5. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
6. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
7. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
8. MAMMOGRAPHY FACILITY NAME AND ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

SATELLITE SITES (IF APPLICABLE)				
1. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
2. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
3. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
4. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
5. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE
6. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON		TELEPHONE

SATELLITE SITES (CONTINUED)				
7. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON	TELEPHONE	
8. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON	TELEPHONE	
9. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON	TELEPHONE	
10. SATELLITE SITE NAME	SATELLITE SITE ADDRESS	CITY	STATE	ZIP CODE
SATELLITE SITE DAYS AND HOURS OF OPERATION		SATELLITE SITE CONTACT PERSON	TELEPHONE	

CLINICAL EXAMINERS			
NAME (CLINICAL EXAMINERS PERFORMING SCREENING SERVICES)	TITLE	Nurse LICENSURE NO. AND/OR CERTIFICATE NO. (IF A NURSE PRACTITIONER OF ANY TYPE, INCLUDE YOUR RN LICENSE NUMBER)	PHYSICIANS LISCENSE NUMBERS
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____

CLINICAL EXAMINERS (CONTINUED)			
NAME (CLINICAL EXAMINERS PERFORMING SCREENING SERVICES)	TITLE	Nurse LICENSURE NO. AND/OR CERTIFICATE NO. (IF A NURSE PRACTITIONER OF ANY TYPE, INCLUDE YOUR RN LICENSE NUMBER)	PHYSICIANS LISCENSE NUMBERS
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
	MD <input type="checkbox"/> DO <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/>	RN _____ NP _____	DO _____ MD _____
I have reviewed the SMHW Provider Billing Guidelines for the Show Me Healthy Women Program. I understand all the screening guidelines and eligibility requirements and do hereby agree to comply. I understand this application will be returned if it is illegible, incomplete and/or not signed. I certify to the best of my knowledge and belief all information provided is true and accurate.			
SIGNATURE			DATE
PRINTED NAME OF PERSON SIGNING			TITLE

INSERT CLINIC NAME AND LOGO

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

Address _____
Street City State Zip

The Missouri Department of Health and Senior Services invites you to take part in the Show Me Healthy Women Project (SMHW). If you qualify, you will receive your breast and cervical cancer examinations free. If your test results are not normal, this clinic will work with SMHW and/or Department of Social Services to help you obtain additional tests and, if needed, treatment.

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

Are you receiving: Unemployment insurance WIC TANF Food stamps
Medicare Part A and/or Part B Medicaid Have you applied for Medicaid

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 present income guidelines. _____ (If applicable, please initial)
I have received the income guidelines and I qualify for the SMHW.
A staff person has informed me which tests the SMHW program covers.
I understand that the SMHW 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 need to contact this clinic for my test results.
I understand that no test is 100% accurate.
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 SMHW, 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 the Client/Guardian/
Durable Power of Attorney for Health Care (DPOA-HC)

 / /
Date

INSERT CLINIC NAME AND LOGO

Nombre _____ Fecha de Nacimiento _____ / _____ / _____ Seguro Social. # _____
mes día año (opcional)

Dirección _____
Calle Ciudad Estado Código Postal

El Departamento de Salud y de Servicios para Personas de Edad Avanzada de Missouri le invita a ser parte del programa Mujeres Saludables de Missouri. Si usted califica, recibirá exámenes del seno y cervical gratuitos. Si los resultados fueran anormales, trabajaremos con el Departamento de Servicio Social para obtener exámenes adicionales, incluyendo el tratamiento si es necesario.

INFORMACIÓN DE INGRESOS Y ASEGURANZA DE SALUD (seguros) (Por favor indique toda lo que aplica.)

Esta usted recibiendo: Seguro de desempleo Medicaid TANF (Ayuda Estatal)
 WIC Medicare Parte A o Parte B
 ¿Ha aplicado para recibir Medicaid?

¿Tiene usted Seguro de Salud?	Si <input type="checkbox"/>	No <input type="checkbox"/>
¿Tiene usted un deducible en su seguro?	Si <input type="checkbox"/>	No <input type="checkbox"/>
¿Puede usted pagar el deducible?	Si <input type="checkbox"/>	No <input type="checkbox"/>
¿Tiene usted el Seguros llamado HMO?	Si <input type="checkbox"/>	No <input type="checkbox"/>

Acuerdo del Cliente

No he presentado documentación sobre mis ingresos. Declaro que mis ingresos no sobrepasan los límites salariales de la guía del programa Mujeres Saludables de Missouri. _____ (su inicial)
 He recibido los requisitos del programa Mujeres Saludables de Missouri y califico para este proyecto. Personal del proyecto me ha informado cuáles exámenes paga el Mujeres Saludables de Missouri. Entiendo que los servicios disponibles a través del programa Mujeres Saludables de Missouri son gratuitos. Entiendo que es mi responsabilidad cuidar mi salud. Soy responsable de cumplir y mantener las citas médicas. Entiendo que personas asociados con el programa Mujeres Saludables de Missouri me pueden entrar en contacto para recibir servicios médicos y aconsejados. Entiendo que necesito contactarme con la clínica para saber los resultados de mis exámenes. Entiendo que ningún examen es 100% exacto. Confirmando que he leído o se me ha leído la información anterior. Confirmando que toda información antes mencionada es correcta.

Como cliente que esta recibiendo servicios financiados por el programa Muéstreme Mujeres Saludables, su información protegida del cuidado médico será compartida con el personal apropiado en el Departamento de Salud y de Servicios para Personas de Edad Avanzada y de otras agencias según los requisitos de la fuente del financiamiento federal. Yo reconozco que me han dado una copia de las Políticas de Privacidad del Departamento de Salud y Servicios para Personas de Edad Avanzada de Missouri y que me han dicho a dónde puedo obtener revisiones subsiguientes a este aviso. Si este documento es firmado por el Tutor (Custodio) del poder duradero para atención médica, por favor adjunte una copia de las cartas de nombramiento del Tutor o una copia del Poder Duradero (Poder Notarial).

_____/_____/_____
 Firma del Cliente/Tutor/ Poder Duradero para atención médica (DPOA-HC) _____/_____/_____
 Fecha



DEPARTAMENTO DE SALUD DE MISSOURI Y SERVICIOS PARA MAYORES DE EDAD
UNIDAD DE CONTROL DE CÁNCER Y DE ENFERMEDADES CRÓNICAS
DEL PROGRAMA MUJERES SALUDABLES DE MISSOURI

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

HISTORIA CLÍNICA DA LA PACIENTE
(COMPLETADA POR EL CLIENTE Y REVISARÁ ANUALMENTE)

SITIO DE INSCRIPCIÓN/CLÍNICA SATÉLITE (SI HAY) ENROLLMENT SITE/SATELLITE CLINIC (IF ANY)			FECHA DE VISITA (MES/DÍA/AÑO)		
A. HISTORIA PERSONAL					
NOMBRE (APELLIDO, NOMBRE, INICIALES INTERMEDIAS)				APELLIDO DE SOLTERA	
E-MAIL		TELÉFONO DE CASA ()	TELÉFONO DE SU TRABAJO ()	TELÉFONO CELULAR ()	
DIRECCIÓN		CIUDAD	CÓDIGO POSTAL	CONDADO	
FECHA DE NACIMIENTO (MES/DÍA/AÑO)		NUMERO DE LA SEGURO SOCIAL (OPCIONAL)	¿CUÁL ES EL IDIOMA PRINCIPAL QUE SE HABLA EN SU CASA? <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro _____		
NUMERO DE PERSONAS QUE VIVEN EN SU HOGAR		QUE CLASE DE SEGURO TIENE: <input type="checkbox"/> Ninguno <input type="checkbox"/> Medicaid <input type="checkbox"/> Mo HealthNet <input type="checkbox"/> Privado		MEDICAID DCN/NUMERO DE MEDICARE	
Raza: (Deben contestarse, escoja todos las que le conciernen) <input type="checkbox"/> (1) Blanco <input type="checkbox"/> (2) Negro o Afro-Americano <input type="checkbox"/> (3) Asiático <input type="checkbox"/> (4) Nativo de Hawaii o de otro isla del Pacífico <input type="checkbox"/> (5) Indio Americano o Nativo de Alaska <input type="checkbox"/> (6) Otros _____ <input type="checkbox"/> (7) Desconocido			Pertenencia Étnica (Las preguntas deben ser contestadas) ¿Tiene ud origenes Hispanos <input type="checkbox"/> Si <input type="checkbox"/> No		
			Ultimo año escolar que completó (marque con un circulo uno) (Equivalente estadounidense, si es de otra nación): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		
¿Cómo supo usted acerca de este proyecto (En ingles, el Muestreme Mujeres Saludables)? <input type="checkbox"/> (1) Médico <input type="checkbox"/> (8) Enfermera o otra persona clínica <input type="checkbox"/> (2) Clínica <input type="checkbox"/> (9) Feria de Salud <input type="checkbox"/> (3) Televisión <input type="checkbox"/> (10) Coalición de Salud <input type="checkbox"/> (4) Radio <input type="checkbox"/> (11) Promotora de Salud <input type="checkbox"/> (5) Anuncio en diario <input type="checkbox"/> (12) Pariente/Amigo <input type="checkbox"/> (6) Anuncio en carretera <input type="checkbox"/> (13) Otras fuentes (especificar) _____ <input type="checkbox"/> (7) Anuncio en autobus			¿Que tipo de transporte utiliza para acudir a su cita clínica? <input type="checkbox"/> (1) Autobús <input type="checkbox"/> (2) Van ACT <input type="checkbox"/> (3) Autobús OATS <input type="checkbox"/> (4) Taxi <input type="checkbox"/> (5) Vehiculo personal <input type="checkbox"/> (6) Pariente/Amigo <input type="checkbox"/> (7) SMTS <input type="checkbox"/> (8) Otra _____		
Fecha del examen de Papanicolaou pasado: _____			Fecha de la última mamografía: _____		
Actualmente, ¿fuma cigarillos? <input type="checkbox"/> A diario <input type="checkbox"/> Algunos días <input type="checkbox"/> Nada <input type="checkbox"/> No sabe					
Nombre y teléfono de dos personas que siempre puedan localizarse:					
Nombre		Teléfono de la Casa (incluya el código de área)		Teléfono del Trabajo (incluya el código de área)	
		()		()	
Nombre		Teléfono de la Casa (incluya el código de área)		Teléfono del Trabajo (incluya el código de área)	
		()		()	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL
SHOW ME HEALTHY WOMEN (SMHW)
SCREENING REPORT

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

ENROLLMENT SITE/SATELLITE SITE (NAME AND ADDRESS)				REFERRING PROVIDER (FOR DIRECT BILLING)			
A. PERSONAL DATA							
NAME (LAST, FIRST, MIDDLE INITIAL)						SOCIAL SECURITY NUMBER	
DATE OF BIRTH MM / DD / YYYY		CLIENT ELIGIBILITY VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No		INSURANCE COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No		DEDUCTIBLE MET <input type="checkbox"/> Yes <input type="checkbox"/> No	REFERRAL FEE <input type="checkbox"/>
							MEDICARE <input type="checkbox"/> Part A <input type="checkbox"/> Part A and B
VISIT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Rescreen		Height ft. in.		Weight lbs.		BMI	
<input type="checkbox"/> Initial CBE only <input type="checkbox"/> Annual CBE only						Blood Pressure 1st Reading ___/___/___ 2nd Reading ___/___/___ Average ___/___/___	
B. BREAST CANCER SCREENING <input type="checkbox"/> Reporting Only							
B 1. Does client report any BSE symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "YES" complete B2.)				Date of CBE ___/___/___ (MM/DD/YYYY)			
B 2. Symptoms Reported By Client (check any that apply)							
<input type="checkbox"/> (1) Lump		<input type="checkbox"/> (2) Nipple discharge		<input type="checkbox"/> (3) Skin changes (dimpling, retraction, new nipple inversion, ulceration, Paget's disease)		<input type="checkbox"/> (4) Pain/Tenderness - 1st occurrence	<input type="checkbox"/> (4) Pain/Tenderness - 2nd occurrence
						<input type="checkbox"/> (5) Other (specify) _____	<input type="checkbox"/> (6) Personal history of breast cancer
B 3. CBE within normal limits and B 4. Findings Present at CBE (check yes or no and one explanation)							
<input type="checkbox"/> Yes							
<input type="checkbox"/> Within normal limits							
<input type="checkbox"/> (1) Benign finding (fibrocystic changes, diffuse lumpiness, clearly defined thickening, tenderness or nodularity)							
<input type="checkbox"/> No - Suspicious for cancer (requires additional follow-up)							
<input type="checkbox"/> (2) Discrete palpable mass (includes masses that may be diffuse, poorly defined thickening, cystic or solid)		<input type="checkbox"/> (3) Nipple discharge		<input type="checkbox"/> (4) Nipple or areolar scaliness or erythema		<input type="checkbox"/> (5) Skin dimpling retraction; new nipple inversion; peau d'orange; ulceration; one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral	<input type="checkbox"/> (6) Enlarged, tender, fixed or hard palpable supraclavicular, infraclavicular or axillary lymph nodes; also swelling of upper arm
Rescreen CBE Planned <input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___ (must be less than 10 months) MM YYYY				Diagnostic Work-up Planned <input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___ (must be less than 60 days) MM DD YYYY			
B5. Mammogram Information <input type="checkbox"/> Reporting Only							
<input type="checkbox"/> (4) Mammogram not done. Patient only received CBE, proceeded directly for other imaging or diagnostic workup		<input type="checkbox"/> (1) Routine screening mammogram		<input type="checkbox"/> (2) Mammogram performed to evaluate symptoms: <input type="checkbox"/> Positive BSE <input type="checkbox"/> Positive CBE <input type="checkbox"/> Previous abnormal mammogram results (rescreen)		<input type="checkbox"/> (5) Cervical record only, mammogram not done (not age eligible)	<input type="checkbox"/> (6) Referred to direct biller
						<input type="checkbox"/> (3) Abnormal mammogram done by a non-program funded provider, patient referred in for diagnostic evaluation (Enter results in Mammogram field as Reporting Only)	Date client referred for diagnosis. ___/___/___ MM DD YYYY
Mammography provider facility (facility name/city) <input type="checkbox"/> Mammogram Van							
Previous mammogram <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date of last mammogram ___/___/___ MM YYYY		Date of this mammogram ___/___/___ MM DD YYYY			
Type of mammogram <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic				Method used for mammogram <input type="checkbox"/> Digital <input type="checkbox"/> Conventional			
SMHW mammogram result (check one) (results with * require additional follow-up)							
Left Normal <input type="checkbox"/> <input type="checkbox"/> (1) Negative (Category 1)		Right (Indicate why only one breast had mammogram in COMMENTS) <input type="checkbox"/> <input type="checkbox"/> (2) Benign Finding (Category 2)		Left Abnormal <input type="checkbox"/> <input type="checkbox"/> (3) Probably Benign (Category 3)		Right <input type="checkbox"/> <input type="checkbox"/> (4) Suspicious Abnormality (Category 4)*	
						<input type="checkbox"/> <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5)*	
						<input type="checkbox"/> <input type="checkbox"/> (6) Assessment Incomplete-Needs additional imaging evaluation (Category 0)*	
Further diagnostic planned for: (3) Probably Benign: <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> <input type="checkbox"/> (13) Assessment Incomplete-film comparison required (Category 0)*			
Rescreen mammogram planned <input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___ (must be less than 10 months) MM YYYY		Diagnostic work-up planned <input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___ (must be less than 60 days) MM DD YYYY		Next routine breast screening ___/___/___ MM YYYY			
Referred for diagnostic testing/direct bill (physician/facility name)							
(Cervical Cancer Screening Report on back of this form.)							

C. CERVICAL CANCER SCREENING

- (5) Breast and Pelvic exam only
- (1) Routine Pap test
- (2) Patient under surveillance for previous abnormal (*rescreen*)
- (4) Pap test not done. Patient proceeded directly for diagnostic work-up or HPV testing
- (6) Referred to direct biller for Pap and Pelvic
- (3) Abnormal Pap test done by non-program provider - reporting only/referral date / /
MM DD YYYY

<p>C 1. Pelvic Exam Results <input type="checkbox"/> Reporting Only</p> <p>Pelvic Exam WNL? <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information required in "No" selected, See C 2.)</p> <p>Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Cervix absent</p> <p><input type="checkbox"/> Cervix absent due to cervical cancer (needs annual Pap test)</p> <p><input type="checkbox"/> Cervix present</p> <p><input type="checkbox"/> Reason for hysterectomy unknown</p> <p>Date of Pelvic Exam <u> </u> / <u> </u> / <u> </u> MM DD YYYY</p> <p>Reproductive Status (check one)</p> <p><input type="checkbox"/> a) Premenopausal</p> <p><input type="checkbox"/> b) Postmenopausal</p>	<p>C 2. Pelvic Exam Findings</p> <p>Findings Present at Pelvic Exam (check only one)</p> <p><input type="checkbox"/> 1) Cervix</p> <p><input type="checkbox"/> a) Polyp <input type="checkbox"/> f) Ectropion</p> <p><input type="checkbox"/> b) Leukoplakia (white lesions) <input type="checkbox"/> g) Stenotic OS</p> <p><input type="checkbox"/> c) Friable <input type="checkbox"/> h) Cervical mass</p> <p><input type="checkbox"/> d) Ulceration <input type="checkbox"/> i) Other: _____</p> <p><input type="checkbox"/> e) Exophytic growth</p> <p><input type="checkbox"/> 2) Exam Complicated by Obesity</p> <p>Rescreen planned <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> / <u> </u> / <u> </u> MM YYYY</p> <p>Diagnostic planned <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> / <u> </u> / <u> </u> (must be less than 90 days) MM DD YYYY</p>
--	--

C 3. Pap Test Results <input type="checkbox"/> Reporting Only	
Previous Pap test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of last Pap test <u> </u> / <u> </u> / <u> </u> MM YYYY
Date of this Pap test <u> </u> / <u> </u> / <u> </u> MM DD YYYY	
Specimen adequacy <input type="checkbox"/> Satisfactory	Specimen type <input type="checkbox"/> Conventional Smear
<input type="checkbox"/> Unsatisfactory due to _____	<input type="checkbox"/> Liquid Based
<input type="checkbox"/> Unknown	<input type="checkbox"/> Annual Pap due to previous treatment for cervical cancer
Pap test result (check one) (Results with (*) require additional follow-up)	
Normal <input type="checkbox"/> (1) Negative for intraepithelial lesion or malignancy	
Abnormal <input type="checkbox"/> (2) Atypical Squamous Cells of Undetermined Significance (ASC-US) (May have HPV test)	
<input type="checkbox"/> (3) Lowgrade SIL (HPV/Mild Dysplasia/CIN I)*	
<input type="checkbox"/> (4) Atypical Squamous Cells, cannot exclude HSIL (ASC-H)*	
<input type="checkbox"/> (5) Highgrade SIL (with features suspicious for invasion/CIN II-III/CIS)*	
<input type="checkbox"/> (6) Squamous Cell Cancer*	
<input type="checkbox"/> (7) Atypical Glandular Cells* (including atypical, endocervical adenocarcinoma in situ and adenocarcinoma)	
<input type="checkbox"/> (9) Other _____	
Endocervical Cells <input type="checkbox"/> Yes <input type="checkbox"/> No	

C 4. HPV Test Date <u> </u> / <u> </u> / <u> </u> MM/DD/YYYY <input type="checkbox"/> Reporting Only	
<input type="checkbox"/> (1) Follow-up to ASC-US Pap	HPV Test Result <input type="checkbox"/> (1) Positive (High Risk)
<input type="checkbox"/> (2) One year follow-up of colposcopy	<input type="checkbox"/> (3) Negative
<input type="checkbox"/> (3) One year follow-up of colposcopy for LGSIL, postmenopausal	<input type="checkbox"/> (4) Test not done
	<input type="checkbox"/> (9) Unknown
Rescreen Pap planned <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> / <u> </u> / <u> </u> (less than 10 months) MM YYYY	Diagnostic work-up planned <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> / <u> </u> / <u> </u> (must be less than 90 days) MM DD YYYY

Referred for diagnostic work-up/direct biller
(physician/facility name)

Date of next routine Pap screening / /
MM YYYY

D. COMMENTS



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL
SHOW ME HEALTHY MISSOURIANS/SMHW
BREAST DIAGNOSIS AND TREATMENT

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

ENROLLMENT SITE/SATELLITE (NAME AND ADDRESS)		REFERRING PROVIDER (FOR DIRECT BILLING)	
A. PERSONAL DATA			
NAME (LAST, FIRST, MIDDLE INITIAL)			
DATE OF BIRTH MM / DD / YYYY	SOCIAL SECURITY NUMBER - - - - -		CLIENT ELIGIBILITY VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No
INSURANCE COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	DEDUCTIBLE MET <input type="checkbox"/> Yes <input type="checkbox"/> No	REFERRAL FEE <input type="checkbox"/>	TYPE OF MEDICARE <input type="checkbox"/> Part A <input type="checkbox"/> Part A and B
			BCCT <input type="checkbox"/> Yes <input type="checkbox"/> No
B. ADDITIONAL BREAST IMAGING <input type="checkbox"/> Reporting only			
Diagnostic Mammogram <input type="checkbox"/> Conventional <input type="checkbox"/> Digital MM / DD / YYYY		Film Comparison MM / DD / YYYY	
Additional Mammographic view(s) L R Normal <input type="checkbox"/> <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> <input type="checkbox"/> (2) Benign Finding (Category 2) Abnormal <input type="checkbox"/> <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> <input type="checkbox"/> (4) Suspicious Abnormality (Category 4) <input type="checkbox"/> <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5)		Final Imaging Result L R Normal <input type="checkbox"/> <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> <input type="checkbox"/> (2) Benign Finding (Category 2) Abnormal <input type="checkbox"/> <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> <input type="checkbox"/> (4) Suspicious Abnormality (Category 4) <input type="checkbox"/> <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5)	
Ultrasound MM / DD / YYYY <input type="checkbox"/> Rescreen <input type="checkbox"/> Reporting only			
Left: <input type="checkbox"/> Complete <input type="checkbox"/> Limited Right: <input type="checkbox"/> Complete <input type="checkbox"/> Limited		L R Normal <input type="checkbox"/> <input type="checkbox"/> (1) Negative (Category 1) <input type="checkbox"/> <input type="checkbox"/> (2) Benign Finding (Category 2) Abnormal <input type="checkbox"/> <input type="checkbox"/> (3) Probably Benign (Category 3) <input type="checkbox"/> <input type="checkbox"/> (4) Suspicious Abnormality (Category 4) - Refer to BCCT <input type="checkbox"/> <input type="checkbox"/> (5) Highly Suggestive of Malignancy (Category 5) - Refer to BCCT Other <input type="checkbox"/> <input type="checkbox"/> (7) Unsatisfactory - not interpreted - repeat (not paid)	
BREAST DIAGNOSTIC PROCEDURES			
Specialist Consultation Date MM / DD / YYYY		Diagnostic Work-up Planned <input type="checkbox"/> None <input type="checkbox"/> 0-60 days <input type="checkbox"/> 61-90 days <input type="checkbox"/> Reporting only	
CBE WNL <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" indicate finding below)			
Benign finding <input type="checkbox"/> (1) Fibrocystic changes, diffuse lumpiness, clearly defined thickening, or nodularity Suspicious for cancer <input type="checkbox"/> (2) Discrete palpable mass <input type="checkbox"/> (3) Nipple discharge <input type="checkbox"/> (4) Nipple or areolar scaliness or erythema <input type="checkbox"/> (5) Skin dimpling, retraction, new nipple inversion, peau d'orange, ulceration; also one breast lower than usual; or unilateral prominent veins, or unilateral increase in size <input type="checkbox"/> (6) Enlarged, tender, fixed, or hard palpable supraclavicular, infraclavicular, or axillary lymph nodes; also swelling of upper arm			
Fine Needle/Cyst Aspiration MM / DD / YYYY		Cytopathology Performed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reporting only	
Left Breast Type <input type="checkbox"/> Superficial <input type="checkbox"/> Deep tissue under guidance Result <input type="checkbox"/> (1) Negative <input type="checkbox"/> (2) Indeterminate <input type="checkbox"/> (3) Suspicious for Malignancy - Refer to BCCT <input type="checkbox"/> (4) Malignancy - Refer to BCCT		Right Breast Type <input type="checkbox"/> Superficial <input type="checkbox"/> Deep tissue under guidance Result <input type="checkbox"/> (1) Negative <input type="checkbox"/> (2) Indeterminate <input type="checkbox"/> (3) Suspicious for Malignancy - Refer to BCCT <input type="checkbox"/> (4) Malignancy - Refer to BCCT	

Biopsy _____		<input type="checkbox"/> Reporting only
MM / DD / YYYY		
Location <input type="checkbox"/> Physician Office <input type="checkbox"/> Hospital outpatient Facility Fee <input type="checkbox"/> Yes <input type="checkbox"/> No Anesthesia <input type="checkbox"/>		
Primary Biopsy Type: Clear		
Breast		
Percutaneous		
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Stereotactic Guided (19081) <input type="checkbox"/> US Guided (19083) <input type="checkbox"/> Needle Core, No Guidance (19100)	<input type="checkbox"/> Add Lesion Additional Primary Pathology: <input type="checkbox"/> No additional pathology <input type="checkbox"/> 1 additional pathology <input type="checkbox"/> 2 additional pathology <input type="checkbox"/> 3 additional pathology
<input type="checkbox"/> Incisional, No Guidance (19101) <input type="checkbox"/> Excisional	<input type="checkbox"/> Mammogram Guided Preoperative placement of clip? <input type="checkbox"/> Yes <input type="checkbox"/> No Radiological exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stereotactic Guided <input type="checkbox"/> US Guided <input type="checkbox"/> 1 additional pathology <input type="checkbox"/> 2 additional pathology <input type="checkbox"/> 3 additional pathology
Additional Lesion: Clear		
<input type="checkbox"/> Incisional, No Guidance (19101) <input type="checkbox"/> Excisional		<input type="checkbox"/> Mammogram Guided Preoperative placement of clip? <input type="checkbox"/> Yes <input type="checkbox"/> No Radiological exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Additional Primary Pathology: <input type="checkbox"/> No additional pathology <input type="checkbox"/> 1 additional pathology <input type="checkbox"/> 2 additional pathology <input type="checkbox"/> 3 additional pathology
Additional Facility Fee <input type="checkbox"/> Yes <input type="checkbox"/> No		
Biopsy Result (Report only most severe result)		Status of Final Diagnosis
<input type="checkbox"/> (1) Benign <input type="checkbox"/> (2) Benign/Atypical <input type="checkbox"/> (3) Indeterminate <input type="checkbox"/> (4) Malignancy		<input type="checkbox"/> (1) Work-up Complete (Complete Section C) <input type="checkbox"/> (2) Work-up Pending <input type="checkbox"/> (3) Lost to Follow-up (Enter Lost to Follow-up Date in Final Diagnosis Date) <input type="checkbox"/> (4) Work-up Refused (Describe in comment section/Must have signed waiver) <input type="checkbox"/> (9) Irreconcilable (Does not follow typical protocol - Describe)
Next Breast Cancer Screening Date _____ / _____ / _____ MM/ YYYY		
Other Procedure (specify): _____		Other Procedure Date: _____ / _____ / _____ MM DD YYYY
C. BREAST DIAGNOSIS (Diagnostic result with (*) require treatment)		
Final Diagnosis		
<input type="checkbox"/> (3) Breast Cancer not diagnosed <input type="checkbox"/> (4) Lobular Carcinoma In Situ (LCIS) (Stage 0)* <input type="checkbox"/> (5) Ductal Carcinoma In Situ (DCIS) (Stage 0)* <input type="checkbox"/> (2) Invasive Breast Cancer*		
Final Diagnosis/Imaging Date _____ / _____ / _____ MM DD YYYY		
D. BREAST TREATMENT		
Status of Treatment		Type
<input type="checkbox"/> (1) Started <input type="checkbox"/> (2) Pending <input type="checkbox"/> (3) Lost to F/U (Describe in comment section) <input type="checkbox"/> (4) Refused (Describe in comment section/Must have signed waiver) <input type="checkbox"/> (5) Not Needed		<input type="checkbox"/> (1) Surgery <input type="checkbox"/> (2) Radiation <input type="checkbox"/> (3) Chemotherapy <input type="checkbox"/> (4) Hormone <input type="checkbox"/> (5) Immunotherapy <input type="checkbox"/> (6) Other Cancer Therapy Specify _____
Treatment Facility (Facility Name/City)		
Date Treatment Started _____ / _____ / _____ MM DD YYYY		
COMMENTS		



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL
SHOW ME HEALTHY MISSOURIANS/SMHW
CERVICAL DIAGNOSIS AND TREATMENT

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

ENROLLMENT SITE/SATELLITE (NAME AND ADDRESS)		REFERRING PROVIDER (FOR DIRECT BILLING)	
A. PERSONAL DATA			
NAME (LAST, FIRST, MIDDLE INITIAL)			
DATE OF BIRTH MM / DD / YYYY	SOCIAL SECURITY NUMBER - - - - -	CLIENT ELIGIBILITY VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	
INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	DEDUCTIBLE MET <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRAL FEE <input type="checkbox"/>	TYPE OF MEDICARE <input type="checkbox"/> Part A <input type="checkbox"/> Part A and B
B. CERVICAL DIAGNOSTIC PROCEDURES			
Specialist Consultation MM / DD / YYYY		<input type="checkbox"/> Reporting Only	
Diagnostic Work-up Planned <input type="checkbox"/> None <input type="checkbox"/> 0-60 Days <input type="checkbox"/> 61-90 days			
<input type="checkbox"/> Colposcopy without Biopsy MM / DD / YYYY		<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Colposcopy MM / DD / YYYY		<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Polypectomy MM / DD / YYYY		<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Cervical Biopsy <input type="checkbox"/> Endocervical Biopsy/ECC Biopsy <input type="checkbox"/> Endometrial Biopsy (Can only be reimbursed with cervical biopsy) <input type="checkbox"/> 1 Additional Cervical Biopsy <input type="checkbox"/> 2 Additional Cervical Biopsies <input type="checkbox"/> 3 Additional Cervical Biopsies <input type="checkbox"/> Colposcopy inadequate, need further diagnostic			
Conization (Diagnostic procedures, choose ONLY one)		MM / DD / YYYY	
<input type="checkbox"/> Reporting Only			
<input type="checkbox"/> LEEP ← OR → <input type="checkbox"/> Cold Knife ← OR → <input type="checkbox"/> Endocervical Curettage (alone) <input type="checkbox"/> (1) Biopsy <input type="checkbox"/> (2) 1 Additional Biopsy <input type="checkbox"/> (3) 2 Additional Biopsies <input type="checkbox"/> (4) 3 Additional Biopsies			
Other Cervical Procedure (specify) _____		MM / DD / YYYY	
Next Cervical Cancer Screening Date MM / YYYY			
Status of Final Diagnosis			
<input type="checkbox"/> (1) Work-up Complete (Complete Section C) <input type="checkbox"/> (2) Work-up Pending <input type="checkbox"/> (3) Lost to F/U (Describe in comment section) <input type="checkbox"/> (4) Work-up Refused (Describe in comment section/Must have signed waiver) <input type="checkbox"/> (5) Irreconcilable (Does not follow typical protocol - Describe)			

C. CERVICAL DIAGNOSIS

Final Diagnosis (RECORD MOST SEVERE RESULT) *(Diagnostic results with (*) require treatment)*

- (1) Normal/Benign Reactive/Inflammation
- (2) HPV/Condylomata/Atypia
- (3) CIN I/Mild Dysplasia/Low grade SIL (Biopsy Diagnosed)*
- (4) **CIN II/Moderate Dysplasia (Biopsy Diagnosed)*** (Refer to BCCT)
- (5) **CIN III/Severe Dysplasia/High Grade SIL/Carcinoma In Situ (CIS), Stage 0 (Biopsy Diagnosed)*** (Refer to BCCT)
- (6) **Invasive (Biopsy Diagnosed)*** (Refer to BCCT)
- (7) Other _____

Final Diagnosis Date ____ / ____ / ____
 MM DD YYYY

D. CERVICAL TREATMENT

- Status of Treatment**
- Started
 - Pending
 - Lost to F/U (Describe in comment section)
 - Work up refused (Describe in comment section/Must have signed waiver)
 - Not Needed

- Type**
- Cryotherapy
 - Conization
 - Radiation Therapy
 - Chemotherapy
 - Surgery
 - Immunotherapy
 - Other Cancer Therapy - Specify _____

Treatment Facility
Facility Name/City

Date Treatment Started ____ / ____ / ____
 MM DD YYYY

Comments



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

BREAST & CERVICAL CANCER TREATMENT (BCCT) TEMPORARY MO HEALTHNET AUTHORIZATION

[Redacted Name and Address Fields]

(Name)
(Address)
(Address)
(Address)

Dear [Redacted Name]

You are eligible for Temporary MO HealthNet based upon your Missouri Show Me Healthy Women program screening results. Your temporary coverage will continue until a decision is made on your eligibility for on-going MO HealthNet coverage. MO HealthNet can pay for medical services only when the medical provider you use accepts MO HealthNet payments.

An application for the MO HealthNet Breast & Cervical Cancer Treatment (BCCT) program based upon your need for breast or cervical cancer treatment is enclosed. Please complete the application and mail it to the St. Joseph Customer Service Center listed on the back of the application as quickly as possible. If you fail to complete and return the enclosed application by the last day of next month, your MO HealthNet coverage will end.

You will receive a MO HealthNet card in approximately five days. Until you receive your MO HealthNet card, use this letter as proof of eligibility when you go to your doctor, pharmacy or other medical service provider. If you have questions about MO HealthNet providers or how to get MO HealthNet services, please call the MO HealthNet Participant Services Unit toll free number at 1-800-392-2161.

If you have any questions pertaining to continuing MO HealthNet eligibility, please call the Family Support Division Information Center toll free at 1-855-373-4636.

Breast & Cervical Cancer Control Project (BCCCP) Contracted Provider: [Redacted]

Breast & Cervical Cancer Control Project (BCCCP) Eligibility confirmed by: [Redacted]

Date: [Redacted]

Name	MO HealthNet Number (DCN)	Beginning Date of Coverage
[Redacted]	[Redacted]	[Redacted]

Providers are to verify MO HealthNet coverage prior to providing services to the above participant. Problems or questions call (8-5, M-F) 1-800-392-2161, or 573-751-6527 at your expense.

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
BCCT MEDICAL ASSISTANCE APPLICATION

BCCCP PROVIDER
TELEPHONE NUMBER
DIAGNOSIS DATE

FOR OFFICE USE ONLY	
DATE APPLIED	
DCN	
<input type="checkbox"/> SERVICE REP	<input type="checkbox"/> SUPERVISOR
<input type="checkbox"/> LOAD	

COMPLETE IN INK

A. MAILING ADDRESS

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE/ETHNIC
ADDRESS (HOUSE NO., STREET, RURAL ROUTE, PO BOX NO) CITY, STATE, ZIP CODE COUNTY			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MESSAGE PHONE NUMBER	

B. INSTRUCTIONS: Please answer each question completely.

	YES	NO
1. Are you a U.S. citizen? If "NO", list immigration status and registration number, date of entry:	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have healthcare insurance?	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF COMPANY AND POLICY NUMBER	TYPE OF COVERAGE	
	<input type="checkbox"/> DOCTOR <input type="checkbox"/> HOSPITAL If limited coverage explain:	
	YES	NO
3. Do you have children under the age of 19 residing in your home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you blind?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you disabled?	<input type="checkbox"/>	<input type="checkbox"/>

C. PLEASE READ CAREFULLY AND SIGN BELOW:

- I agree to provide Social Security Numbers of all persons applying for Medicaid as required by law. The social security number is used to determine eligibility and verify information.
- I agree that my statements and information provided may be verified.
- I will report any changes in circumstances within **TEN DAYS** of when they happen.
- I know that it is against the law to obtain benefits to which I am not entitled. Any false claim, statement or concealment of any material fact whatsoever, in whole or in part, may subject me to criminal and/or civil prosecution.
- I agree that medical information about me can be released if needed to administer this program.
- I understand Healthcare benefits based on a person being blind, disabled, age 65 or over, pregnant women, child or parent, is not determined by completing this application. If I want eligibility for healthcare benefits explored on the basis of one of these, I must complete a different application for these benefits.
- Provided I am found to be eligible for Medicaid, I know the state of Missouri will pay for covered services on my behalf and agree the state may collect payments from any third party (i.e., insurance, estate, etc.) for services paid by the state.
- I understand the decision on my eligibility will be released to the State of Missouri BCCCP Program for tracking purposes.
- I understand that if I disagree with the decision concerning my eligibility, I may request a fair hearing within 90 days of the date of the decision.
- I understand I am entitled to fair and equal treatment regardless of my age, sex, race, color, handicap, religion, creed, national origin or political belief.

I agree that the signature below certifies under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete, to the best of my knowledge.

SIGNATURE	DATE
-----------	------

CALL 1-888-275-5908 IF YOU HAVE ANY QUESTIONS.

Save

Print

Reset



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

CERTIFICATION OF NEED FOR TREATMENT – BREAST/CERVICAL CANCER

PATIENT NAME

PATIENT DOB (MM/DD/YYYY)

PATIENT MO HEALTHNET NUMBER (DCN)

I certify that the above patient:

- Was diagnosed as having breast or cervical cancer on _____; and,
(CHECK ONE) DATE (MM/DD/YYYY)
- Is in need of treatment for breast or cervical cancer; **OR**
- Is currently receiving treatment for breast or cervical cancer. The estimated date when the current course of treatment will end is _____
DATE (MM/DD/YYYY)

Note: Eligibility Specialist must set a priority for follow-up based on estimated treatment completion date.

PHYSICIAN'S SIGNATURE	DATE
-----------------------	------

TYPE OR PRINT NAME OF PHYSICIAN

PHYSICIAN SPECIALTY

MO HEALTHNET PROVIDER NUMBER

MO HEALTHNET MANAGED CARE PROVIDER NUMBER

PLEASE SEND THIS FORM TO THE FOLLOWING AGENCY:

CERTIFICATION OF NEED FOR TREATMENT – BREAST/CERVICAL CANCER

Purpose: To provide a signed statement from the diagnosing/treating physician as to the date of the diagnosis and/or the length of time treatment will be for breast or cervical cancer. This form is used to tell the eligibility specialist the date of diagnosis and the time limit the treatment will last for the claimant.

Number of Copies and Distribution: Complete on copy of the form in ink or type and file in the case record.

Instructions for Completion:

The following parts of this form are to be completed by the eligibility specialist prior to sending to the treating physician:

- Patient Name
- Patient's Date of Birth
- Patient's MO HealthNet Number (DCN)
- Address of where to send the completed form

The form is then sent to be completed by the diagnosing/treating physician.

If initially applying for BCCT through a county office, the physician must certify the following:

- Date of diagnosis, and either
- Need for treatment, or
- If currently receiving treatment, the estimated date the current course of treatment will end.

Upon receiving the completed BCC-2, the eligibility specialist will set a priority based on the patient status:

- Initial application with diagnosis only-Set priority to check on treatment status in three (3) months; or
- Active case-Set priorities as needed to redetermine whether treatment is still needed for breast or cervical cancer. Priorities are based on the date the current course of treatment is expected to end.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF GENERAL SERVICES
REQUEST FOR FORMS

SAMPLE

COMPLETE THE INFORMATION BELOW AND RETURN TO: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES GENERAL SERVICES WAREHOUSE P.O. BOX 570, JEFFERSON CITY, MO 65102-0570				WAREHOUSE CONTROL NO.
OR FAX TO: (573) 751-1574				
PLEASE SEND ME THE FOLLOWING FORMS:				
QUANTITY* REQUESTED	WAREHOUSE USE ONLY SUPPLIED	FORM NO.	TITLE (PLEASE LIST <u>EXACT</u> TITLE)	DHSS WAREHOUSE USE ONLY
Limit of 500		958	The Missouri Tobacco Quitline (Business Card)	
Limit of 1000		941	The Missouri Tobacco Quitline (6 Steps for Success)	
No Limit		510	Tobacco Quitline Card for Pregnant Women	
No Limit		476	Poster – Talk to Your Child’s Doctor About Quitting - Girl	
				
<div style="border: 2px solid black; padding: 10px;"> <p>This sample form includes available Missouri Tobacco Quitline Resources items to order from the Comprehensive Tobacco Control Program’s supply. The exact title name used on this sample form must be used when ordering.</p> </div>				
<div style="border: 2px solid black; padding: 10px;"> <p>Ordering materials direct for your organization is easy. The form may be accessed on-line at the Missouri Department of Health and Senior Services (DHSS) Warehouse http://health.mo.gov/warehouse/, using the downloadable “DH-48 Request for Forms” document. This form can be completed electronically. <i>Please note upon printing the date will automatically change to the date the document is printed.</i></p> </div>				
				
*THE COST OR A LIMITED STOCK MAY RESTRICT QUANTITIES SUPPLIED.				
THE INFORMATION BELOW MUST BE COMPLETED IN FULL TO PROCESS YOUR REQUEST.				
REQUESTER’S ORGANIZATION NAME				DATE
CONTACT PERSON’S NAME				PHONE NO. ()
SHIPPING ADDRESS (P.O. Box holders MUST include street address)			CITY, STATE, ZIP CODE	



Show Me Healthy Women Provider Manual

MOHSAIC

Overview	11.1
Access	11.3
Navigating	11.8

Overview of Client Forms for MOHSAIC Entry

Providers' entering data are not required to fill out paper forms but must have documentation of the information submitted in the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) in client files for quality assurance (QA) review.

The Patient History, Screening Report, Breast Diagnosis and Treatment, Cervical Diagnosis and Treatment, WISEWOMAN Assessment, and WISEWOMAN Screening forms can be accessed online at: <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php> or by calling 866-726-9926.

All forms contain a 'Comment' section at the bottom of the form. This is used for additional notes on the client or procedures entered by provider or DHSS staff. Explanations should be kept brief as space is limited. Comments are not mandatory, but helpful to retain information not covered in the form.

Client records must be submitted within 60 days of service. If waiting for insurance reimbursement/approval forms, notify your RPC and document this in the comments section of the form.

Green Patient History Form

The Patient History form (**green form**, pages 10.8-.9) shall be completed by each client at the initial screening visit and at every annual screening thereafter. The provider shall enter the green history form into MOHSAIC when reporting the initial screening visit and update the information each year, as needed. Enter the green history form into MOHSAIC **before** entering any other form.

Blue Screening Report

Screening Report form (**blue form**, pages 10.10-.11) shall be submitted at the initial, rescreen and annual screening for all clients participating in SMHW. Document the first mammogram a client receives on the screening report.

Purple Breast Diagnosis and Treatment Form

Breast Diagnosis and Treatment form (**purple form**, pages 10.12-.13) shall be completed for all clients with abnormal breast cancer screening results that require further diagnostic procedures and/or treatment. If needed, diagnostic service(s), date of service(s), results of diagnostic service(s), final diagnosis, and treatment (date, type and place) are also required on the purple form. This information is crucial for the successful follow-up and/or treatment of all clients with abnormal screening results.

Yellow Cervical Diagnosis and Treatment Form

Cervical Diagnosis and Treatment form (**yellow form**, pages 10.14-.15) shall be completed for all clients with abnormal cervical cancer screening results that require further diagnostic procedures and/or treatment. If needed, diagnostic service(s), date of service(s), results of diagnostic service(s), final diagnosis, and treatment (date, type, and place) are also required on the purple form. This information is crucial for the successful follow-up and/or treatment of all clients with abnormal screening results.

WISEWOMAN Assessment

WISEWOMAN Assessment form shall be completed for all WISEWOMAN screenings. The WISEWOMAN Assessment form shall be completed by each WISEWOMAN client. The Assessment form includes cardiovascular health history, family health history, medications, health habits, readiness to change habits, ability to participate in physical activity, and follow-up contact information. Providers review the Assessment form and assist with questions as needed.

WISEWOMAN Screening Form

WISEWOMAN Screening form shall be completed by the provider. The pink form documents screening, follow-up and lifestyle education services, including: visit type, clinical measurements, heart disease risk calculation, diagnostic office visit justification, alert and abnormal value follow-up, physical activity clearance, and lifestyle intervention record. The Risk Classification is automatically calculated when the form is entered into MOHSAIC.

MOHSAIC ACCESS

MOHSAIC is an online data system used to collect and manage client service records for the SMHW and WISEWOMAN programs.

MOHSAIC also tracks funding allocations and expenditures and is linked to the Statewide Advantage for Missouri (SAM II) system for reimbursing providers. Prior to reimbursement, SMHW and WISEWOMAN staff review all submitted forms to ensure client services meet program standards.

SMHW must submit Minimum Data Elements (MDE) reports to the Centers for Disease Control and Prevention (CDC) from the MOHSAIC reporting data forms.

How to apply for access to MOHSAIC

To apply for access to MOHSAIC, applicants will need to follow the instructions in the following pages.

AUTOMATED SECURITY ACCESS PROCESSING (A.S.A.P)

REQUESTING ACCESS TO SHOW ME HEALTHY WOMEN

STEP A. Creating A.S.A.P User profile

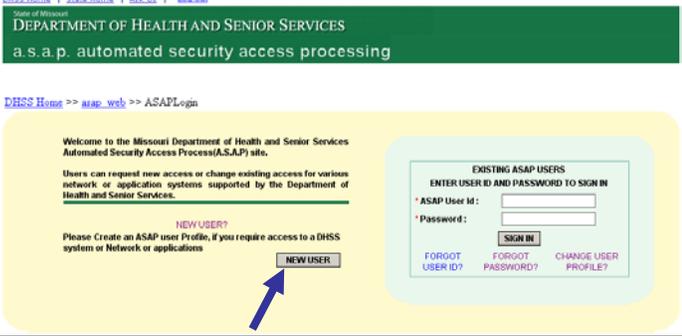
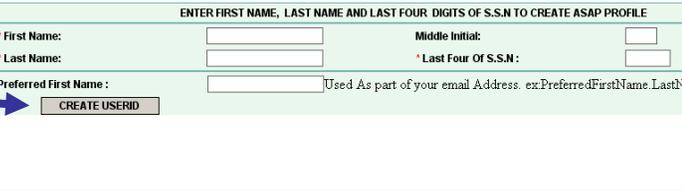
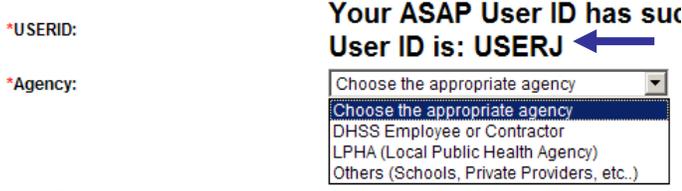
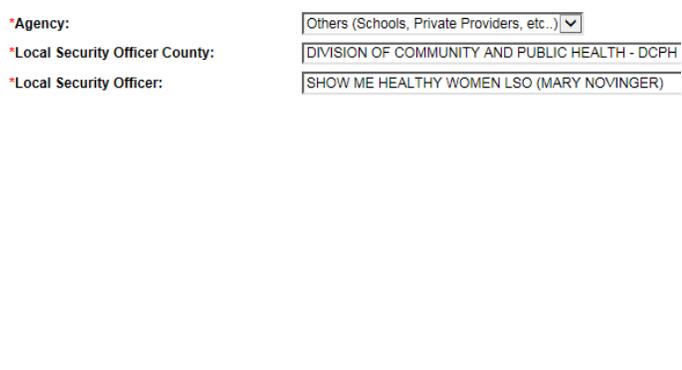
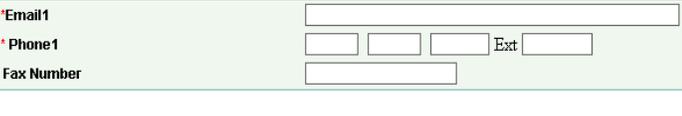
(This step is to be completed only once per user)

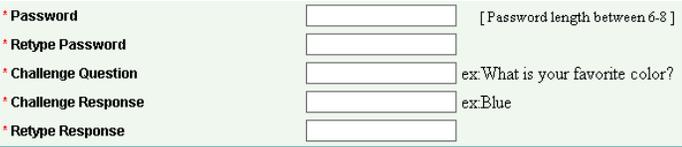
Please read...

- If you have an ASAP profile already and know your login credentials, please skip to Step B (submitting the request)
- If you are unsure you have an ASAP profile, here are a few steps to determine that
 - If you already have an LPHA e-mail account, DHSS health applications and/or DSS prod/mainframe access, you mostly likely have an ASAP profile.
 - If you try to create an ASAP profile and you receive a red message indicating that first name and last name is already in use, please contact the ITSD Call Center at 800.347.0887 for assistance. This most likely means you have an ASAP profile and the call center can assist with profile updates, password resets, logging into ASAP, and/or submitting requests.

Creating A.S.A.P User profile

- Open Internet Browser and enter address
http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx
- Click “Yes” to any security messages

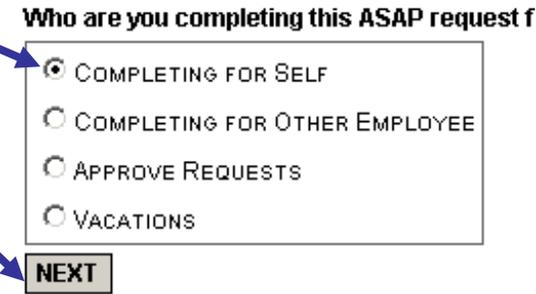
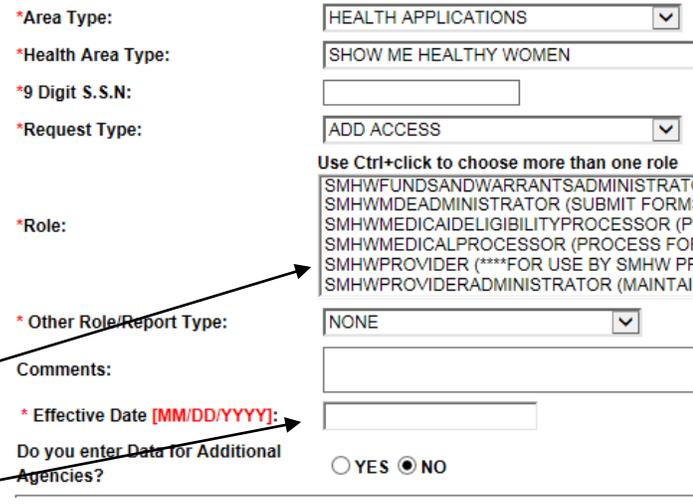
Steps	Screen Print
<p>1. Click the NEW USER option</p>	
<p>2. Enter your first name, last name and last four digits of your SSN. Enter a Preferred First Name, if desired. Click the CREATE USERID button.</p>	
<p>3. Make note of your UserID.</p>	
<p>4. Choose ‘Others (Schools, Private Providers, etc.)’ for the Agency.</p> <p>5. Choose ‘DHSS DIVISION OF COMMUNITY HEALTH’ for Local Security Officer County.</p> <p>6. Choose ‘SHOW ME HEALTHY WOMEN LSO – (MARY NOVINGER)’ for Local Security Officer.</p>	
<p>7. Type your work street number; it will provide a drop-down list. Click your address</p>	
<p>8. Enter your e-mail address, telephone number, and fax number</p>	

<p>9. Enter a password Retype your password Enter a challenge question. This should be a question only you know the answer to. Type the response or answer to the challenge question Retype the response or answer to the challenge questions</p> <p>**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 social security number.**</p>	
<p>10. Click the CREATE PROFILE button</p>	
<p>11. You should see a message about the profile being successfully created. Make note of your User ID</p>	<p>PROFILE SUCCESSFULLY CREATED. Your ASAP User ID has successfully been generated. Your User ID is: USERL</p>  <p>Request Access</p>

----- Please continue to Step B -----

STEP B. Request SMHW access

- Open Internet Browser and enter address
http://webapp02.dhss.mo.gov/asap_web/ASAPLogin.aspx
- Click Yes to any security messages

<ol style="list-style-type: none"> 1. Type the User ID and Password you created in Step A. 2. Click the SIGN IN button. <p>**If ASAP did not prompt you to create a password, your password was automatically set to first letter of first name, first letter of last name, and last four digits of your social security number.**</p>	
<ol style="list-style-type: none"> 3. Choose the 'Completing for Self' option. 4. Click the NEXT button. 	
<ol style="list-style-type: none"> 5. Choose 'HEALTH APPLICATIONS' for Area Type. 6. Choose 'SHOWMEHEALTHYWOMEN' for Health Area Type. 7. Choose 'ADD ACCESS' for Request Type. 8. Choose appropriate role from the Role drop down list. 9. Choose appropriate role from the Other Role/Report Type dropdown list. Choose SMHWPROVIDER (****For Use By SMHW Provider) ONLY. 10. Optional: Type in any comments 11. Type in the Effective Date <p>*Hold the Ctrl key to select multiple role(s). As roles are selected, they will become highlighted. (Use the scroll bars to scroll up and down to view the complete list).</p>	

<p>12. If you do not enter data for additional agencies, leave defaulted to 'NO'.</p> <p>13. To select other agencies, select 'YES' and pick the county and the agency from the the dropdown list</p>	<p>Do you enter Data for Additional Agencies? <input checked="" type="radio"/> YES <input type="radio"/> NO</p> <p>To pick additional Agencies, Choose the respective County</p> <p>*County: ADAIR - 001</p> <p>*Agency: ADAIR COUNTY HEALTH DEPARTMENT</p> <table border="1"> <thead> <tr> <th>ADD</th> <th>ADDRESS</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1001 S JAMISON</td> <td>KIRKSVILLE</td> <td>MO</td> <td>635010000</td> </tr> </tbody> </table>	ADD	ADDRESS	City	State	Zip	<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000
ADD	ADDRESS	City	State	Zip							
<input checked="" type="checkbox"/>	1001 S JAMISON	KIRKSVILLE	MO	635010000							
<p>14. Click the 'I Agree' button.</p> <p>15. Click the 'Submit Form' button.</p>	<p>I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED U UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROV ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICI PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL S CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED A OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPL ONE OR ALL OF THE FOLLOWING: (1) SUSPENTION, (2) CIVIL COURT AND (3) DISMISS. CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.</p> <p><input type="button" value="I Agree"/> <input type="button" value="Quit"/></p> <p><input type="button" value="Submit Form"/></p>										
<p>A message should appear stating the request was sucessfully completed.</p> <p>Print a copy of the form for your records.</p>	<p>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.</p> <p><input type="button" value="Printer Friendly Copy"/> <input type="button" value="FILL OUT ANOTHER ACCESS FORM"/></p>										

If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Call Center using one of the following methods:

Telephone: 573.751.6388 or 1.800.347.0887

E-mail: Support@health.mo.gov

Navigating MOHSAIC

Lesson 1: The CLIENT

This is for the Provider or MOHSAIC Customer. In this lesson, you will learn how to:

- Develop a new password
- Log onto the SMHW application
- Search for existing clients
- View Medicaid information
- Register new clients

******* TURN OFF POP-UP BLOCKERS *******

This program uses pop-up screens for data information.

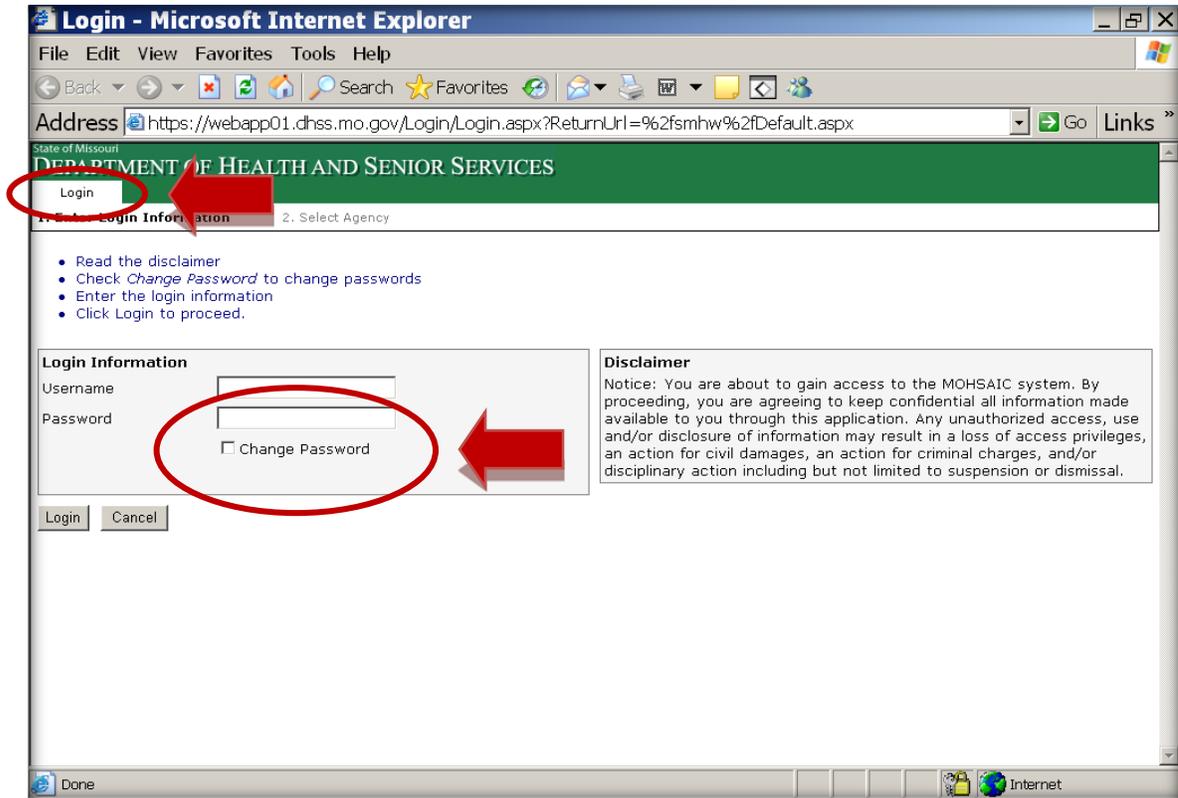
Steps to Access the MOHSAIC Application and Log onto the SMHW Application

Log-in Process

Open the Internet browser and enter the Web address on the address line:

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

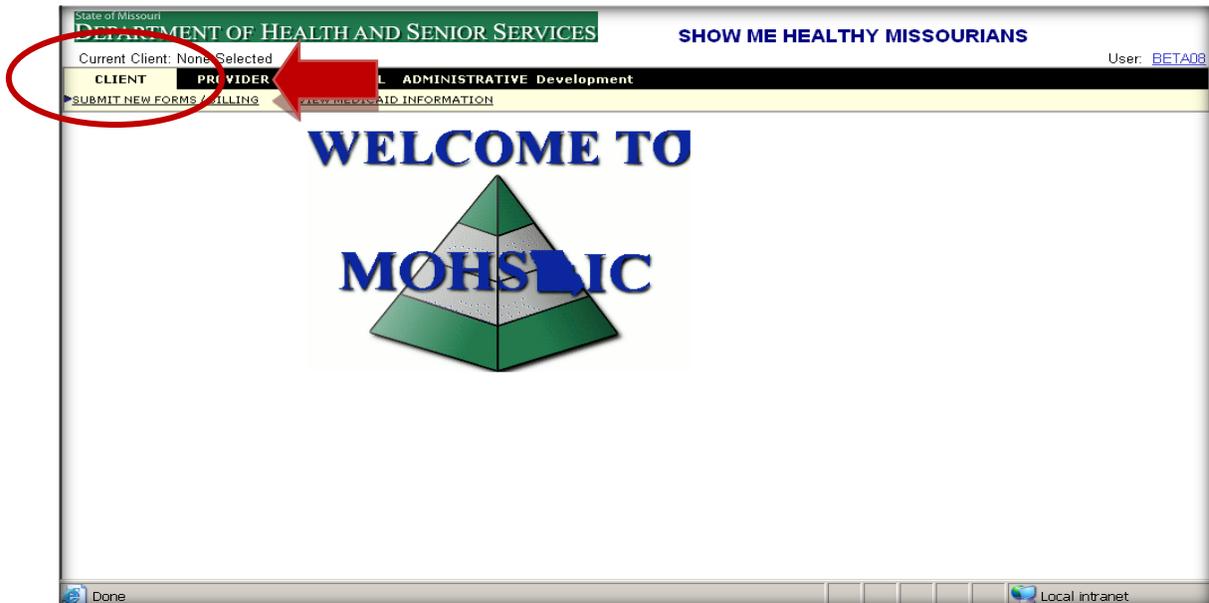
- If this is the first time to login, a password must be established:
 - ♥ Use the username and assigned password provided to you by e-mail from SMHW, when approved. User name is usually the first five letters of last name and first name initial. Initial password is first and last name initials and last four digits of SSN.
 - ♥ Click on 'Change Password.'
 - ♥ If you do not login to MOHSAIC for 30 days, the system will 'lock out.' You must call the ITSD Help Desk at 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. This can be numbers, letters, or a combination, as desired. Password requires six (6) to eight (8) characters and one numeric value.
- Once logged in, your agency name will appear and stay constant throughout the application.
- Click the 'Login' button to proceed.



Entering or Viewing a Client

The main screen for the SMHW program appears. To enter or view a client:

- Click on the 'Client' link on the menu bar
- Choose 'Submit New Forms/Billing'



Client Search

In 'Submit New Forms/Billing' screen under the 'Client Information' section, you either choose to 'Search and Select' or 'Register a New Client.'

Type the Social Security Number (SSN) with no spaces or hyphens; the Departmental Client Number (DCN) or the last and first name of the client separated by a comma (Example: Doe, Jane). **Do not click return – wait until drop down menu appears.**

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.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

▼ SUBMIT NEW FORMS / BILLING ▼ CLIENT INFORMATION

Show Instructions

Submit Form

Client Information

Client Name: [Dropdown] ? [Update Client Information](#)

Address: [Text Box]

SSN: [Text Box] Sex: [Text Box]
DOB: [Text Box] Race: [Text Box]
DCN: [Text Box] Ethnicity: [Text Box]

City, State Zip: [Text Box], MO [Text Box] Phone: [Text Box] - [Text Box] - [Text Box] No Phone

Provider Information

Regular Billing Direct Billing

Provider: [Dropdown] Referring Provider: [Dropdown]

Service Name/Address: [Text Box]

Form Type/Version

Type: [Dropdown] Version: [Dropdown]

Done

Searching for Current Client

If the client name appears, then select the correct name by clicking on it. Verify the name by checking the date of birth (DOB) and DCN number, if available. The client may be in the system with multiple names. Choose the name of the client as she presents to you. If not available, select one and then correct with 'Update Client Information.'

The client information screen will display the client demographic information. If any information is missing, add the correct information in the 'Update Client Information' screen.

If the client name is not in the database, this screen will say 'No Results Found'. Press the tab key to continue.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIANS**

Current Client: None Selected

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

▼SUBMIT NEW FORMS / BILLING ▶VIEW MEDICAID INFORMATION

[Show Instructions](#)

Submit Form

Client Information

Client Name: jane, doe ? Update Client Information

Address: 2 of 2 retrieved. Make a selection, Refine Search or Press tab key to continue.

Name	DOB	DCN	Address	PartyID
JANET, DOE M		12345678		378223108
JANET, DOE M		12345678		378223116

City, State Zip

Provider Inform

Provider

Service Name/Address

Form Type/Version

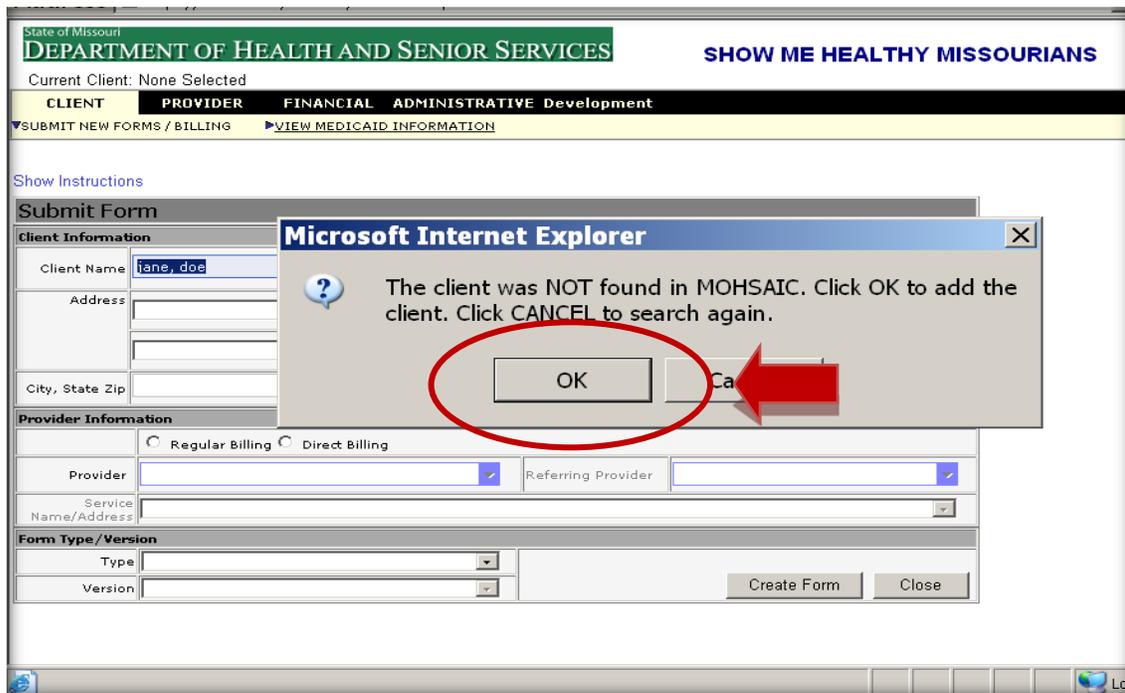
Type

Version

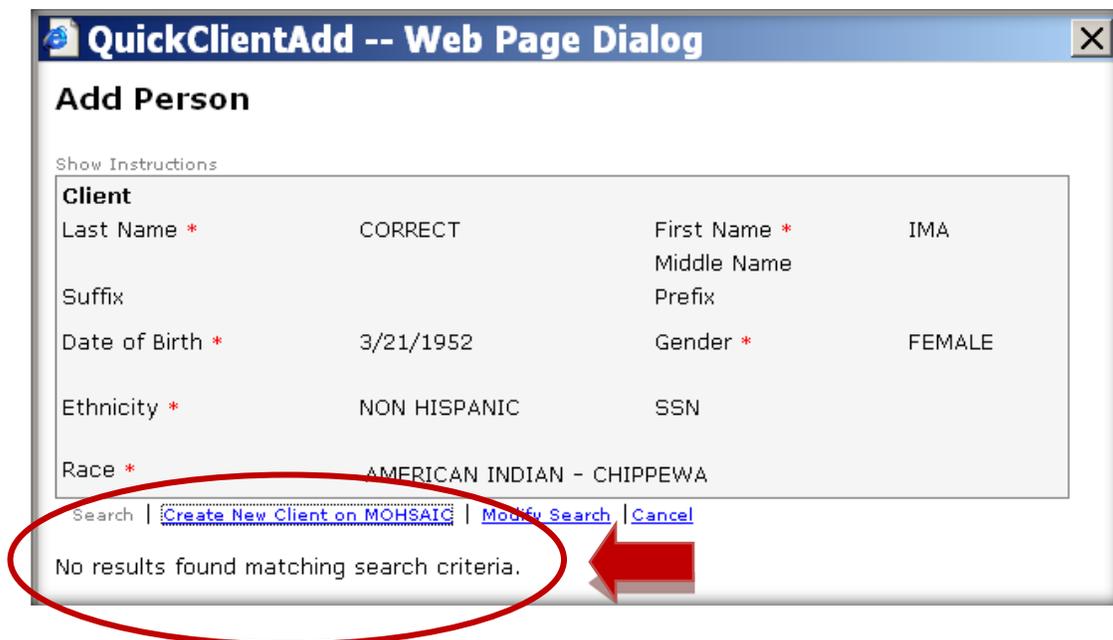
Create Form Close

Adding a New Client

If the client name does not appear, then hit the 'enter' or 'tab' key and the message to add a new client appears. Click the 'OK' button and proceed to the 'Add Person' screen.



The search will check the MOHSAIC and DSS databases. If the client name is not in the system, the screen appears with the 'No results found matching search criteria.' Click the 'Create New Client on MOHSAIC' link.



Adding new client, continued

The 'Client Information' screen is displayed. The next step is to enter the address and telephone number. Then proceed to the 'Provider Information' section or view Medicaid information.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

Current Client: REAL, GET No Address Found No Phone Information Found User: |

CLIENT **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

[Show Instructions](#)

Submit Form

Client Information

Client Name: REAL, GET ? [Update Client Information](#)

Address: [Empty]

SSN: 555-66-5551 Sex: FEMALE
DOB: 12/12/1951 Race: WHITE
DCN: 63045647 Ethnicity: NON HISPANIC

City, State Zip: [Empty] MO [Empty] Phone: [Empty] - [Empty] - [Empty] No Phone

Provider Information

Regular Billing Direct Billing

Provider: SHANNON COUNTY HEALTH DEPARTMENT Referring Provider: [Empty]

Service Name/Address: OREGON COUNTY HEALTH DEPARTMENT - 119 GREY JONES STREET, EMINENCE, MO 65466

Form Type/Version

Type: [Empty]
Version: [Empty]

Done Local intranet

Address Verification

If the system does not recognize the 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 you are sure they are both correct, call SMHW at 866-726-9926 to request an address fix. Normally this fix will be done overnight.

Address Verification

- The address entered could not be completely verified.
- Either the address could not be validated or multiple addresses were found that could possibly be the address being entered.
- Select one of the possible addresses or accept the address as entered.

[Show Instruction](#)

Address Verification	
Invalid Address	NOTE: This address will be marked as OVERRIDE. 164 SYCAMORE LN JEFFERSON CITY, MO 65109 County <input type="text"/>
Valid Addresses	No valid addresses were found.

The lower score number indicates a closer address match.

[Save](#) | [Cancel](#)

Checking for Medicare/Medicaid

If the client name is not on Medicaid the screen will be empty. The 'View Medicaid Information' is transferred from the DSS database. This screen is read only. The screen will display the current client at the top of the screen.

If a client name is displayed at the top of the screen and she is on Medicaid, the screen will be filled in.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIA**
User: BETA

CLIENT **FINANCIAL**
SUBMIT NEW FORMS / BILLING **VIEW MEDICAID INFORMATION**

Client - ROSES, MERRY [Change Client](#)

Client's Medicaid Status	
Status	Status Date

Parent/Guardian Medicaid Case Information			
DCN		Status	
Telephone			
Address 1			
Address 2			
City		State	Zip

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			

[Close](#)

Done Local intranet

Checking for Medicare/Medicaid, continued

This screen shows all of the client and guardian (if applicable) information as well as the managed care information. If there is an open date but no close date, the client is on some sort of assistance.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURIA**
User: BETA

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

SUBMIT NEW FORMS / BILLING VIEW MEDICAID INFORMATION

Client's Medicaid Status	
Status	0
Status Date	

Parent/Guardian Medicaid Case Information	
DCN	18053885
Telephone	
Address 1	1007 INTL AVE BOX 605
Address 2	
City	JOPLIN
State	MO
Zip	64801

Client's Medicaid Dates				
Begin Date	End Date	Program	Level Of Care	ME Code
9/1/2002	5/28/2006	A		
9/1/2002	5/28/2006	A		
9/1/2002	5/28/2006	A		
1				

Client's Managed Care (Medicaid Only)			
Plan	Begin Date	End Date	Plan Number
1			

[Close](#)

Local intranet

Please remember when pulling up or entering another client under client demographics, **verify** the client 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. This leads to duplicate records in the system and results in errors on the data submitted to CDC. **Until a software programming change is complete, please make sure the date of birth and SSN are correct for the client form being entered.**

Entering Provider and Form Type Information

On the 'Provider Information' section, select either 'Regular' or 'Direct Billing'. If 'Direct Billing' is selected, a referring provider must be entered. Type in the provider's name and select the appropriate provider. If 'Regular Billing' is selected, a referring provider is not necessary.

When entering information in this section is complete, proceed to the next section – 'Form Type/Version.'

This section has two parts: a) when one of the forms is selected, the version will be filled in and b) during the first few months of the new grant year, there could be multiple versions. By default, the 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.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES SHOW ME HEALTHY MISSOURI

Current Client: DOE, JANE A 1415 S EVANS ST, KANSAS CITY, MO 64108 No Phone Information Found

CLIENT PROVIDER FINANCIAL ADMINISTRATION Development

SUBMIT NEW FORMS / BILLING VIEW MEDICAID INFORMATION

[Show Instructions](#)

Submit Form

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

Client Name: DOE, JANE A ? [Update Client Information](#)

Address: 1234 PINEAPPLE LN

SSN: 123-45-6789 Sex: FEMALE
DOB: 4/24/1949 Race: WHITE
DCN: 63045628 Ethnicity: NON HISPANIC

City, State Zip: JEFFERSON CITY, MO 65102 Phone: - - No Phone

Provider Information

Regular Billing Direct Billing

Provider: OREGON COUNTY HEALTH DEPARTMENT Referring Provider:

Service Name/Address: JONES, INDIANA K. 416 MARKET STREET, ALTON, MO 65606

Form Type/Version

Type: Patient History (Green)

Version: Forms for Services Provided On or After June 30, 2007

Done

Entering Provider and Form Type Information continued

Under the gray heading, 'Form Type/Version', click on the correct form 'Type' for the submitted information:

- Breast Diagnosis and Treatment (purple)
- Cervical Diagnosis and Treatment (yellow)
- Patient History (green)
- Screening Reporting Form (blue)
- WISEWOMAN Form (pink)

The screenshot shows the 'Submit Form' interface for the Missouri Department of Health and Senior Services. The header includes the state name and department. Below the header, there is a navigation bar with tabs for CLIENT, PROVIDER, FINANCIAL, and ADMINISTRATIVE. The main content area is divided into sections: Client Information, Provider Information, and Form Type/Version. The Client Information section contains fields for Client Name, Address, City, State, Zip, SSN, DOB, DCN, Sex, Race, and Ethnicity. The Provider Information section includes options for Regular Billing and Direct Billing, and fields for Provider and Referring Provider. The Form Type/Version section is highlighted with a red circle, and a red arrow points to the 'Patient History (Green)' option in the dropdown menu. The dropdown menu lists several form types: Breast Diagnosis and Treatment (Purple), Cervical Diagnosis and Treatment (Yellow), Patient History (Green), Screening Reporting Form (Blue), WISEWOMAN Form, Colorectal History Form, and Colorectal Screening Form. The 'Create Form' and 'Close' buttons are visible at the bottom right of the form type selection area.

Entering Provider and Form Type Information continued

Click on the correct form 'Version': ('Forms for Services Provided On or After June 30, 20__ __.'). Dates must correspond with the service dates being submitted. Click on the correct form 'Version' for the submitted information:

- Forms for Services Provided On or After June 30, 2016

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES SHOW ME HEALTHY MISSOURI

Current Client: PERSON, NOTA 88888888 RANDOM STREET JACKSON, KS 65109 County: ADAIR (458) 869-5236

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE

▼ SUBMIT NEW FORMS / BILLING ► VIEW MEDICAID INFORMATION

Submit Form

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

Client Name	PERSON, NOTA	Update Client Information	
Address	88888888 RANDOM STREET	SSN	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> SSN Not Available
City, State, Zip	JACKSON, KS, 65109	DOB	1/1/1901
Phone	458 - 869 - 5236	Sex	FEMALE
		Race	PACIFIC ISLANDER -
		Ethnicity	HISPANIC

Provider Information

Regular Billing Direct Billing

Provider: Referring Provider:

Service Name/Address:

Form Type/Version

Type	Patient History (Green)
Version	Forms for Services Provided On or After June 30, 2009

Forms for Services Provided On or After June 30, 2009
Forms for Services Provided On or After June 30, 2008
Forms for Services Provided On or After June 30, 2007
Forms for Services Provided On or After June 30, 2006
Forms for Services Provided On or After June 30, 2005
Forms for Services Provided On or After June 30, 2004

Create Form Close

Filling Out a Form

The name is displayed before entering the data. The form on the screen is the same as the paper form. Fill in the form and click the 'Submit' button at the bottom of the screen to submit/save.

To fill in the forms you can 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 you are using the mouse for buttons, just click inside the circle. All forms work the same way.

- If you know what is in the drop down box, then tab to the empty field and type the first letter. The word will appear.
- Tab to the next field.
- If you tab to a square radio button, then hit the space bar to fill in.
- Tabbing to a radio button will automatically fill in the circle when highlighted.

State of Missouri

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SHOW ME HEALTH

Current Client: BROWN, MARY 2322 W WASHINGTON UNIONVILLE, MO 90210 No Phone Information Found

CLIENT
PROVIDER
FINANCIAL
ADMINISTRATIVE
Development

▼SUBMIT NEW FORMS / BILLING
▶VIEW MEDICAID INFORMATION

[Show Instructions](#)

Patient History

Ver. - 64

Provider SAMH Number - Service Address: 23730993701 - 416 MARKET STREET, ALTON, MO 65606

A. PERSONAL HISTORY

Name (Last, First, Middle Initial): BROWN, MARY

Maiden Name:

Date of Birth: 8/3/1942 Social Security Number: 015-65-5524

Medicaid DCN / Medicare Number: 01565524

Ethnicity: NON HISPANIC

Race: , BLACK

Marital Status:

Date Form Received: MM/DD/YYYY

Date of Visit: MM/DD/YYYY

Number of Household Members: Household Income (Monthly):

How did you hear about SMHW?

(1) Physician

(9) Health Fair

(2) Clinic

(10) Health Coalition

(3) Television

(11) Outreach Worker

Done

How to Complete 'Reporting Only' Process

EXAMPLE: A client who is eligible for SMHW diagnostic services is referred from an outside provider. The client has had a breast or cervical screening/diagnostic that is suspicious for cancer. Cancer diagnosis by a tissue biopsy is unconfirmed.

- Verify client eligibility
- Have client sign SMHW Client Eligibility Agreement form
- Complete green History form
- Enter data into MOHSAIC from green History form

The screenshot displays the MOHSAIC web application interface. At the top, it shows the State of Missouri Department of Health and Senior Services logo and the text 'SHOW ME HI'. Below this, client information is displayed: 'Current Client: ROSES, MERRY 164 SYCAMORE LN JEFFERSON CITY, MO 65109 (555) 222-4444 User: BETA'. The interface has tabs for 'CLIENT' and 'FINANCIAL'. A navigation bar includes 'SUBMIT NEW FORMS / BILLING' and 'VIEW MEDICAID INFORMATION'. The main content area is titled 'B. CLINICAL BREAST EXAM RESULTS'. A red arrow points to a 'Reporting Only' checkbox which is checked. Below this, there are dropdown menus for 'Does client report any breast symptoms?' (set to 'No') and 'CBE WNL' (set to 'No'). A section for 'Findings Present at CBE (check only one)' lists six options: 1) Benign finding, 2) Discrete palpable mass, 3) Bloody or serous nipple discharge (selected), 4) Nipple or areola scaliness or erythema, 5) Skin dimpling, retraction, new nipple inversion, etc., and 6) Enlarged lymph nodes. Further down, there are fields for 'Date of CBE' (04/01/2008), 'Rescreen Planned' (No), and 'Diagnostic Work-up Planned' (Yes). The bottom section is titled 'C. MAMMOGRAM RESULTS' and includes a 'Reporting Only' checkbox. The interface also shows a 'Local intranet' icon in the bottom right corner.

Screening Report Form

If a SMHW provider performs additional breast/cervical procedures, enter the data and check the appropriate visit type.

If no SMHW screening services are provided by a SMHW provider, check the appropriate 'Visit Type' and check the 'Referral Fee' box if requesting the \$20 referral fee. Provider reimbursement is for the referral fee only, not an office visit.

Report any other outside diagnostic procedures completed prior to enrollment on the appropriate diagnostic form as 'Reporting Only' and report SMHW follow-up procedures as usual.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTH**

Current Client: ROSES, MERRY 164 SYCAMORE LN JEFFERSON CITY, MO 65109 (555) 222-4444 User: BET

CLIENT **FINANCIAL**

▼SUBMIT NEW FORMS / BILLING ▶VIEW MEDICAID INFORMATION

Show Instructions

Screening Report

Ver. - 64

Provider SAMH Number - Service Address 43601779101 - SHANNON COUNTY HEALTH DEPARTMENT
119 GREY JONES STREET, EMINENCE, MO 65466

A. PERSONAL DATA

Name (Last, First, Middle Initial) ROSES, MERRY

Maiden Name

Date of Birth 4/16/1946 Social Security Number 555-52-5555 Medicaid DCN/Medicare Number 63045633

Annual Visit Type

Referral Fee Client Eligibility Verified

No Insurance Coverage Deductible Met

Type of Medicare

How did you hear about SMHW?

(1) Physician (9) Health Fair
 (2) Clinic (10) Health Coalition
 (3) Television (11) Outreach Worker
 (4) Radio (12) Relative/Friend
 (5) Printed Ad (13) University Extension

Local intranet

Screening Report Form, continued

An error message may appear at the bottom of the screen after the 'Submit' button is clicked. If this happens, the system will require form correction before proceeding. Upon form correction, click the 'Submit' button again and the system will proceed to the next screen.

After the successful submission of the form the 'Submit Form' screen will again be displayed. If you wish to continue with this client for additional forms return to 'Submit New Form/Billing.'

To search for another client, type over the current name and the new search result screen will appear. Select the new SSN and the screen will refresh with the new client name and information.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTH**

Current Client: BROWN, MARY 2322 W WASHINGTON UNIONVILLE, MO 90210 No Phone Information Found

CLIENT PROVIDER FINANCIAL ADMINISTRATIVE Development

▼SUBMIT NEW FORMS / BILLING ►VIEW MEDICAID INFORMATION

Have you had a hysterectomy?

If YES, what was the reason for having a hysterectomy?
 Cervical Cancer/Dysplasia Other
 Benign Tumor [Clear](#)

Do you still have a cervix?

E. TOBACCO USE

Have you smoked at least 100 cigarettes in your entire life?

Do you now smoke cigarettes?

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Any Errors Displayed Here Must Be Resolved to Submit

- Form Received Date Must Be Entered
- Date of Visit Must be Entered
- Number of Household Members Must be Entered
- Household Income Must be Entered
- How Heard About SMHW Must be Selected
- Highest Grade Completed Must be Selected

Done

Lesson 2: Financial

In Lesson 2, you will learn how to:

- Check provider contract information
- Check daily summary of forms submitted
- Review pay status of forms

Provider Contract Information

When you click on the 'Provider Contract Information' the financial information is automatically displayed. 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 SMHW billing coordinator at 866-726-9926. SHMW encourages you to monitor/track your funds through your internal system.

Daily Summary of Forms Submitted

Click on the 'Daily Summary of Forms Submitted' and then click on the month and day you want to display. Click the arrows on the month bar to change the month and then select the day you want to display. This will display the client's financial information by type, date and amount.

Clicking on 'Display Full List to Print' will display the screen for sending to the default printer. Clicking on the 'Print Listing' button will generate a print job. Choose the printer on the print screen and click print. If you do not want to print, click the 'Close' button to return to the main screen.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

CLIENT FINANCIAL
DAILY SUMMARY OF FORMS SUBMITTED REVIEW PAY STATUS OF FORMS PROVIDER CONTRACT INFORMATION

[Click Instructions](#)
Summary of Forms

Provider Name: SHANNON COUNTY HEALTH DEPARTMENT [Close]

Select a Highlighted Date to Display Forms for this Provider for the Selected Date

April 2008						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Review Pay Status of Forms

You can search for all records submitted or for a specific client. There are four form status types:

- Submitted by Provider,
- Approved,
- Released to Finance for Payment, and
- Check Mailed.

Each indicates a different step in the review and payment process.

If you search for a client, it will display all forms submitted for that client and the pay status. Click on 'Form Status' to view all clients under the criteria or click multiple items to display all the selections. (Example: 'Check Mailed')

Entering the date range will display all forms status for the range. Click the 'Search' button to display results.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES **SHOW ME HEALTHY MISSOURI**

CLIENT **FINANCIAL** **PROVIDER CONTRACT INFORMATION**

▶ DAILY SUMMARY OF FORMS SUBMITTED ▼ REVIEW PAY STATUS OF FORMS ▶ PROVIDER CONTRACT INFORMATION

[Show Instructions](#)

Pay Status of Forms

Provider Name:	SHANNON COUNTY HEALTH DEPARTMENT	
Client Name:	Last: <input type="text"/>	First: <input type="text"/>
Form Status:	<input checked="" type="checkbox"/> Submitted By Provider Uncheck All	<input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Check Mailed
Visit Date Range:	Begin Date: <input type="text"/>	End Date: <input type="text"/>

Review Pay Status of Forms, continued

The 'Form Type' and 'Total Amount Paid' columns show in blue. Clicking on either one brings up the form or the claim screen to review. The claim screen form is 'read only'.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
SHOW ME HEALTHY MI

CLIENT
FINANCIAL

▶ DAILY SUMMARY OF FORMS SUBMITTED
▼ REVIEW PAY STATUS OF FORMS
▶ PROVIDER CONTRACT INFORMATION

Provider Name:	<input type="text" value="SHANNON COUNTY HEALTH DEPARTMENT"/>	
Client Name:	Last: <input type="text"/>	First: <input type="text"/>
Form Status:	<input checked="" type="checkbox"/> Submitted By Provider <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Released To Finance For Payment <input checked="" type="checkbox"/> Check Mailed Uncheck All	
Visit Date Range:	Begin Date: <input type="text"/>	End Date: <input type="text"/>

Client Name at Time of Visit	Visit Date	Form Type	Amt Billed	Original Payment	Total Amt Paid	Status	Warrant Date
ROSES, MERRY	04/16/2008	Screening	\$0.00	\$0.00	\$0.00	SUBMITTED BY PROVIDER	

1

Review Pay Status of Forms, continued

Clicking on the 'Amount Billed' link will display the detailed information for that client and date. **This form is 'read only'.**

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
SHOW ME HEALTHY MISSOURIA

User: [BETA](#)

CLIENT
FINANCIAL
PROVIDER CONTRACT

DAILY SUMMARY OF FORMS SUBMITTED
REVIEW PAY STATUS OF FORMS
PROVIDER CONTRACT INFORMATION

[Show Instructions](#)

CLAIM DETAILS

Client Name :	ROSES, MERRY	Form Type :	SCREENING
Visit Date :	4/16/2008	Visit Type :	Initial
Begin Date :	4/16/2008	End Date :	4/16/2008
Total Amount Billed :	\$0.00	Total Amount Paid :	\$0.00

SERVICE DETAILS

Service Type	Fund for Payment	Amount Billed	Amount Paid	Comments
OFFICE OUTPT NEW 30 MIN		\$0.00	\$0.00	
1				
Total Amount Billed on Services: \$0.00 Total Amount Paid on Services: \$0.00				

[Close](#)

CPT™ only Copyright 2004 American Medical Association. All rights Reserved. No fee schedules, basic unit, relative values or related listings are included in CPT™. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained herein.

Done
Local intranet

If you have additional questions, please call SMHW/WISEWOMAN at 866-726-9926 for general assistance with central office staff.

If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by telephone at 800-347-0887 or by e-mail at support@health.mo.gov.



Show Me Healthy Women Provider Manual

Client Navigation

Navigation 12.1

SMHW Cancer Resources 12.2

Client Navigation

The elimination of cancer disparities is critically important for lessening the burden of cancer. Patient navigator programs have been shown to improve clinical outcomes.

In response to Missouri women and providers reaching out to Show Me Healthy Women to inquire about additional cancer navigational resources, Show Me Healthy Women developed a list of Cancer Navigational Resources to assist in filling a gap in the current health care system.

Show Me Healthy Women generated the following resource to work with Missouri women and families to help them at many points along the health care journey: insurance problems, identification of available cancer screening programs, medication assistance, financial assistance, housing assistance during travels, etc.

Show Me Healthy Women Cancer Resources								
Agency	Website	Name of Program	Enrollment Requirements	Services Offered	Primary Contact Name	Primary Contact Telephone	Primary Contact E-mail	Counties Covered
Access Family Care	http://www.accessfamilycare.org/	Discounted/Sliding Scale Fee	Medicaid, Medicare, insurance and self-pay accepted. Discount/Slide Scale Fee available to patients based on annual household income & current Federal Poverty Guidelines.	This is a Federally Qualified Health Center (FQHC) offering primary medical/dental care.	Administration office-Neosho: 417-451-9450 Don McBride, CEO; Sheila Long, CFO; Debra Davison, COO	Clinic sites: Joplin-(417)782-6200; Neosho-(417)451-4447 Anderson-(417)845-8300 Cassville-(417)847-0057 Mount Vernon-(417)461-0688 Lamar-(417)681-0027	N/A	Barton, Jasper, Newton, Barry, Lawrence & McDonald Counties.
American Cancer Society	www.cancer.org	American Cancer Society	See webpage links.	Free wigs to cancer patients, education materials, cancer information & support.	See webpage links.	800-227-2345	N/A	All counties in Missouri.
American Cancer Society	http://www.cancer.org/index	American Cancer Society	N/A	Webpage: cancer resources for wigs, transportation, support, local offices, etc.	N/A	800-227-2345	Web chat available	Check website link for local offices.
American Cancer Society	www.cancer.org	Hope Lodge (associated with American Cancer Society)	Have a cancer diagnosis.	Free housing for cancer patients traveling to KC (must be 40 miles or > from home for any cancer treatment).	Sarah Freyman	816-218-7136	N/A	Live outside Kansas City area.
American Cancer Society	http://www.cancer.org/treatment/support/programservices/hopelodge/index	Hope Lodge-St. Louis	Have a cancer diagnosis.	Free housing for cancer patient plus 1 caregiver traveling to St. Louis. Must be 40 miles or greater from home, for any cancer treatment.	N/A	314-286-8150	N/A	N/A

<p>American Cancer Society</p>	<p>www.cancer.org</p>	<p>Look Good...Feel Better</p>	<p>For women undergoing cancer treatment.</p>	<p>Free two-hour workshop for women undergoing cancer treatment. This program helps improve the self-image, appearance, and quality of life of patients by teaching beauty techniques to help cope with the temporary appearance-related side effects of cancer.</p>	<p>N/A</p>	<p>Patient Service Center, American Cancer Society (888) 227-6333</p>	<p>N/A</p>	<p>Offered in several SW Missouri locations including Mercy-Springfield, Mercy-Joplin, Freeman Health-Joplin, Bolivar, & across the state.</p>
<p>American Cancer Society</p>	<p>http://www.cancer.org/treatment/supportprogramsservices/patientlodging/index</p>	<p>Reach to Recovery</p>	<p>Must have either a possible cancer diagnosis or a definite cancer diagnosis.</p>	<p>Support for patients with possible breast cancer, diagnosis, or recurrence, or late stage. Considering lumpectomy, reconstruction etc. Telephone or face-to-face is provided by volunteers who are breast cancer survivors.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>All counties in Missouri.</p>
<p>American Cancer Society-Joplin</p>	<p>www.cancer.org</p>	<p>Reach to Recovery</p>	<p>Breast cancer patients/survivors.</p>	<p>Provides one-on-one mentoring for breast cancer patients. Current breast cancer patients are paired up with a breast cancer survivor from the community. Reach to Recovery volunteers have been screened and through extensive training to equip them to answer.</p>	<p>N/A</p>	<p>417-624-6808</p>	<p>N/A</p>	<p>N/A</p>

<p>American Cancer Society SW Missouri Office</p>	<p>www.cancer.org Facebook: American Cancer Society - Southwest Missouri</p>	<p>N/A</p>	<p>N/A</p>	<p>Provides programs and services for cancer patients, survivors and caregivers, and provides many ways people can help fight cancer through volunteering, advocating, donating money or participating in fundraising activities such as Relay for Life.</p>	<p>Marti Helfrecht</p>	<p>417-881-4668 Toll-free: 1-800-915-8350</p>	<p>Marti.Helfrecht@canccer.org</p>	<p>N/A</p>
<p>Area Agencies on Aging (AAA)</p>	<p>http://health.mo.gov/seniors/aaa/index.php</p>	<p>Area Agencies on Aging (AAA)</p>	<p>Services are available under the OAA mandates to persons at least 60 years of age, in the greatest social and economic need, with special emphasis placed on low-income minority elderly. Persons with disabilities aged 18-59 may receive assistance with transportation and nutrition services through Social Services Block Grant (SSBG) or other non-Title III funds.</p>	<p>Please check website for services provided.</p>	<p><i>Area Agencies on Aging</i> DHSS PO Box 570 Jefferson City, MO 65102</p>	<p>573-526-4542</p>	<p>info@health.mo.gov</p>	<p>statewide</p>
<p>Beyond the Ribbon</p>	<p>N/A</p>	<p>N/A</p>	<p>Outreach to breast cancer families.</p>	<p>Identifies unmet needs such as wigs, lymphedema sleeves, makeup tutorials, medication co-pays.</p>	<p>Lori Turk</p>	<p>N/A</p>	<p>run4herlife5K@gmail.com</p>	<p>Randolph County</p>
<p>Boone Hospital Center</p>	<p>www.boone.org</p>	<p>Boone Hospital Center</p>	<p>Financial discount for services at Boone for breast and cervical services.</p>	<p>If unable to pay bill for services, offers 15% off automatically, then applies for financial assistance. No money required in advance.</p>	<p>Financial Counseling</p>	<p>573-815-3305</p>	<p>N/A</p>	<p>All Counties in Missouri.</p>

<p>Breast Cancer Foundation of the Ozarks (BCFO)</p>	<p>www.bcfo.org</p>	<p>Non-Medical Financial Assistance Program</p>	<p>Contact BCFO for application. Each application is individually considered.</p>	<p>Provides short-term, non-medical financial assistance to residents of the Ozarks who are in current treatment for breast cancer with demonstrated financial need.</p>	<p>Jill Gold</p>	<p>417-862-3838 (Toll-free: 866-874-1915)</p>	<p>N/A</p>	<p>Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Lawrence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon, & Oregon Counties.</p>
<p>Breast Cancer Foundation of the Ozarks (BCFO)</p>	<p>www.bcfo.org</p>	<p>Children's Fund</p>	<p>Contact BCFO for more information.</p>	<p>BCFO offers assistance to children of families impacted by breast cancer. Financial assistance is provided on a case by case basis and may help with: School supplies, clothing, childcare, orthodontic continuation, and holiday gifts.</p>	<p>N/A</p>	<p>417-862-3838 (Toll-free: 866-874-1915)</p>	<p>N/A</p>	<p>Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Lawrence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon, & Oregon Counties.</p>
<p>Breast Cancer Foundation of the Ozarks (BCFO)</p>	<p>www.bcfo.org</p>	<p>Free Screening Mammogram Program</p>	<p>Application for assistance must be completed and are individually evaluated. Application is based on need for screening mammogram and the inability to pay for such services through insurance or self-pay. Ages 25-80 and beyond.</p>	<p>Free screening mammograms for qualified women.</p>	<p>Jill Gold</p>	<p>417-862-3838 (Toll-free: 866-874-1915)</p>	<p>jill@bcfo.org</p>	<p>Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Lawrence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon, & Oregon Counties.</p>

Breast Cancer Foundation of the Ozarks (BCFO)	www.bcfo.org	Lymphedema Garment Program	Contact BCFO for more information. Candidates must be uninsured or underinsured, and lymphedema must be a result of breast cancer treatment.	BCFO provides lymphedema garments through area medical supply providers to uninsured or underinsured candidates that have lymphedema as a result of breast cancer treatment.	Jill Gold	417-862-3838 (Toll-free: 866-874-1915)	N/A	Barton, Jasper, Newton, McDonald, Henry, Cedar, Dade Laurence, Barry, Polk, Greene, Christian, Stone, Dallas, Webster, Douglas, Wright, Taney, Ozark, Laclede, Texas, Howell, Shannon & Oregon Counties.
Breast Lifecare Clinic at Wes & Jan Houser Women's Pavillion-Freeman Health System	https://www.freemanhealth.com/services/womens-services/breast-lifecare	N/A	N/A	Comprehensive breast care center offering radiology, surgical and oncology services.	Wendy Chrisenberg, Women's Pavillion Supervisor	417-347-7777	N/A	Clinic located in Joplin (Jasper County) but serves the 4 corner state MO,KS, OK, & AR region.
Cancer Action	tishr@canceractionkc.org	Cancer Action	Have a cancer diagnosis.	Free Medical supplies, comfort items, financial assistace with Rx's, transportation, emotional & educational support.	Trish Rush	816-350-8881	N/A	Jackson and Clay Counties. In Kansas Wyandotte & Johnson Counties.
CancerCare Co-Payment Foundation	www.cancercarecopy.org	CancerCare Co-Payment Foundation	Women and children of all diagnosis.	Dedicated to helping afford co-payments for chemotherapy & targeted treatment drugs.	N/A	866-552-6729	N/A	N/A
Community Breast Care Project of Central Missouri	N/A	Community Breast Care Project	Women diagnosed with breast cancer in the last 12 months and who meet criteria. Small grants to cover cost associated with breast cancer treatment.	Offers financial aid.	N/A	573-634-HOPE	N/A	Cole, Osage, Callaway, Miller, Moniteau, & Morgan Counties.
Community Clinic-Joplin	www.joplinclinic.org	Breast Cancer Screening	Breast cancer screening clinics are held twice monthly and open to any women or men without other access to these services.	Medical and dental care for the uninsured serving people birth to age 64.	Mary Fetters, Clinical Operations Manager	417-624-5500	opsmanager@joplincommunityclinic.com	Jasper County

Carrie J Babb Cancer Center-Citizens Memorial Healthcare	http://www.cccancer.com/	Central Care Cancer Center	Accepts Medicaid, Medicare, insurance and self-pay.	Comprehensive oncology services and support services for cancer patients through Central Care Cancer Center.	Kim Wallin-Medical Oncology	417-326-7200	N/A	Polk County
CoxHealth Breast Care Clinic at Hultston Cancer Center-Springfield	www.coxhealth.com	N/A	Insurance or self-pay. Financial assistance may be available for breast cancer patients through CoxHealth Foundation.	Comprehensive breast center. Screening/ Diagnostic imaging and breast biopsy services.	Manager: Susan Smith	417-269-6170	susan.smith2@coxhealth.com	Greene County
CoxHealth Foundation-Springfield	www.coxhealthfoundation.com	Various programs offering patient financial assistance for services provided at CoxHealth.	Patient application, physician referral, proof of income, and explanation of need required to request assistance.	*See website for all fund programs* Includes -Breast Care Fund for services provided to breast cancer patients at the Breast Care Clinic.	N/A	417-269-7150	N/A	Services must be provided through CoxHealth (Greene county).
CoxHealth Reach Together @ CoxHealth Breast Care Clinic-Springfield	N/A	CoxHealth Reach Together	A support group for those who have, or have had, breast cancer and their family members and caregivers.	A support group for those who have, or have had, breast cancer and their family members and caregivers.	Deanna Gunnett	417-269-6253	deanna.gunnett@coxhealth.com	Greene County
Ellis Fischel	http://www.muhealth.org/locations/ellisfischelcancercenter/	MU Health Care/Ellis Fischel	Financial discount for services at Ellis.	If unable to pay bill at Ellis and has no insurance, will get 60 % off hospital charges, 25% off physician charges, and additional 20 % off bill if paid in full within 39 days of bill statement. Charity Care program Financial Counseling services.	Call to speak to financial counselor and to request application.	866-608-8025	N/A	N/A
Ellis Fischel/ Cancer Screening Grant	N/A	Ellis Fischel	Women 40+ with no health insurance, make \$5,000.00 over what SMHW allows to qualify for screening mammogram.	Annual screening mammograms with identification and proof of income.	Sue Sinele	573-884-1140 or 573-884-8511	Sinelea@health.missouri.org	Any county in Missouri, but must be scheduled through Cancer Screening.

Ellis Fischel/Young Women Cancer Screening Grant	N/A	Ellis Fischel	Women 19-34 years of age with abnormal breast lump or discharge. Pain does not qualify.	Diagnostic mammogram, Ultrasound, biopsy & follow-up. DOES NOT INCLUDE TREATMENT.	Sue Sinele	573-884-1140 or 573-884-8511	Sinelea@health.missouri.org	Any county in Missouri, but must be scheduled through Cancer Screening.
Faith Community Health-Branson	https://www.faithcommunityhealth.org/	N/A	Any individual with income, living in Stone or Taney Counties, qualifies for our services. Fees are determined based on household income and insurance status.	Faith-based, non-profit health organization that delivers affordable healthcare to residents of Taney & Stone counties.	Darla Howe, Clinical Director	417-336-9355	info@faithcommunityhealth.org Vision Office Open one day each month times vary. Call 417-336-9355 for appointments. Contact Us 610 S Sixth Street Branson, MO 65616 (417) 336-9355 info@faithcommunityhealth.org	Taney & Stone Counties.
Freeman Health System	www.freemanhealth.com	Freeman Financial Assistance Program	Following denial of any available government program, applicants may qualify for the Freeman Financial Assistance Program. Approval is based on gross income and assets, compared to federal poverty guidelines.	Financial counselors are available to help patients at Freeman with available options to pay for services.	Financial counselors are available Monday-Friday 8am-4:30pm	417-347-6686 or 888-707-4500	N/A	Hospitals located in Joplin (Jasper County) and Neosho (Newton County) but services the 4 state region.
Fordland Clinic, Inc.	www.fordlandclinic.org	N/A	Insurance or self-pay based on income.	Offers comprehensive family practice, dental services, mental health counseling, and urgent care services based on income.	Office Manager: Joan Twiton	Medical: 417-767-2273 Dental: 417-767-2100	information@fordlandclinic.org	Webster County

Gateway to Hope	http://www.gthstl.org/	Gateway to Hope	Income < 350% of poverty level. Diagnosed with breast cancer or undergoing breast cancer treatment. Open to women of all ages.	Financial assistance to qualified individuals to assist with health insurance premiums associated with breast cancer care/treatment. Additional funding for qualified individuals for mortgages, utilities, gasoline cards.	Christine Lyss or available Clinical Intake Coordinator	314-569-1113	chris@gthstl.org	All Missouri Counties.
Gilda's Club Kansas City	Info@GildasClubKC.org	Gilda's Club Kansas City	Have a cancer diagnosis.	Free emotional support groups & educational classes.	Merritt Benz	816-531-5444	N/A	Clay, Jackson, Platte, & Ray Counties.
Good Days from Chronic Disease Fund (CDF)	www.gooddaysfromcdf.org	Good Days from CDF	Online enrollment for qualification.	Cancer & Chronic disease medication copay assistance.	Online chat available on Facebook.	877-968-7233 Hours 8-5 CST	N/A	N/A
Good Samaritan Care Clinic-Mountain View, MO	http://www.goodsamaritancareclinic.org/	N/A	Uninsured	Free medical and dental consultation services for the uninsured in South Central Missouri. This clinic is ran by medical, dental, nursing, pharmaceutical, and administrative volunteers. Clinic open Monday evenings-doors open at 5:15pm.	N/A	417-934-6500	info@goodsamaritancareclinic.org	Texas & Howell Counties.
GYN Cancers Alliance (GYNCA)	www.gynca.org	Emergency Non-Medical Financial Support	Contact GYNCA for application and more information. Client must be in treatment and approval is subject to board approval. Program offers emergency non-medical financial assistance for families facing gynecologic cancer. Assistance may include rental pay.	Emergency Non-Medical Financial support for women and their families facing GYN cancer. Per Client-Emergency financial assistance guidelines while in treatment-Monthly per client Max=\$500. Annual per client Max=\$2500.00.	Sylvia Terbrock	417-869-2220	info@gynca.org	Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, Laclede, McDonald, Newton, Ozark, Polk, Stone, Taney, Texas, Vernon, Webster, & Wright Counties.

<p>Hope 4 You Breast Cancer Foundation</p>	<p>http://www.hope4youbcf.org/</p>	<p>Surviving Together with HOPE</p>	<p>Breast cancer survivors.</p>	<p>A support group for Breast Cancer Survivors. We will help one another by embracing each other's lives, emotions, expectations, by way of close knit discussions, activities, and educational seminars.</p>	<p>Kim Sanders</p>	<p>417-437-0784</p>	<p>N/A</p>	<p>Jasper County</p>
<p>Jordan Valley Community Health Center</p>	<p>http://jordanvalley.org</p>	<p>Assistance with access to Insurance Marketplace for Affordable Care Act (ACA) Insurance.</p>	<p>N/A</p>	<p>Jordan Valley has certified application counselors to assist over the telephone or make an appointment. Visit in person at 440 E. Tampa, Springfield, MO, or 1166 Banning St. Marshfield, Missouri.</p>	<p>Marketplace Application Counselor or Care Coordinator.</p>	<p>417-851-1566</p>	<p>N/A</p>	<p>Greene & Webster Counties.</p>
<p>Jordan Valley Community Health Center Federally Qualified Health Center (FQHC)</p>	<p>http://jordanvalley.org</p>	<p>FQHC- Accepts MO HealthNet, Medicare & Private Insurance. Financial Assistance for Uninsured may be available for medical/dental services provided at Jordan Valley. Application required. Eligibility for Slide Program based on household income/assets.</p>	<p>Slide Program- Application required. Eligibility based on household income/resources and lack of health insurance.</p>	<p>Medical Clinics in Springfield, Republic, Marshfield, Hollister, and Lebanon. Dental clinics in Springfield, Republic, Marshfield, Hollister, Lebanon & Forsyth.</p>	<p>Care Coordinators available at each location.</p>	<p>417-831-0150</p>	<p>PAweb@jordanvalley.org</p>	<p>SW MO- Clinics located in Greene, Webster, Taney & Laclede Counties.</p>

Komen of Missouri	info@komenmissouri.org	Susan G. Komen	Once contact is made, grantees will further determine eligibility and services available.	Grant funds for local Diagnostic & Screening Mammograms, breast health education, patient navigation & support programs to women, men and families in 38 MO and IL counties.	not listed	314-569-3900 (Greater St.Louis office), or 573-445-1905 (Mid-Missouri Office)	N/A	Adair, Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Franklin, Gasconade, Howard, Jefferson, Lincoln, Macon, Maries, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Perry, Randolph, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, & Washington Counties.
Lymphedema Support Group of the Ozarks	N/A	N/A	N/A	Educational and support group for those with lymphedema and their families.	Nora Burgess	417-863-1618	noraburgess@gmail.com	SW MO Ozarks
MedZou Program	http://medicine.missouri.edu/medzou/services.html	MedZou	Serves clients without insurance who are waiting for insurance coverage to begin.	Diagnostic breast services	N/A	573-356-2499	N/A	Any Missouri County.
Mercy Breast Center — “Chub” O’Reilly Cancer Center	www.mercy.net	N/A	N/A	Provides breast cancer screening and diagnostic appointments; helps patients, spouses and families with the many adjustments following the diagnosis and treatment of breast cancer.	Sharon Davis-Director	417-820-2500	N/A	Greene County

Mercy Cancer Resource Center	www.mercy.net	Cancer Resource Team	For cancer patients being treated at Mercy-Springfield.	Provides a central location where clinical expertise is coupled with educational, emotional, practical and spiritual support to help patients and their families deal with a life-changing diagnosis and to navigate through the health care system.	N/A	417-820-2588	N/A	Greene County
Mercy Hospital & Clinics	https://www.mercy.net/mercy-charity-care	Mercy Charity Care	Mercy grants hospital and clinic financial assistance to patients for emergency and other medically necessary care. Application required and available online.	Uninsured patient discounts for hospital services and financial assistance to patients for emergency or other medically necessary care provided at Mercy.	N/A	855-420-7900	N/A	*See Mercy website*-Program only for services provided at a Mercy Hospital in MO,IL, OK, KS and AR.
Mercy Mobile Mammography Bus- Mercy Corporate Health and Wellness	http://wellnesspartner.org/bus.cfm	Screening Mammogram Mobile Bus	Insurance or self-pay.	The Mobile Mammography bus is an outreach of the Mercy Breast Center, staffed by highly qualified Mercy health professionals. The bus travels to various SW MO Mercy Clinics and other locations- see calendar on Mercy website.	Carmen Losurdo, Coordinator- Corporate Health & Wellness Wellness on Tour Bus .	417-820-2790	carmen.losurdo@mercy.net	Greene & surrounding SW MO Counties- Location varies.
Moniteau County Health Department	N/A	Moniteau County Health Department	Pap, well-woman exam, & Human Papilloma Virus (HPV)	Offers Pap & well woman exam for \$20.00, HPV may be around \$40.00. May be limited due to Affordable Care Act (ACA).	N/A	573-796-3412	N/A	All Missouri Counties

Missouri State University (MSU) Care Clinic (O'Reilly Clinical Health Sciences Center on MSU Campus)	http://msucare.missouri-state.edu/	N/A	Mercy and MSU operate the primary care clinic, which serves local uninsured adults who are not eligible for coverage under Medicare or Medicaid. As of 1/4/16: there is a waiting list for appointments.	Medical primary care services for uninsured adults.	Andrea Hastings, Clinic Director	417-837-2270	N/A	Greene County
NorthEast Missouri OB/GYN Clinics	N/A	NorthEast Missouri OB/GYN Clinics	Services available per sliding scale based on income.	Pap smears, lab work, colposcopies, Loop Electrosurgical Excision Procedure (LEEP).	N/A	660-626-2246	N/A	Adair, Schuyler, Scotland, Clark, Lewis, Sullivan, Knox, Macon, Shelby, Putnam, & Mercer Counties.
Ozarks Area Community Action Agency (OACAC)	Facebook: OACAC Family Planning	Women's Health - Family Planning	Contact OACAC for information.	Provides individuals with family planning, low-cost contraceptive methods and reproductive health services including pregnancy testing, pap smears, breast exams and sexually transmitted disease (STD) testing and treatment, throughout the southwest Missouri area.	Diane Anthony	417-864-3410	danthony@oacac-cao.org	Greene, Barry, Lawrence, Dade, Polk, Christian, Stone, Dallas, Webster, & Taney Counties.
Patient Advocate Foundation	www.copays.org	Patient Advocate Foundation	Must be currently insured, & have coverage for medications which financial assistance is sought.	Financial assistance to qualified patients for drug co-payments, relative to diagnosis.	N/A	866-512-3861	N/A	N/A
Planned Parenthood of Kansas City & Mid-Missouri	N/A	Planned Parenthood of KC and Mid-Missouri	Abnormal pap with need for colposcopy.	Colposcopies regardless of age or income for \$400.00.	Vicki Casey	913-345-4617	Vicki.casey@ppkm.org	Any Missouri County.

Right Action for Women	http://rightactionforwomen.org	Christina Applegate Foundation	Breast Magnetic Resonance Imaging (MRI) screening assistance for women at increased risk for breast cancer, who do not have insurance or the financial flexibility to cover cost for screening.	Breast Magnetic Resonance Imaging (MRI).	E-mail contact link on webpage	E-mail contact link on webpage	N/A	National
Samuel Rodgers Health Center	amcgee@rogershealth.org	Samuel Rogers Health Center	Those who do not qualify for Show Me Healthy Women (SMHW) payment based on household income.	Pelvic, Pap, Human Papilloma Virus (HPV) testing, mammogram, breast ultrasound.	Angie McGee	816-889-4708	N/A	All Missouri Counties.
SSM Health Audrain St. Mary's Hospital	N/A	SSM Audrain	Qualifying documentation of income.	FREE or discounted care programs.	N/A	855-989-6789	financialaid@ssmhc.com	All Missouri Counties.
Swope Health Service	http://www.swopehealth.org	Swope Health Service	Payment based on household income.	Medical services including GYN exams.	not listed	816-923-5800	N/A	All Missouri Counties.
Truman Medical Center (TMC) Hospital	N/A	Truman Medical Center Hospital	Payment based on household income.	All hospital services.	Financial Counseling Call Center	816-404-3040	N/A	Jackson County
Vincent P. Gurucharri Foundation, INC	N/A	N/A	Financial assistance for patients undergoing cancer treatment.	Assist with medication expenses, medical services, medical equipment, dental care, transportation, and other needs indicated per social worker.	Maura Hodges	573-777-3314	N/A	Boone, Audrain, Callaway, Cole, Cooper, Howard, Moniteau, & Randolph Counties.

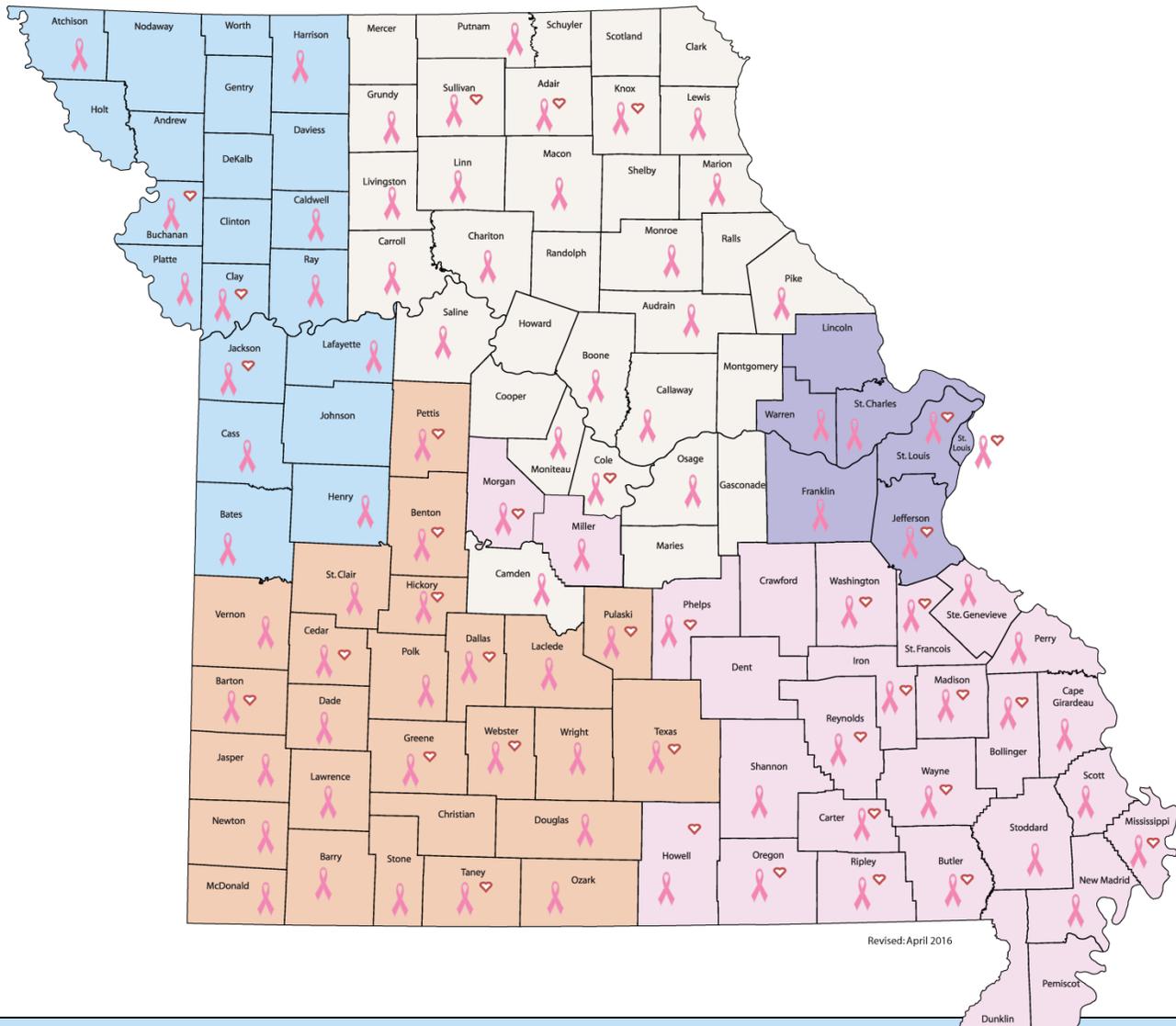


Show Me Healthy Women Provider Manual

Appendices

Provider Map.....	13.1
Regional Program Coordinator County List.....	13.2
Provider List by County.....	13.3
Literature Order Form.....	13.19
SMHW/WW Available Literature - English.....	13.20
SMHW/WW Available Literature - Spanish	13.22
Most Commonly Asked Questions	13.24
Acronyms/Abbreviations	13.28
Glossary of Terms	13.32

Provider Map



Sara Walz, RN; Kansas City/Northwest Area	Pager: 816-247-3637	P: 816-404-6985	F: 816-404-6986
Lisa Graessle, RN; Central/Northeast Area		P: 573-522-2855	F: 573-522-2898
Maisha Flannel, RN; St. Louis Area		P: 314-657-1413	F: 314-612-5005
Missy Rice, RN; Southwest Area		P: 417-693-3409	F: 417-345-1069
Ruth Hudson, RN; Southeast Area		P: 573-418-1358	F: 573-354-2348

For more information call: 866-726-9926. For the most current provider map visit our website at:
<http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/index.php>.

SMHW Regional Program Coordinator County List

Northwest/K.C. Area	Sara Walz, RN	816-404-6985	Fax: 816-404-6986
----------------------------	----------------------	---------------------	--------------------------

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

Northeast/Central Area	Lisa Graessle, RN	573-522-2855	Fax: 573-522-2898
-------------------------------	--------------------------	---------------------	--------------------------

001 Adair	053 Cooper	125 Maries	173 Ralls
007 Audrain	073 Gasconade	127 Marion	175 Randolph
019 Boone	079 Grundy	129 Mercer	195 Saline
027 Callaway	089 Howard	135 Moniteau	197 Schuyler
029 Camden	103 Knox	137 Monroe	199 Scotland
033 Carroll	111 Lewis	139 Montgomery	205 Shelby
041 Chariton	115 Linn	151 Osage	211 Sullivan
045 Clark	117 Livingston	163 Pike	
015 Cole	121 Macon	171 Putnam	

St. Louis Area	Maisha Flannel, RN	314-657-1413	Fax: 314-612-5005
-----------------------	---------------------------	---------------------	--------------------------

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

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	Ruth Hudson, RN	573-418-1358	Fax: 573-354-2348
-----------------------	------------------------	---------------------	--------------------------

017 Bollinger	091 Howell	149 Oregon	186 Ste. Genevieve
023 Butler	093 Iron	155 Pemiscot	201 Scott
031 Cape Girardeau	123 Madison	157 Perry	203 Shannon
035 Carter	131 Miller	161 Phelps	207 Stoddard
055 Crawford	133 Mississippi	179 Reynolds	221 Washington
065 Dent	141 Morgan	181 Ripley	223 Wayne
069 Dunklin	143 New Madrid	187 St. Francois	

Provider List as of September 2015

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
ADAIR	Adair County Health Department 1001 South Jamison Street Kirksville, MO 63501-3986	(660) 665-8491	CBE, DB=DX	Pelvic, PAP, DX=DB		
ADAIR*	NEMO – Kirksville 1506 Crown Drive Kirksville, MO 63501	(660) 627-4493	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
ADAIR*	NEMO – OB/GYN 402 West Jefferson Street Kirksville, MO 63501	(660) 665-3555	CBE, DX=DB	Pelvic, PAP, Colposcopy	✓	✓
ADAIR	Northeast Missouri Women's & Family Health Clinic (NEMO) 1416 Crown Drive Kirksville, MO 63501-2548	(660) 627-4493	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
ATCHISON	Atchison County Health Center 421 Main Street Tarkio, MO 64491-1544	(660) 736-4121	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
AUDRAIN	SSM Health – St. Mary's Hospital - Audrain 713 Jackson Street Mexico, MO 65265	(573) 582-4100	CBE, DX=DB	Pelvic, PAP DX=DB		
BARRY	Barry County Health Department 65 Main Street Cassville, MO 65625-9400	(417) 847-2114	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
BARRY*	Barry County Health Department-Monett 1000 Lincoln Monett, MO 65708	(417) 352-8402	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
BARRY*	Access Family Care-Cassville 4016 North Main Street Cassville, MO 65625	(417) 847-0057	CBE, DX=SUB	Pelvic, PAP, Colposcopy, DX=Main or SUB		
BARTON	Barton County Health Department 1301 East 12th Street Lamar, MO 64759-2182	(417) 682-3363	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		✓
BATES*	Bates County Health Center 501 North Orange Butler, MO 64730	(660) 476-2194 or (888) 577-4640	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		

Highlighted Row—Direct Biller	DX – Diagnostic Tests	*Satellite Site	DB – Direct Biller	SUB – Subcontract for Services
--------------------------------------	------------------------------	------------------------	---------------------------	---------------------------------------

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
BENTON*	Bothwell Health Center-Truman Lake 1765 Commercial St Warsaw, MO 65355	(660) 438-6800	Mam, US		✓	
BENTON*	Katy Trail Community Health-Warsaw 17571 North Dam Access Road Warsaw, MO 65355	(877) 733-5824	CBE, DX=SUB/DB	Pelvic, PAP, DX=DB		✓
BENTON*	West Central Missouri Community Action Agency (WCMCAA) Benton County Health Center 1220 Commercial Warsaw, MO 65355	(660) 476-2194 Or (888) 577-4640	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
BOLLINGER	Bollinger County Health Center 107 Highway 51 North Marble Hill, MO 63764-0409	(573) 238-2817	CBE	Pelvic, PAP		✓
BOLLINGER*	Cross Trails Medical Center-Marble Hill 109 Highway 51 North Marble Hill, MO 63764	(573) 238-2725	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
BOONE	Columbia/Boone County Health Department 1005 West Worley Columbia, MO 65203-2037	(573) 874-7365	CBE, DX=DB	Pelvic, PAP, DX=DB		
BOONE	Ellis Fischel Cancer Center One Hospital Drive Columbia, MO 65203	(573) 882-8511	CBE, DX	Pelvic, PAP, Colposcopy, DX	✓	
BOONE	Family Health Center of Boone County 1001 West Worley Columbia, MO 65203-1049	(877) 677-4342	CBE, DX=DB	Pelvic, PAP, Colposcopy, DX=DB		
BOONE*	Family Health Center of Boone County 2475 Broadway Bluffs Drive, Suite 200 Columbia, MO 65201	(877) 677-4342	CBE, DX=DB	Pelvic, PAP, Colposcopy, DX=DB		
BOONE	University of Missouri Hospitals & Clinics See Ellis Fischel Cancer Center One Hospital Drive Columbia, MO 65203	(573) 882-8511	CBE, DX	Pelvic, PAP, Colposcopy, DX	✓	
BUCHANAN	Social Welfare Board 904 South 10th Street, Suite A St. Joseph, MO 64501	(816) 344-5233	CBE, DX=DB	Pelvic, PAP, Colposcopy, DX=DB		✓
BUTLER	Butler County Health Department 1619 North Main Street Poplar Bluff, MO 63901-3499	(573) 785-8478	CBE	Pelvic, PAP		✓

Highlighted Row—Direct Biller	DX – Diagnostic Tests	*Satellite Site	DB – Direct Biller	SUB – Subcontract for Services
--------------------------------------	------------------------------	------------------------	---------------------------	---------------------------------------

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
BUTLER*	MO Highlands Medical Clinic 255 Physician Park Drive, Suite 303 Poplar Bluff, MO 63901	(573) 785-6536	CBE, DX=SUB/DB	Pelvic, PAP, Colposcopy, DX=SUB/DB		✓
CALDWELL*	Green Hills Community Action Agency Hamilton Methodist Church 104 West Samuel Hamilton, MO 64644	(877) 611-7600 Or (660) 359-2855	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
CALLAWAY*	Community Health of Central MO-Fulton 561 Commons Drive Fulton, MO 65251	573-826-2700	CBE, MAM DX=SUB/DB	Pelvic, PAP, Colposcopy DX=SUB/DB		
CAMDEN	Lake Regional Health System 54 Hospital Drive Osage Beach, MO 65065	(573) 302-2885				
CAPE GIRARDEAU	Cross Trails Medical Center 408 South Broadview Cape Girardeau, MO 63703	(573) 332-0808	CBE	Pelvic, PAP		
CAPE GIRARDEAU	East Missouri Action Agency, Inc 1111 Linden Street Cape Girardeau, MO 63702	(573) 431-5191 Ext. 1121	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
CARROLL*	Carroll County Health Department 5 North Ely Carrollton, MO 64633	(877) 611-7600 Or (660) 359-2855	CBE, DX=DB	Pelvic, PAP, DX=DB		
CARROLL*	Carroll County Memorial Hospital 1502 North Jefferson Carrollton, MO 64633-1948	(877) 611-7600 Or (660) 359-2855	CBE, DX=DB	Pelvic, PAP, DX=DB		
CARTER*	Missouri Highlands Big Springs Medical Clinic 405 Main St. VanBuren, MO 63965	(877) 272-9621 Or (573) 323-4253	CBE, DX=SUB/DB	Pelvic, PAP, Colposcopy, DX=SUB/DB		✓
CARTER	Carter County Health Center 1611 Health Center Road Van Buren, MO 63965	(573) 323-4413	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
CASS*	West Central Missouri Community Action Agency (WCMCAA) Belton Womens Health Services 119 Congress Street Belton, MO 64012	(816) 322-5012 Or (888) 577-4640	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		

Highlighted Row—Direct Biller	DX – Diagnostic Tests	*Satellite Site	DB – Direct Biller	SUB – Subcontract for Services
--------------------------------------	------------------------------	------------------------	---------------------------	---------------------------------------

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
CEDAR	Cedar County Memorial Hospital 1317 S. Hwy 32 Eldorado Springs, MO 64744-2037	(417) 786-5017	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
CEDAR*	Stockton Cedar County Health Department 807 Owen Mill Road Stockton, MO 65785	(417) 276-6416	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
CHARITON*	Family Health Center 307 South Broadway Salisbury, MO 65281	(877) 677-4342	CBE, DX=DB	Pelvic, PAP, DX=DB		
CHARITON*	Chariton County Health Department 206 State Street Keytesille, MO 65261	(877) 611-7600 Or (660) 359-2855	CBE, DX=DB	Pelvic, PAP DX=DB		
CLAY	Clay County Public Health Center 800 Haines Drive Liberty, MO 64068-1006	(816) 595-4357	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
COLE	Cole County Health Department 1616 Industrial Drive Jefferson City, MO 65109-1471	(573) 636-2181	CBE, MAM, DX=SUB/DB	Pelvic, PAP, DX=DB		✓
COLE	Community Health Center of Central MO 3400 West Truman Boulevard Jefferson City, MO 65109	(573) 632-2777	CBE, MAM, DX=SUB/DB	Pelvic, PAP, Colposcopy, DX=SUB/DB		
DADE	Dade County Health Department 413 West Water Street Greenfield, MO 65661-1353	(417) 637-2345	CBE, DX=SUB	Pelvic/PAP, DX=SUB		✓
DALLAS	Dallas County Health Department 1011 West Main Buffalo, MO 65622-0094	(417) 345-2332 Ext. 100	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
DOUGLAS	Missouri Ozarks Community Health 504 N.W. 10 th Avenue Ava, MO 65608-1359	(417) 683-5739	CBE, DX=SUB	Pelvic, Pap, DX=SUB		
FRANKLIN	Missouri Baptist Sullivan Hospital 751 Sappington Bridge Road Sullivan, MO 63080	(573) 468-4151	CBE, DX	Pelvic, PAP		
GREENE	Jordan Valley Community Health Center 440 East Tampa Street Springfield, MO 65806	(417) 831-0150	CBE, DX=SUB	Pelvic, PAP, Colposcopy, LEEP, DX		✓
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
GREENE*	Jordan Valley Community Health Center- Republic 550 East Harrison Street Republic, MO 65738	(417) 831-0150	CBE DX=SUB	Pelvic, PAP DX=Main/SUB		✓
GRUNDY	Green Hills Community Action Agency 1506 Oklahoma Avenue Trenton, MO 64683	(877) 611-7600 Or (660) 359-2855 ext. 1055	CBE, SUB, DX=DB	Pelvic, PAP, SUB DX=DB		
HARRISON*	Harrison County Community Hospital 2600 Miller Street Bethany, MO 64424-2701	(877) 611-7600 Or (660) 425-6324	CBE DX=DB	Pelvic, PAP, DX=DB		
HARRISON*	Harrison County Health Department 1700 Bethany Ave Bethany, MO 64424	(877) 611-7600 Or (660) 425-6324	CBE, DX=DB	Pelvic, PAP, DX=DB		
HARRISON	Northwest Health Services Cainsville Medical Clinic Inc 707 Victory Lane Cainsville, MO 64632	(660) 893-5750	CBE, DX=DB	Pelvic, PAP, DX=DB		
HENRY*	West Central Missouri Community Action Agency (WCMCAA) The Christian Church 1201 East Ohio Street Clinton, MO 64735	(660) 476-2194 or (888) 577-4640	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
HICKORY	Hickory County Health Department 201 Cedar Street Hermitage, MO 65668-0021	(417) 745-2138	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
HOWELL	Howell County Health Department 180 South Kentucky Avenue West Plains, MO 65775	(417) 256-7078	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
HOWELL	Southern Missouri Community Health Center 1137 Independence Drive West Plains, MO 65775	(417) 255-8464	CBE, DX=SUB	Pelvic, PAP, Colposcopy DX=SUB		
IRON*	Annapolis Family Clinic 202 Allen Street Annapolis, MO 63620	(573) 598-4213	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
IRON*	Iron County Medical Clinic 315 West Mulberry Pilot Knob, MO 63663	(866) 748-2725 Or (573) 546-2725	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓

Highlighted Row—Direct Biller	DX – Diagnostic Tests	*Satellite Site	DB – Direct Biller	SUB – Subcontract for Services
--------------------------------------	------------------------------	------------------------	---------------------------	---------------------------------------

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
JACKSON*	Kansas City Care Clinic – Prospect 6400 Prospect Suite 200 Kansas City, MO 64132	(816) 777-2730	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
IRON*	Viburnum Medical Clinic #9 Viburnum Shopping Center Viburnum, MO 65566	(877) 577-1807 Or (573) 244-5406	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
JACKSON	Kansas City Care Clinic - Broadway 3515 Broadway Kansas City, MO 64111	(816) 753-5144	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
JACKSON	Mission of Hope Clinic 6303 Evanston Raytown, MO 64133	(816) 356-4325	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
JACKSON	Samuel U. Rodgers Health Center 825 Euclid Avenue Kansas City, MO 64124-2323	(816) 889-4708	CBE, DX=DB	Pelvic, PAP, Colpo DX=DB		
JACKSON	Truman Medical Center Hospital Hill 2301 Holmes Street Kansas City, MO 64108	(816) 404-4023	CBE, MAM, DX	Pelvic, PAP, Colposcopy, LEEP, DX	✓	✓
JACKSON	Truman Medical Center Lakewood 7900 Lee’s Summit Road Kansas City, MO 64139	(816) 404-6985	CBE, MAM, DX	Pelvic, PAP, Colposcopy, LEEP, DX	✓	✓
JACKSON*	Grain Valley Family Medical Care 1439 Minster Way Grain Valley, MO 64029	(816) 404-6785	CBE	Pelvic, PAP,		✓
JASPER	Jasper County Health Department 105 Lincoln Street Carthage, MO 64836	(417) 358-3111	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
JASPER*	Access Family Care-Joplin 530 South Maiden Lane Joplin, MO 64801	(417) 782-6200	CBE, DX=SUB	Pelvic, PAP, Colposcopy, LEEP, DX		
JEFFERSON	Jefferson County Health Department 405 Main Street Hillsboro, MO 63050	(636) 789-3372	CBE	Pelvic, PAP, DX=DB		✓
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
KNOX*	NEMO – Edina 100 East Jackson Edina, MO 63537	(660) 397-3517	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		✓
JEFFERSON*	Jefferson County Health Department-Arnold 1818 Lonedell Arnold, MO 63010	(636) 282-1010	CBE	Pelvic, PAP, DX=DB		✓
JEFFERSON	Mercy Hospital Jefferson 1400 US Highway 61 South Festus, MO 63028	(636) 933-8073	CBE, MAM, DX	DX=SUB/DB	✓	
LACLEDE	Conway Family Clinic, Inc 301 S. Newport Conway, MO 65632	(417) 589-2050	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
LACLEDE	Jordan Valley Community Health Center - Lebanon 1216 Deandra Drive Lebanon, MO 65536	(417) 831-0150	CBE, DX=SUB	Pelvic, PAP DX=Main/SUB		
LAFAYETTE	Samuel U. Rodgers Lafayette Family Medicine 811 A Hwy 13 Lexington, MO 64067	(816) 889-4708	CBE, DX=Main Clinic/DB	Pelvic, PAP, DX=Main Clinic/DB		
LAWRENCE*	Access Family Care—Mount Vernon 101 West Patterson Street Mount Vernon, MO 65712	(417) 461-0688	CBE DX=Main or SUB	Pelvic, PAP DX=Main or SUB		
LAWRENCE	Lawrence County Health Department 105 West North Street Mount Vernon, MO 65712	(417) 466-2201	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
LEWIS	Lewis County Health Department 101 State Highway A Monticello, MO 63457-0096	(573) 767-5312	CBE, DX=DB	Pelvic, PAP, DX=DB		
LINN	Family Health Center – Marceline 1600 North Kansas Avenue Marceline, MO 64658	(877) 677-4342	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
LINN*	Linn County Health Department 635 North Main Brookfield, MO 64628	(877) 611-7600 Or (660) 359-2855	CBE, DX=DB	Pelvic, PAP, DX=DB		
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
LIVINGSTON*	Hedrick Medical Center 2799 North Washington Street Chillicothe, MO 64601-1599	(877) 611-7600 Or (660) 359-2855	CBE, DX=DB	Pelvic, Pap, DX=DB		
LIVINGSTON*	Livingston Community Action Agency 511 Elm Street Chillicothe, MO 64601	(877) 611-7600 Or (660) 359-2855	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
MACON*	Macon Family Health 209 North Missouri Macon, MO 63552	(660) 395-5045	CBE, DX=DB	Pelvic, PAP, HPV, Colposcopy, DX=DB	✓	✓
MADISON	Madison County Health Department 806 West College Avenue Fredericktown, MO 63645-1308	(573) 783-2747	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		✓
MARION	Hannibal Clinic Operations LLC 100 Medical Drive Hannibal, MO 63401	(573) 221-5250	CBE, MAM DX	Pelvic, PAP, Colposcopy DX	✓	
MARION*	NECAC Family Planning-Hannibal 3518 Palmyra Road Hannibal, MO 63401	(573) 221-3404	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
MCDONALD*	Access Family Care-Anderson (Mary Bradley Clinic) 927 North Business 71 Anderson, MO 64831	(417) 845-8300	CBE, DX=Main or SUB	Pelvic, PAP, DX=SUB		
MILLER*	Lake Regional Health System – Eldon 304 East 4 th Street Eldon, MO 65026	(573) 392-5654				
MILLER*	Lake Regional Health System – Iberia 2333 Hwy 17 Iberia, MO 65486	(573) 793-6900				
MILLER	Miller County Health Center 2152 Highway 52 Tuscumbia, MO 65082	(573) 369-2359	CBE, DX=DB	Pelvic, PAP, DX=DB		
MISSISSIPPI*	Mississippi County Health Department East Prairie Branch Office 202 East Pine East Prairie, MO 63845	(573) 649-5502	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
MISSISSIPPI	Mississippi County Health Department 1200 West Marshall Street Charleston, MO 63834	(573) 683-2191	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
MONITEAU	Moniteau County Health Center 401 South Francis Street California, MO 65018-1490	(573) 796-3412	CBE, DX=DB	Pelvic, PAP, DX=DB		
MONITEAU*	Community Health Center of Central MO - California 104 N. Gerhart Road California, MO 65018	573-796-2163	CBE DX= DB	Pelvic, PAP, Colposcopy DX= DB		
MONROE	Monroe County Health Department 310 North Market Street Paris, MO 65275	(660) 327-4253	CBE, DX=DB	Pelvic, PAP, DX=DB		
MORGAN*	Lake Regional Health System – Laurie 156 Missouri Blvd. Laurie, MO 65083	(573) 374-5263				
MORGAN	Morgan County Health Center 104 West Lafayette Street Versailles, MO 65084	(573) 378-5438	CBE, DX=DB	Pelvic, PAP, DX=DB		
MORGAN*	Katy Trail Community Health Prairie Hills 1109 Clay Road Versailles, MO 65084	(660) 826-4774	CBE, DX= DB	Pelvic, PAP, DX=DB		✓
NEW MADRID	New Madrid County Health Department 406 Highway 61 New Madrid, MO 63869	(573) 748-5541	CBE, DX=DB	Pelvic, PAP, DX=DB		
NEWTON*	Access Family Care - Neosho Clinic 412 East McKinney Neosho, MO 64850	(417) 451-4447	CBE, DX=SUB	Pelvic, PAP, DX=Main or SUB		
OREGON	Oregon County Health Department 4 th Market Street Alton, MO 65606	(417) 778-7450	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
OREGON*	Oregon County Health Department 2 nd & Market Street – Clinic Site Only Thayer, MO 65791	(417) 264-3114	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
OSAGE*	Community Health Center of Central MO- Linn 1016 E. Main Linn, MO 65051	(573) 897-4946	CBE, MAM DX= DB	Pelvic, PAP, DX= DB		

Highlighted Row—Direct Biller

DX – Diagnostic Tests

***Satellite Site**

DB – Direct Biller

SUB – Subcontract for Services

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
PERRY*	Cross Trails Medical Group--Perryville 1314 Brenda Ave Perryville, MO 63775	(573) 517-0405	CBE, DX	Pelvic, PAP, DX		
PETTIS	Bothwell Regional Health Center 601 East 14th Street Sedalia, MO 65301	(660) 827-9530	Direct biller- Mammogram, US only		✓	
PETTIS	Katy Trail Community Health-Sedalia 821 Westwood Drive Sedalia, MO 65301	(660) 826-4774	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
PETTIS	Pettis County Health Center 911 East 16th Street Sedalia, MO 65301	(660) 827-1130	CBE, DX=DB	Pelvic, PAP, DX=DB		
PETTIS*	Bothwell Diagnostic Center-Winchester 990 Winchester Ave. Sedalia, MO 65301	(660) 827-5577	Direct biller- Mammogram, US only		✓	
PHELPS	South Central MO Community Health 1050 West 10 th Street Suite 480 Rolla, MO 65401-2905	(573) 426-4455	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		✓
PIKE	Eastern Missouri Health Services (Inside Pike County Memorial Hospital) 2305 West Georgia Street Louisiana, MO 63353	(573) 754-4584	CBE, DX=SUB/DB	Pelvic, PAP, DX=DB		
PIKE*	Eastern Missouri Health Services 1015 West Adams Street Bowling Green, MO 63334	(573) 324-5300	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
PIKE*	NECAC Family Planning Center 805 Business Hwy 61 North Bowling Green, MO 63334	(573) 324-2566	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
PLATTE	Platte County Health Department 1201 East Street Parkville, MO 64152	(816) 587-5998	CBE, DX=DB	Pelvic, PAP, DX=DB		
PLATTE*	Platte County Health Department 212 Marshall Road Platte City, MO 64079	(816) 858-2412	CBE, DX=DB	Pelvic, PAP, DX=DB		
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
POLK	Polk County Health Center 1317 West Broadway Bolivar, MO 65613	(417) 326-7250				
PULASKI	Pulaski County Health Department 101 12th Street Crocker, MO 65452	(573) 736-2217	CBE, DX=DB	Pelvic, PAP, DX=DB		✓
PUTNAM*	Putnam County Health Department 103 North 18th Street Unionville, MO 63565	(877) 611-7600 Or (660) 359-2855	CBE DX=DB	Pelvic, PAP DX=DB		
RAY*	Ray County Health Department 820 East Lexington Richmond, MO 64085	(877) 611-7600 Or (660) 359-2855	CBE DX=DB	Pelvic, Pap DX=DB		
REYNOLDS	Missouri Highlands Health Care Ellington Family Clinic 115 Walnut Street Ellington, MO 63638	(877) 738-1321 Or (573) 663-3177	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
RIPLEY*	Naylor Medical Center 220 East Broad Street Naylor, MO 63953	(877) 302-9713 Or (573) 399-2311	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
RIPLEY	Ripley County Health Center 1003 East Locust Street Doniphan, MO 63935	(573) 996-2181	CBE	Pelvic, PAP		✓
SALINE*	Katy Trail Community Health – Marshall 1825 Atchison Avenue Marshall, MO 65340	(660) 826-4774	CBE, DX=DB	Pelvic, Pap, DX=DB		✓
SCOTT	Missouri Delta Medical Center 1008 North Main Street Sikeston, MO 63801	(573) 472-7737	CBE, DX=DB	Pelvic, PAP, Colposcopy DX=DB	✓	
SHANNON*	Shannon County Family Clinic 1003 S. Main Street Eminence, MO 65466	(573) 226-5505	CBE			✓
ST CHARLES	Crider Health Center 1032 Crosswinds Court Wentzville, MO 63385-4836	(636) 332-6000	CBE	Pelvic, PAP, DX=DB		

Highlighted Row—Direct Biller

DX – Diagnostic Tests

***Satellite Site**

DB – Direct Biller

SUB – Subcontract for Services

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
ST CHARLES*	NECAC Health Services-O'Fallon 3400 Meadow Pointe Drive O'Fallon, MO 63366	(636) 240-7350	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
ST CHARLES	SSM St Joseph Health Center 300 First Capital Drive St. Charles, MO 63301-2844	(636) 947-5617	CBE, MAM DX	DX=DB	✓	
ST CHARLES	Barnes-Jewish St. Peters 10 Hospital Drive St. Peters, MO 63376-1659	(636) 916-9321	CBE, MAM DX	DX=DB	✓	
ST CLAIR	West Central Missouri Community Action Agency (WCMCAA) 106 West Fourth Street Appleton City, MO 64724-1402	(660) 476-2194 Or (888) 577-4640	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
ST FRANCOIS	East Missouri Action Agency, Inc 403 Parkway Drive Park Hills, MO 63601-0308	(573) 334-2516	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
ST FRANCOIS	St Francois County Health Center 1025 West Main Park Hills, MO 63601-2079	(573) 431-1947	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
ST LOUIS CITY	Barnes Jewish Hospital (Breast) 4921 Parkview Place, 5 th Floor, Suite D, Mail Stop 90-31-601 St. Louis, MO 63110	(314) 454-7500	CBE, MAM, DX		✓	
ST. LOUIS* CITY	Barnes Jewish Hospital Mammography- Highlands Medical Office Building 1110 Highlands Plaza Drive, Suite 325 St. Louis, MO63110-1032	(314) 454-7620	CBE, MAM			
ST LOUIS CITY	Barnes Jewish Hospital OB/GYN Clinic (GYN) #1 Barnes Jewish Hospital Plaza, St. Louis, MO 63110	(314) 454-7882		Pelvic, PAP, Colposcopy DX	✓	
ST LOUIS* CITY	Center for Advanced Medicine South County 5201 Midamerica Plaza St. Louis, MO 63129	(314) 454-7620				
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
ST LOUIS CITY	Family Care Health Centers 401 Holly Hills Drive St. Louis, MO 63111-2410	(314) 353-5190	CBE, DX=DB	Pelvic, PAP, DX=DB		
ST LOUIS CITY*	Family Health Care-Manchester 4352 Manchester Ave St. Louis MO 63110	(314) 531-5444	CBE, MAM VAN, DX=DB	Pelvic, PAP, DX=DB		
ST LOUIS CITY*	Affinia Healthcare - Benton 2220 Lemp Street St. Louis, MO 63104	(314) 814-8680	CBE, MAM VAN, DX=DB	Pelvic, PAP, Colposcopy DX=DB		✓
ST LOUIS CITY*	Affinia Healthcare 3930 South Broadway St. Louis, MO 63118	(314) 814-8700	CBE	Pap, Colposcopy		✓
ST LOUIS CITY*	Affinia Healthcare Water Tower Health Center 4414 North Florissant Avenue St. Louis, MO 63107	(314) 814-8700	CBE	Pap, Colposcopy		✓
ST LOUIS CITY	Affinia Healthcare - O'Fallon 1717 Biddle St. Louis, MO 63106-3454	(314) 814-8700	CBE	PAP, Colposcopy		✓
ST LOUIS CITY	Myrtle Hilliard Davis Comprehensive Health Centers Inc. 5471 Martin Luther King Drive St. Louis, MO 63112-4265	(314) 367-5820	CBE, MAM	Pelvic, PAP		
ST LOUIS CITY*	Myrtle Hilliard Davis Comprehensive Health Centers Inc at Florence Hill 5541 Riverview St. Louis, MO 63120	(314) 389-4566	CBE, MAM	Pelvic, PAP		
ST LOUIS CITY*	Myrtle Hilliard Davis Comprehensive Health Centers Inc at Homer G. Phillips 2425 North Whittier St. Louis, MO 63113	(314) 371-3100	CBE, MAM	Pelvic, PAP		
ST LOUIS CITY*	Myrtle Hilliard Davis Comprehensive Health Centers Inc at Pope Health Center 4500 Pope Avenue St. Louis, MO 63115-2512	(314) 385-3990	CBE, MAM	Pelvic, PAP		
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
ST LOUIS CITY	Saint Louis University Cancer Center 3655 Vista Avenue St. Louis, MO 63110-2539	(314) 268-7015	CBE, MAM, DX	Pelvic, PAP, DX	✓	
ST LOUIS CITY	Betty Jean Kerr People's Health Center, Inc 5701 Delmar Boulevard St. Louis, MO 63112	(314) 367-7848	CBE, MAM	Pelvic, PAP		✓
ST LOUIS CO	Breast Healthcare Center (Missouri Baptist) 3023 North Ballas Road, Bldg. D, Suite 630 Town & Country, MO 63131	(314) 996-7585	CBE, MAM, DX		✓	
ST LOUIS CO	Christian Hospital Northeast 11133 Dunn Road St. Louis, MO 63136-6619	(314) 953-6768	CBE, MAM,	PAP	✓	
ST LOUIS CO*	Family Care Health Centers – Places for People 4130 Lindell Blvd. St. Louis, MO 63108	(314) 535-5600	CBE, DX=DB	Pelvic, PAP, DX=DB		
ST LOUIS CO*	Northwest Healthcare 1225 Graham Road Florissant, MO 63139-3160	(314) 953-6766	CBE, MAM	Pelvic, PAP, Colposcopy		
ST LOUIS CO	Mercy Hospital St. Louis (David C. Pratt) 607 South New Ballas Road, Suite 1440 St. Louis, MO 63141-8219	(314) 251-6300 Option 0	CBE, MAM, DX		✓	
ST LOUIS CO*	People's Health Centers – Florissant 11642 West Florissant Florissant, MO 63033	(314) 838-8220	CBE, MAM	Pelvic, PAP, Colposcopy		✓
ST LOUIS CO*	People's Health Centers-St. Louis 7200 Manchester Road St. Louis, MO 63143	(314) 781-9162	CBE, MAM	Pelvic, PAP, Colposcopy		✓
ST LOUIS CO	SSM DePaul Health Center 12303 DePaul Drive Bridgeton, MO 63044-2512	(636) 947-5617	CBE, MAM, DX		✓	
ST LOUIS CO	SSM St. Clare Health Center 1015 Bowles Avenue Fenton, MO 63026-2394	(636) 496-2804	CBE, MAM, DX		✓	
Highlighted Row—Direct Biller DX – Diagnostic Tests *Satellite Site DB – Direct Biller SUB – Subcontract for Services						

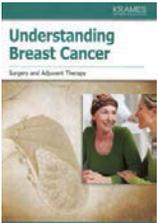
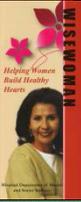
COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
ST LOUIS CO	SSM St. Mary's 1031 Bellevue Avenue St. Louis, MO 63117-1811	(314) 768-8045	CBE, MAM, DX	PAP, Colposcopy, DX	✓	
ST LOUIS CO	St. Anthony's Medical Center 10010 Kennerly Road Saint Louis, MO 63128	(314) 525-4165	MAM, DX		✓	
STE GENEVIEVE	Ste. Genevieve County Memorial Hospital 800 Ste. Genevieve Drive Ste. Genevieve, MO 63670-1434	(573) 483-2727	CBE DX	Pelvic, PAP, DX	✓	
STODDARD*	Cross Trails Medical Center-Advance 307 Gabriel St. Advance, MO 63730	(573) 722-3034	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
STODDARD	Stoddard County Public Health Center 1001 North Highway 25 Bloomfield, MO 63825	(573) 568-4593	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
STONE*	Stone County Health Department – Branson West 16914 St. Hwy 13 Branson West, MO 65737	(417) 272-0050	CBE DX=SUB	Pelvic, PAP DX=SUB		
STONE	Stone County Health Department 109 East 4th Street Galena, MO 65656	(417) 357-6134	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
SULLIVAN*	Cross Trails Medical Center – Perryville 1314 Brenda Avenue Perryville, MO 63775	(573) 722-3244	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
SULLIVAN*	NEMO – Milan 52334 Business Highway 5 Milan, MO 63556	(660) 265-1042	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		✓
TANEY*	Jordan Valley Community Health Center - Hollister 590 Birch Road, Suite 2B Hollister, MO 64672	(417) 831-0150	CBE DX=SUB	Pelvic, PAP DX=Main/SUB		✓
TANEY	Taney County Health Department 15479 US Highway 160 Forsyth, MO 65653	(417) 546-4725	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓

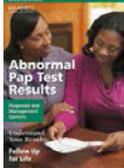
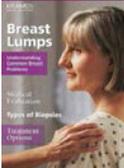
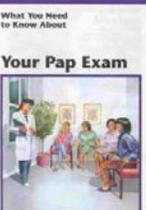
Highlighted Row—Direct Biller	DX – Diagnostic Tests	*Satellite Site	DB – Direct Biller	SUB – Subcontract for Services
--------------------------------------	------------------------------	------------------------	---------------------------	---------------------------------------

COUNTY	PROVIDER	TELEPHONE	BREAST SERVICES	CERVICAL SERVICES	DIRECT BILLER	WISEWOMAN PROVIDER
TEXAS	Texas County Health Department 950 North Highway 63, Suite 500 Houston, MO 65483	(417) 967-4131	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
VERNON*	West Central MO Community Action Agency (WCMCAA) Vernon County Health Department 301 North Washington Street Nevada, MO 64772	(660) 476-2194 Or (888) 577-4640	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
WARREN*	NECAC Health Services-Warrenton 120 East Main Warrenton, MO 63383	(636) 456-2933	CBE, DX=SUB/DB	Pelvic, PAP, DX=SUB/DB		
WASHINGTON	Washington County Health Department 520 Purcell Drive Potosi, MO 63664-1598	(573) 438-2164	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
WAYNE	Wayne County Health Center PO Box 259; 115 Hickory Street Greenville, MO 63944	(573) 224-3218	CBE	Pelvic, PAP		✓
WEBSTER	Fordland Clinic, Inc. 1059 Barton Drive Fordland, MO 65652-7350	(417) 767-2273	CBE, DX=SUB	Pelvic, PAP, DX=SUB		✓
WEBSTER*	Jordan Valley Community Health Center- Marshfield 1166 Banning Street Marshfield, MO 65706	(417) 831-0150	CBE, DX=SUB	Pelvic, PAP, DX=Main/SUB		✓
WRIGHT	Wright County Health Department 300 South Main Street, Suite C Hartville, MO 65667-0097	(417) 741-7791	CBE, DX=SUB	Pelvic, PAP, DX=SUB		
WRIGHT*	Wright County Health Department-Mountain Grove 602 East State Street, Suite B Mountain Grove, MO 65711	(417) 926-0009 Ext. 3	CBE, DX=SUB	Pelvic, PAP, DX=SUB		

Highlighted Row—Direct Biller	DX – Diagnostic Tests	*Satellite Site	DB – Direct Biller	SUB – Subcontract for Services
--------------------------------------	------------------------------	------------------------	---------------------------	---------------------------------------

Available Literature in English

Item #	Cover	Title	Limit	Vendor
159		How to Examine Your Breast	100	Show Me Healthy Women
501		Understanding Breast Cancer, Surgery and Therapy	25	Krames
505		SMHW / Free Mammograms & Pap Tests	100	Show Me Healthy Women
527		HPV & Cervical Cancer, English	25	Missouri Department of Health and Senior Services
By request from program		WISEWOMAN Informational Brochure (English)	100	WISEWOMAN
539		SMHW, Flyer- Get the Facts! (Show Me Healthy Women program fact sheet)	100	Show Me Healthy Women

Item #	Cover	Title	Limit	Vendor
910		Colposcopy: Taking a Closer Look at Your Cervix	25	Krames
913		Abnormal Pap Test Results: Understanding Your Diagnosis and Treatment Options	25	Krames
919		Breast Lumps: A Guide to Understanding Breast Problems & Breast Surgery	25	Krames
931		LEEP...Loop Electrosurgical Excision Procedure – Removing Abnormal Tissue From Your Cervix	25	Krames
933		What You Need to Know About Your Pap Exam	25	Krames
941		The MO. Tobacco Quitline, 6 Steps to Success (2-sided postcard)	1,000	Missouri Department of Health and Senior Services
958		Missouri Tobacco Quitline (2-sided business card)	500	Missouri Department of Health and Senior Services
976		Stereotactic Breast Biopsy, English	25	Krames

Available Literature in Spanish

<i>Item #</i>	<i>Cover</i>	<i>Title</i>	<i>Limit</i>	<i>Vendor</i>
534		SMHW / Free Mammograms and Pap Tests (Spanish) (Mamogramas y Pruebas Pap Gratis)	25	Show Me Healthy Women
By request from program		WISEWOMAN Informational Brochure (Spanish)	100	WISEWOMAN
538		HPV & Cervical Cancer (Spanish) (El EPV y el cáncer cervical)	25	Missouri Department of Health and Senior Services
914		Understanding Breast Cancer (Spanish) (Lo que debe saber sobre el Cáncer Del Seno: Cirugía y terapia adyuvante)	25	Krames

Item #	Cover	Title	Limit	Vendor
926		<p>Get the Facts! (Spanish)</p> <p>(Muéstrame Mujeres Saludables)</p> <p>(Show Me Health Women program fact sheet)</p>	100	Show Me Healthy Women
935		<p>Abnormal Pap Test Results (Spanish)</p> <p>(Resultado Anormal del Papanicolaou)</p>	25	Krames
936		<p>Breast Lumps (Spanish)</p> <p>(Nódulos Mamarios: Descripción y tratamiento de los problemas mamarios comunes)</p>	25	Krames
937		<p>What You Need to Know About Your Pap Exam (Spanish)</p> <p>(Examen Papanicolaou [Pap])</p>	25	Krames
979		<p>How to Examine Your Breast, Spanish</p>	100	Show Me Healthy Women
1210		<p>Colposcopy: Taking a Closer Look at Your Cervix (Spanish)</p> <p>(Colposcopía)</p>	25	Krames

Most Commonly Asked Questions

- Q. We have several patients who have had an abnormal clinical breast exam reported as “discrete palpable mass, suspicious for cancer”, followed by a mammogram with a result of “negative.” The providers deemed this adequate follow-up and no further evaluation was scheduled or completed. Is this acceptable practice even though the NBCCEDP guidelines recommend further testing?**
- A. A negative mammogram does not rule out cancer for a patient with suspicious breast mass found on physical exam. Additional evaluations should be done such as an ultrasound or a needle biopsy to determine if the mass is malignant or not. When providers identify a suspicious mass, they are obligated to follow-up with a complete evaluation and obtain a definitive diagnosis.
- Q. Since the new breast ultrasound CPT codes 76641 and 76642 are both unilateral, should we expect to see two CPT codes billed if a bilateral ultrasound exam is needed?**
- A. Yes. If complete examination is performed on both breasts, you should receive two ultrasound codes of 76641. If a limited exam is performed bilaterally, you should receive two 76642 codes.
- Q. Does CDC ever allow payment for services that exceed Medicare reimbursement rates?**
- A. No. As stated in the Breast and Cervical Cancer Mortality Prevention Act of 1990 that authorized the NBCCEDP, the program cannot provide reimbursements that are higher than Medicare reimbursement rates.
- Q. Is it appropriate to reimburse for an ultrasound prior to 6 months for BI-RADS 3 due to fat necrosis?**
- A. Yes, they should reimburse based on the findings; an earlier ultrasound is appropriate.
- Q. Would SMHW pay for HPV testing if the client has paid for the Pap and the results were ASC-US?**
- A. SMHW can cover the diagnostic work-up.
- Q. Is it appropriate to screen women with “Dense Breast” with an ultrasound alone without clinical risk assessment? And, to screen with ultrasound for dense breast tissue for women who are deemed high risk by a recognized clinical risk assessment tool?**
- A. Currently, there are no guidelines that recommend screening breast ultrasound. Use of ultrasound as a tool for breast cancer screening is still in an investigational phase. Inefficient use of any tool may provide the patient with false degree of relief or concern. Provider held accountable for any inappropriate use of BI-RADS results or testing.

- Q. How does the CDC address transgender-identified individuals in the health care setting?**
- A. Following the Breast and Cervical Cancer Mortality Prevention Act that authorized the NBCCEDP and specifically states “women”. The focus of the NBCCEDP is women who are at risk for breast and cervical cancer. The federal funds may only be used to cover screening for female-to-male transgender individuals who have not yet undergone complete hysterectomy or bilateral mastectomy because these individuals are genetically female. We do not use federal funds for male-to-female individuals who are genetically males.
- Q. What if a physician who does not participate in the SMHW program refers a woman with a BI-RADS IV or V ultrasound to a SMHW provider? Can that woman be enrolled into SMHW and eligible for BCCT services?**
- A. If a client has a BI-RADS IV or V ultrasound prior to enrolling into SMHW, the non-participating provider should refer the client to a SMHW participating provider. The client must meet SMHW eligibility requirements and complete enrollment forms. Then the SMHW provider should submit the woman’s screening and diagnostic test results completed by the non-participating provider to SMHW by completing the MOHSAIC forms and submitting them as “reporting only”. The SMHW provider may then proceed with performing additional diagnostic services such as a biopsy and submit results to SMHW for reimbursement. If the biopsy is positive for cancer, the client can be qualified for BCCT services. (SMHW must have reimbursed at least one screening or diagnostic service in order for a client to be eligible to receive BCCT services. Please note that if the only SMHW reimbursement is for a SMHW administrative referral fee for reporting only screening and diagnostic services, the client will not qualify for BCCT services).
- Q. What happens when Show Me Healthy Women (SMHW) has covered the screening and/or diagnostic services, but the client needs treatment?**
- A. Most women who receive SMHW-paid screening and/or diagnostic services and are in need of treatment for breast and/or cervical cancer will be eligible for a special MO HealthNet (Medicaid) Breast and Cervical Treatment (BCCT) program.
- Q. How much of the reimbursement for services from SMHW must be paid to the subcontractor?**
- A. SMHW does not require service providers to pay any specific rate to the subcontractors. The service providers can negotiate a reimbursement rate with the subcontractor, as they feel appropriate. SMHW will only pay the established reimbursement rate to the service provider.
- Q. Can our facility funding amount be increased?**
- A. Yes. SMHW can increase the funding amount based on the availability of funds and if 80% of the facilities existing funds have been expended. Fax a letter (573-522-2898) requesting an increase in funding to the SMHW program for consideration. Or, e-mail the increase funding request and the amount of increase needed to Maurita.Swartwood@health.mo.gov. The SMHW program must be in receipt of the letter or e-mail **14 business days prior to the end of the contract period** for consideration for a funding increase.

- Q. If a woman under 30 contacts us reporting that she feels a lump in her breast, can we enroll her in SMHW program?**
- A. No. On June 30, 2003, SMHW raised the age eligibility to women 35 years or older for all services. If a provider needs assistance locating services for women under 30 years of age, please contact the Regional Program Coordinator assigned to your area.
- Q. What do I do when the client does not keep her mammogram appointment and her breast screening is now over 90 days?**
- A. Continue to schedule the mammogram appointment and repeat the clinical breast examination (CBE), if recommended by the examiner. Client may have her screening mammogram any time before the ten (10) months have elapsed for her next annual screening. If the CBE was negative, she does not have to have a repeat CBE within the ten (10)-month period.
- Q. Is a client with no Social Security number and no proof of income and residency eligible for SMHW?**
- A. Yes, if the client signs the client eligibility agreement form in Section 12. The English version is on page 12.8 and the Spanish version is on page 12.9.
- Q. How do I report when a SMHW client has surgery after I have sent in the reporting of her diagnostic services?**
- A. Call the SMHW central office at the toll-free number 866-726-9926 or 573-522-2845, and provide the additional information. Or, contact your local Regional Program Coordinator (RPC) (refer to page 14.1-.2).
- Q. Who do I call if I have questions?**
- A. First contact your assigned RPC. If the RPC is not available, contact SMHW central office at the toll-free number 866-726-9926 or 573-522-2845, or fax inquires to the SMHW office at 573-522-2898.
- Q. What if I do not have all the paperwork together while I am waiting for lab results?**
- A. Hold paperwork until results are available. If it is close to the 60-day cutoff, contact the lab and express your need to have the results in order to be paid. Contact your RPC and document the contacts in the comments section.
- Q. What should I submit for reimbursement?**
- A. The clients' reporting form(s).
- Q. Who establishes subcontracts?**
- A. The service providers may establish subcontracts with different facilities. SMHW does not play any role in establishing or assisting to establish subcontracts.
- Q. What happens if we submit our forms after 60 days?**
- A. Payment may be denied. If there are unusual circumstances, contact the billing coordinator at SMHW. Providers must file all forms in a timely manner.

Q. What is the MO HealthNet Breast and Cervical Treatment (BCCT) program?

- A. In October of 2000, federal legislation was signed allowing funded programs in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to participate in the new BCCT program. In July 2001, Governor Bob Holden signed legislation authorizing matching funds for Missouri to participate in the Medicaid Program, effective August 28, 2001.

Q. Who is eligible for BCCT?

- A. Women screened and/or diagnosed with breast and/or cervical cancer, or certain precancerous conditions, through SMHW who are under 65 years of age and have a Social Security number or state identification number. SMHW works closely with Department of Social Services(DSS) FSD staff to enroll a client into the BCCT program.

Q. How is a SMHW client enrolled in BCCT?

- A. SMHW providers establish presumptive eligibility, which entitles a client to temporary full MO HealthNet benefits through BCCT by completing the BCCT Temporary MO HealthNet Authorization letter. The client must also complete the Missouri BCCT MO HealthNet Application. Submit it to a regional MC+ Service Center or local DSS FSD office after cancer is diagnosed from a tissue biopsy. See Section 12 for forms and details.

Q. A client received an annual SMHW screening that was normal. She contacts her SMHW provider because she has found a lump in her breast. What will SMHW cover?

- A. SMHW will not cover the cost of the office visit but will pay for diagnostic testing if the CBE is abnormal. If the clinician does not find a lump and chooses to complete diagnostic testing as a direct result of the breast self-examination, SMHW will cover the cost of diagnostics.

Acronyms/Abbreviations

5 A's – assess, advise, agree, assist, and arrange

A1C test – glycosylated hemoglobin test

ACS – American Cancer Society

ADA – American Diabetes Association

AGC – atypical glandular cells

AGUS – atypical glandular cells of undetermined significance

AHA – American Heart Association

AIS – adenocarcinoma in situ

ASCCP – American Society for Colposcopy and Cervical Pathology

ASC-H – atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion

ASCUS – atypical squamous cells of undetermined significance

BCCCP – Breast and Cervical Cancer Control Project is the former name of SMHW

BCCT – Breast and Cervical Cancer Treatment (through MO HealthNet)

BMI – body mass index

BSE – breast self-examination

CBE – clinical breast examination

CDC – Centers for Disease Control and Prevention

CHD – coronary heart disease

CIN – cervical intraepithelial neoplasia

CIS – Cancer Information Service

CIS – carcinoma in situ

CLIA – Clinical Laboratory Improvement Amendments of 1988

CPT – current procedural technology (code)

CVD – cardiovascular disease

CVH – cardiovascular health

DBP – diastolic blood pressure

DCN – departmental client number

DHSS – Missouri Department of Health and Senior Services

DNA – deoxyribonucleic acid

DOB – date of birth

DSS – Missouri Department of Social Services

ECC – endocervical curettage

EOB – explanation of benefits

EFT – electronic funds transfer

FDA – Food and Drug Administration

FLP – fasting lipid panel

FNA – fine needle aspiration

FPL – federal poverty level

FSD – Family Support Division

HBP – high blood pressure

HDL – high density lipoproteins

HDL-C – high-density lipoprotein cholesterol

HIPAA – Health Insurance Portability and Accountability Act

HPV – human papillomavirus

HSIL – high-grade squamous intraepithelial lesion

HTN – hypertension

IFG – impaired fasting glucose

ITSD – Information Technology Services Division

JNC 7 – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7, 2004)

Kg – kilograms

LDL-C – low-density lipoprotein cholesterol

LEEP – loop electrosurgical excision procedure

LSP – lifestyle program

LSIL – low-grade squamous intraepithelial lesion

MDEs – minimum data elements

MI – motivational interviewing

MOAP – Missouri Arthritis & Osteoporosis Program

MOHSAIC – Missouri Health Strategic Architectures and Information Cooperative

MQSA – Mammography Quality Standards Act of 1992

NBCCEDP – National Breast and Cervical Cancer Early Detection Program

NCCDPHP – National Center for Chronic Disease Prevention and Health Promotion

NCEP – National Cholesterol Education Program

NCI – National Cancer Institute

NHLBI – National Heart, Lung, and Blood Institute

NIH – National Institutes of Health

NMR – nuclear magnetic resonance

OATS – Older American's Transport System, Inc.

Pap Stain – papanicolaou stain

Pap Test – papanicolaou smear

PHNPAT – Public Health Nurses Physical Assessment Training

RN – Registered Nurse

RPC – Regional Program Coordinator

SBP – systolic blood pressure

SMHW – Show Me Healthy Women – The current name of Missouri Breast and Cervical Cancer Control Project (BCCCP).

SMTS – Southeast Missouri Transit Services

SSN – social security number

TC – total cholesterol

TLC – therapeutic lifestyle changes

WIC – Woman, Infants and Children Program

WISEWOMAN – Well-Integrated Screening and Evaluation for Women Across the Nation - A heart health risk assessment and education program for women receiving a Show Me Healthy Women cervical and breast cancer screening service.

WNL – within normal limits

Glossary of Terms

adenocarcinoma - A cancer that develops from the glandular epithelium.

adenoma - A benign growth starting in the glandular tissue. (Also, refer to *fibroadenoma*.)

advanced cancer - A stage of cancer in which the disease has spread from the primary site to other parts of the body, directly or by traveling through the network of lymph glands (lymphatic) or in the bloodstream. Locally advanced means the cancer has spread only to the surrounding areas.

alert value - A screening result that is abnormal and requires tracking by the provider and/or Show Me Healthy Women/WISEWOMAN Regional Program Coordinators to assure appropriate follow-up care is documented.

American College of Radiology Accreditation - A voluntary mammography accreditation program that has become one of the standards for quality assurance and assesses the following major areas:

- Personnel qualifications and experience
- Equipment specification and technical procedures
- Quality assurance practices
- Evaluations of mammograms from the applicant's practice and through the use of phantom images

anesthesia - A state characterized by loss of sensation, caused by a drug or gas. General anesthesia causes loss of consciousness. Local anesthesia is numbness in only a specified area.

antibiotics - Chemical substances, produced by living organisms or synthesized (created) in laboratories, for the purpose of killing other organisms that cause disease. Some cancer therapies interfere with the body's ability to fight off infection, so antibiotics may be needed along with the cancer treatment to protect against or kill infectious diseases. The word means "destructive of life."

areola - The dark area of flesh that encircles the nipple of the breast.

aspirate - Removal of fluid or cells from a breast lump.

aspiration biopsy - A procedure in which the specimen for biopsy is removed by aspirating it through an appropriate needle that pierces the skin and penetrates into the underlying tissue to be examined. (Also, refer to *fine needle aspiration*.)

asymptomatic - Without noticeable signs or symptoms of disease. Many cancers can develop and grow without producing symptoms, especially in the early stages. Detection tests, such as mammography, try to discover developing cancers at the asymptomatic stage, when the chances for cure are usually high.

atypia (also atypical) - The condition of being irregular or not conforming to type not usual, abnormal. Cancer is the result of atypical cell division.

axilla - Also known as the armpit.

Breast and Cervical Cancer Control Project (BCCCP) – See Show Me Healthy Women.

benign - Not malignant, not recurrent, favorable for recovery, not cancer. The main types of benign breast problems are fibroadenoma, fibrocystic changes, and cysts.

Bethesda System - A comprehensive system for the reporting and classification of Pap smear specimens, developed in December 1988. The Clinical Laboratory Improvement Act (CLIA) regulations mandate the use of the Bethesda System for laboratory reporting and proficiency testing.

bilateral - Affecting both sides of the body, for example bilateral breast cancer is cancer occurring in both breasts at the same time (synchronous) or at different times (metachronous).

biopsy - The removal and examination (by a pathologist) of tissue samples, cells or fluids from a living body. An examination of the appearance of the tissue under a microscope is done to find out if cancer or other abnormal cells are present. Complete the biopsy with a needle or by surgery.

breast augmentation - Surgery to increase the size of the breast (also known as breast implants).

breast cancer - Cancer that begins in the breast. The main types of breast cancer are ductal carcinoma in situ, infiltrating ductal carcinoma, lobular carcinoma in situ, medullary carcinoma, and Paget's disease of the nipple.

Breast Imaging Reporting and Data System (BIRADS) – A uniform reporting system for reporting mammography results.

breast self-examination (BSE) - A technique of checking your own breasts for lumps or suspicious changes.

breast specialist - A term describing health professionals who have dedicated interest in breast health.

calcifications – Also called microcalcifications. Tiny calcium deposits within the breast, singularly or in clusters, often found by mammography, which indicate a change within the breast.

cancer - A general term for more than 100 diseases in which abnormal or malignant cells develop. Some exist quietly within the body for years without causing a problem. Others are aggressive, rapidly forming tumors that may invade and destroy surrounding tissue. If cancer spreads, it usually travels through the lymph system or bloodstream to distant areas of the body.

cancer cell - A cell that divides and reproduces abnormally and can spread throughout the body.

capsule formation - Scar tissue that may form around a breast implant as the body tries to “wall off” or encapsulate the foreign object; a contracture.

carcinoma - A malignant tumor that begins in the lining (epithelial) cells of organs. Epithelial cells are those that cover the surfaces of tissue. It can occur in any part of the body. Eighty percent or more of cancers, and all breast cancers, receive carcinoma classification.

carcinoma in situ (CIS) - An early stage of cancer in which the cancer is still only in the structures of the organ where it developed and the disease has not invaded other parts of the organ or spread; cancer in situ or pre-invasive. Most cancers with this classification are highly curable.

case manager - The member of the medical care team who acts as a liaison. This person coordinates all of the services needed by the client throughout diagnosis, treatment and recovery.

clinical breast examination (CBE) - A physical examination of the breasts performed by a physician, registered or advanced practice nurse or physician's assistant.

cell - The basic unit of which all living things are made. Cells carry out basic life processes. Organs are clusters of cells that have developed specialized tasks. Cells replace themselves by splitting and forming new cells; cancer disrupts this process.

cervical intraepithelial neoplasia (CIN) - A cellular change to the mouth of the cervix that may include severe dysplasia and CIS. CIN 3 is the most severe of the three-category classification system.

cervical precancerous lesions - Cervical tissue biopsy results of CIN (CIN 1, 2, or 3) and AIS lesions are considered precancerous lesions. Many CIN 1 and 2 lesions are treated with simple excisional procedures. However, CIN 3 or AIS may require a hysterectomy.

cervix - The narrow outer end of the uterus that opens into the vagina.

chemotherapy - A drug treatment program that destroys cancer cells. This method often accompanies surgery or radiation, or to treat recurring cancer.

clinical - Description of information that pertains to or is founded on actual observation and treatment of patients, as distinguished from theoretical or basic sciences.

clinical trials - Research studies to test new drugs or procedures, or to compare to current standard treatments with others that may be better or equal.

coalition building - The process of organizing individuals, groups or organizations for the purpose of furthering a common goal or ideal.

colposcope - A magnifying, lighted optical instrument, which allows for the direct observation and study of vaginal and cervical cells.

colposcopy - Diagnostic procedure performed with a colposcope. Cervical biopsies are usually conducted by colposcopic examination.

Comprehensive Cancer Control Program (CCCP) - A statewide strategic plan, which includes the interaction of a cancer surveillance system, public and professional education, and a screening and follow-up system.

cone biopsy - The removal of a cone-shaped piece of tissue from the cervix. This is a more definitive procedure than a cervical biopsy. It is used when abnormal cells extend up into the cervical opening (Os) or through the tissue. This process also used to treat and cure carcinoma in situ and dysplasia.

conization - The process of removing a cone of tissue, as in partial excision of the cervix uteri. To better preserve the histologic elements cold conization is performed with a cold knife.

consensus statements - Recommendations for the management of a problem, in this case a disease or health problem, formulated by a group of experts based on scientific and clinical information.

cryosurgery - The destruction of tissue by exposure to extreme cold in order to produce well-demarcated areas of cell injury and destruction. Used to treat malignant tumors, control pain, reduce lesions in the brain and control bleeding.

cyst - A fluid-filled mass that is usually benign. The fluid can be removed for analysis.

cytology - Comes from “cyte” which means cell, the study or examination of cells, their origin, structure, function and pathology. The study determines whether cells are cancerous or benign.

detection - The finding of a case of a disease. Early detection means that the disease is found at an early stage, before it has grown large or spread to other sites. Mammography and Pap tests are the principal ways to detect breast and cervical cancer early.

diagnosis - Identifying a disease by its signs, symptoms and laboratory findings. The earlier a cancer is diagnosed, the better chance for cure.

diagnostic breast services - Refers to specialist consultation; additional mammography views; ultrasound; fine needle aspiration; needle, incisional and excisional biopsies relating to breast cancer.

diagnostic cervical services - Refers to specialist consultation, colposcopy with/without biopsy and diagnostic LEEP relating to cervical cancer.

diagnostic mammogram - Defined by the American College of Radiology as “mammography performed on women who, by virtue of symptoms or physical findings, are considered to have a substantial likelihood of having breast disease.”

dimpling - A pucker or indentation of the skin on the breast. It may be a sign of cancer.

dissemination - In health education, the dispersal of information, products or services to a population.

duct - A pathway. In the breast, a duct is a passage through which milk passes from the lobule (which makes the milk) to the nipple.

ductal carcinoma in situ - Cancer cells that started in the milk ducts and has not penetrated the duct walls into the surrounding tissue. Surgery is the treatment option for this highly curable form of breast cancer.

ductal papilloma - Small, a finger-like noncancerous growth in the breast ducts that causes bloody discharge. Most often found in women 45-50 years of age. When they exist, breast cancer risk is slightly higher.

dysplasia - An abnormality in size, appearance and organization of adult cells requires a biopsy for diagnosis.

ectocervix - The outside, visible portion of the cervix.

endocervical curettage (ECC) - The surgical scraping of the lining of the uterine cervix.

endocervix - The mucous membrane lining the canal of the cervix, sometimes referred to as the endocervical canal.

endocrine glands - Glands that release hormones into the bloodstream. The ovaries are examples of endocrine glands.

endocrine therapy - Manipulation of hormones for therapeutic purposes.

endometrium - The membrane lining of the uterus.

epidemiology - The collection and statistical analysis of data relating to the factors that have an impact on health and how they relate to one another. In the study of people who get cancer, the analysis of specific types of cancer and the factors that play a part in the development of that cancer.

estrogen - A female sex hormone produced primarily in the ovaries, possibly in the adrenal cortex. In men it is produced in the testes (in much smaller amounts than in women). In women, levels of estrogen fluctuate on nature's schedule, influencing the development of secondary sex characteristics, including breast size, regulation of the monthly cycle of menstruation and preparing the body for fertilization and reproduction. In breast cancer, estrogen may feed the growth of cancer cells.

etiology - The study of the cause of disease. In cancer there are many etiologies, although research shows that genetics is a major factor in many cancers.

false negative - Negative results of a screening test, when in reality the result should be positive.

false positive - Positive results of a screening test that mistakenly identifies a disease when one is not present.

federal poverty level (FPL) - A 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. It is used to determine a person's eligibility for certain programs. A woman is eligible for SMHW if her income is at or below 200 percent of the FPL.

fibroadenoma - A type of benign breast tumor composed of fibrous tissue and glandular tissue. On clinical examination or breast self-examination, it usually feels like a firm, round, smooth lump. These usually occur in young women.

fibrocystic changes - A term that describes certain benign changes in the breast. Symptoms are breast swelling or pain. Signs are nodules, lumpiness and nipple discharge. Not cancerous.

fibrocystic condition - The presence of single or multiple benign cysts in the breasts.

fibrosis - Formation of fibrous (scar) tissue, which can occur anywhere in the body.

five-year survival - Survival of cancer for five years after treatment of the disease. This is a milestone for most cancer patients, indicating treatment was successful.

genes - Segments or units of DNA that contain information on hereditary characteristics such as hair or eye color and height. Women who have the BRCA1 gene have inherited a tendency to develop breast cancer.

genetic - Something related to the genes.

glands - Organs that produce and release chemicals used locally or elsewhere in the body. This term is often used incorrectly to mean lymph nodes.

grade - The classification of the severity of a disease.

gynecological consultation - A referral to a gynecologist for an abnormal screening examination follow-up.

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.

hereditary cancer syndrome - One or several types of conditions associated with cancers that occur within multiple family members, because they have an inherited, mutated gene.

high-grade squamous intraepithelial lesion (HSIL) - The Bethesda System classification for a Pap smear result that includes cellular changes of moderate to severe dysplasia (CIN 2 and 3/CIS).

high risk - A higher risk of developing cancer compared with the general population. Some factors that place a person at a higher risk are a family medical history, lifestyle choices and the exposure to environmental influences.

hormone - Chemical substance released into the body by the endocrine glands, such as thyroid or ovaries. The substance travels through the bloodstream and sets in motion various body functions. For example, prolactin, produced by the pituitary gland, begins and sustains the production of milk in the breast after childbirth.

human papillomavirus (HPV) - A sexually transmitted virus implicated in the pathogenesis of cervical cancer and its precursor lesions. HPV infections of the genital tract are thought to be the most common sexually transmitted viral disease. The manifestations of HPV are variable, ranging from occult infection to overt disease in which there is clinical and pathological evidence of HPV infection. Of the approximately 70 types of HPV, 20 types are detectable in the female genital tract and 15 types have been found in the majority of invasive carcinomas.

hyperplasia - An abnormal increase in the number of cells in a specific area, such as the lining of the breast ducts. This overgrowth may be due to hormonal stimulation, injury or continuous irritation. It is not cancerous by itself, but when the proliferating cells are atypical, the risk of cancer developing is greater.

hysterectomy - The surgical removal of the uterus. Types include a total hysterectomy, in which the uterus and cervix are removed, and radical hysterectomy, in which ovaries, oviducts, lymph nodes and lymph channels are removed with the uterus and cervix.

imaging - Any method used to produce an image of internal body structures. Some methods used to detect cancer are x-rays, magnetic resonance imaging (MRI), bone scans, scintigraphy, computerized axial tomography (CAT scans), and ultrasonography.

immune system - The complex system by which the body resists invasion by a foreign substance such as a bacterial infection or a transplanted organ.

incidence - The number of new cases of a disease or condition diagnosed during a specified time.

incisional biopsy - The surgical removal of a portion of an abnormal area of tissue for microscopic examination.

indicated but not performed (refused) - An examination result that applies to the field used to record examination results. This entry is marked when a client does not want the recommended examination or when a client has periodically missed appointments.

infiltrating ductal carcinoma - A cancer that starts in the milk passages of the breasts (ducts) and then breaks through the duct wall, where it invades the fatty tissue of the breast. When it reaches this point, it has the potential to spread or metastasize elsewhere in the breast, as well as to other parts of the body through the bloodstream and lymphatic system. Infiltrating ductal carcinoma is the most common type of breast cancer, accounting for about 80 percent of breast malignancies.

inflammation - A local response to cellular injury to the immune system that is marked by capillary dilatation, redness, heat, pain, swelling, or infiltration by cells.

inflammatory breast cancer - A rare cancer, where the breast looks as if it is inflamed because of its red appearance and warmth. The skin shows signs of ridges and wheals or may have a pitted appearance, and the cancer tends to spread quickly.

infraclavicular nodes - Lymph nodes located beneath the clavicle (collarbone). They are part of the network of axillary (armpit) nodes.

internal mammary nodes - Lymph nodes beneath the breast bone on each side. The lymph glands of the breast drain into the internal mammary nodes.

intervention - A strategy incorporating methods and techniques that interact with a patient or population.

intraductal papilloma - A benign tumor that starts in the ductal system of the breast. It can cause discharge from the nipple. A woman with papillomatosis (multiple intraductal papillomas) is at increased risk of developing breast cancer.

invasive cancer - A cancer that has invaded surrounding tissue and spread to distant parts of the body.

invasive cervical carcinoma - Infiltration of cancer cells into the tissue beyond the epithelium of the cervix. This term indicates that a malignant growth extends deeper than 3 mm into the stroma.

lobes, lobules, acini - Milk-producing tissues of the breast. Each of the breast's 15 to 20 lobes branches into smaller lobules, and each lobule ends in scores of tiny acini. Milk originates in the acini and is carried by ducts to the nipple.

lobular carcinoma (infiltrating or invasive) - A type of breast cancer that starts within the lobules. It may be multicentric (occurring in multiple lobules). Compared with other types of breast cancer, this type has a higher chance of occurring in the opposite breast as well. It can often be difficult to diagnose, even with careful physical examination or mammography.

lobular carcinoma in situ - A very early type of breast cancer developing within the milk-producing glands (lobules) of the breast. It does not penetrate through the wall of the lobules. Researchers think that lobular carcinoma in situ does not eventually become an invasive lobular cancer. They believe, instead, that it places women at an increased risk of developing an invasive breast cancer later in life. This condition makes it important for women with lobular carcinoma in situ to have a physical examination three to four times per year and an annual mammogram.

local excision - The removal of a lesion or tumor confined to the breast.

localized breast cancer - A cancer that arose in the breast and is confined to the breast.

loop electrosurgical excision procedure (LEEP) - A surgical procedure used on the cervix by which an electrical current generating a radio frequency is passed through a wire loop, which is then drawn around the cervical opening (Os) to excise the tissue. The procedure can usually be performed in an outpatient setting with the use of local anesthesia. Depending on the size of the loop and of the lesion, either the transformation zone or a cone-like specimen can be obtained. LEEP and large loop excision of transformation zone (LLETZ) are terms used for this procedure.

low-grade squamous intraepithelial neoplasia (LSIL) - The Bethesda System classification for a Pap smear result, which includes cellular changes of HPV, mild dysplasia (CIN 1) or koilocytotic atypia.

lump - Any kind of mass that can be felt in the breast or elsewhere in the body.

lumpectomy - Removal of the breast lump plus a margin of normal tissue around it. If tissue is found to be malignant, radiation therapy or mastectomy often follows. Also called limited breast surgery.

lymph - Clear fluid that passes within the lymphatic system and contains cells known as lymphocytes. These cells fight infections. They have a lesser role in fighting cancer.

lymph nodes (lymph glands) - Small masses of bean-shaped tissue located along the lymphatic vessels that remove waste fluids from lymph and acts as filters of impurities in the body.

malignant tumor - A mass of cancer cells that may invade surrounding tissues or spread to distant areas of the body.

mammogram - An x-ray of the breast.

mammography facility - An entity that has met SMHW requirements to become an approved provider or provides mammography services for other SMHW-approved providers.

Mammography Quality Standards Act of 1992 (MQSA) - The national accreditation of mammography units through the FDA.

mastectomy - Surgical removal of the breast(s): (1) Modified radical mastectomy: removal of the breast, skin, nipple, areola and most of the auxiliary lymph nodes on the same side, leaving the chest muscle intact. (2) Halstead radical mastectomy: removal of the breast, skin, both pectoral muscles, and all auxiliary lymph nodes on the same side. (3) Extended radical mastectomy: removal of the breast, skin, pectoral muscles (major and minor), and all auxiliary and internal mammary lymph nodes on the same side. (4) Partial mastectomy: removal of less than the whole breast, taking only part of the breast in which the cancer occurs and a margin of healthy breast tissue surrounding the tissue. (5) Prophylactic mastectomy: removal of the interior of one or both breasts. This procedure is done before any evidence can be found, for the purpose of preventing cancer. It is recommended for a woman at a very high risk of breast cancer; its efficacy is not proven. (6) Quadrantectomy: partial mastectomy in which the quarter of the breast that contains tumor is removed. (7) Segmental mastectomy: partial mastectomy. (8) Total mastectomy: removal of only the breast.

medical professional/clinician - Physician, physician's assistant, certified nurse practitioner, certified nurse midwife, or registered nurse.

medullary carcinoma - A specific histology of infiltrating breast cancer in which the tumor appears well defined, with obvious boundaries between tumor tissue and normal tissue. Medullary carcinoma accounts for five percent of breast cancer.

menarche - The first menstrual period. Early menarche (before age 12) is a risk factor for breast cancer, possibly because the earlier a woman's periods begin the longer the exposure to estrogen.

menopause - The time in a woman's life when monthly cycles of menstruation cease forever and the level of hormones produced by the ovaries decreases. Menopause usually occurs in the late 40s or early 50s, but surgical removal of the ovaries (oophorectomy) or the ovaries and uterus (total hysterectomy) can also induce it, as can some chemotherapy that destroys ovarian function. Among such chemotherapies are some that are used for breast cancer.

metaplasia - Abnormal replacement of cells of one type by cells of another type. It does not represent a malignant or premalignant condition.

metastasis - The spread of cancer cells to distant areas of the body by way of direct extension, lymph system, or bloodstream.

minimum data elements (MDE) - Clinical data items submitted to CDC two times a year.

needle aspiration - Removal of fluid from a cyst or cells from a tumor. In this procedure, a needle and syringe (like those used to give injections) are used to pierce the skin, reach the cyst or tumor, and with suction, draw up (aspirate) specimens for biopsy analysis. If the needle is thin, the procedure is called fine needle aspiration (FNA).

needle localization - A procedure used to do a breast needle biopsy, when the lump is difficult to locate or in areas that look suspicious in the x-ray but do not have a distinct lump. After an injection of local anesthesia to numb the area, a thin needle is inserted into the breast. X-rays are taken and used to guide the wire to the area to be biopsied. A tiny hook on the end of the wire holds it in place. Then a hypodermic needle (like the type used to give injections) is inserted, using the path of the wire as a guide, and the biopsy is completed. (Also see *needle aspiration*.)

neoplasia - The pathologic process that results in the formation and growth of a neoplasm.

neoplasm - Any abnormal growth; neoplasms may be benign or malignant. Cancer is a malignant neoplasm.

nipple - The tip of the breast; the pigmented projection in the middle of the areola. The nipple contains the opening of milk ducts from the breast.

nipple discharge - Any fluid coming from the nipple. It may be clear, milky, bloody, tan, gray or green.

nodal status - A count of the number of lymph nodes in the armpit (axillary nodes) to which cancer has spread (node-positive) or has not spread (node-negative). The number and site of positive axillary nodes help forecast the risk of breast cancer recurrence.

node - A lymph gland.

nodule - A small, solid lump that can be located by touch.

Nolvadex - Trade name for tamoxifen, an antiestrogen drug commonly used in breast cancer therapy. (Also see *tamoxifen*.)

noncancerous - Benign; not malignant; no cancer is present.

normal hormonal changes - Changes in breast and other tissues that are caused by fluctuations in levels of female hormones during the menstrual cycle.

not needed (omitted) - A category used to record examination results when it is not appropriate to perform a screening test on that particular woman. This choice might be marked under mammography results, if a woman had a mastectomy of one breast. Or, under the Pap smear results if she had a recent Pap smear at her provider's office, is pregnant, or has had a hysterectomy.

nucleus - The powerhouse at the center of a cell where the cell's important activities are carried out. DNA resides and replicates in the nucleus.

nurse practitioner - A nurse who is licensed as a registered nurse (RN) and 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. They take on additional duties in diagnosis and treatment of patients, and in many states they may write prescriptions. (Also, refer to *oncology nurse specialist*.)

oncologist - A physician who is specially trained in the diagnosis and treatment of cancer. *Medical oncologists* specialize in the use of drugs and chemotherapy to treat cancer. *Radiologic oncologists* specialize in the use of x-rays (radiation) to kill tumors. *Surgical oncologists* specialize in the use of surgery to treat cancer. Medical and radiation oncologists often cooperate in giving complicated treatments.

oncology nurse specialist - A nurse who has taken highly specialized training in the field of cancer after being licensed as an RN (registered nurse). Oncology nurse specialists may mix and administer treatments, monitor patients, prescribe and provide aftercare (only if they are recognized by the Missouri State Board of Nursing as an Advanced Practice Registered Nurse) and teach and counsel patients and their families. Many oncology nurse specialists are also certified nurse practitioners. (Also see *case manager, nurse practitioner*.)

oncology social worker - A person who has a master's degree in social work and has specialized in the field of cancer. This person provides counseling and assistance to people with cancer and their families, especially in dealing with the crises that can result from cancer but are not medical, such as financial problems, housing when treatments must be taken at a facility far away from home and childcare.

ovary - A reproductive organ in the female pelvic region. Normally a woman has two ovaries. They contain the eggs (ova) that joined with sperm, result in pregnancy. Ovaries are also the primary site of production of estrogen. (Also, refer to *estrogen*.)

Paget's disease of the nipple - A form of breast cancer that begins in the milk passages (ducts) and involves the skin of the nipple and areola. A sign of Paget's disease is a crusting, scaly, red inflamed tissue (dermatitis) lesion on the nipple. With true Paget's disease, cancer is usually also present within the breast. This is a rare type of breast cancer that occurs in only 1 percent of cases. There is generally a good outcome or prognosis, if no lump is felt.

palliative treatment - Therapy that relieves symptoms, such as pain, but does not cure the disease. Its main purpose is to improve the quality of life.

palpation - A simple technique in which a health care provider presses on the surface of the body to feel organs or tissues underneath. One can feel a palpable mass in the breast.

Papanicolaou smear (Pap test) - A screening test of the cells of the cervix used to detect early signs of cervical cancer.

Papanicolaou stain (Pap stain) - A multichromatic staining process that is used primarily on gynecological specimens. It provides great transparency and delicacy of detail, which is important in cancer screening, especially of gynecologic screens.

pathologist - A physician who specializes in the identification of abnormalities and disease by examining body tissue under a microscope and organs. The pathologist determines whether a lump is benign or cancerous.

pathology - A study of disease through examination of body tissues and organs under a microscope for evidence of disease. Diagnosis of any tumor thought to be cancer by examination under a microscope.

pectoral muscles - Muscles attached to the front of the chest wall and upper arms. The larger group is called pectoralis major, and a smaller group is called pectoralis minor. Because these muscles are in close proximity to the breast, they may become involved in breast cancer or surgery to treat it.

pelvic examination - An internal physical examination used to detect a variety of gynecological disorders. The pelvic examination is performed by a physician, nurse or physician's assistant, and includes a visual inspection of the vagina and cervix as well as palpation of the uterus and ovaries.

pigment - A class of substances that provide color, including in the human body. The areola and nipple of the breast are pigmented with melanin. Normally a brownish tint, melanin, in these areas of the breast can range from pale pink to deep brown.

predisposition - Susceptibility to a disease that can be triggered under certain conditions. For example, some women have a family history of breast cancer and are therefore predisposed (but not necessarily destined) to develop breast cancer.

pre-malignant - Abnormal changes in cells that may, but not always, become cancer; also known as precancerous. Most of these early lesions respond well to treatment and result in cure.

prevalence - A measure of the proportion of persons in the population with a particular disease at a specified time.

prevention - Avoiding the occurrence of an event, such as development of cancer, by avoiding things known to cause cancer and participating in activities that can or might prevent cancer. For example, avoiding smoking may prevent lung cancer, and taking tamoxifen may prevent breast cancer in women who are at high risk for the disease.

preventive services - Programs or products that are developed and provided for the purpose of health promotion and maintenance.

primary site - The site where cancer begins. Usually, the cancer is named after the organ in which it begins; for example, breast cancer.

progesterone - A female sex hormone released by the ovaries to prepare the uterus for pregnancy and the breasts for milk production (lactation).

prognosis - A prediction of the course of disease, including the prospects for a cure. For example, women with early detected breast cancer and receive prompt treatment have a good prognosis.

prosthesis (breast) - An artificial form that can be worn under the clothing after a mastectomy to simulate the shape and form of a natural breast. (Plural: prostheses.)

protocol - A formalized outline or plan.

public health district - Missouri is divided into six public health districts. In the manual, the word regions is used.

quality assurance - The overall process of assessing and maintaining the highest possible quality in the acquisition and interpretation of results.

radiologic technologist - A health professional (not a physician) trained to properly position patients for x-rays, to load film and take the images, and to develop and check the images for quality. Since mammograms (breast x-rays) are done on a machine that is used only for mammograms, the technologist must have special training in mammography. A radiologist reads the films taken by the technologist.

radiologist - A physician who has taken additional years of training to produce and read x-rays and other types of images (for example, ultrasound or magnetic resonance imaging) for the purpose of diagnosing abnormalities.

radiology - A branch of medicine concerned with the use of radiant energy in the diagnosis and treatment of disease.

radiotherapy - Treatment with radiation to destroy cancer cells. Methods used include linear accelerators, x-rays, cobalt, and betatrons. This type of treatment may be used to reduce the size of a cancer before surgery or to destroy any remaining cancer cells after surgery. Also called *irradiation* and *radiation therapy*.

Reach to Recovery - A visitation program of the American Cancer Society for women who have a personal concern about breast cancer. Carefully selected and trained volunteers, who have successfully adjusted to breast cancer and its treatment, provide information and support to women newly diagnosed with the disease.

reactive changes - Normal changes in tissue as a result of the body's reaction to an irritation or infectious agent.

recurrence - Cancer that has re-occurred or reappeared after treatment. *Local recurrence* is at the same site as the original cancer. *Metastasis* means that the disease has recurred at a distant site. *Regional recurrence* is in the tissue or lymph nodes near the site.

regimen - A strict, regulated plan of diet, exercise, or other activity designed to reach certain goals. In cancer treatment, it is a plan to treat cancer.

regional involvement - The spread of cancer from its original site to nearby areas such as muscles or lymph nodes, but not distant sites such as other organs.

Regional Program Coordinator (RPC) - SMHW 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.

rehabilitation - Activities to adjust, heal, and return to a full, productive life after injury or illness. This may involve physical restoration (such as the use of prostheses, exercises and physical therapy), counseling and emotional support.

risk factor - Anything that increases a person's chance of getting a disease such as cancer. The known risk factors for breast cancer are: being a woman over the age of 50; family history of the disease, especially in one's mother or sister; beginning menstrual periods at a young age (before age 12); obesity; never having completed a pregnancy; first pregnancy after age 30.

saline solution - A saltwater solution.

scan - A study using either x-rays or radioactive isotopes to produce images of internal body organs.

scant cellularity - An unsatisfactory Pap smear with inadequate cellularity.

scirrhous cancer - A breast cancer with a hard, firm, fibrous texture; usually an infiltrating ductal carcinoma.

screening - The search for disease, such as cancer, in people without symptoms. Screening may refer to coordinated programs in large populations. The principal screening measure for breast cancer is mammography.

screening guidelines - Recommendations for the application of screening procedures, which are formulated by professional and governmental agencies.

screening mammogram - American College of Radiology defines a screening mammogram as "an x-ray breast examination of asymptomatic women in an attempt to detect breast cancer, when it is small, nonpalpable and confined to the breast."

screening provider(s) - Health departments, primary care facilities, and/or any other entities under contract with Missouri's SMHW program to provide breast and cervical cancer screening services.

screening services - Refers to clinical breast examination, Pap smear, pelvic examination, mammography, instruction in breast self-examination, and informational and educational services relating to breast and cervical cancer by providers of SMHW services.

secondary tumor - A tumor that forms as a result of spread (metastasis) of cancer from its site of origin.

shall/must/should - Reference to the words "shall" and "must" indicate mandatory program policy. "Should" indicates recommended program policy relating to program management and patient care that the provider is urged to follow.

Show Me Healthy Women (SMHW) - The functional entity created within the Missouri Department of Health and Senior Services, Division of Community and Public Health, Section for Community Health and Chronic Disease Prevention, Bureau of Cancer and Chronic Disease Control, to implement and manage all components of the grant.

silicone gel - Synthetic gel compound used in breast implants because of its flexibility, strength, and texture, which is similar to the texture of the natural breast. Silicone gel breast implants are available for women who have had breast cancer surgery. (See *breast augmentation*.)

sonogram - An image produced by using high-frequency sound waves. This technique is used to examine and measure internal body structures and detect bodily abnormalities but does not utilize radiation or x-rays.

speculum - A metal or plastic instrument that permits visual inspection of the cervix and performance of a Pap smear.

staging - A method of determining and describing the extent of cancer, based on the size of the tumor, whether regional axillary lymph nodes are involved, and whether distant spread (metastasis) has occurred. Knowing the stage at diagnosis determines the best treatment and the prognosis.

stages of breast cancer:

Stage 0: The earliest stage of breast cancer; the disease is in situ.

Stage I: The tumor is 2 cm or less and has not spread beyond the breast.

Stage II: The tumor is more than 2 cm and spread to regional lymph nodes, such as the lymph nodes under the arm, or the tumor is more than 5 cm in diameter and no regional nodes are involved.

Stage III: The tumor is any size and has spread to several regional lymph nodes and/or other tissues near the breast.

Stage IV: The cancer has spread to other organs and/or tissues by way of direct extension, lymph system and/or bloodstream.

stages of cervical cancer:

Stage 0: The earliest stage of cervical cancer; the disease is in situ.

Stage I: Cancer has not spread beyond the cervix and uterus.

Stage II: Cancer has spread beyond the uterus but not to the pelvic wall or to the lower third of the vagina.

Stage III: Cancer has spread to the pelvic wall and/or involves the lower third of the vagina and/or regional lymph nodes.

Stage IV: The cancer has spread to other organs and/or tissues by way of direct extension, lymph system and/or bloodstream.

stereotactic biopsy - A diagnostic procedure that combines the technology of radiological imaging with surgical biopsy. In a stereotactic biopsy, images of the area surrounding a lesion are taken from different angles and a computer precisely calculates the location of the lesion. An automatic biopsy needle obtains samples of the tissue at the exact spot calculated by the computer.

subcutaneous mastectomy - A surgery to remove internal breast tissue, yet the nipple and skin are left intact.

supraclavicular nodes - Lymph nodes that are above the collarbone (clavicle).

surgery - An operation, a procedure performed by a surgeon to repair or remove a part of the body or to find out if disease is present.

surgical or specialist consultation - A referral of a woman to a surgical specialist for additional diagnostic evaluation, following detection of a breast or cervical abnormality.

survival rate - A way of expressing how long, on average, people may live after diagnosis of disease or after treatment of the disease. It is expressed as the percentage of people who live a certain period of time, as opposed to the percentage of those who die. For example, the five-year survival rate for women with localized breast cancer (including all women living five years after diagnosis, whether the patient was in remission, disease-free, or under treatment) was 78 percent in the 1940's, but in the 1990's it was 93 percent.

suspicious abnormality - A finding on a test that indicates cancer might be present.

synchronous - At once or at the same time.

systemic disease - In breast cancer, a tumor that originated in the breast has spread to distant sites, such as the liver, chest, brain, bones, or lungs.

tamoxifen (brand name: Nolvadex) - A drug that blocks estrogen; an antiestrogen drug. Blocking estrogen is desirable in some cases of breast cancer because estrogen feeds the growth of certain types of tumors.

target population - The desired or intended audience, in this case for SMHW interventions.

therapy - Any of the measures taken to treat a disease. *Alternative therapy* is any therapy that has not been approved. Some alternative therapies are used along with standard therapy. Some are harmless, some may be helpful, and others can be dangerous, especially if they divert a person with cancer from receiving standard therapy. Also called *questionable methods* or *unproven methods*. Some people use alternative therapies along with standard therapy; in this approach, the health care team should be informed of the alternative method used. *Experimental therapy* is any new, as-yet-unproven method that is being tested for specific purposes in a scientific clinical trial. *Standard therapy* is any method that has been scientifically tested and proven useful for specific purposes and is the standard treatment.

tissue - A collection of similar cells, united to perform a particular function. There are four basic types of tissue in the body: epithelial, connective, muscle, and nerve.

transformation - A multistep process by which normal cells change into neoplastic cells.

tumor - Tissue growth in which the cells multiply uncontrollably, also called *neoplasm*. It can be either benign or malignant. *Benign tumor* is a noncancerous tumor (i.e., does not invade and destroy adjacent normal tissue). *Malignant tumor* is a tumor that is cancerous and likely to cause death unless adequately treated.

ultrasonography (ultrasound) - An imaging method in which high-frequency sound waves are used to outline a part of the body. High-frequency sound waves are transmitted through the area of the body being studied. The sound wave echoes are picked up and displayed on a television screen. This painless method is used mainly to find out if a structure is solid or liquid. It is useful in detecting breast cysts in young women with firm, fibrous breasts. No radiation exposure occurs.

underinsured - A patient is considered underinsured if she has medical insurance that does not cover SMHW screening services or if she has an unmet deductible or required copayment for services covered by SMHW.

underserved - Groups of individuals who chronically lack access to health care for a variety of reasons.

unilateral - Affecting one side of the body. For example, unilateral breast cancer occurs in one breast only. (Also see *bilateral*.)

unproven methods of cancer management - Any therapy that has not been subjected to traditional scientific study and proved effective in clinical trials. Such methods range from harmless to life threatening, especially if they are used in place of medically sound methods of treatment. The American Cancer Society maintains a reference file on proven methods of cancer management. Information is available by request from the society's toll-free cancer information hotline, 1-800-ACS-2345. (Also see *therapy*.)

x-rays - One form of radiation that can, at low levels, produce an image of cancer on film, and at high levels can destroy cancer cells.