

#### WISEWOMAN - Heart Health for Women

Well-Integrated Screening and Evaluation for Women Across the Nation





## Introductions

## WISEWOMAN Team

#### Kelly Palermo

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Contracts, budget, etc.

**Program Manager** 

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Training, clinical/claim assistance, site visits, claims review, etc.

**Education Coordinator** 

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HBSS Invoices, SMBP, etc.

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Assists WISEWOMAN and SMHW Program, etc.

**Project Specialist** 

- WISEWOMAN/SMHW TOLL-FREE HOTLINE NUMBER:
  - 1-866-726-9926
- ▼ WISEWOMAN FAX: 573-522-3023
- ♥ WISEWOMAN SITE:

www.health.mo.gov/wisewoman



## AGENDA

## **01**WISEWOMAN Direct Services & Changes

- Introduction to WISEWOMAN
- FAQs
  - How to request training?
  - Who to contact?
- Eligibility
- Screening with SDoH
- Lab Guidelines
- Diagnostic Visit
- BP Medical F/U Visit
- Health Coaching

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#### WISEWOMAN Direct Service Billing & Form Changes

- MOHSAIC Access
- Form Changes
- How to bill:
  - Screening
  - Diagnostic Visit
  - BP Medical F/U Visit
  - Health Coaching Visits
  - F/U Rescreen Visit
  - Lab Only Visit

03

## WISEWOMAN Healthy Behavior Support Services

- HBSS Guidelines
- Educational Resources
- · Lifestvle Edu. Programs
- Barrier Reduction Tools
- Invoice Billing

04

## Program Scenarios and Program Promotion

- WISEWOMAN Scenarios
- Monthly Education Calls
- Promotion:
  - Social Media
  - Posters
  - Flyers
  - · Campaign
  - Success Stories
  - Champions

- 1. ASSESSMENT
- 2.DIAGNOSIS
- 3. PLANNING
- 4.IMPLEMENTATION
- 5. EVALUATION



## **Program History**





## NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP)

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

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

## WISEWOMAN PROGRAM HISTORY

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

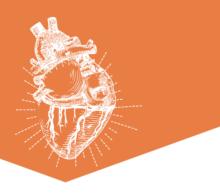
https://www.cdc.gov/wisewoman/



Age: 35-64

Assessment & Lifestyle Program

Cardiovascular





**SMHW** 

Age: 21-64

Screening Program

**Breast & Cervical** 





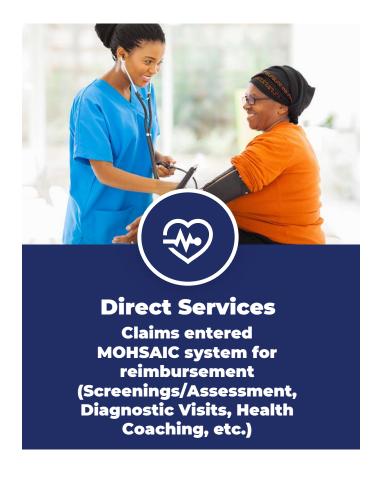
#### **Vision**

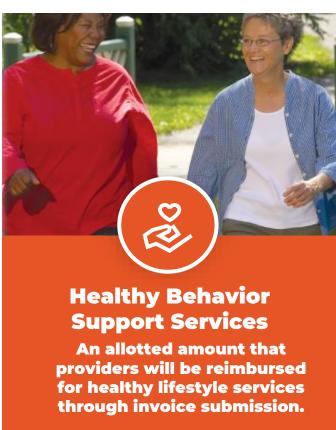
A world where all women can access preventative health services and gain the wisdom and confidence to improve her health.

#### **Mission**

Provide low-income, underinsured 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.

## Contracts





♥ Contact the WISEWOMAN
Program Manager, Kelly Palermo,
to request additional
WISEWOMAN funding

**\*MOHSAIC** will give you a notification at **20%** 

WISEWOMAN Fiscal Year runsSeptember 30-September 29

SMHW's Fiscal Year is June30-June 29

## Quality Assurance

#### SMHW/WW QUALITY ASSURANCE FORM

Provider Name:	QA Reviewer:		Date	<b>5</b> :
SMHW/WW visit SMHW visit only	6 Month Nev	provider 🔲	2 year biennale visit 🔲	Re-visit 🔲
Mammography unit name:		Cytology Lab nas	ne:	
Professional staff name and title of those conducting screenings:				
Name:		Name:		
Name:		Name:		
There are qualified SMHW/WW trained staff for all phases of s	ervice: Yes No	The provider sit	e has a clean and inviting environment	: Yes No
There is an Internal QA program for SMHW/WW services:	Yes No	SMHW/WW ma	nual available either hard copy or on l	line: Yes No
SMHW/WW materials are prominently displayed:	Yes No	System in place	to assure follow-up of abnormal and al	ert values: Yes No

	Criteria Visited	% could	Charts complete	Chart	Chart	Chart	Chart 4	Chart	Chart	Chart 7	Chart	Chart	Chart	Chart	Chart	Chart	Casrt	Chart	Chart	Chart	Chart	Churt
	Copies of proof of age	50	,	1	2	3	4	5	Ó	7	8	y	10	11	12	13	14	15	10	17	19	19
	(proof of age is only expected once while SMHW client)	30																				
Eligibility	Copies of proof of income (updated annually)	50																				
	SMHW/WW Eligibility Agreement Form signed annually	50																				
	History form (green) updated annually	50																				
	Physical exam, - submitted information	80																				
Screening	Mammogram scheduled if eligible.	80																				
And Reports	Clients with disease level blood pressure (>130/80)	100																				
Reports	receive referrals for medical follow-up																					
	WW Lab results equal submitted results	80																				
	Client notified of SMHW test results.	80																				
follow-Up	Documentation that client notified of WW	80																				
	screening/risk factor results in writing & verbally																					
	Abnormal and alert results for SMHW and WW	80																				
	receive appropriate follow-up and referral.																					
Billing-	Procedures and results submitted to SMHW/WW	80																				
Reporting	equal information in chart.																					
Patient avigation (PN)	Documentation in chart of at least 2 contacts/visits and reflects follow up with a completed screening	80																				

Funding received from the CDC's WISEWOMAN Program is contingent upon the Missouri WISEWOMAN program meeting or exceeding several QA parameters and performance measures

#### **Y COMPONENTS OF QA:**

- **Quarterly** provider progress reports (PPR) & BP logs sent via email by WISEWOMAN program manager
- Program site visits by WISEWOMAN team
- Program monitoring and audits by SMHW RPC

## Reimbursement Guidelines

- ▼ IN ACCORDANCE WITH PUBLIC LAW 101-354 AND ITS AMENDMENTS, REIMBURSEMENT GUIDELINES FOR THE WISEWOMAN PROGRAM INCLUDE:
  - ♥ WISEWOMAN must be the <u>payer of last</u> resort
    - Reimbursements are considered payment in full
  - Service providers and their subcontractors
     <u>shall not charge</u> the participant for:
    - Any screening/diagnostic services reimbursable by WISEWOMAN
    - Administrative fees

- Please note:
  - When services other than WISEWOMAN cardiovascular risk assessment are performed, documentation shall be provided verifying the participant was notified in advance of these services and their costs

## Reimbursement Guidelines Continued

- Reimbursement rates are set based on
   Medicare CPT Code rates and are subject to change, typically with each fiscal year
- Providers will **only** be paid for claims that meet eligibility, performance and data requirements
- Direct clinical services will be directly reimbursed through the provider's annual contract
- HBSS services will be reimbursed with <u>invoice submission</u>, which are faxed to the WISEWOMAN Program at 573-522-3023 or emailed to the Program Representative
- WISEWOMAN services must be entered into MOHSAIC within SIXTY (60) DAYS or within SEVEN (7) DAYS for an ALERT value

## Reimbursement Guidelines Continued

#### REPORTING ONLY SUBMISSION

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

- ✔ Incomplete screening (e.g. missing labs, only one BP measure, no height/weight)
- Additional labs not covered by the WISEWOMAN Program
- Diagnostic information from an outside provider
- When services are unable to be reimbursed (e.g. E-2 services that have been reimbursed by Medicaid, no funding left for the year, etc.)

## FY25 Reimbursement Rates

#### **WISEWOMAN SERVICES FISCAL YEAR 2025**

CLINICAL OFFICE VIICITO										
CLINICAL C	FFICE VISITS									
SERVICES	CPT CODE	RATE								
Risk Reduction Counseling Screening	99386	\$73.90								
Annual Screening	99396	\$73.90								
Diagnostic Office Visit	99203	\$106.94								
Blood Pressure Medical Follow-Up	99214	\$123.22								
Social Determinants Assessment Form	Z55-Z65	\$50.00								
Social Determinants Referral/Follow-Up	Z55-Z65	\$25.00								
LAB TESTS										
EAD	12313									
SERVICES	CPT CODE	RATE								
SERVICES  Lab Venipuncture	<b>CPT CODE</b> 36415	<b>RATE</b> \$8.83								
Lab Venipuncture	36415	\$8.83								
Lab Venipuncture Lipid Panel	36415 80061QW	\$8.83 \$13.39								
Lab Venipuncture Lipid Panel Total Cholesterol	36415 80061QW 82465QW	\$8.83 \$13.39 \$4.35								
Lab Venipuncture Lipid Panel Total Cholesterol HDL Cholesterol	36415 80061QW 82465QW 83718QW	\$8.83 \$13.39 \$4.35 \$8.19								
Lab Venipuncture Lipid Panel Total Cholesterol HDL Cholesterol Glucose, Quantitative	36415 80061QW 82465QW 83718QW 82947	\$8.83 \$13.39 \$4.35 \$8.19 \$3.93								
Lab Venipuncture  Lipid Panel  Total Cholesterol  HDL Cholesterol  Glucose, Quantitative  Glucose, Reagent	36415 80061QW 82465QW 83718QW 82947 82948	\$8.83 \$13.39 \$4.35 \$8.19 \$3.93 \$5.04								

HEALTH	COACHING									
SERVICES	CPT CODE	RATE								
Ind	lividual	•								
15 Minute Session	99401	\$39.21								
30 Minute Session	99402	\$53.71								
45 Minute Session	99403	\$68.22								
Follow-Up Rescreen	99403	\$68.22								
	Group									
30 Minute Session	99411	\$18.80								
60 Minute Session	99412	\$34.23								
SMBP I	PROGRAM									
SERVICES	CPT CODE	RATE								
SMBP Initial Enrollment	99487	\$128.63								
SMBP Health Coaching - 15 Minute	99401	\$39.21								
SMBP Health Coaching - 30 Minute	99402	\$53.71								
SMBP Post-Intervention Follow-Up	99403	\$68.22								
SMBP BP Medical Follow-Up	99214	\$123.22								

## WISEWOMAN Eligibility



Be a SMHW



Age



Uninsured or Underinsured



 Clients must have an income at or below 250 percent of the federal poverty income guidelines. Adjuste gross income on tax return or net amount on pay stub determines income eligibility.

\$3,038

\$7,321

\$9.463

\$10,533

\$701

\$1,689

\$2.183

\$17.52

\$29.88

\$42.24

\$54.59

\$60.77

Low Income

\$36.450

\$113,550

\$126,400

\$12.850

Each addition

Be an active participant in the SMHW program

35-64 (Same as SMHW) Follow SMHW guidelines for eligibility

At or below 250% of federal poverty level

## WISEWOMAN Focus Areas

## Community Clinical Linkages

- ♥ Connections between community and clinical sectors to improve population health
  - ▼ Transportation resources are available for all SMHW/WISEWOM AN services

#### Patient Engagement

♥ Combines a patient's knowledge, skills, ability and willingness to manage their own care with communications to promote positive behaviors

#### **Data and Outcomes**

♥ Compiled by WISEWOMAN in the Missouri Health Strategic Architectures & Information Cooperative (MOHSAIC) and reported to CDC

## National Clinical Guidelines

♥ Providers should assure the quality of all WISEWOMAN services provided by using standards of care, including those developed by American Heart Association (AHA) and American College of Cardiologists (ACC), when delivering clinical and preventive services

## WISEWOMAN Services

#### **WISEWOMAN Screening**

**Eligibility** 

Assessment Form

Biometric Data Collection

Referral to LSPs as Appropriate Referral to Follow-Up Services as Appropriate

Health Coaching

SDoH Assessment

#### **Follow-Up Services**

Blood Pressure Medical Follow-Up

Diagnostic Visit

Lab Only Visit

SDoH Follow-Up

#### Lifestyle & Healthy Behavior Support Services

Health
Coaching
&
Follow-Up
Rescreen

Tobacco

Quitline,

Mental

Health
Referral, etc.

Barrier Reduction Tools

## **Blood Pressure Protocol**

- ▼ All WISEWOMAN providers need to have a blood pressure protocol at their facility.
  - ▼This is a new requirement of CDC for contracted providers, starting in FY24



## **WISEWOMAN Services**

#### **WISEWOMAN Screening- RRC or Annual**

- ♥ Providers must conduct a baseline screening, in accordance with national clinical guidance, for all women enrolling in WISEWOMAN and participants must be rescreened within 11-18 months
- ▼ FOR WISEWOMAN SCREENINGS TO BE CONSIDERED VALID, THEY MUST INCLUDE THE FOLLOWING:
  - Demographics
  - Previous cardiovascular disease risk & use of medications
  - Diet & physical activity
  - Alcohol consumption
  - Overall wellness/mental health status
  - Tobacco use/smoking status
  - Height, weight and BMI
  - 2 complete blood pressure (BP) measurements with the average of the readings
  - Lab values—complete lipid panel (total cholesterol, HDL, LDL, triglycerides) and fasting glucose or hemoglobin A1C
  - SDoH Assessment



#### **Enrollment into program**

- ▼ ALL women age 35-64 who are enrolled in SMHW are eligible for WISEWOMAN
- ♥ Enrollment and participation is **voluntary**
- ♥ WISEWOMAN participants must complete or be provided the following documents for enrollment, with proper provider documentation:
  - 1. SMHW/WISEWOMAN Participant Agreement Form (white)
  - 2. SMHW/WISEWOMAN Patient History Form (green)
  - 3. DHSS Patient Privacy Rights Statement
  - 4. WISEWOMAN Provider facility's HIPAA statement

## WISEWOMAN Enrollment Forms

Addre			mm dd yyyy	SS#:	Optional)
Addic	Street		City	State	Zip
Women cervical education of the second secon	(SMHW) and W cancer examinat on resources for i test results are no you obtain additi-	at of Health and Senior Service (ISEWOMAN programs. If you oins and assessments for heart miproving lifestyle habits to he ot normal, this clinic will work onal tests and, if needed, treatns er risk factors such as high bld fneeded.	u qualify and agree, disease and stroke fi lp you lower your ris with SMHW and/or nent for cancer. WIS	you will receive ee. WISEWOI k for heart dise the Departmen EWOMAN do	e your breast and MAN also provides ase.  t of Social Services es not pay for
Incom Are you	e/Insurance l u receiving:	nformation (Please chec Unemployment insurance Medicare Part A ☐ and/o Have you applied for MO	☐ WIC ☐ 7 r Part B ☐	MO Heal	food stamps □ thNet (Medicaid) □ No □
Γ	Do you have h	ealth insurance?	Yes 🗌 No 🏻		
ľ	Does your insu	rance have a deductible?	Yes 🗌 No 🏻		
	Can you pay th	ne deductible?	Yes 🗌 No [	]	
have r	NT AGREEM not supplied doo HW/WISEWO	cumentation of household in MAN present income guide	lines. (I	household in	come is within please initial)
I have r SM I have r A staff side I unders I unders I unders I need to I unders I agree to I unders I agree to I unders	NT AGREEM not supplied dos HW/WISEWO eceived the inc person has info e effects of the istand that my h stand that my h stand that perso lically recomm o contact this c trand that no test to participate in stand that I will changed.	IENT  numentation of household in  MAN present income guide  ome guidelines and I qualify  rmed me which tests the SN	come. I declare my lines. (I for SMHW / WISEWOM wices will be availle am responsible for WISEWOMAN m	whousehold in If applicable, EWOMAN. IAN programs the to me at n keeping my a hay contact me In lifestyle ed alth status rel	please initial) s cover and possible o cost. ppointments. e in receiving lucation sessions. ated to these services
I have r SM I have r A staff side I unders I have r As a clie care infe other ag Missour obtain a of Attorn	NT AGREEM  Not supplied do HW/WISEWO  eceived the inc person has info  e effects of the istand that my he  stand that my he  stand that perso  dically recomm  o contact this c.  tand that no test  to participate in  tand that I will  changed.  ead or had the a  ent receiving ser  ormation will be  encies as requir  i Department of  my subsequent r  mey for Health (	DENT Deumentation of household in MAN present income guide ome guidelines and I qualify med me which tests the SM method with tests the SM HW / WISEWOMAN ser ealth is my responsibility. I a ns associated with SMHW / ended services. linic for my test results. It is 100% accurate. both the screening tests and be contacted to return in 1 y	come. I declare my lines. (I for SMHW / WISEWOM wices will be availe am responsible for WISEWOMAN m the WISEWO	whousehold in fapplicable, EWOMAN. IAN programs belief to me at n keeping my a lay contact me and the status relief to above is conferent to feel the status and have that I have belicies and have do by the guard ppointing the	please initial) s cover and possible o cost. ppointments. e in receiving ducation sessions. ated to these services rrect. our protected health d Senior Services and een given a copy of the e been told where I can ian or Durable Power



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL SHOW ME HEALTHY MISSOURIANS/SHOW ME HEALTHY WOMEN PATIENT HISTORY P. O. Box 570 Jefferson City, MO 65102-0570 (573) 522-2845

(TO BE COMPLETED BY CLIENT AND REVIEWED ANNUALLY) ENROLLMENT SITE/SATELLITE CLINIC (IF ANY) DATE OF VISIT (MM/DD/YYYY) A. PERSONAL HISTORY NAME (LAST, FIRST, MIDDLE INITIAL) MAIDEN NAME HOME PHONE NO. CELL PHONE NO. E-MAIL ADDRESS WORK PHONE NO. COUNTY STREET ADDRESS CITY/STATE ZIP CODE DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER (OPTIONAL) WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? ☐ English ☐ Spanish ☐ Other \_ NUMBER OF HOUSEHOLD MEMBERS INSURANCE COVERAGE: MEDICAID DCN/MEDICARE NUMBER ☐ None ☐ Mo HealthNet ☐ Medicare ☐ Private Race: (must be answered, choose all that apply) Ethnicity: (must be answered.) ☐ (1) White Are you of Hispanic origin? ☐ Yes ☐ No ☐ (2) Black or African American ☐ (3) Asian ☐ (4) Native Hawaiian or Other Pacific Islander Highest grade of school completed (circle one)
(U. S. equivalent if educated in another nation) ☐ (5) American Indian or Alaskan Native 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 ☐ (6) Other\_\_ ☐ (7) Unknown (please avoid using) How did you hear about the Show Me Healthy Women program? What type of transportation did you use to get to your clinic (please choose only one) appointment? (please choose only one) ☐ (1) Physician ☐ (8) Health Care Provider ☐ (1) Bus □ (2) Clinic □ (9) Health Fair ☐ (2) ACT Van ☐ (3) Television ☐ (10) Health Coalition ☐ (3) OATS Bus ☐ (4) Radio ☐ (11) Outreach Worker ☐ (4) Taxi ☐ (5) Printed Ad ☐ (12) Relative/Friend ☐ (5) Personal Vehicle ☐ (6) Billboard ☐ (13) Other Location ☐ (6) Relative/Friend ☐ (7) Bus Sign ☐ (7) SMTS ☐ (8) Other\_ Date of last Pap Test Date of Last mammogram Do you now smoke cigarettes? ☐ Some days ☐ Not at all ☐ Don't know Name and telephone numbers of two people who can always reach you: HOME PHONE WITH AREA CODE WORK PHONE HOME PHONE WITH AREA CODE WORK PHONE MO 580-1800 (8/14)

# Integrated Office Visit Policy

- CDC has developed a policy for NBCCEDP (SMHW) and WISEWOMAN <u>integrated</u> office visits
- Integrated office visits should occur for women aged 35-64 who are enrolled in the NBCCEDP (SMHW)
  - SMHW Screening and WISEWOMAN Screening (RRC/Annual) occurring on the same date of service
- Both programs must appropriately reimburse for screening visits and services using the following guidance:
  - NBCCEDP funds should be used to reimburse for the integrated office visit and WISEWOMAN funds should <u>NOT</u> be used to pay for these office visits unless they have received CDC approval to conduct non-integrated office visits
  - When rescreening for NBCCEDP and WISEWOMAN coincide, then this should be an integrated office visit, with reimbursement for the office visit using NBCCEDP funds

## WISEWOMAN Member Card

Every WISEWOMAN participant should be issued a WISEWOMAN member card shown below



#### WISEWOMAN Program HEART HEALTH FOR WOMEN

#### **SERVICES OFFERED**

- Screening with lab tests
- Diagnostic appointment for blood pressure, high cholesterol, diabetes, and smoking cessation
- Blood pressure checks
- Lifestyle Programs: noom, health coaching and more
  - Barrier Reduction Tools: grocery/gas card, gym membership and more



Front

## Risk Reduction Counseling

#### WISEWOMAN RISK REDUCTION COUNSELING (INITIAL) REQUIREMENTS:

- ▼ Evaluate and review the patient-reported information on the WISEWOMAN Assessment Form (tan) regarding a woman's risk for CVD including:
  - Previous CVD risk levels and use of medications for HTN, cholesterol and/or diabetes
  - Nutritional habits, physical activity, alcohol use and smoking status/tobacco use
  - Overall wellness/mental health
  - Readiness to change health habits
  - Social Determinants/Drivers of Health assessment
- ♥ Obtain clinical screening measures using the WISEWOMAN Screening Form (light pink) including:
  - Height, weight and BMI
  - Waist and hip circumference for waist-to-hip ratio (optional)
  - **TWO** complete blood pressure (BP) readings with an average reading
  - Lab tests (complete lipid panel and AIC or fasting glucose) completed 30 DAYS BEFORE OR 30 DAYS AFTER the screening visit (fasting labs are preferred)

## Social Determinants of Health (SDoH) Assessment

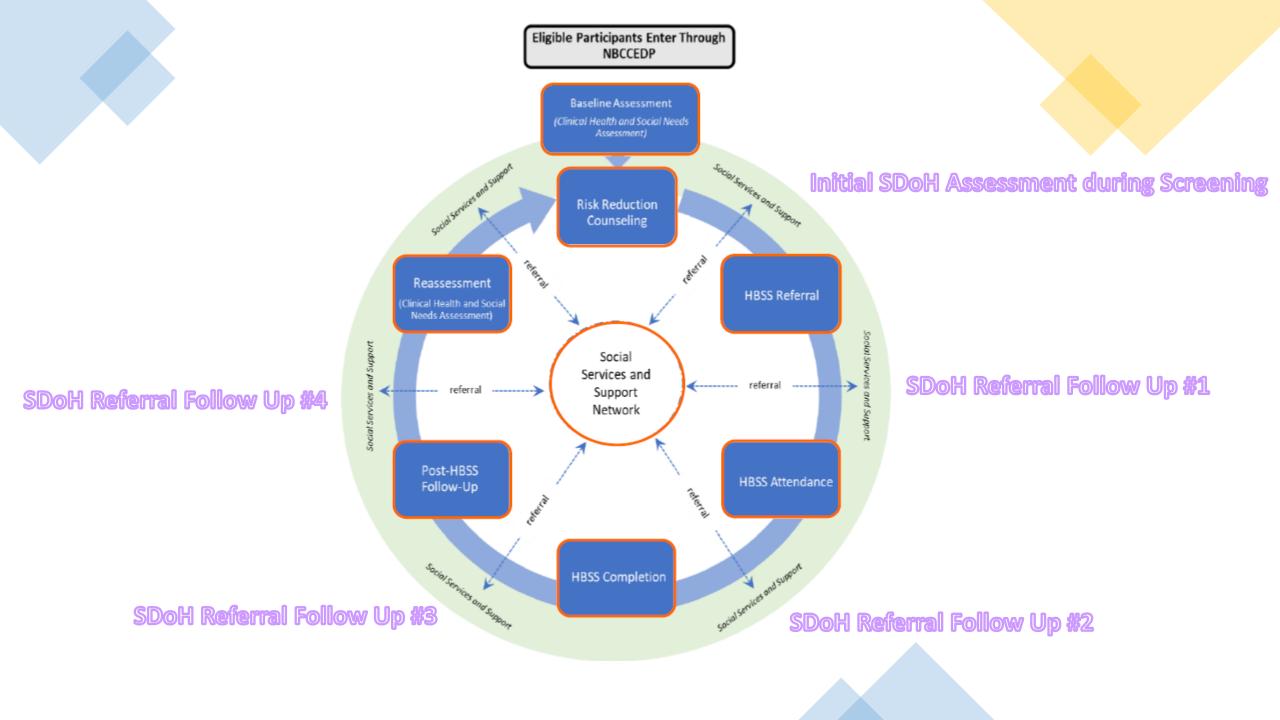
#### **WISEWOMAN SDoH Assessment:**

- ▼ The entirety of the SDoH and SDoH Referral and Follow Up Form are required to be completed during the WISEWOMAN screening annually
  - Complete the WISEWOMAN Social Determinants of Health & Social Determinants of Health Referral and Follow Up Form (purple)
    - **▼** Review answers
    - **▼ Refer** WISEWOMAN participants for appropriate social services/resources

## Social Determinants of Health (SDoH) Assessment

## WISEWOMAN SDoH Assessment:

- ▼ Internet Access
- ♥ Food security
- ▼ Transportation
- ♥ Childcare
- **♥** Housing
- ♥ Safety
- Medication Adherence
- ♥ Social Services



## SDOH SSID CHEAT SHEET

**WISEWOMAN** 

SOCIAL SERVICE ID

#### MO25SSID\_\_\_

- -O1- COMPUTER USE
- -O2- INTERNET ACCESS
- -O3- FOOD INSECURITY
- -O4- TRANSPORTATION
- -O5- CHILDCARE
- -06- HOUSING
- -O7- INTIMATE PARTNER VIOLENCE
- -O8- MEDICATION ADHERENCE
- -09- MENTAL HEALTH
- -10- LANGUAGE TRANSLATION
- -11- SUBSTANCE ABUSE



- Social Service ID consists of two letters representing recipient's state, tribal organization, or territory, last two digits from the current year, four-digit code denoting it is a social service (i.e., "SSID"), a two-digit numeric code indicating type of social service referral. Two-digit numeric codes for referrals should be assigned as: 01 for Computer Use, 02 for Internet Access, 03 for Food Insecurity, 04 for Transportation, 05 for Childcare, 06 for Housing, 07 for Intimate Partner Violence, 08 for Medication Adherence, 09 for Mental Health, 10 for Language Translation, 11 for Substance Abuse.
- ♥ Social Service ID should be recorded if Social Service Referral date and Date of Social Services and Support Utilization is recorded.
- ▼ Multiple social services can be referred, and this field can take up to eleven social service IDs.

## Risk Reduction Counseling

## WISEWOMAN RISK REDUCTION COUNSELING (INITIAL) REQUIREMENTS:

- ▼ <u>Review the results</u> of the screening with the WISEWOMAN participant and provide participant-centered Risk Reduction Counseling on cardiovascular risk
- ▼ <u>Refer</u> WISEWOMAN participants for follow-up office visits, if applicable, for abnormal screening results and/or ALERT values
- ▼ <u>Refer ALL</u> WISEWOMAN participants who are willing and ready for change to LSPs
- ▼ Submit a **WISEWOMAN Risk Reduction Counseling** claim in MOHSAIC
  - ▼ The <u>Assessment Form (tan)</u>, <u>Screening Form</u> (<u>light pink</u>) and the <u>SDoH Form (purple)</u> will be needed to submit this claim in MOHSAIC

## WISEWOMAN Risk Reduction Counseling

(3)	4		HEALTH AND SENIOR SERVICES SSESSMENT FORM			
LAS	ST NAME	FIRST NAME	MIDDLE INITIAL	DOB (MM/D	D/YYYY)	DATE OF VISIT (MM/DD/YYYY)
A.	Health H	istory (Check 🔀 as ap	propriate)			
1.	Do you h	ave high cholesterol? If no	, skip to question 2.	Yes Yes	No No	Don't Know/Not Sure
	a. Do yo	ou take medication to low	er your cholesterol?	Yes Yes	No No	Don't Know/Not Sure
	b. If yes		? If yes, fasting labs required. 7) days, including today, how ibed medication to lower		Number of	ot obtain medication
2.	Do you h	ave hypertension (high bl	ood pressure)?	Yes	□ No	Don't Know/Not Sure
	If no, skip	to question 3.				
		ou take medication to low		Yes Yes	_	Don't Know/Not Sure
	you t		7) days, how many days did n (including diuretics/water sure?		_Number of e, I could no t Know/No	ot obtain medication
	anotl	ou measure your blood pr her blood pressure machin check reason:	essure at home or use ne located in the community?	Yes Yes	No No	
		y: How often do you measur at home or use another bl machine located in the <u>co</u>	☐ I d ☐ I d ☐ I d ☐ one your blood pressure	on't know on't have e  Mult Daily Weel	how to mea quipment t iple times p	A few times per <u>week</u> Monthly easure)
	ii.	Do you regularly share bl with your health care pro		Yes	■ No	Don't Know/Not Sure
3.	-	ave diabetes (Either Type to question 4.	1 or Type 2)?	Yes Yes	■ No	Don't Know/Not Sure
	a. Do yo	ou take medication to low	er your blood sugar (for diabetes)	? 🔲 Yes	No No	Don't Know/Not Sure
			) days, how many days did <u>vou</u> lower blood sugar (for diabetes)?	None	umber of d a. I could no t Know/No	ot obtain medication
	a. Strok b. Hear c. Coro d. Hear e. Vasc f. Cong g. Gest h. Gest	te/transient ischemic atta tattack nary heart disease t failure ular disease (peripheral a enital heart disease and <u>d</u> stional <u>hypertension</u> tional <u>diabetes</u> clampsia/eclampsia	rterial disease)	these condi	tions: No	Don't Know/Not Sure
W. C.	uu-2001 (12-2)	-	TAN			DR00-WH-A0H1-01 [12-2

İ	B. Health History (Check 🔀 as appropriate)												
i	1. Are you taking aspirin daily to p	revent heart at	tack or stroke?		Yes N	0							
ij	2. How many cups of fruit and vege	etables do you	eat in an averag	ge day? _	Cups	None 🔲							
	3. Do you eat fish at least 2 times a	week?		[	Yes N	0							
	4. Thinking about all the servings of	of grain produc	ts you eat in a t										
	how many are whole grains?				less than ½	_	out ½						
				[	more than ½	2							
	<ol><li>Do you drink less than 36 ounce beverages weekly?</li></ol>	s (450 calories)	) of sugar swee	tened [	Yes N	0							
	6. Are you currently watching or re	ducing your so	dium or salt in	take?	Yes N	0							
$\dashv$	<ol> <li>Physical Activity         <ul> <li>How many minutes of physi</li> </ul> </li> </ol>	cal activity (exe	ercise) do vou s	zet	Number of	minutes	None						
	in a week?												
	8. Alcohol												
	a. In the past seven (7) days, how often did you have a drinkNumber of daysDon't Know/ containing alcohol?Not Sure												
	<ul> <li>b. How many alcoholic drinks,</li> </ul>	on average, do	you consume										
	during a day you drink?  9. Overall Wellness	-	Number of	f drinks contain	ing alcohol								
	Over the past two (2) weeks, how	w often have yo	u been bother	ed by any									
	of the following problems?				_								
	a. Little interest or pleasure in	doing things?		=	ot at all ore than half of	Several da	iys						
				=	early every day								
-	b. Feeling down, depressed, or	h12		■ v.	ot at all	Several da							
	b. reening down, depressed, or	nopeless:		_	ore than half of		iys						
				☐ Ne	early every day	,							
	<ol> <li>Tobacco Products</li> <li>Do you smoke? Includes ciga</li> </ol>	rettes, nines, o	r cigars										
	(smoked tobacco in any form			_	ırrent smoker								
	If "Never Smoked", skip to S	ection C.			ait (More than : ver Smoked	12 months ago)							
$\dashv$				□ Ne	ver smoked								
	b. Did you complete a tobacco	cessation activ	ity?	Ye		No No							
					scontinued act	ivity							
	C. Readiness to Change Health I	Habits (Check	as approp										
	Check the one box by each of the	I have little or	I am thinking	I am ready to	I am in the	l am trying to	lam						
	following three statements that	no intention to change my	about making a change in my	plan how I will make a change	process of trying to make	maintain a change I have	maintaining this change.						
	best describes your behavior today.	behavior in the foreseeable	behavior.	in my behavior.	a change in my behavior.	made in my behavior.							
		future.											
	1. Eat more fruits and vegetables												
	2. Quit smoking/utilizing tobacco					(ag never (ag never							
						smoked)	smoked)						
	3. Increase physical <u>activity</u>												

			SENIOR SERVICES					
Risk Reduction Co	unseling Inte	egrated	Annual Risk Re	ductio	n Counseling Inte	grate	d	
Risk Reduction Co	unseling Nor	n-integrated	Annual Risk Re	ductio	n Counseling Non	-integ	grated 🔲	Reporting Only
PROVIDER NAME							DATE	
NAME: LAST	FI	RST	MIDDLE INITIAL	DATE	OF BIRTH (MM/DD/YY	(Y) :	SOCIAL SECURITY N	IUMBER
A. CLINICAL MEASU	REMENTS							
ВМІ:	Height:		Weight: lb:		/aist circumferenc ip circumference:			
BP 1 <sup>st</sup>	В	SP 2 <sup>nd</sup>	Average BP		pertension Follor Diagnostic Offic	e Visit	. [	30/80) Client Refused
Fasting (9-12 hours)	Yes	No B	ир 🔲 смр		Blood Pressure  Health Coaching			SMBP
Glucose Quant. (Fasting Only)	BG Strip (Fasting		■ A1C		ypertension Follow In-House Referring Clinic	w-up	(> or equal to 1	30/80)
Lipid Panel		Total Cho	lesterol		HDL		LDL	Triglycerides
B. ALERT VALUE FO	LLOW-UP							
Schedule medical follousing codes below.	ow-up within	seven (7) days o	of screening for medi	ical ev	aluation and treat	ment	. Document sta	tus of workup
ALERT BLOOD								
Alert Blood Pro Evaluation Visi		180 or DBP > 12	0 mmHg				se ≤ 50 or ≥ 250 ste:/	
		(Number from	below)					nber from below)
within seven ( Notify WISEWOM. 2. Follow-up/wc 3. Client refused 4. Workup not c completed. Lo after a screen	plete. Partici 7) days of the 4N Education rkup by alter workup. Par ompleted, cli st to follow-u ing visit and o	ipant has been see screening visit.  In Coordinator of rnate provider. In the control of the con	een and diagnosed be any of the followin. Patient intends to sealert value and refus wup. Participant has participant who did thed to reschedule a	g statu e alter ed wo d an a	is responses: rnate provider wit rkup. lert value but was ttend her schedul	hin se lost t	even (7) days. to follow-up an	d workup was not
Alert Value Notes/Co	mments:							
C. OTHER								
Date Risk Counseling			<u>'</u>					
Client Priority Are		hy Eating P	hysical Activity	Smoki	ing Cessation	Blood	Pressure Manag	rement
Noon.  Physical Activi	■ SMBF			Nutrit	ionist/Dietician			
Date Referred to LSP:		LSP Referred To:	Eating Smart-B	eing Ac	tive Diabetes	Prever	ntion Program	
	-		Health Coachin Tobacco Quitlin	g ne	■ Naara		Blood Pressure	Program
Comments:								

#### **WISEWOMAN SDoH Form**

	WISEW	PARTMENT OF HEALTH AND SENIOR OMAN Social Determ th Form									
LAST NAME	FIRST NAME	MIDDLE INITIAL		DOB (MM/DD/YYYY	DATE OF VISIT (MM/DD/YYYY)						
Desktop     Smartph	/Laptop one	i owing types of computers? e wireless Computer		Yes No Don't want to an	Don't <u>know</u>						
2. Do you or any member of this household have access to the internet?  Yes- by paying a cell phone company or internet service provider  Yes- without paying a cell phone company or internet service  No access to internet in this house, apartment, or mobile home  Don't know  Don't want to answer											
3. During the last 12 months, was there a time when you were worried you would run out of food because of a lack of money or other resources?  Yes No Don't Know/Not Sure Don't want to answer											
4. Have you ev	er missed a d	octor's appointment because of	transportation		No Don't <u>know</u> n't want to answer						
5. If you are cu using childer services, ple the type of s use, if not, se Applicable.	re ase identify ervices you	Infant (Birth to 11 months) Toddler (11 to 36 months) Preschool (3 to 5 years) After School Care (K-9 <sup>th</sup> gra	Don't	pplicable : <u>know</u> : want to answer							
these childca problems du	· · · · · · · · · · · · · · · · · · ·										
☐ I have ho☐ I have ho☐ I do not h☐ Don't knæ											

8. Do you experience domestic violence in your home?	Yes No Don't want	to answer							
9. The following will ask about how safe you feel:									
a. How often does your partner physically hurt you?	■ Never ■ Rarely ■ Sometimes	Fairly Often Frequently Don't want to answer							
b. How often does your partner insult or talk down to you?	☐ Never ☐ Rarely ☐ Sometimes	Fairly Often Frequently Don't want to answer							
10. These four items are related to medication-taking a	adherence								
10. These four items are related to medication-taking adherence  a. Do you ever forget to take your (name of health condition) medicine?    Yes   No   Don't want to answer   Don't want to answer									
WISEWOMAN Social Determinants	of Health Referral a	nd DATE OF VISIT (MM/DD/YYYY)							
Date of Social Services and Support Utilization:  Where was participant referred:  Internet Resource:  Food Resource:  Child Care Resource:  Housing Resource:  Safety Resource:  Medication Adherence Resource:  Notes:		nts of Health Referral: of 4							

 PURPLE
 DHSS-WW-SDOH-01 (1-24)
 PURPLE
 DHSS-WW-SDOH-01 (1-24)

## WISEWOMAN Risk Reduction Counseling

WISEV	OMAN SCI	REENING	FORM							Ver 78
Pr	ovider SAMII Number - Service Address	4	<u>_</u>	A						
Name (L	ast, First, Middle Initial)									
	Maiden Name									
Date of Birth:		Social Security Nur	mber:		Medi	caid DCN/Med	icare N	lumber:		
	Date Form Received:		MM/DD/YYYY							
	Service Date:									
	Form Type:	SCREENING	MM/DD/YYYY	٠,	Tr				121	
	Services:	Risk Reduction	n Counseling, Inte	grated		Reporting •	Only f	or Entire	Form	
A. HEALTH HI	STORY									Clear Section
	high cholesterol?				0		0		0	Ordan Oddrion
If No, skip to						Yes		No	-	Don't know/not sure
	e medication to lower	your cholesterol?			0	Yes	0	No	0	Don't know/not sure
Is the me	dication a statin?				0	Yes	0	No	0	Don't know/not sure
b. If Yes, dur	ng the past seven (7)	days, including tod	lay, on how many d	ays did you	take pr	rescribed med	ication	n to lowe	r your	cholesterol?
			Number of Day(s)	C None	hecau	se I couldn't ob	ntain m	edication	0	Don't know/not sure
2. Do you have	hypertension (high b	lood pressure)?			0	Yes	0	No	0	Don't know/not sure
If you answe	red No, skip to ques	tion 3.								
a. Do you tak	e medication to lower	your blood pressur	re?		0	Yes	0	No	0	Don't know/not sure
b. If Yes, dur pressure?	ng the past seven (7)	days, on how man	y days did you take	prescribed r	nedica		diure		er pills	
			Number of Day(s)	None	becau	se I couldn't ob	otain m	nedication	0	Don't know/not sure
	asure your blood pres d in the community?	ssure at home or us	se another blood pre	essure C	Yes	(Skip to i)		O N	o (che	ck reason)
	C	told to measure my	blood proceuro	O lde	nt kno	w how to meas	uro m	v blood p	roccur	•
	T Was Hevel	0					ui e iii	y Diood pi	e a a u i	
i How often	do you measure you		home or use anoth				ed in t	he comm	unity'	?
1. How oiten	C C	blood pressure at	nome or use anoth	C Diood pres	ssure i	nacime rocate		ne comm	urney	
	Multip	ole times per day	Daily	A fe		per week		Week	ly	
		Monthly	Other (Don't M	easure)	C	Don't know/n	ot sur	е		
ii. Do you re for feedback?	gularly share blood p	ressure readings wi	th your health care	provider	0	Yes	0	No	C	Don't know/not sure
	diabetes? (either Typ	e 1 or Type 2)			0	Yes	0	No	0	Don't know/not sure
If No, skip to	question 4.		- ANSON 201 19100		1000					
a. Do you tak	e medication to lower	your blood sugar (	for diabetes)?		0	Yes	0	No	0	Don't know/not sure
b. If Yes, dur	ng the past seven (7)	days, how many d	ays did you take pre	escribed med	dicatio	n to lower you	r bloo	d sugar (	for dia	
			Number of Day(s)	None	becau	se I couldn't ob	otain m	nedication	0	Don't know/not sure
4. Have you be	en diagnosed by a he	althcare provider a						-		

a. Stroke/transient ischemic attach (TIA)		0	Yes	C	No	0	Do	n't know/not s	sure
b. Heart Attack		0	Yes	C	No	C		n't know/not s	
c. Coronary heart disease		0	Yes	C		C		n't know/not s	
d. Heart failure		0	Yes	C		C		n't know/not s	
e. Vascular disease (peripheral arterial disease)		0	Yes	C		0	100	n't know/not s	
f. Congenital heart disease and defects		0		0		0			
B. HEALTH HISTORY SECTION CONT			Yes	_	No		Doi	clear Sec	
1.Are you taking an aspirin daily to help prevent a heart attack or stroke?	0		0						
		Yes	No	_			_		
How many cups of fruits and vegetables do you eat in an average day?	_		-	Numl	ber of C	up(s)		None	
Do you eat two (2) servings or more of fish weekly?	0	Yes	0	No					
4. How many servings of grain products do you eat in a typical day?	0		erving or erving or		0	/2 servir	ng		
	0	1/2 s	erving or	less	0	/2 servir	na		
5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)?	C		erving or		0	none	.9		
6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	0	Yes	0	No		110110			
7. Are you currently watching or reducing your sodium or salt intake?	0	Yes	0	No					
8. Physical Activity									
a. How many minutes of physical activity (exercise) do you get in a week?				Numl	ber of M	inute(s)		None	
9. Alcohol									
a. In the past 7 days, how often do you have a drink containing alcohol?	sure			Numl	ber of D	ay(s)	D	on't know/no	t
b. How many alcoholic drinks, on average do you consume during a day you drink?	sure			Numl	ber of D	inks	D	on't know/not	
10. Overall Wellness	30.0								
Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	0	Not at		Several	0				
		More	than half	the mon	th	Nearly e	very c	lay	
b. Over the past 2 weeks, how often have you been bothered by feeling down,	0	Not at	t all	Several	Days				
depressed or hopeless?	0	More	than half	the mon	th C	Nearly e	verv c	lav	
11. Tobacco Products									
	0			0					
<ul> <li>a. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form)</li> </ul>	0		t Smoker	12 monti		-12 mon	_	o) r smoked	
	0		0		-9-/				
b. Tobacco Cessation activity Completed?	0	Yes	N		0				
READINESS TO CHANGE HABITS	-	Discon	tinued ac	tivity	N	ot sure		Clear Sec	tion
Check the one box by each of the following three I have little to no I am thinking a	bout	I am re	ady to pla	ın la	m in the	process	lan	n trying to	
statements that best describes your behavior intention to change making a chan today. In the today. In the today in the today. In the today in the today in the today in the today in the today.	<del></del>	how I w		ch	trying to ange in	make a my	hav	e made in m	

#### WISEWOMAN Risk Reduction Counseling

Increase physical activity  Clear Section  BMI:  Weight:  Height:  Weight:  Hip Circumference:  Hip Circumference:  Hip Circumference:  Ratio:  Hip Circumference:  Ratio:  BP 1st:  BP 1st:  BP 1st:  BP 2nd:  Average BP:  130						
Continue of the physical activity   Continue of the following status of Work-Up:   Participant has been and diagnosed by a medical provider either the day of the screening visit or within seven (7) days.  3. Ulent Refused Work-Up:   Visit Date:	Eat more fruits and vegetables	0	0	0	0	0
Increase physical activity  Clear Section  BMI:  Weight:  Height:  Weight:  Hip Circumference:  Hip Circumference:  Hip Circumference:  Ratio:  Hip Circumference:  Ratio:  BP 1st:  BP 1st:  BP 1st:  BP 2nd:  Average BP:  130	Quit smoking	0	0	0	0	0
BM:  BH:  BH:  BH:  BP 1st:  BP 2nd:  Average BP:  BO BIO BIO BIO BIO BIO BIO BIO BIO BIO B		14				(or never smoked)
Height:    Weight:   Weight:   Weight:   Weight:   Hip Circumference:   Ratio:		C	C	С	0	
BM:  BP 1st:  BP 2nd:  Average BP:  130.0  BO B	CLINICAL MEASUREMENTS					Clear Section
Salar   130   13	ВМІ:	•	Weight:	lbs.		Ratio:
Lipid Panel  Total Cholesterol  HDL  Triglycerides  Lipid Panel  Total Cholesterol  HDL  Triglycerides  LERT VALUE FOLLOW-UP  Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of work-up using codes below.  ALERT BLOOD PRESSURE  ALERT BLOOD GLUCOSE  Alert Blood Glucos <= 50 or >= 250 mg/dl  Evaluation Visit Date:  Status of Work-Up:  *Status of Work-Up:  *Statu	Fasting Status (9-12 hrs)	80  BMP(Comment below CMP(Comment below	abnormal values)	/ C = 0	80) Diagnostic Office Visit Blood Pressure Medica Health Coaching SMBP ension Follow Up (syst 80) n-House	Client Refused
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg  Valuation Visit Date:  Status of Work-Up:  *Status of Work-Up:	ALERT VALUE FOLLOW-UP			LDL		
1. Work-up Complete, Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.  Notify WISEWOMA Education Coordinator of any of the following status responses: 2. Follow-up/Workup by Alternate Provider. Patient Intends to see alternate provider within seven (7) days. 3. Client Refused Work-up. Participant had an alert value but refused workup. 4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. Lost to follow-up is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.	Nert Blood Pressure SBP > 180 or		Eval	Blood Glucose <= 5		•
Nert Value Notes/Comments:	Work-up Complete. Participant screening visit.     Notify WISEWOMAN Education of 2. Follow-up/Workup by Alternat 3. Client Refused Work-up. Particia.     Workup Not Completed, Clien follow-up is defined as a participan.	has been seen and diagr Coordinator of any of the e Provider. Patient inten- cipant had an alert value to t Lost to Follow-up. Part	e following status res ds to see alternate prov out refused workup. dicipant had an alert vali	ponses: rider within seven (7) ue but was lost-to-fol	days.	not completed. Lost to
OTHER FOLLOW-UP		* *				

Client Priority Area(s Weight Watchers	Г	Healthy Eating Physical	Activity Sm	oking Cessation Mental Health	Blood Pressure Management
Physical Activity	ty Clearance denied.	Client is not cleared to increas	e her physical activ	ity until further e	valuation.
LSP Referred To:  Date Referred:	Eating Smart- Being Active  Mental Health ferral	Diabetes Prevention Program	Health	Coaching	Tobacco Quittine TOPS
Follow-Up Comments:					Clear Sec
Clients should be enco Areas/boxes that are r	ouraged to participate in not shaded indicate allo	n at least three (3) Health Coa wable billing times for each ty	ching sessions. pe of Health Coachi	ng.	
Description/Type	Date	Length of session (minutes)	Face-to-Face	Telephone	Topic (Mark all that apply)
× 180 20 1807					
Health Coaching Individual (Session 1)		Select Length		п	Healthy Eating Physical Activity Blood Pressure Management Smoking Cessation Medication Education
Individual (Session		Select Length  Select Length		п	Physical Activity Blood Pressure Management

Health Coaching Individual (Session 4), Face to Face	Select Length			Pink Assessment Form Completed
Health Coaching, Group, Face to Face	Select Length	• 🗷		Physical Activity  Blood Pressure Management  Smoking Cessation
COMMENTS Maximum length is 6	00 characters.			
4	<u></u>			
	Submit	Cancel	Г	Override

#### WISEWOMAN Risk Reduction Counseling Cont. with SDOH

Check in on LSP/HBSS	Clear Section
If enrolled in Noom, which Noom course is currently being completed:  of 10	Oldar Oction
Was a Barrier Reduction Tool given to participant? If yes, please specify:	
If participant is participating in HBSS/LSP, please give brief update:	
Social Determinants of Health	Clear Section
Do you use any of the following types of computers?  Yes No Dont' know Dont' want to answer  Desktop/Laptop  Smartphone  Tablet/Other portable wireless computer	
Do you or any member of this household have access to the internet?	
Yes-by paying a cell phone company or intenet service provider Yes-without paying a cell phone company or intenet service provider	
○ No ○ Dont' know ○ Dont' want to answer	
During the last 12 months was there a time when you were worried you would run out of food because of lack of money or other resources?  Yes No Dont' know/Not sure Dont' want to answer	
Have you ever missed a doctor's appointment because of transportation problems?	
Yes No Dont' know/Not sure Dont' want to answer	
If you are currently using childcare services, please identify the type of services you use, if not, select Not Applicable.	
Infant (Birth to 11 months) Toddler (11 to 36 months)	
Preschool (3 to 5 years)  After School Care (K-9th Grade)	
Not Applicable Don't Know Don't Want To Answer	
Have you had any of these childcare-related problems during the past year? (Select all that apply)	
Cost Availability	
Location Transportation	
Hours of Opertation Other	
Not Applicable Dont' Know	
What is your housing situation today? I have housing I have housing, but I am worried about losing my housing  I do not have housing Dont' Know Dont' want to answer	
I do not have nousing O bont know O bont want to answer	
Do you experience domestic violence in your home? Yes No Dont' want to answer	
The following will ask how safe you feel:	
a. How often does your partner physically hurt you? Never Rarely Sometimes Fairly Often Frequently Dont'w	ant to answer
b. How often does your partner insult or talk down to you? Never Rarely Sometimes Fairly Often Frequently Danswer	
These four items are related to medication taking adherence	
Do you ever forget to take your (name of health condition) medicine? Yes No Dont' want to answer	
Are you careless at time about taking your (name of health condition) medicine? Yes No Dont' want to answer	
When you are feeling better, do you sometimes stop taking your (name of health condition) medicine? Yes No Don't want to a	nswer
Sometimes, when you feel worse when you take your (name of health condition) medicine, do you stop? Yes No Don't want to	answer

MISSIMOMAN Secial Determinants	of Hamilla Deferred and	Fallery He			Class Castina
WISEWOMAN Social Determinants of	of Health Referral and	Follow-Up			Clear Section
Social Service ID's					
Social Service Referral Date					
Date of Social Services and Support	t Utilization (MM/DD/)	mm)	Social Determin	ants of Health Referral:	of 4
Where was participant referred:					
Internet Resource:					
Food Resource:					
Transportation Resource:					
Child Care Resource:					
Housing Resource:					
Safety Resource:					
Medication Adherence Res					
COMMENTS Maximum length is 60	00 characters.				
TEST. KP					
	Edit Form	Process Complete	Claims C	lose	

## Lab Guidelines

- ▶ Labs must be completed 30 DAYS BEFORE OR AFTER a WISEWOMAN screening visit
- ▼ Results MUST be reviewed <u>verbally AND</u> in writing (document on claim)
- ♥ Complete lipid panel (total cholesterol, HDL, LDL, triglycerides) and fasting glucose or A1C are required for screening
- ♥ Participant may have <u>ONE</u> Comprehensive Metabolic Panel (CMP) or Basic Metabolic Panel (BMP) completed per year, if medically necessary
  - ♥ Provider will **NOT** be reimbursed for a glucose if a CMP or BMP is drawn
  - ▼\*NOTE: If a participant has a CMP or BMP drawn and there are abnormal findings <u>UNRELATED</u> to CVD risk and prevention, WISEWOMAN will <u>NOT</u> reimburse for follow-up labs—if there is a question regarding lab coverage, contact the WISEWOMAN staff\*
- ▼ Fasting laboratory tests are preferred over non-fasting and REQUIRED for certain participants

## Lab Guidelines

#### **▼ FASTING LAB GUIDELINES:**

- Women should fast for <u>9-12 hours</u> prior to a fasting lab draw
- If woman has a history of high cholesterol and/or is on lipid-lowering therapy, a fasting value is <u>REQUIRED</u>
  - Please document if a participant is lost to follow-up and the attempts to contact patient in the claim form notes section
- AIC should be performed for glucose testing for participants with pre-existing diabetes or are non-fasting
- If the participant is non-fasting and triglycerides result > 400, then a <u>fasting</u> lipid panel will need to be drawn and turn in a <u>lab only claim</u>

#### **▼ FOLLOW-UP/REPEAT LAB GUIDELINES:**

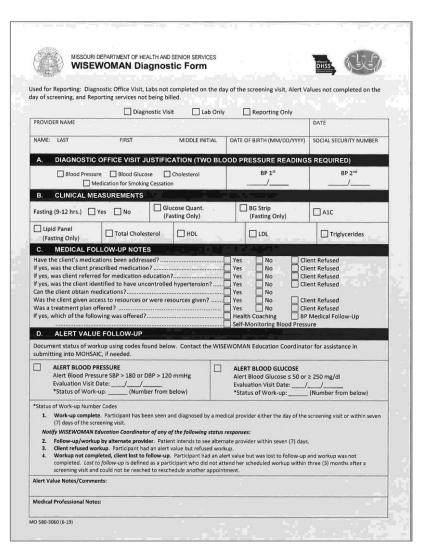
- Repeat fasting lab <u>WITHIN 30 DAYS</u> of the WISEWOMAN Screening if a woman's non-fasting labs are <u>abnormal</u>, she has a history of high cholesterol and/or she is on lipid-lowering therapy
- Follow-up labs drawn 3-6 months after screening if a participant has abnormal results
- Document follow-up/repeat labs using the Diagnostic Form (gray)
- Submit as a WISEWOMAN Lab Only claim in MOHSAIC

## Lab Alert Values

- ▼ ALERT Values—clinical measures or laboratory results that require medical follow-up immediately or WITHIN 7 DAYS of the WISEWOMAN office visit:
  - Blood Pressure (BP): SBP ≥180mmHg and/or DBP ≥120mmHg
  - ♥ Blood Glucose (fasting or non-fasting): <50mg/dL or ≥250mg/dL</p>
    - ♥ NO ALERT values for cholesterol or A1C
  - Provider should document the date of the medical work-up on the screening form and note follow-up details
    - ▼ Follow-up can be completed the <u>same day</u> with a Diagnostic Office Visit
    - ♥ If a woman does not receive a work-up or intends to follow-up with another provider, the WISEWOMAN Education Coordinator should be notified and the follow-up information should be **documented appropriately in MOHSAIC**
  - ♥ Claim entry in MOHSAIC must occur WITHIN 7 DAYS of the date of service

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

## WISEWOMAN Lab Only



WISEWOMAN DIA	GNOSTIC F	ORM			Ver.
Provider SAMII Number - Service Address		×			
Name (Last, First, Middle Initial)					
Maiden Name					
ate of Birth:	Social Security Number		Medic	aid DCN/Medicare Number	
Date Form Received:		MM/DD/YYYY			
Service Date:		MM/DD/YYYY			
Form Type:	DIAGNOSTIC	minocorri	<u>-</u>	Reporting Only for Enti	re Form
Services:	Lab Only	•			
INICAL MEASUREMENTS				Waist Circumference	Clear Se
BMI:	Height:	Weight:	lbs.	Hip Circumference	
Fasting Status (9-12 hrs)	BMP(Comment below a				
Glucose Quant.	BG Strip	A1C			
Lipid Panel	Total Cholesterol	HDL	LD		Triglycerides
ERT VALUE FOLLOW-UP		_			
	even (7) days of screenin	g for medical evaluation :	and treatmen	t. Document status of work	-up using codes below.
chedule medical follow-up within se					
ALERT BLOOD PRESSURE ert Blood Pressure SBP > 180 or Di valuation Visit Date:		Alert Blo		D GLUCOSE <= 50 or >= 250 mg/dl	-

	Participant had an alert of Client Lost to Follow-up sipant who did not attended	value but refused wor p. Participant had an	rup. alert value but was lo	even (7) days. est-to-follow-up and workup was onths after a screening visit and	
Alert Value Notes/Comments:					
	Δ				
	~				
4	<b>&gt;</b>				
COMMENTS Maximum length	h is 600 characters.				
	A				
	-				
4	<b>&gt;</b>				
		Submit	Cancel	Г.	
				Override	

## WISEWOMAN Annual

## WISEWOMAN ANNUAL/RESCREEN REQUIREMENTS:

- ▼ Same required components as RRC/Initial Screening, to be completed 11-18 months after the previous screening
  - ▼ Review the WISEWOMAN/SMHW Patient History Form (green)
  - ▼ Complete the WISEWOMAN Assessment Form (tan)
  - ▼ Complete the WISEWOMAN Screening Form (light pink)
    - ▼ <u>Review the results</u> of the screening with the WISEWOMAN participant and provide participant-centered RRC on cardiovascular risk
    - ▼ <u>Refer</u> WISEWOMAN participants for follow-up and to appropriate LSPs
- ▼ Submit a WISEWOMAN Annual claim in MOHSAIC
  - ▼ The <u>Assessment Form (tan)</u>, <u>Screening Form</u> (<u>light pink</u>) and <u>SDoH Form (purple</u>) will be needed to submit this claim in MOHSAIC

## **Referrals to Lifestyle Programs**

- Health Coaching
- Referral to MO Tobacco Quitline
- ♥ Noom
- Eating Smart-Being Active
- Self-Monitoring Blood Pressure Program

## **Follow-Up Services**

- Diagnostic
  - If needed for blood pressure, cholesterol, glucose, mental health or smoking cessation
- Blood Pressure Medical Follow-Up visit, if applicable
- ♥ SDoH Follow Up

# Follow-Up Services



## Blood Pressure Medical Follow-Up

- **▼ 25-**minute in-office BP follow-up with any trained medical staff who can contact a practitioner, if needed.
- ▼ ONE BP Medical Follow-Up per year for suspected White Coat syndrome or a follow-up on a BP Alert Value —TWO complete BP measurements are required
- **▼ Cannot** occur on same date of service as a screening, diagnostic office visit, or F/U rescreen
- ▼ Complete the WISEWOMAN Blood
  Pressure Medical Follow-Up Form
  (yellow) and submit First Blood Pressure
  Follow-Up Claim



## **Diagnostic Visit**

- ▼ 30-minute face-to-face office visit with a qualified practitioner to confirm a diagnosis of hypertension (≥130/80), high cholesterol or diabetes, assess/prescribe medication for smoking cessation or mental health concerns
- ▼ ONE Diagnostic per year—TWO complete BP measurements are required
- ▼Complete a WISEWOMAN Diagnostic Form (gray) and submit a WISEWOMAN Diagnostic claim in MOHSAIC

A participant can still receive a **Diagnostic Office Visit** if they have a history of any of the qualifying conditions

Be sure to mark the reasoning(s) for the diagnostic visit on the claim form

## **WISEWOMAN Follow-Up Services**

2223	
ALC: NO.	

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WISEWOMAN Diagnostic Form

Used for Reporting: Diagnostic day of screening, and Reporting				the day	of the sc	reening	visit, Alert	Values	not completed on the
	Diagr	nostic Visit	Lab	Only		Reportir	ng Only		
PROVIDER NAME								DA	TE
NAME: LAST	FIRST	N	AIDDLE INIT	TAL	DATE OF	BIRTH (N	MM/DD/YYY	Y) SO	CIAL SECURITY NUMBER
A. DIAGNOSTIC OFF	ICE VISIT JI	USTIFICATI	ON (TWO	BLO	OD PRE	SSURE	READIN	IGS RE	QUIRED)
Blood Pressure Blood G	lucose S	moking Cessati	ion			BP 1	it.		BP 2 <sup>nd</sup>
Mental Health Choleste	erol				-	/_			/
B. CLINICAL MEASU	REMENTS								
Fasting (9-12 hrs.) Yes	□ <sub>No</sub> [	Glucose Qu (Fasting Or		BG (Fa:	Strip sting Only	') [	_ `		al results in Comments) al results in Comments)
Lipid Panel (Fasting Only)	☐ Total C	holesterol	HDL				L		Triglycerides
C. MEDICAL FOLLOW	V-UP NOTE:	s							
Have the client's medications been addressed? Yes No Client Refused  If yes, was the client prescribed medication? Yes No Client Refused  If yes, was client referred for medication education? Yes No Client Refused  If yes, was the client identified to have uncontrolled hypertension? Yes No Client Refused  Can the client obtain medications? Yes No Client Refused  Was the client given access to resources or were resources given? Yes No Client Refused  Was a treatment plan offered? Yes No Client Refused  If yes, which of the following was offered? Yes No Client Refused  By Medical Follow-Up  Self-Monitoring Blood Pressure									
D. ALERT VALUE FO	LLOW-UP								
Document status of workup u submitting into MOHSAIC, if i		und below. 0	Contact the	e WISE	WOMAN	Educatio	on Coordin	nator fo	r assistance in
ALERT BLOOD PRESSU Alert Blood Pressure S Evaluation Visit Date: *Status of Work-up:_	BP > 180 or D		-		Alert B	lood Glu	GLUCOSE ucose s 50 it Date: rk-up:		o mg/dl / mber from below)
*Status of Work-up Number Codes  1. Work-up complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.  *Notify WISEWOMAN Education Coordinator of any of the following status responses:  2. Follow-up/workup by alternate provider. Patient intends to see alternate provider within seven (7) days.  3. Client refused workup. Participant had an alert value but refused workup.  4. Workup not completed, client lost to follow-up. Participant had an alert value but was lost to follow-up and workup was not completed. Lost to follow-up is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.  Alert Value Notes/Comments:									
Medical Professional Notes:									

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





PROVIDER NAME					
NAME LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH	MM/DD/YYYY) SO	DCIAL SECURITY NUMBER
A. FIRST BLOOD	PRESSURE MEDICA	L FOLLOW-UP (TWO BF	READING	S REQUIRED)	
Were blood pressure Can the client obtain I Was the client given a	(BP) medications prescr BP medications? ccess to resources or w	tment plan?	es No es No	Client Refused Client Refused	NEXT FOLLOW-UP VISIT DA
Treatment Plan: Health Coachi	ng Medice e Medical Follow-Up	ation Change		eduction	
B. SECOND BLOC	D PRESSURE MEDI	CAL FOLLOW-UP (TWO	BP READII	NGS REQUIRE	D)
Were BP medications Can the client obtain in Was the client given a	prescribed or adjusted? BP medications? ccess to resources or w	tment plan?	es No es No	Client Refused Client Refused	INFORMATION SHARED WITH PHYSICIAN Yes No
Client Refused	e Medical Follow-Up	ation Change	Healthy E Sodium R Weight Lo	eduction oss	t:  Physical Activity Smoking Cessation
C. THIRD BLOOD	PRESSURE MEDICA	IL FOLLOW-UP (TWO BI	PREADING	S REQUIRED) VISIT DATE	
Were BP medications Can the client obtain B Was the client given a	prescribed or adjusted? BP medications? ccess to resources or w	tment plan?	es No es No	Client Refused Client Refused	INFORMATION SHARED WI'PHYSICIAN Yes No
Treatment Plan: Health Coachi Client Refused Medication Ch	ı		rmation Disc Healthy E Sodium R Weight Lo	eduction	t:  Physical Activity Smoking Cessation
Comments:				***	

## WISEWOMAN Follow-Up Services

WISEWOMAN DIAG	SNOSTIC F	ORM						Ver 78
Provider SAMII Number - Service Address	4	Þ	<u></u>					
Name (Last, First, Middle Initial)								
Maiden Name								
Date of Birth:	Social Security Numbe	c.		N	Medicaid D	CN/Medicare	Number:	
Date Form Received:		MM/DD/YYY	Y					
Service Date:		MM/DD/YYY						
Form Type:	DIAGNOSTIC	MINIOUT I		•	Rep	orting Only	for Entire	Form
Services:	Diagnostic Visit	-						)
DIAGNOSTIC OFFICE VISIT JUSTIFIC	ATION							
Blood Pressure BI	ood Glucose	Cholesterol	Me	dication	for Smoki	ng Cessation		Mental Health Referral Clear Section
CLINICAL MEASUREMENTS					T	Waist Circur	nference:	Clear Section
BMI:	Height:		Weight:	lbs.		Hip Circur	mference:	Ratio:
BP 1st:	BP 2nd:		erage BP:					
,	30	80.0						
C Yes C No C	BMP(Comment below a							
Glucose Quant.	3G Strip	A1C						
Lipid Panel	Fotal Cholesterol	HDL			LDL			Triglycerides
MEDICAL FOLLOW-UP								Clear Section
Have the client's medications been add	ressed?		○ Ye	0	No C	Client Refu	used	
If yes, was the client prescribed medi	cation?		CYe	C	No C	Client Refus	sed	
If yes, was client referred for medicat	ion education?		C	0	No C	Client Refus	sed	
If yes, was the client identified to have	e uncontrolled hyperter	nsion?	CYe	0	No C	Client Refus	sed	
Can the client obtain medications?			○ Ye	0	No			

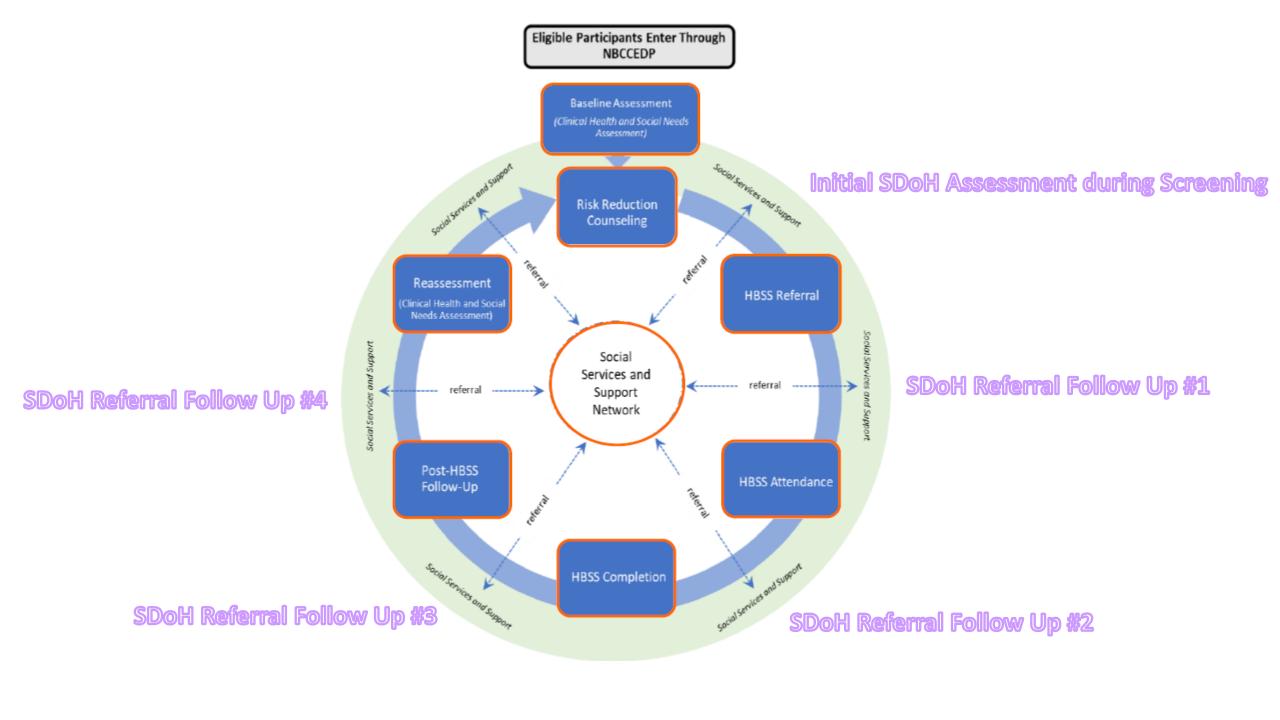
Was the client given access to resources or were resources given?	0	Yes	0	No	0	Client Refused
Was a treatment plan offered?	0	Yes	0	No	0	Client Refused
If yes, which of the following was offered?	0			achin		BP Medical Follow-Up
ALERT VALUE FOLLOW-UP						
Schedule medical follow-up within seven (7) days of screening for medi	cal evaluat	tion an	d trea	tment	. Doc	ument status of work-up using codes below.
ALERT BLOOD PRESSURE Alert Blood Pressure SBP > 180 or DBP > 120 mmHg	Ale					UCOSE or >= 250 mg/dl
Evaluation Visit Date:	Eva	luation	Visit	Date	L	
*Status of Work-Up:	104	atus of	Mark	Un		-
*STATUS OF WORK-UP CODE NUMBERS						
Nork-up Complete. Participant has been seen and diagnosed by a screening visit.     Notify WISEWOMAN Education Coordinator of any of the following.	status re	spons	es:			
screening visit.	status re ternate pro workup. an alert va	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WISEWOMAN Education Coordinator of any of the following.  2. Follow-up/Workup by Alternate Provider. Patient intends to see als  3. Client Refused Work-up. Participant had an alert value but refused  4. Workup Not Completed, Client Lost to Follow-up. Participant had  follow-up is defined as a participant who did not attend her scheduled w	status re ternate pro workup. an alert va	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WISEWOMAN Education Coordinator of any of the following 2. Follow-up/Workup by Alternate Provider. Patient intends to see all 3. Client Refused Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up. Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.	status re ternate pro workup. an alert va	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WISEWOMAN Education Coordinator of any of the following 2. Follow-up/Workup by Alternate Provider. Patient intends to see all 3. Client Refused Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up. Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.	status re ternate pro workup. an alert va	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WISEWOMAN Education Coordinator of any of the following 2. Follow-up/Workup by Alternate Provider. Patient intends to see all 3. Client Refused Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up. Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.	status re ternate pro workup. an alert va	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WISEWOMAN Education Coordinator of any of the following 2. Follow-up/Workup by Alternate Provider. Patient intends to see all 3. Client Refused Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up. Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.	status re ternate pro workup. an alert va	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WiSEWOMAN Education Coordinator of any of the following.  2. Follow-up/Norkup by Alternate Provider, Patient intends to see all as Client Revised Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up, Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.  Alert Value Notes/Comments:	status re ternate pro- workup. an alert va orkup with	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WISEWOMAN Education Coordinator of any of the following 2. Follow-up/Workup by Alternate Provider. Patient intends to see all 3. Client Refused Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up. Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.	status re ternate pro- workup. an alert va orkup with	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>
screening visit.  Notify WiSEWOMAN Education Coordinator of any of the following 2. Follow-upiWorkup by Alternate Provider, Patient intends to see all 3. Client Refused Work-up. Participant had an alert value but refused 4. Workup Not Completed, Client Lost to Follow-up, Participant had follow-up is defined as a participant who did not attend her scheduled w reschedule another appointment.  Alert Value Notes/Comments:	status re ternate pro- workup. an alert va orkup with	spons ovider v	es: vithin t was	sever	1 (7) o	days. ow-up and workup was not completed. <i>Lost to</i>

WISEWOMAN BP	MEDICAL FO	LLOW	I-UP F	ORI	N			Ver 78
Provider SAMII Number - Service Address	4	>	<u>^</u>					
Name (Last, First, Middle Initial)								
Maiden Name								
Date of Birth:	Social Security Number:			Me	dicaid	DCN	/Medi	care Number:
Date Form Received:		MM/DD/YYY	Y					
Service Date:		MM/DD/YYY	Y					
Form Type:	BP MEDICAL FOLI		*,-	<b>-</b> □	٦,	enor	tina C	Only for Entire Form
Services:	FIRST •					cpoi		ray for and or one
FIRST BLOOD PRESSURE MEDICAL	FOLLOW-UP							Clear Section
		BP 1s						
Is the client compliant with medication	s/treatment plan?		0	Yes	0	No	0	Client Refused
Were BP medications prescribed or ac	djusted?		0	Yes	0	No	0	Client Refused
Can the client obtain BP medications?	<b>x</b> 0		0	Yes	0	No	0	Client Refused
Was the client given access to resource	ces or were resources give	n?	0	Yes	0	No	0	Client Refused
Is the client self-monitoring BP?			0	Yes	0	No		
Treatment Plan:  Health Coaching  Blood Pressure Medical Follow Client Refused	(12.5)		Info	Sod	lth Ea	iting Reduct		Physical Activity Smoking Cessation
COMMENTS Maximum length is 60	0 characters.							
4								
		Submit	Cancel				П	Override

# Social Determinants of Health (SDoH) Referral and Follow Up

# WISEWOMAN SDoH Follow Up→ Up to 4 per year for participant

- ♥ SDoH follow ups should be completed if referrals were or are being made
  - **▼**Complete the **WISEWOMAN Social Determinants of Health Referral** and Follow Up Form (purple) (Back bottom half of SDoH Assessment form)
    - **▼** Check in on referrals made
      - **▼** Were services able to be accessed?
      - **▼** Were additional referrals made?
- ▼ Submit a WISEWOMAN SDoH Referral and Follow Up claim in MOHSAIC
  - ▼ The Social Determinants of Health Referral and Follow Up form (purple) will be needed to submit this claim in MOHSAIC



## WISEWOMAN SDoH Referral and Follow-Up Form

Ė				HEALTH AND SENIOR SERV						
1/4		of Hea	lth Form			1 1 1 1				
LAS	T NAME	FIRST NAM	E	MIDDLE INITIAL		DOB (MM/DD/YYYY)		DATE OF VISIT (MM/DD/YYYY)		
				 				T (MMDDD/FFFFFF		
1.	Do you use as	ny of the foll	lowing types	of computers?	[	Yes No	Do	n't <u>know</u>		
	<ul> <li>Desktop/</li> </ul>	/Laptop			1	Don't want to ansu	ver			
	Smartph     Tablet / O		le wireless Co	mmutar						
2.				old have access to the in						
				ny or internet service pr						
	_		-	ompany or internet serv						
	Don't kno		in this nouse,	apartment, or mobile <u>h</u>	<u>ome</u>					
	Don't wan	_								
3.				time when you were w			_			
	money or oth	er resource	s?				_	n't Know/Not Sure		
<u> </u>						Don't want to answ	rer			
4.	4. Have you ever missed a doctor's appointment because of transportation problems? 🔲 Yes 🔲 No 🔲 Don't know									
						Don't	want	to answer		
5.	If you are cur	rently	Infant (E	lirth to 11 months)	Not a	pplicable				
	using childca services, plea		☐ Toddler	(11 to 36 months)	Don't	know				
	the type of se		☐ Prescho	ol (3 to 5 years)	Don't	want to answer				
	use, if not, sel	lect Not	After Sci	nool Care (K-9th grade)						
	Applicable.									
6.	Have you had	l any of	Cost		Пнои	s of Operation				
	these childca		Availabi	1:	Othe	•				
	problems du past year? (Se		Location			pplicable				
	that apply)				Don't	• •				
			Transpo	rtation	- Don t	KIIOW				
7.	What is your h	_	tion today?							
	I have hou	ŭ								
		-		out losing my <u>housing</u>						
	I do not h									
	Don't kno									
	Don t wan	it to answer								
				PURPLE				DHSS-WW-SDOH-01 (1-24		

9. The follo	wing will ask about how safe you feel:										
a.	How often does your partner physically	Never	Fairly Often								
	hurt you?	Rarely	Frequently								
		Sometimes	Don't want to answer								
b.	How often does your partner insult or	Never	Fairly Often								
	talk down to you?	Rarely	☐ Frequently								
		Sometimes	Don't want to answer								
10. These	four items are related to medication-taking	adherence									
	Do you ever forget to take your (name of l										
	Yes No Don't want to answer										
b.	Are you careless at times about taking you	ır (name of health condition) n	nedicine?								
	Yes No Don't want to answer										
c.	c. When you feel better, do you sometimes stop taking your (name of health condition) medicine?										
	Yes No Don't want to answer										
	Sometimes, if you feel worse when you tal	es vous frame of boalsh condit	ian) madiaina da monaton tabina it?								
G,		ke your (name of health condit	ion) medicine, do you stop taking it:								
	Yes No Don't want to answer										
Social Serv	ice ID										
Social Serv	ice Referral Date:										
			DATE OF VISIT (MM/DD/YYYY)								
	OMAN Social Determinants  -Up Form	of Health Referral a	ind DATE OF VISIT (MM/DD/YYYY)								
	rial Services and Support Utilization:	Carial Basemaire	ants of Health Referral: of 4								
	participant referred:	Social Determina	ands of Health Referral: of 4								
_											
	ernet Resource:od Resource:										
	nsportation Resource:										
	ld Care Resource:										
_	asing Resource:										
Safe	ety Resource:	<u></u>									
■ Mee	dication Adherence Resource:										
Notes:											

## **Referrals to Lifestyle Programs**

- Health Coaching
- ♥ Referral to MO Tobacco Quitline
- Noom
- ♥ Eating Smart-Being Active
- Self-Monitoring Blood Pressure Program

## **Follow-Up Services**

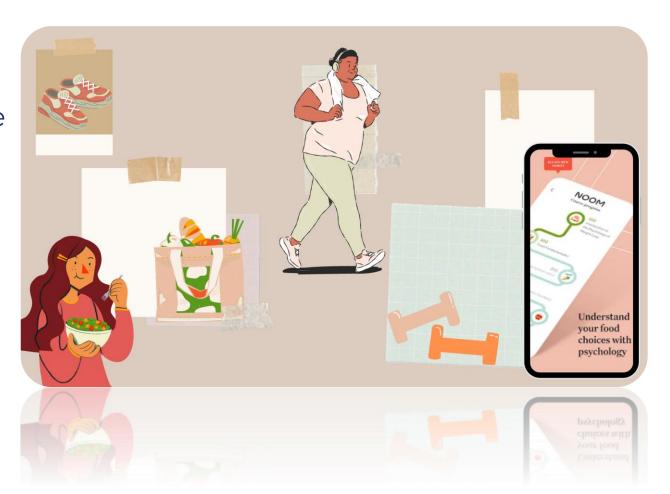
- Diagnostic
  - If needed for blood pressure, cholesterol, glucose, mental health or smoking cessation
- Blood Pressure Medical Follow-Up visit, if applicable
- SDoH Follow Up

## Planning/Referrals

Every WISEWOMAN participant should be referred to a healthy behavior support service that suits their needs

## Implementation

Participants begin participating in a healthy behavior support service, such as Noom and Health Coaching



# Healthy Behavior Support Services

## **♥** LIFESTYLE EDUCATION PROGRAMS (LSP):

 Health Coaching, Missouri Tobacco Quitline, Diabetes Prevention Program (DPP), Eating Smart-Being Active (ESBA), Self-Monitoring Blood Pressure (SMBP), Noom- as expanded Health Coaching

## **♥** COMMUNITY-BASED RESOURCES:

 Supplemental Nutrition Assistance Program (SNAP), Local Parks and Recreation departments, walking/biking trails, Mall walking programs, Gardening programs, Food coupon programs, Farmer's markets, Nutrition classes, Public library

## **♥ WISEWOMAN BARRIER-REDUCTION TOOLS:**

 Vouchers for farmers markets or grocery stores, Gas cards, Voucher for walking shoes, Fitness tracker, Fitbit, Gym membership

\*Barrier reduction tools that are reimbursable through the WISEWOMAN program should only be utilized once a participant shows commitment to the program and is coming in for their 4<sup>th</sup> Health Coaching/Follow-Up Rescreen.

# Healthy Behavior Support Service Reimbursement

## **▼** Reimbursement for HBSS

- Send at least quarterly to WISEWOMAN program staff
  - ♥ Document in Claim
  - ♥ Receipt
  - ♥ DH-38 Invoice Form

# **Barrier Reduction Tools**

## **♥ WISEWOMAN BARRIER-REDUCTION TOOLS:**

- Voucher for farmers markets or grocery stores or gas card
  - Up to \$25 per card
- Voucher for walking shoes, up to \$75
- Fitbit, up to \$125, and must be Fitbit brand only
  - Check with the WISEWOMAN before purchasing as there are still some in stock that can be mailed out to your facility
- Set of 2 dumbbells, up to \$30- Pending CDC approval
- Gym Membership



\*Barrier reduction tools that are reimbursable through the WISEWOMAN program should only be utilized once a participant shows commitment to the program and is coming in for their 4<sup>th</sup> Health Coaching/Follow-Up Rescreen.

1 Barrier reduction tool per Follow-Up Rescreen. (Participant may not have more than 1 Fitbit or pair of walking shoes)

# Health Coaching

## **▼** Lifestyle Education Program Option

- ♥ Conducted by <u>ANY</u> trained medical professional involved in implementing Team-Based Care
- ▼ First health coaching should be completed during a WISEWOMAN Screening or within TWO weeks of initial referral

## **♥ PRIORITY AREAS INCLUDE,**BUT NOT LIMITED TO:

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



# Health Coaching

## **♥ HEALTH COACHING GUIDELINES:**

- Face-to-face, over the phone or in a group setting for <u>15-45</u> minutes, completed every <u>2-4</u> weeks
  - The first 3 sessions can be completed over the phone, with the 4<sup>th</sup> health coaching (Follow Up Rescreen) being face-to-face for a completion of a cycle of health coaching.
  - Participants are allowed up to <u>16</u>
     <u>sessions/year</u>
- Document using the Health Coaching Reporting Form (peach)
- Submit a WISEWOMAN Education claim for health coaching #1-3 claims and a Follow Up Rescreen Claim for the 4<sup>th</sup> Health Coaching



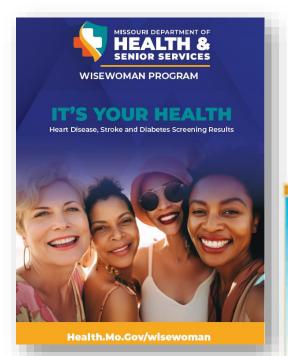
# Health Coaching Cycle



## WISEWOMAN Health Coaching Form

American State 1	EPARTMENT OF H					rm		
Participant Name:							SSN/DCN:	
A. OTHER FOLLOW-	UP							
Date Risk Counseling Co	mpleted:	J	_/_	_				
Client Priority Area(s	•		_		_		_	
None	Healthy Eat		Physic HBSS F			Smoking Ces Mental Heal		ood Pressure Management tritionist/Dietician
NROW.  Physical Activity		_			_			tritionist/Dietician
Date Referred to LSP:		ferred T						ing Blood Pressure Program
1 1				Health Tobacc		g	□ Naara	
						ie ntion Progran	n	
Cycle of Health Coaching	g: of 4		С	omment	ts:			
B. RECORD OF PAR	TICIPATION							
Clients should be encourag	ed to participate i							
Areas/boxes that are not sh	naded indicate allo			es for ea of session		of health coad	hing.	
Description/Type	Date	`	_	nutes)		Face-	Telephone	Topic (Mark all that apply)
		15	30	45	60	to-Face		
Health Coaching, Individual (Session 1)								Healthy Eating Physical Activity
(aessiuli 1)								Blood Pressure Management
								Smoking Cessation Medication Education
Health Coaching, Individual								Healthy Eating
(Session 2)								Physical Activity Blood Pressure Management
								Smoking Cessation
Health Coaching, Individual				-				Medication Education Healthy Eating
(Session 3)						l'		Physical Activity
								☐ Blood Pressure Management ☐ Smoking Cessation
								Medication Education
Health Coaching Individual, Face-to-Face								Hot Pink Assessment Form
(Session 4)- Complete Hot								Completed
Pink Form Health Coaching, Group,								Healthy Eating
Face-to-face								Physical Activity
								Blood Pressure Management Smoking Cessation
								Medication Education
C. Check in on LSP/								
If enrolled in Noom, whi								
Was a Barrier Reduction If participant is participa								
	8	, p.cust	5c d	- incrupt				
Other:								

WISEWON	IAN EDU	<b>JCATION FO</b>	RM				Ver 78
Provider 5	SAMII Number - Gervice Address	4		4			
Name (Last, Fire	st, Middle Initial)	.,					
	Maiden Name						
Date of Birth:		Social Security Number			Medicaid DCN	I/Medicare	Number:
Date	Form Received:		MM/DD/YYYY	,			
	Service Date:		MM/DD/YYYY	·			
	Form Type:	EDUCATION		1	Repo	ting Only	for Entire Form
RECORD OF PARTIC		cipate in at least three (3	) Health Coac	hina esceione		,	Clear Section
Areas/boxes that are	not shaded indic	ate allowable billing time	s for each typ	e of Health Co	paching.		
Description/Type	Date	Length of (minu	session ites)	Face-to-Fa	ce Telephor	ne	Topic (Mark all that apply)
Health Coaching Individual (Session 1)		Select Len	gth 🔻	П			Healthy Eating Physical Activity Blood Pressure Management Smoking Cessation Medication Education
Health Coaching Individual (Session 2)		Select Len	gth ▼	п	П		Healthy Eating Physical Activity Blood Pressure Management Smoking Cessation Medication Education
Health Coaching Individual (Session 3)		Select Len	gth ▼		Б		Healthy Eating Physical Activity Blood Pressure Management Smoking Cessation Medication Education
Health Coaching Individual (Session 4), Face to Face		Select Len	gth 🔻				Pink Assessment Form Completed
Health Coaching, Group, Face to Face		Select Len	gth ▼	г	п		Healthy Eating Physical Activity Blood Pressure Management Smoking Cessation Medication Education
COMMENTS MAXIM	length is 800		Submit	Cancel		п.	



DHSS Home » Healthy Living » Wellness and Prevention » tobacco » smokingandtobacco » Home

## **Missouri Tobacco Quitline Information**





Trained quit coaches are available 24 hours a day, 7 days a week.



4. Many drinks like

sports drinks,

vegetable juices

and milkshakes are high in sodiu Try water or other

low-sodium beverages instead

13. Eat at home more often. Restaurant

foods can be

high in sodium

14. When eating

out, ask for

your food to

be prepared with less salt.

Or choose lower sodium

options such

as fresh salads

and items without special sauces,

Be patient, Your to soon get used to I

heart will thank ye

1-800-QUIT-NOW (784-8669)



youcanquit.org

15 Easy Ways n salt and sodium risk of high blood to Cut Back 6. Eat more fresh fruits isease and stroke pesn't have to and vegetables. on Salt cured meats such as bacon, ham, hot dogs and del meats that you eat. Avoid cooking with bacon grease too. Taste food before salting it. Give yourself time to get used to the natural flavors. ook for low-sodium recipes. You can leave out the salt in most casseroles, stews and other main dishes. 10. Choose unsalted nuts, seeds, crackers and other snack foods. 11. Add flavor to foods using spices or herbs. But avoid mixed s and spice blends that Include salt, such as

https://health.mo.gov/living/wellness/tobacco/smok ingandtobacco/tobaccocontrol.php#quitline



Missouri WISEWOMAN Program Stroke and Cardiovascular Disease Prevention for Women

Available for ordering:

https://health.mo.gov/living/healthcondiseases/chronic <u>/wisewoman/pdf/wwsupplyorderform.pdf</u>

COMO COMER SALLDARLE

15 maneras fáciles de

····	
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WISEWOMAN Follow-Up Rescreen F Completed at 4th Health Coaching Session	orm
LAST NAME FIRST NAME MIDDLE INITIAL	DOB (MM/DD/YYYY) DATE OF VISIT (MM/DD/YYYY)
A. Undh Kidan (Pant)	
A. Health History (Check 🔀 as appropriate)	
Do you have high cholesterol? If no, skip to question 2.  Do you take medication to lower your cholesterol?  i. Is the medication a statin? If yes, fosting labs required.  b. If yes, during the past seven (7) days, including today, how many days did you take prescribed medication to lower your cholesterol?	Yes No Don't Know/Not Sure Yes No Don't Know/Not Sure Yes No Don't Know/Not Sure Number of Days None, I could not obtain medication Don't Know/Not Sure
Do you have hypertension (high blood pressure)?  If no, skip to question 5.	Yes No Don't Know/Not Sure
a. Do you take medication to lower your blood pressure? b. If yes, during the past seven (7) days, how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? c. Do you measure your blood pressure at home or use another blood pressure machine located in the community?  If no. check reason:	Yes No Don't Know/Not Sure Number of Days None, I could not obtain medication Don't Know/Not Sure Yes No
I w	as never told to measure my blood pressure on't know how to measure my blood pressure on't have equipment to measure my blood <u>pressure</u>
i. How often do you measure your blood pressure at home or use another blood pressure machine located in the <u>community?</u>	Multiple times per day Daily A few times per week Weekly Monthly Other (don't measure) Don't Know/Not Sure
ii. Do you regularly share blood pressure readings with your health care provider for feedback?	Yes No Don't Know/Not Sure
3. Do you have diabetes (Either Type 1 or Type 2)?  If no, skip to question 4.  a. Do you take medication to lower your blood sugar (for diabetes)?  b. If yes, during the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)?	Yes No Don't Know/Not Sure  Yes No Don't Know/Not Sure  Number of days  None. I could not obtain medication Don't Know/Not Sure
4. Have you been diagnosed by a healthcare provider as having any of these coa. Congenital heart defects b. Coronary heart disease c. Gestational diabetes d. Gestational hypertension e. Heart attack f. Heart failure	Yes
g. Pre-eclampsia/eclampsia h. Stroke/transient ischemic attack (TIA) i. Vascular disease (peripheral arterial disease)	Yes No Don't Know/Not Sure Yes No Don't Know/Not Sure Yes No Don't Know/Not Sure
5. Are you taking an aspirin daily to prevent heart attack or stroke?	Yes No

## Evaluation

- ▼ Compare Assessment form (tan) to WISEWOMAN Follow-Up Rescreen form (hot pink) to see what progress the participant has made.
- ♥Re-evaluate their plan and modify, if needed.

# 4<sup>th</sup> Health Coaching-Follow-Up Rescreen Claim

## **▼ FOLLOW-UP RESCREEN GUIDELINES:**

- Completed ideally within <u>4 WEEKS</u>, or at least <u>3 WEEKS</u> from completion of 3<sup>rd</sup> Health Coaching session
- Face to Face visit:
  - Health history assessment, height, weight, BMI and <u>TWO</u> BP measures are REQUIRED with follow-up labs completed, if medically necessary by a practitioner
- Document using the WISEWOMAN Follow-Up Rescreen (hot pink)
- Submit a WISEWOMAN Follow-Up Rescreen claim in MOHSAIC



## WISEWOMAN Follow-Up Rescreen Claim

A. J. J.		MISSOURI DEPARTMENT OF HEALTH AND WISEWOMAN FOIlow-I Completed at 4th Health Coaching	Jp Rescreen Fo					
LAST	I NAME	FIRST NAME	MIDDLE INITIAL	DOB (MM/	DD/YYYY)	DATE OF VISIT (MM/D0/YYYY)		
A.	Health Histo	ry (Check 🔀 as appropriate)						
1.	a. Do you i. b. <i>If yes,</i> many	we high cholesterol? If no, skip to questio u take medication to lower your choleste Is the medication a statin? If yes, fostin during the past seven (7) days, including days did you take prescribed medication holesterol?	Yes					
2.	If no, skip t	ve hypertension (high blood pressure)? to question 3. u take medication to lower your blood pi		Yes Yes	□ No	Don't Know/Not Sure		
	you ta pills) t c. Do you anoth	during the past seven (7) days, how mar ke prescribed medication (including diur o lower your blood pressure? u measure your blood pressure at home er blood pressure machine located in the check reason:		Number , I could not : Know/Not : No	obtain medication			
		How often do you measure your blood p at home or use another blood pressure machine located in the <u>community2</u>	l dor	n't know he n't have eq Multi Daily Week	ow to measu Juipment to ple times pe	A few times per <u>week</u> Monthly Isure)		
		Do you regularly share blood pressure re with your health care provider for feedb		Yes	■ No	Don't Know/Not Sure		
3.	a. Do you b. If yes,	ve diabetes (Either Type 1 or Type 2)? to question 4. u take medication to lower your blood su during the past seven (7) days, how mar rescribed medication to lower blood sug	y days did <u>you</u>	None	No Number of o	obtain <u>medication</u>		
4.	a. Conge b. Coron c. Gestal d. Gestal e. Heart f. Heart g. Pre-ed h. Stroke	een diagnosed by a healthcare provider nital heart defects ary heart disease tional diabetes tional hypertension attack failure lampsia/eclampsia t/transient ischemic attack (TIA) lar disease (peripheral arterial disease)	as having any of these cor	yes Y	NO NO NO NO NO NO NO	Don't Know/Not Sure		
5.	Are you tal	king an aspirin daily to prevent heart atta	ack or stroke?	Yes	■ No			
	90-3320 (1-24)		HOT PINK			DHSS-WW-A-04 (1-24)		

B.	Health History	y (Check	🔀 as appropriat	8)											
1.	Are you taki	ng aspir	in daily to preve	ent heart atta	ack or stro	ke?			Yes	■ No					
2.	How many o	ups of f	ruit and vegetal	oles do you e	at in an av	erage day	?		c	ups		Non	ie		
3.	Do you eat f	ish at le	ast 2 times a we	ek?					Yes	■ No					
4.			ne servings of gr	ain products	you eat in	a typical	day;								
	how many a	re whol	e grains?					_		than 1/2		abo	ut 1/2		
									more	e than 1/2					
5.			an 36 ounces (4	50 calories) o	of sugar sv	veetened			Yes	No No					
6.	beverages w Are you curr		atching or reduc	ing your sod	lium or sal	t intake?			Yes	■ No					
	Are you currently watching or reducing your sodium or salt intake?     Physical Activity						_		_						
	in a we		utes of physical	activity (exe	rcise) do y	ou get			-	Numb	er o	f minutes		None	
8.	Alcohol		en (7) days, how			lata la				Numb		£	н.	Don't Know	.,
	contain			orten dia ya	u nave a u	II II IK			_	Numic	ei u	uays	-	Not Sure	,
			holic drinks, on	average, do	you consu	me									
9.	during a Overall Well		u drink?						_	Numb	er o	f drinks c	onta	ining alcoh	DI
-			2) weeks, how o	ften have yo	u been bo	thered by	any								
	of the follow							_				_			
	a. Little in	terest o	r pleasure in do	ing things?				н		at all e than hal	fof	Seve		ays	
								ŏ		rly every d					
	h Faaling	down o	depressed, or ho	nalass?				п	Not	at all		Seve	aral d	ave	
	D. Teeling	down, c	repressed, or ric	peless:				More than half of the month							
10	Tobacco Pro	ducts							Near	rly every d	ay				
20.			Includes cigare	ttes, pipes, a	r cigars										
			co in any form)							ent smoke				2 months a	go)
	If "Nev	er Smok	ed", skip to Sect	tion C.						(More that er Smoked		2 months	ago)		
	b. Did you	comple	te a tobacco ce	ssation activi	ity?				Yes			No			
									Disc:	ontinued a	ectiv	ity			
С	Survey of Ser	vices Re	ndered (Check 🗵	as appropria	ate)				rect.	Jul C					
			rogram impro			r life?				Yes	Г	No			
			he services offe				ram?			Yes	Ī	No			
D.	Clinical Meas	urement	В					то ве	COM	IPLETED B	Y CL	INICIAN			
	вмі:	_	Height:		Weight	:	lbs.	Hin		Waist circ				rtio:	
BD	1 <sup>st</sup> /		BP 2 <sup>nd</sup>	1	Av	rerage BP								ual to 130,	/8n)
					L	/	_				Me	dical Foll	low-u	ıp	
	Labs Not Done	Fastin	g (9-12 hours) 🔲	Yes 🔲 No	BMP [	CMP			Hea	Ith Coach	ing	☐ SMB	PL	Client Re	fused
	A1C	LIPID P	ANEL: Tota	l Cholestero	I	HDL			_	LDL		Tr		erides	
			Management	SMBP M			LS			ESBA DPP				Tobacco Qu	iitline
	RISK Reduction		althy Eating ental Health	Smoking	Cessation		Refe	rrai:		Health Coa	achir	ng			
1	ounseling:	■ Nu	tritionist/Dieticia	in						NOOM					
	90.3320 /1.24)	Phy	ysical Activity			HOT PINK								A.WW.RPHO	

## WISEWOMAN Follow-Up Rescreen Claim

WISEWOMAN SC	REENING	FORM							Ver 78
Provider SAMII Number Service Addres	- s	, ,							
Name (Last, First, Middle Initial									
Maiden Name									
Date of Birth:	Social Security Nur			NA10	caid DCN/Med				
		niber.		wear	caid DCIV/Med	alcare r	vumber.		
Date Form Received		MM/DD/YYYY							
Service Date	: ]	MM/DD/YYYY							
Form Type:	SCREENING		_		Reporting	Only f	or Entire	Form	
Services:	WISEWOMAN	N Follow-up Rescre	en, Non-int	egrat					
A. HEALTH HISTORY	,								Clear Section
Do you have high cholesterol?				0	W	0		0	D-11
If No, skip to question 2.					Yes		No		Don't know/not sure
a. Do you take medication to lowe	r your cholesterol?			0	Yes	0	No	0	Don't know/not sure
Is the medication a statin?				0	Yes	0	No	0	Don't know/not sure
b. If Yes, during the past seven (7	) days, including tod	ay, on how many da	ys did you ta	ake pr		dication		your	
		Number of Day(s)	None	herau	se I couldn't o	htain m	nedication	0	Don't know/not sure
2. Do you have hypertension (high t	plood pressure)?	riampor or buy(o)	110110	0	Yes	0	No	0	Don't know/not sure
If you answered No, skip to que	stion 3.				Tes		NO		Don't know/not sure
a. Do you take medication to lowe	r your blood pressur	re?		0	Yes	0	No	0	Don't know/not sure
b. If Yes, during the past seven (7 pressure?	) days, on how man	y days did you take	prescribed m	edica		g diure		r pills	
		Number of Day(s)	C None	hocau	se I couldn't o	btain n	andication	0	Don't know/not sure
c. Do you measure your blood pre machine located in the community?	ssure at home or us				(Skip to i)	DEGITT II	0	a /ebe	eck reason)
C C	NAME OF THE OWNER OWNER OF THE OWNER OWNE		0	105	(Skip to i)		INC	) (cne	eck reason)
I was neve	er told to measure my		I don		w how to mea	sure m	y blood pr	essur	е
i. How often do you measure you		ave equipment to me				ed in t	he comm	unitv'	?
0		0	0			C			
Multi	ple times per day	Daily	A few		per week	11.	Weekl	У	
	Monthly	Other (Don't Me		C	Don't know/	not sur	е		
ii. Do you regularly share blood p for feedback?	ressure readings wi	th your health care	provider	0	Yes	0	No	0	Don't know/not sure
3. Do you have diabetes? (either Ty	pe 1 or Type 2)			0	Yes	0	No	0	Don't know/not sure
If No, skip to question 4.									
a. Do you take medication to lowe	r your blood sugar (	for diabetes)?		0	Yes	0	No	0	Don't know/not sure
b. If Yes, during the past seven (7	) days, how many da	ays did you take pre	scribed medi	ication	n to lower you	ır bloo	d sugar (f	for dia	
		Number of Day(s)		becau	se I couldn't o	btain m	nedication	0	Don't know/not sure
4. Have you been diagnosed by a h	ealthcare provider a	s having any of thes	e conditions						

a. Stroke/transient ischemic attach (TIA)		0	Yes	0	No	0	Don't know/not sure
b. Heart Attack		0	Yes	0	No	0	Don't know/not sure
c. Coronary heart disease		0	Yes	C	No	0	Don't know/not sure
d. Heart failure		0	Yes	0	No	0	Don't know/not sure
e. Vascular disease (peripheral arterial disease)		0	Yes	0	No	0	Don't know/not sure
f. Congenital heart disease and defects		0	Yes	0	No	0	Don't know/not sure
B. HEALTH HISTORY SECTION CONT							Clear Section
1.Are you taking an aspirin daily to help prevent a heart attack or stroke?	0	Yes	C No				
2. How many cups of fruits and vegetables do you eat in an average day?				Numbe	r of Cu	ıp(s)	None
3. Do you eat two (2) servings or more of fish weekly?	0	Yes	0	No			
How many servings of grain products do you eat in a typical day?	0		serving or le	955	0	/2 serving	3
5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)?	0		serving or le	955	0	/2 serving	9
Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?	0	Yes	0	No			
7. Are you currently watching or reducing your sodium or salt intake?	0	Yes	0	No			
8. Physical Activity							
a. How many minutes of physical activity (exercise) do you get in a week?				Numbe	r of Mi	nute(s)	None
9. Alcohol							
a. In the past 7 days, how often do you have a drink containing alcohol?	sure			Numbe	r of Da	ay(s)	Don't know/not
b. How many alcoholic drinks, on average do you consume during a day you drink?	sure			Numbe	r of Dr	inks	Don't know/not
10. Overall Wellness							
Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?	0	Not	at all	Several D	0	Nearly ev	very day
b. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?	0	Not	0	Several D	ays	Nearly ev	
11. Tobacco Products							
Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form)	0		nt Smoker			-12 month	is ago) Never smoked
b. Tobacco Cessation activity Completed?	0	Yes Disco	No	C	N	ot sure	
SURVEY OF SERIVCES RENDERED							Clear Section
Has the WISEWOMAN Program improved the quality of your life?				(		es (	No
2. Are you satisfied by the services offered by the WISEWOMAN Program?				(	٠,	/es (	No

## WISEWOMAN Follow-Up Rescreen Claim

CLINICAL MEASUREMENTS				Clear Section				
вмі:	Height:	Weight:	Waist Circumference: Hip Circumference:	Ratio:				
BP 1st:	BP 2nd:	Average BP:						
Fasting Status (9-12 hrs) Yes No	BMP(Comment below							
Glucose Quant.	BG Strip	A1C						
Lipid Panel	Total Cholesterol	HDL	LDL	Triglycerides				
ALERT VALUE FOLLOW-UP								
Schedule medical follow-up w	vithin seven (7) days of screeni	ing for medical evaluation and treat	ment. Document status of work-u	p using codes below.				
ALERT BLOOD PRESS Alert Blood Pressure SBP > 16 Evaluation Visit Date:  *Status of Work-Up:				•				
screening visit. Notify WISEWOMAN Educa 2. Follow-up/Workup by Alt 3. Client Refused Work-up. 4. Workup Not Completed,	cipant has been seen and diagr ation Coordinator of any of the cernate Provider. Patient inten- Participant had an alert value be Cilient Lost to Follow-up. Participant who did not attend her s	nosed by a medical provider either of the following status responses: ds to see alternate provider within subtrefused workup. ticipant had an alert value but was in the subtrefused workup.	seven (7) days.	not completed. Lost to				
Alert Value Notes/Comments:								
OTHER FOLLOW-UP								
Date Risk Counseling Com Client Priority Area(s): Weight Watchers	None Healthy Eating Self-Monitoring Blood Pressur		oking Cessation Blood Pre	essure Management				
Physical Activity Clearance denied. Client is not cleared to increase her physical activity until further evaluation.								

LSP Referred To: Date Referred:	Eating Smart-Being Active  Mental Health Referral	Diabetes Prevention Program	Health Coaching	Tobacco Quitline	торѕ
Follow-Up Comme	ents:				
	_				
	-				
4	ь				
COMMENTS Ma	ximum length is 600 charac	ers.			
	A				
4	<u> </u>				
		Submit	Cancel	Override	

## Self-Monitoring Blood Pressure Program

- WISEWOMAN Criteria
  - ♥ Pre-Hypertension (120-129)/(<80)</p>
  - ▼ Stage 1 Hypertension (130-139)/(80-89)
  - ▼ Stage 2 for special circumstances (Needs to be documented in chart and claims)
    - Lack of transportation
    - Provider fears participant will not come back in the office for follow up
- ♥ Discuss SMBP with Participant
  - ♥ Reference program educational packet
  - ♥ Issue participant blood pressure cuff
  - Teach participant how to use the blood pressure cuff
- ♥ Complete Required WISEWOMAN Forms
  - Patient Participation Agreement
  - ♥ Self-Monitoring Blood Pressure Program Initial Enrollment Form
  - ▼ These forms should be faxed to the WISEWOMAN Program Office or emailed to the team
    - ▼ (573) 522-3023 \*\*NEW\*\* [Former Fax 573-522-2898 still checked daily]



## SMBP Enrollment (SMBP Initial): Face-to-Face

Complete the Patient Participation Agreement form (White) & WW SMBP Initial Enrollment form– Email or fax to 573-522-3023

- Provide participant with BP monitor/cuff & teach them how to use it with the SMBP packet
- Enter WWSMBP Initial Claim into MOHSAIC

## SMBP Health Coaching #1: Telephone

Provide Health Coaching on SMBP

• Enter SMBP Health Coaching #1 claim into MOHSAIC

## **SMBP Health Coaching #2: Telephone**

Provide Health Coaching on SMBP

• Enter SMBP Health Coaching #2 claim into MOHSAIC

### **SMBP Health Coaching #3: Telephone**

Provide Health Coaching on SMBP

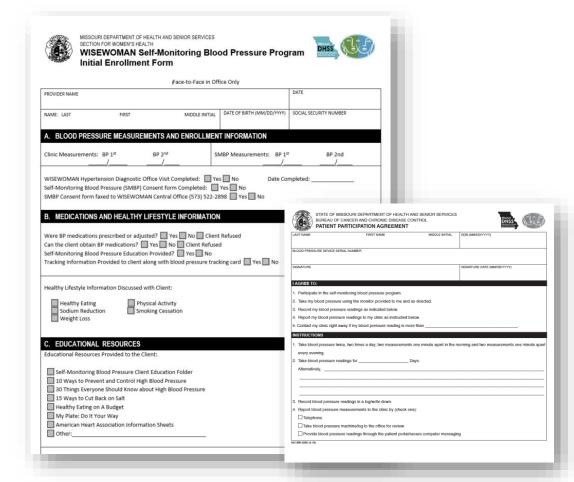
• Enter SMBP Health Coaching #3 claim into MOHSAIC

## SMBP Health Coaching #4: Post-Intervention F/U: Face to Face

Have participant report last 2 BP measurements

- Get 2 BP measurement readings at visit
- Enter SMBP Post-Intervention claim into MOHSAIC

# Self-Monitoring Blood Pressure Program



\*\*\*Up to 16 sessions/year

## **Expanded Health Coaching: noom**



## **NOOM WEIGHT LOSS**

Using the latest in psychology and behavioral science to empower people with the knowledge and skills they need to lose weight. They help people better understand their relationship with food and how to be more mindful of their habits so they can make changes that last.

## \$175

The 1-year subscription begins when the unique User ID is registered and participant creates a Noom account.

\*\*\*MO WISEWOMAN will purchase the annual subscriptions and provide the unique User ID direct to the provider on behalf of the participant.

## **10 Educational Courses**

The ten courses are, in order:

- Introduction to the Psychology of Weight Loss
- 2. Food Fundamentals I
- 3. Mastering Motivation
- 4. The Only 7 Habits You Need
- 5. Food Fundamentals II
- Beyond Food Sleep, Stress, & You
- 7. Matters of the Mind
- 8. Embrace the Journey
- 9. Food Fundamentals III
- 10. Inside Your Intuition.





The first mobile diabetes program fully





## noom

- Completion of the Program:
  - **♥** Record progress on Health Coaching Reporting Form (peach)
    - Participants will need to complete <u>at least 5</u> <u>out of 10 noom educational courses, plus</u>;
    - 4 health coaching sessions which should occur concurrently, with provider staff
      - ▼ The 4<sup>th</sup> health coaching session will be a Follow-Up Rescreen and is the only visit required to occur face-to-face.



# Missouri Tobacco Quitline

DHSS Home » Healthy Living » Wellness and Prevention » tobacco » smokingandtobacco » Home

**Missouri Tobacco Quitline Information** 





Trained quit coaches are available 24 hours a day, 7 days a week.



1-800-QUIT-NOW (784-8669)



youcanquit.org

https://health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php#quitline

**NEW REFERRAL FORM** 



### **NEW YEAR!**

NEW MISSOURI TOBACCO QUITLINE SERVICES!

## **LIVE JANUARY 1. 2024**

Missouri Tobacco Quit Services phone number and website will remain the same 1-800-QUIT-NOW www.YouCanQuit.org



## WHAT'S NEW?



## PROVIDER REFERRAL INFORMATION HAS CHANGED

The Fax Referral Form and phone number have changed. The new fax number is 1-800-261-6259. The new form can be downloaded here:

Missouri Tobacco Quit Services Fax Form
The new Web Referral is:
https://mo.guitlogix.org/en-us/healthprofessionals/make-a-referral/



#### **NEW YOUTH**

#### **CESSATION PROGRAM**

A free and confidential way to quit smoking or vaping for teens 13-18. Text "Start My Quit" to 36072 or chat with a coach at <a href="https://www.MyLifeMyQuit.com">www.MyLifeMyQuit.com</a>



#### URL IS CHANGING FOR PARTNERS

If you are using Quitnow.net/MO as your URL please update to www.YouCanQuit.org as soon as possible.



## NEW PROVIDER EDUCATION TRAINING

Online 15 minute interactive training modules to help you treat nicotine dependence, self-paced online learning, with free continuing education credits available.

OuitlogixEducation.org/MISSOURI

MISSOURI TOBACCO QUIT SERVICES IS FREE, CONFIDENTIAL AND AN EFFECTIVE WAY TO HELP MISSOURIANS QUIT ALL FORMS OF TOBACCO, INCLUDING E-CIGARETTES AND SMOKELESS TOBACCO. MEMBERS CAN QUIT ONLINE, BY PHONE OR TEXT WITH A CUSTOMIZED QUIT PLAN CREATED JUST FOR THEM.



**SERVICES AVAILABLE 24/7 - 365 DAYS A YEAR** 

# Diabetes Prevention Program (DPP)

## **▼** REFER WISEWOMAN PARTICIPANTS TO DPP WHO:

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

https://takefivesteps.com/risk-assessment-survey/

## NATIONALLY-RECOGNIZED DPP PROVIDERS

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



# TAT Health Solutions

TAT Health Solutions is a Virtual Diabetes Prevention Program that's an evidence-based lifestyle organization for people with prediabetes or at high risk for type 2 diabetes.

- Eligibility: Body mass index ≥25 or ≥22, if Asian
- What's Included:
  - -1-hour meetings for 1 year total = 16 weekly group sessions + 20 bi-weekly Group sessions, designed to be interactive and fun! (led by a trained lifestyle coach who facilitates this small group of people with similar goals)
  - Weekly weigh-ins and daily tracking of food intake and activity levels are part of this program
  - Included items: digital bluetooth scale, digital platform to track activity and meals, measuring cups, fitness equipment, and blood pressure cuff, if needed
- · How to refer: Send email or call the WISEWOMAN team

Next Cohort Jan. 2025 Registration open until February 12<sup>th</sup> Another cohort in April or May

# Eating Smart-Being Active (ESBA) → Transitioning to Families Eating Smart and Moving More (FESMM)

The Adult component of the program utilizes a curriculum developed collaboratively with the Division of Public Health, Nutrition Services Branch and Physical Activity and Nutrition Branch and NC State University called, *EFNEP's Families Eating Smart and Moving More (FESMM)*.

The curriculum is approved in the <u>SNAP-Ed</u> <u>Toolkit</u>.

The curriculum consists of 21 lessons.

\*\*\*Program is pending CDC Approval





# Families Eating Smart & Moving More

- Virtual and In-Person Options
  - Completion is considered 6 to 8 sessions
- Includes:
  - Recipes in a booklet for participants called Family Nutrition Education Plan booklet- is colorful and has pictures, ingredients, instructions, and substitutions
  - Solutions for Better Living Cooking magazinetype book- includes lessons on how to cook with your children, household hints, recipes, education on seasonal produce and how to use it, food preservation instructions, and guide to local farmers markets
- Takes budget into account when planning meals
  - Includes food that can be found in a food pantry, like canned items
- Referrals:
  - Email to Roselyn Wood then the local MU Extension office will reach out to participant within 48 hours
  - Email and phone number of participant needed for referral





## Jen's Get Fit Group

- 1 Year Membership:
  - 24-minute online workouts on your schedule,
     5 days a week led by Jen Loganbill, RN,
     Certified Personal Trainer and Nutritionist
- Weekly meal plans with macro cheat sheets
- Shopping lists, recipes, and intentional sheets
- Included access to the JGFG Facebook Group
- One weekend workout every weekend for a year
- Optional 1:1 Macro Coaching
- 1 Set of lightweight adjustable dumbbells



# Jen's Get Fit Group

- Completion is:
  - 2 Cycles of Health Coaching within the year
    - 1 cycle completed within 6 months of joining JGFG
- Contact the WISEWOMAN team to get a participant signed up!

## Mental Health Referral

- Ensure you properly document when a referral has been made
  - ▼ The program is unable to reimburse for any mental health services at this time, but we are collecting data to document the need for mental health services in the hopes that the program will be able to reimburse for services in the future
  - ▼ These referrals need to be documented on the diagnostic form if the participant has a diagnostic visit completed

440044									
		HEALTH AND SENK							
Used for Reporting: Diagnostic day of screening, and Reporting			leted or	n the day	of the scr	reening	visit, Ale	rt Valu	ues not completed on the
	O Dia	agnostic Visit	) 🗆 '	ab Only		Reporti	ng Only		
PROVIDER NAME									DATE
NAME: LAST	FIRST	М	IDDLE IN	IITIAL	DATE OF	BIRTH (N	MM/DD/YY	YY)	SOCIAL SECURITY NUMBER
A. DIAGNOSTIC OFF				/O BLO	DD PRE	SSURE BP 1		NGS	REQUIRED)  BP 2 <sup>rtd</sup>
■ Blood Pressure ■ Blood Gi ■ Mental Health ■ Choleste		Smoking Cessation	on		_				
B. CLINICAL MEASU Fasting (9-12 hrs.) Yes	_	Glucose Qui (Fasting On		BG :	Strip sting Only	)			rmal results in Comments)
Lipid Panel (Fasting Only)	Tota	al Cholesterol	Пнс	DL		_ Lo	L		Triglycerides
C. MEDICAL FOLLOW-UP NOTES									
If yes, was client referred for If yes, was the client identifie Can the client obtain medicat Was the client given access to Was a treatment plan offered If yes, which of the following	d to have utions? resources ?	uncontrolled hyp	ertensioner es give	on? 	Yes Yes Yes Yes Health			Clier Clier Clier BP N	nt Refused nt Refused nt Refused nt Refused Medical Follow-Up e
D. ALERT VALUE FO	LLOW-UF	•							
Document status of workup u submitting into MOHSAIC, if i		found below. O	ontact t	he WISE	WOMAN I	Education	on Coord	inator	for assistance in
ALERT BLOOD PRESSU Alert Blood Pressure S Evaluation Visit Date: *Status of Work-up: _	BP > 180 o	/	_		Alert B Evaluat	lood Gli tion Visi	it Date: _	i0 or ≥	250 mg/dl /_ Number from below)
*Status of Work-up: (Number from below)  *Status of Work-up Number Codes  1. Work-up Number Entricipant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.  *Notify WISEWOMAN Education Coordinator of any of the following status responses:  2. Follow-up/workup by alternate provider. Patient intends to see alternate provider within seven (7) days.  3. Client refused workup. Participant had an alert value but refused workup.  4. Workup not completed, client lost to follow-up. Participant had an alert value but was lost to follow-up and workup was not completed. Lost to follow-up is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reschedule another appointment.									
Alert Value Notes/Comments:									
Medical Professional Notes:									
MO 580-3060 (01-24)									DHSS-WW-DX-01

### Women's Health Nurse:

· Scrub charts for eligibility/verify at time of appt

## WISEWOMAN Workflow

## PSR's/Receptionists:

- Obtain documents needed
- · Disperse assessment form to fill out while waiting

Room Patient: Nurse/MA

- · Review assessment form
- Obtain wt, ht, BPx2, draw labs
- · Complete forms

Finish Appt: Nurse/MA/Care Coordinator

- Make referrals
- Sign participant up for additional WISEWOMAN services/options
- Make next appt

Provider:

- · Complete Dx Visit (if needed)
- · Health coaching and/ or outside referral (if needed)
  - Complete Form

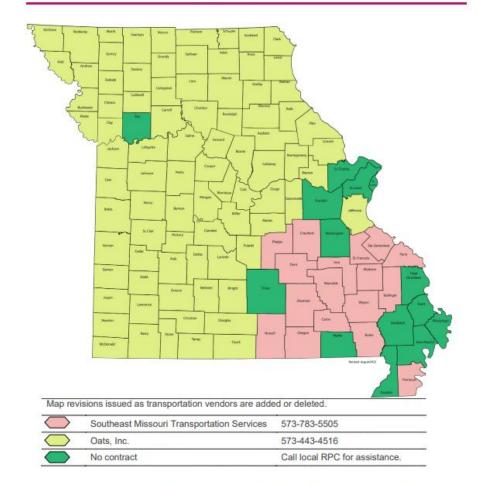
Health Coaching: Nurse/Health Coach/ Dietician/Provider

- · Complete session
- · Complete form

MOHSAIC Claim:

Enter claim into **MOHSAIC** 

## SMHW/WISEWOMAN Transportation Providers Fiscal Year 2024



Please check the Transportation Services Catalog for other transportation options that may help your clients receive appropriate services: <a href="mailto:TransportationServices">Transportation Services Catalog (http://www.health.mo.gov/atoz/pdf/transportationservices.pdf)</a>.

## SMHW/WISEWOMAN Transportation Providers Fiscal Year 2024

#### Contractor/County(ies)

**Telephone Number** 

Bollinger	Howell	Pemiscot	St. Francois
Butler	Iron	Perry	Ste. Genevieve
Carter	Madison	Phelps	Shannon
Crawford	Oregon	Reynolds	Wayne
Dent			
ts, Inc	******************************	***************************************	573-443-45
Adair	Cooper	Lafayette	Platte
Andrew	Dade	Lawrence	Polk
Atchison	Dallas	Lewis	Pulaski
Audrain	Davies	Lincoln	Putnam
Barry	DeKalb	Linn	Ralls
Barton	Douglas	Livingston	Randolph
Bates	Franklin	McDonald	St. Clair
Benton	Gasconade	Macon	Saline
Boone	Gentry	Maries	Schuyler
Buchanan	Greene	Marion	Scotland
Caldwell	Grundy	Mercer	Shelby
Callaway	Harrison	Miller	Stone
Camden	Henry	Moniteau	Sullivan
Carroll	Hickory	Monroe	Taney
Cass	Holt	Montgomery	Vernon
Cedar	Howard	Morgan	Warren
Chariton	Jackson	Newton	Webster
Christian	Jasper	Nodaway	Worth
Clark	Jefferson	Osage	Wright
Clay	Johnson	Ozark	
Clinton	Knox	Pettis	
Cole	Laclede	Pike	
Contract		~~	Call local RPC for Assistan
Contract	New Madrid	Scott	St. Louis County
Dunklin	Ray	St. Charles	Stoddard
Franklin	Ripley	St. Louis City	Texas
Mississippi	upley	St. Louis Oity	Washington

## SMHW Regional Program Coordinator County List

Northwest/K.C. Area	Mary Young, RN	816-514-6241	Fax: 816-404-69	986			
003 Andrew 005 Atchison 013 Bates 021 Buchanan 025 Caldwell 033 Carroll 037 Cass	047 Clay 049 Clinton 061 Daviess 063 DeKalb 075 Gentry 079 Grundy 081 Harrison	083 Henry 087 Holt 095 Jackson 101 Johnson 107 Lafayette 117 Livingston 129 Mercer	147 Nodaway 165 Platte 177 Ray 227 Worth				
Northeast/Central Area	Lisa Graessle, RN	573-522-2855	Fax: 573-522-30	023			
001 Adair 007 Audrain 019 Boone	073 Gasconade 089 Howard 103 Knox	131 Miller 135 Moniteau 137 Monroe	173 Ralls 175 Randolph 195 Saline	St. Louis Area	Margaret Laycock, RN	314-657-1509	Fax: 314-612-5005
027 Callaway 029 Camden 041 Chariton	111 Lewis 115 Linn 121 Macon	141 Morgan 139 Montgomery 151 Osage	197 Schuyler 199 Scotland 205 Shelby	071 Franklin 099 Jefferson	113 Lincoln 183 St. Charles	189 St. Louis 510 St. Louis City	219 Warren
045 Clark 015 Cole	125 Maries 127 Marion	163 Pike 171 Putnam	211 Sullivan	Southwest Area	Missy Rice, RN	417-693-3409	Fax: 417-345-1069
053 Cooper				009 Barry 011 Barton 015 Benton 039 Cedar 043 Christian 057 Dade 059 Dallas	067 Douglas 077 Greene 085 Hickory 097 Jasper 105 Laclede 109 Lawrence 119 McDonald	145 Newton 153 Ozark 159 Pettis 167 Polk 169 Pulaski 185 St. Clair 209 Stone	213 Taney 215 Texas 217 Vernon 225 Webster 229 Wright
				Southeast Area	Mary Costephens, RN	573-536-1809	F: 573-522-3023
				017 Bollinger 023 Butler 031 Cape Girardeau 035 Carter 055 Crawford 065 Dent 069 Dunklin	091 Howell 093 Iron 123 Madison 133 Mississippi 143 New Madrid 149 Oregon 155 Pemiscot	157 Perry 161 Phelps 179 Reynolds 181 Ripley 187 St. Francois 186 Ste. Genevieve 201 Scott	203 Shannon 207 Stoddard 221 Washington 223 Wayne

04

## Program Scenarios and Program Promotion

- WISEWOMAN Scenarios
- Monthly Education Calls
- Promotion:
  - Social Media
  - Posters
  - Flyers
  - Campaign
  - Success Stories
  - Champions





#### Free Mammograms, PAP Tests, Exams and Treatments

### Screening and Evaluation for WOMen Across the Nation

Well-Integrated

SENIOR SERVICES

#### WHAT IS SMHW?

Show Me Healthy Women (SMHW) offers free breast and cervical cancer screenings for Missouri women who meet age, income and insurance guidelines.

- Income at or below 250 percent of the federal poverty level for household income
- Age 35 to 64, or older if they do not receive Medicare Part B
- · No insurance to cover program services

#### MAMMOGRAPHY

Mammography can detect some breast cancer about two years before physical symptoms develop.

#### PAP & HPV TESTS

Half of the women diagnosed with cervical cancer are between the ages of 35 and 55.

#### **HEART DISEASE & STROKE**

The WISEWOMAN Program within the Missouri Department of Health & Senior Services provides prevention services to women to help women reduce their risk of heart disease and stroke.

#### WHAT IS WISEWOMAN?

Our goal is to help you decrease your risk of heart disease and other chronic illnesses with FREE preventative screenings, including:

- Blood Pressure
- Cholesterol
- Glucose (blood sugar)
- Body Mass Index (BMI)

These additional services for healthier living are also available without charge:

- Lifestyle programs (noom, Weight Watchers, Eating Smart Being Active, etc.)
- Nutrition education
- Physical activity resources (exercise bands, fit bit, tennis shoes, etc.)
- Smoking-cessation programs (MO Quitline)

#### WHO IS ELIGIBLE FOR WISEWOMAN?

SMHW participants who are 40-64 years old.

The Show Me Healthy Women program is funded by the Centers for Disease Control and Prevention, Grant No. NU58DP007130. The WISEWOMAN program is funded by the Centers for Disease Control and Prevention, Grant No. NU58DP006650-04-00.



# Case Study

## WISEWOMAN Annual: Last screening was 11 months ago

- Mary Smith
  - ♥ 37-year-old woman
  - ♥ SMHW participant
  - ♥ BMI: 30.2
    - ♥ Height: 5'2"
    - ♥ Weight: 165lbs
  - ◆ A1C: 5.8%
  - **♥** BP Readings
    - **150/88**
    - **142/84**

- Current smoker
- History of high cholesterol
- Answers both wellness questions as, "nearly every day"
- Lack of transportation
- Difficulty accessing food

	BLOOD PRESSURE				
BLOOD PRESSURE CATEGORY/STAGE	SYSTOLIC BLOOD PRESSURE (SBP)	DIASTOLIC BLOOD PRESSURE (DBP)			
NORMAL	<120 mmHg	<80mmHg			
ELEVATED: PRE-HYPERTENSTIVE	120-129mmHg	<80mmHg			
HIGH: STAGE 1 HYPERTENSION	130-139mmHg	80-89mmHg			
HIGH: STAGE 2 HYPERTENSION	<u>&gt;</u> 140mmHg	≥90mmHg			
ALERT: HYPERTENSIVE CRISIS	<u>&gt;</u> 180mmHg	<u>&gt;</u> 120mmHg			
	GLUCOSE				
CATEGORY/STAGE	FASTING PLASMA GLUCOSE (FPG)	HEMOGLOBIN A1C (HBA1C)			
NORMAL	<100mg/dl	<5.7%			
ELEVATED: PREDIABETES	≥100mg/dl - <126mg/dl	5.7-6.4%			
HIGH: DIABETES	≥126mg/dl	≥6.5%			
ALERT	≤50mg/dl or ≥250mg/dl	NONE			

- ♥ BMI- 30.2
  - Health coaching
  - ♥ FESMM, Noom, or JGFG
  - Once health coaching has been established:
    - ♥ Gym membership, Fitbit, Tennis Shoe Voucher, Gift card/Farmer's market voucher for healthy foods→ HBSS
    - Current Smoker
      - Referral to MO Tobacco Quitline
      - Diagnostic Office Visit for smoking cessation
        - **♥** A1C- 5.8%
          - See Above
          - Dietician HC

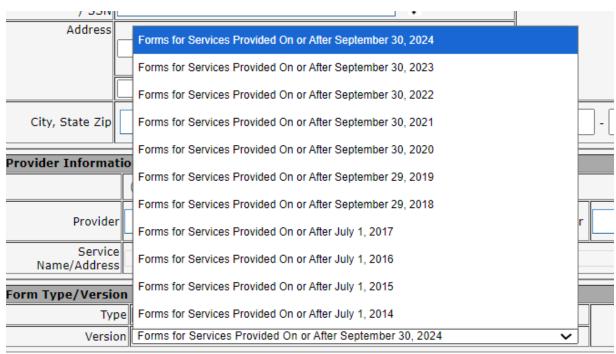
# Case Study

- ♥ Blood Pressure- 150/88 & 142/84
  - Diagnostic Office Visit or Referral to Physician
  - ♥ BP Medical Follow Up
  - Enroll in SMBP Program- due to lack of transportation
- ♥ Food Insecurity
  - Referral for social services such as a food pantry
  - Grocery Card at Follow-Up Rescreen
- Answered Overall Wellness Questions as "Nearly every day"
  - Mental Health Referral

# Billing for FY25

If you're entering billing for FY25 select:

 "Forms for Services Provided On or After September 30, 2024"



## How do I...

- Request Training?
  - Contact the Education Coordinator: Nicole Rea, RN
- **▼** Bill for direct services?
  - ♥ Enter claims into MOHSAIC
- Questions regarding contract?
  - Contact the Program Manager: Kelly Palermo
- Questions concerning claim entry?
  - Contact the Education Coordinator: Nicole Rea, RN
- **▼** Gain MOHSAIC access?
  - ♥ Reach out to your SMHW RPC
- **▼** Receive reimbursement for HBSS?
  - Send at least quarterly to WISEWOMAN program staff
    - Receipt
    - Document in Claim
    - ♥ DH-38 Invoice Form

# Monthly Items

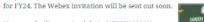
- Provider Newsletter
- Education Call
- Blood Pressure Logs
  - How to use
- Cholesterol Logs
  - How to use



THE REAT

#### FEATURING:

- Education Call
- Contracts
- Services on Pause
   Update
- FY23 Data



Please plan to join us on Thursday January 25th, at 1pm, via Webex, for January's WISEWOMAN Education Call, We'll be discussing updates

Has your facility received their WISEWOMAN services contract? These contracts can go ahead and

Services on Pause be signed and returned! WISEWOMAN services are still on pause.

Update: We've received the additional guidelines/manual from CDC. We are in the process of getting the new SDoH assessment form approved and updating our current forms to send for review/approval. This can take several weeks. We will move to our next steps once we have the necessary DHSS approvals. Our next steps will include printing and

updating all forms training all contracte visit procedures/proc

What can you do while WISEWOMAN services at

- · Keep a list of patients that need to be resched
- · Attend monthly education calls to keep up on
- · Read program emails and newsletters to stay
- · Implement a blood pressure protocol- contact
- · Review current WISEWOMAN workflow





In FY23 99.2% of WISEWOMAN participants reported they were satisfied with program services SEPTEMBER 2024

## WISEWOMAN PROVIDER NEWSLETTER

THE REAT

#### **FEATURING:**

- Education Call
   HBSS
- Fiscal Year 2025
- Grant Year Date
   Reminders

Happy September! September's Education Call will take place on Tuesday, September 17th at 10am. We will have a guest speaker from MO Tobacco Quitline as well as a guest from the SMHW Program.

The WISEWOMAN agenda will include end of the grant year

information and training information for FY25. We encourage you to attend this meeting!

The end of FY24 for WISEWOMAN is coming to a close soon! Now is a great time to look over your billing and any healthy behavior support service items that need to be turned in for reimbursement. The In-Kind report's due date is fast approaching as well. If you have any questions in regards to these things, please don't hesitate to reach out to our team.

The planning process for WISEWOMAN'S Fiscal Year 2025 is in full swing! As a reminder, contracts for Fiscal Year 2025 will be coming out soon, with an estimated send out date of 30 to 45 days from now.

Annual Provider training dates for FY25 are listed below. We are excited to be holding in-person training!

#### Grant Year Date Reminders:

- End of Grant Year (Last date of WISEWOMAN services for FY24): September 29, 2024
- Site Visit Completion: August 30, 2024
- In-Kind Service Report: October 31, 2024
   Blood Pressure Protocol: October 1st, 2024
- Last Date to Enter Claims from FY24: October 31, 2024
- · Annual Provider Training: October (See specific dates below)





# QUESTIONS?