MISSOURI DEPARTMENT OF
HEALTH & SENIOR SERVICES

WISEWOMAN - Heart Health for Women

Well-Integrated Screening and Evaluation for Women Across the Nation

WISEWOMAN™
Well-integrated Screening and Evaluation for Women Across the Nation

Introductions

WISEWOMAN Team

Kelly Palermo

Kelly.Palermo@health.mo.gov

573-522-2871

Contracts, budget, etc.

Program Manager

Nicole Rea, RN

Nicole.Rea@health.mo.gov

573-526-0967

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

Education Coordinator

Roselyn Wood

Roselyn.Wood@health.mo.gov

573-522-2866

HBSS Invoices, SMBP, etc.

Health Program Representative

Jackie Jung

Jackie.Jung@health.mo.gov

573-522-2859

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

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WISEWOMAN Healthy Behavior Support Services

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

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Program Scenarios and Program Promotion

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

AD PIE

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 **W**ell-**I**ntegrated **S**creening and **E**valuation for **Wom**en **A**cross the **N**ation (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/

WISEWOMAN

Age: 35-64

Assessment & Lifestyle Program

Cardiovascular

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
WISEWOMAN Program

SHOW ME Healthy Women

Serving Women

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

Direct Services

Claims entered MOHSAIC system for reimbursement (Screenings/Assessment, Diagnostic Visits, Health Coaching, etc.)

Healthy Behavior Support Services

An allotted amount that providers will be reimbursed for healthy lifestyle services through invoice submission.

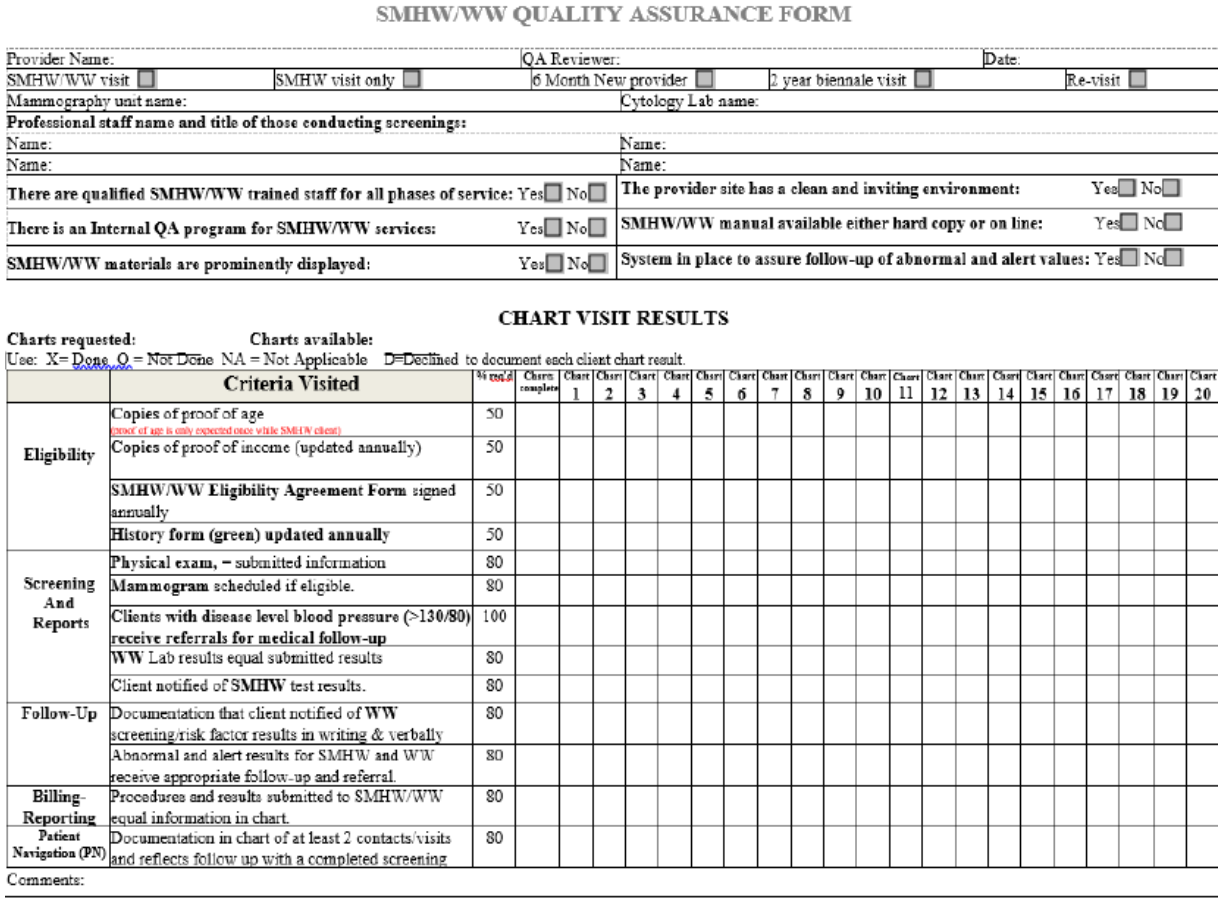
♥ Contact the WISEWOMAN Program Manager, Kelly Palermo, to request additional WISEWOMAN funding

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

♥**WISEWOMAN Fiscal Year runs September 30-September 29**

♥**SMHW's Fiscal Year is June 30-June 29**

Quality Assurance



SMHW/WW QUALITY ASSURANCE FORM

Provider Name:		QA Reviewer:		Date:
SMHW/WW visit ☐	SMHW visit only ☐	6 Month New provider ☐	2 year biennale visit ☐	Re-visit ☐
Mammography unit name:		Cytology Lab name:		
Professional staff name and title of those conducting screenings:				
Name:		Name:		
Name:		Name:		

There are qualified SMHW/WW trained staff for all phases of service:	Yes☐ No☐	**The provider site has a clean and inviting environment:**	Yes☐ No☐
There is an Internal QA program for SMHW/WW services:	Yes☐ No☐	**SMHW/WW manual available either hard copy or on line:**	Yes☐ No☐
SMHW/WW materials are prominently displayed:	Yes☐ No☐	**System in place to assure follow-up of abnormal and alert values:**	Yes☐ No☐

CHART VISIT RESULTS

Charts requested: **Charts available:**

Use: X= Done O = Not Done NA = Not Applicable D=Declined to document each client chart result.

	Criteria Visited	% req'd	Charts complete	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Chart 11	Chart 12	Chart 13	Chart 14	Chart 15	Chart 16	Chart 17	Chart 18	Chart 19	Chart 20
Eligibility	Copies of proof of age (proof of age is only expected once while SMHW client)	50																					
	Copies of proof of income (updated annually)	50																					
	SMHW/WW Eligibility Agreement Form signed annually	50																					
	History form (green) updated annually	50																					
Screening And Reports	**Physical exam, –** submitted information	80																					
	Mammogram scheduled if eligible.	80																					
	Clients with disease level blood pressure (>130/80) receive referrals for medical follow-up	100																					
	WW Lab results equal submitted results	80																					
	Client notified of **SMHW** test results.	80																					
Follow-Up	Documentation that client notified of **WW** screening/risk factor results in writing & verbally	80																					
	Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral.	80																					
Billing-Reporting	Procedures and results submitted to SMHW/WW equal information in chart.	80																					
Patient Navigation (PN)	Documentation in chart of at least 2 contacts/visits and reflects follow up with a completed screening	80																					

Comments:

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

♥ **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 **payer of last** resort
  - Reimbursements are considered payment in full
- ♥ Service providers and their subcontractors **shall not charge** 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 **invoice submission**, 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 **NOT** meet the requirements for a valid WISEWOMAN screening, a MOHSAIC claim submission can be entered as "**Reporting Only**." A **Reporting Only** claim will have no reimbursement cost for the provider, but will be used to track data on WISEWOMAN participants. Examples of appropriate **Reporting Only** claims include:*

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

SERVICES	CPT CODE	RATE
Lab Venipuncture	36415	$8.83
Lipid Panel	80061QW	$13.39
Total Cholesterol	82465QW	$4.35
HDL Cholesterol	83718QW	$8.19
Glucose, Quantitative	82947	$3.93
Glucose, Reagent	82948	$5.04
Glucose, Hemoglobin A1C	83036QW	$9.71
Basic Metabolic Profile (BMP)	80084	$8.46
Comprehensive Metabolic Profile (CMP)	80053	$10.56

HEALTH COACHING

SERVICES	CPT CODE	RATE
Individual		
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 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

Be an active participant in the SMHW program

Age

35-64
(Same as SMHW)

Uninsured or Underinsured

Follow SMHW guidelines for eligibility

Low Income

Income Guidelines

Household Size	SMHW Annual	SMHW Monthly	SMHW Weekly	SMHW Hourly
1	$36,450	$3,038	$701	$17.52
2	$49,300	$4,108	$948	$23.70
3	$62,150	$5,179	$1,195	$29.88
4	$75,000	$6,250	$1,442	$36.06
5	$87,850	$7,321	$1,689	$42.24
6	$100,700	$8,392	$1,936	$48.41
7	$113,550	$9,463	$2,183	$54.59
8	$126,400	$10,533	$2,430	$60.77
Each additional person, add:	$12,850	$1,070	$247	$6.18

- Clients must have an income at or below 250 percent of the federal poverty income guidelines. Adjusted gross income on tax return or net amount on pay stub determines income 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/WISEWOMAN 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
- LSP: Noom, 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

September 30th, 2024-September 29th, 2025

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

Name:_____Birthdate ___/___/____ SS#: _____
mm dd yyyy (Optional)

Address _____
Street City State Zip

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

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

Income/Insurance Information *(Please check all that apply.)*
Are you receiving: Unemployment insurance ☐ WIC ☐ TANF ☐ Food stamps ☐
Medicare Part A ☐ and/or Part B ☐ MO HealthNet (Medicaid) ☐
Have you applied for MO HealthNet (Medicaid)? Yes ☐ No ☐

Do you have health insurance?	Yes ☐ No ☐
Does your insurance have a deductible?	Yes ☐ No ☐
Can you pay the deductible?	Yes ☐ No ☐
Is your health insurance an HMO?	Yes ☐ No ☐

CLIENT AGREEMENT
I have not supplied documentation of household income. I declare my household income is within SMHW/WISEWOMAN present income guidelines. _____ **(If applicable, please initial)**
I have received the income guidelines and I qualify for SMHW / WISEWOMAN.
A staff person has informed me which tests the SMHW / WISEWOMAN programs cover and possible side effects of the tests.
I understand that the SMHW / WISEWOMAN services will be available to me at no cost.
I understand that my health is my responsibility. I am responsible for keeping my appointments.
I understand that persons associated with SMHW / WISEWOMAN may contact me in receiving medically recommended services.
I need to contact this clinic for my test results.
I understand that no test is 100% accurate.
I agree to participate in both the screening tests and the WISEWOMAN lifestyle education sessions.
I understand that I will be contacted to return in 1 year to see if my health status related to these services has changed.
I have read or had the above read to me. I agree that all the information above is correct.

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

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

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

PATIENT HISTORY
(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

E-MAIL ADDRESS	HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.
	( )	( )	( )

STREET ADDRESS	CITY/STATE	ZIP CODE	COUNTY

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (OPTIONAL)	WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?
		☐ 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)
☐ (1) White
☐ (2) Black or African American
☐ (3) Asian
☐ (4) Native Hawaiian or Other Pacific Islander
☐ (5) American Indian or Alaskan Native
☐ (6) Other_____
☐ (7) Unknown (please avoid using)

Ethnicity: (must be answered.)
Are you of Hispanic origin? ☐ Yes ☐ No

Highest grade of school completed (circle one)
(U. S. equivalent if educated in another nation)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

How did you hear about the Show Me Healthy Women program? (please choose only one)
☐ (1) Physician
☐ (2) Clinic
☐ (3) Television
☐ (4) Radio
☐ (5) Printed Ad
☐ (6) Billboard
☐ (7) Bus Sign
☐ (8) Health Care Provider
☐ (9) Health Fair
☐ (10) Health Coalition
☐ (11) Outreach Worker
☐ (12) Relative/Friend
☐ (13) Other Location (specify)_____

What type of transportation did you use to get to your clinic appointment? (please choose only one)
☐ (1) Bus
☐ (2) ACT Van
☐ (3) OATS Bus
☐ (4) Taxi
☐ (5) Personal Vehicle
☐ (6) Relative/Friend
☐ (7) SMTS
☐ (8) Other_____

Date of last Pap Test ___/___/____ (MM DD YYYY)

Date of Last mammogram ___/___/____ (MM DD YYYY)

Do you now smoke cigarettes? ☐ Everyday ☐ Some days ☐ Not at all ☐ Don't know

Name and telephone numbers of two people who can always reach you:

NAME	HOME PHONE WITH AREA CODE	WORK PHONE
	(_____)_____	(_____)_____
NAME	HOME PHONE WITH AREA CODE	WORK PHONE
	(_____)_____	(_____)_____

MO 580-1800 (8/14) Ch. D-3

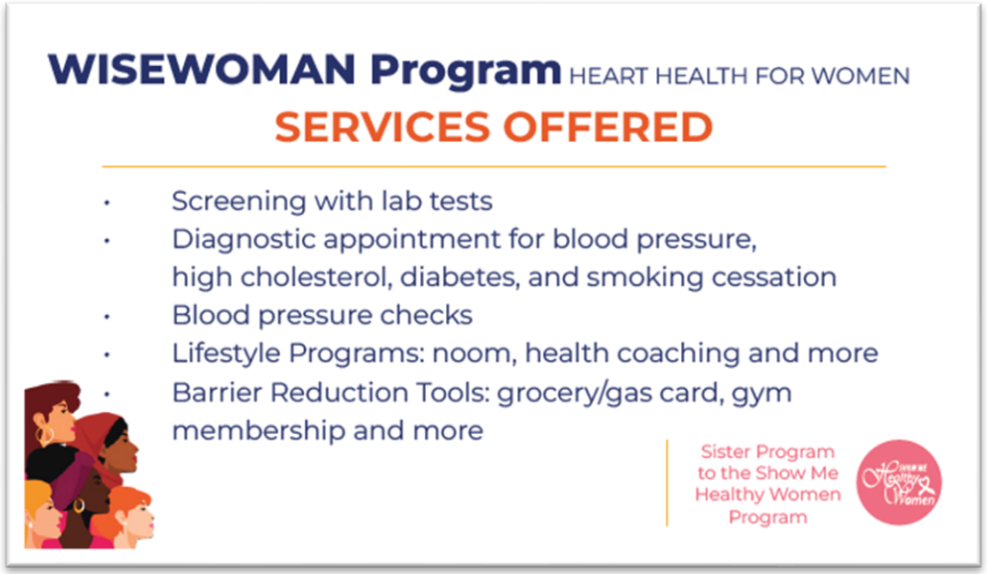
Integrated Office Visit Policy

- CDC has developed a policy for NBCCEDP (**SMHW**) and **WISEWOMAN integrated** 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 NOT 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

Front



Back

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 A1C 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

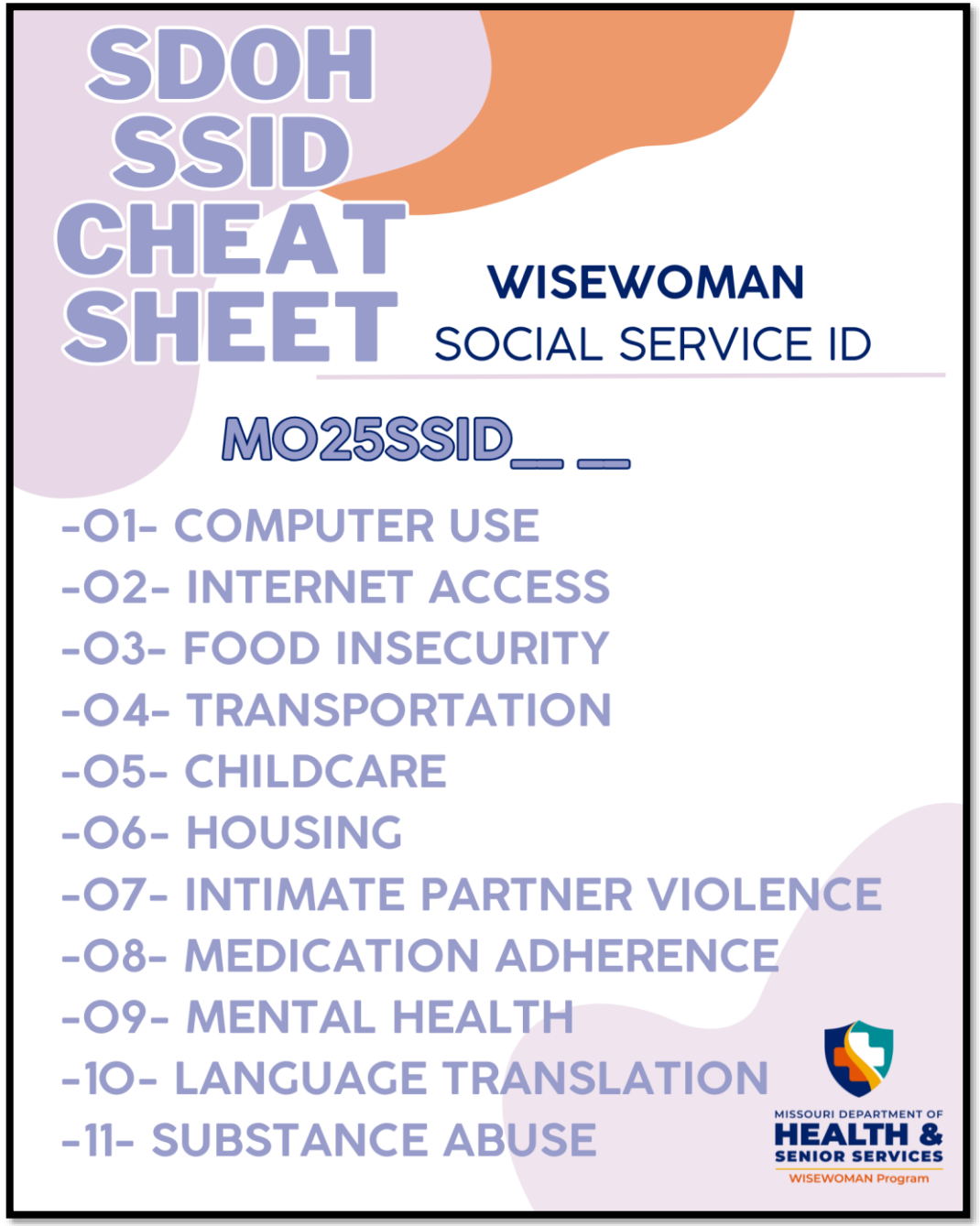
Initial SDoH Assessment during Screening

SDoH Referral Follow Up #1

SDoH Referral Follow Up #2

SDoH Referral Follow Up #3

SDoH Referral Follow Up #4



- 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.

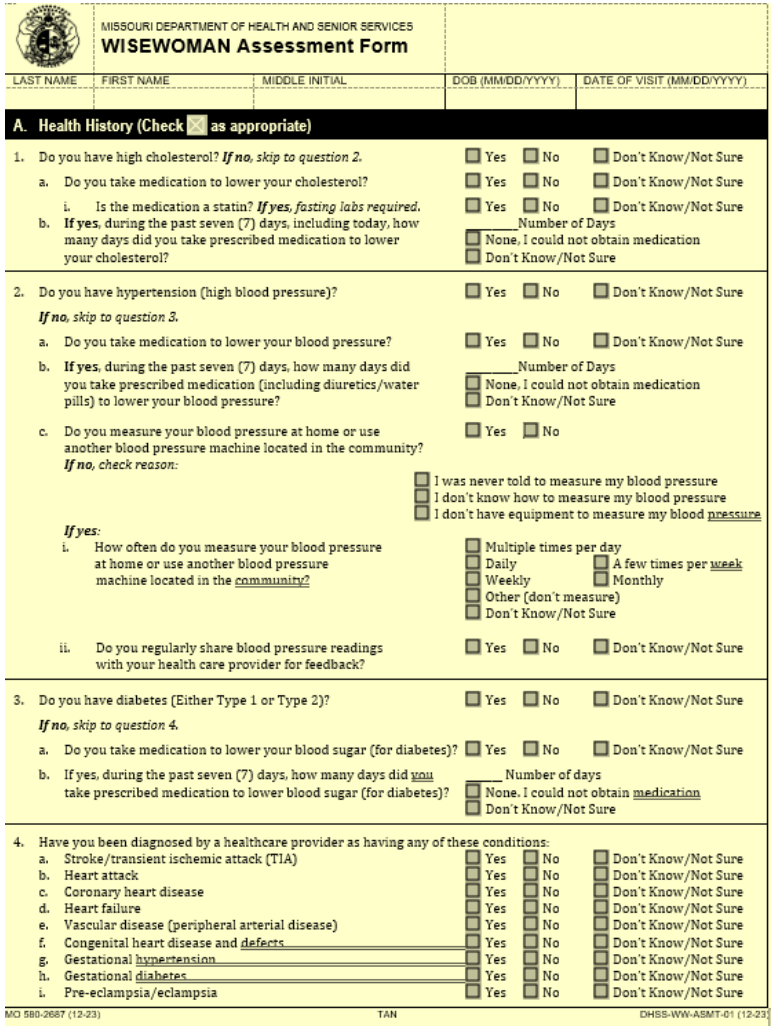
Risk Reduction Counseling

WISEWOMAN RISK REDUCTION COUNSELING (INITIAL) REQUIREMENTS:

- **Review the results** of the screening with the WISEWOMAN participant and provide participant-centered Risk Reduction Counseling on cardiovascular risk
- **Refer** WISEWOMAN participants for follow-up office visits, if applicable, for abnormal screening results and/or ALERT values
- **Refer ALL** WISEWOMAN participants who are willing and ready for change to LSPs

- Submit a **WISEWOMAN Risk Reduction Counseling** claim in MOHSAIC
  - The **Assessment Form (tan)**, **Screening Form (light pink)** and the **SDoH Form (purple)** will be needed to submit this claim in MOHSAIC

WISEWOMAN Risk Reduction Counseling



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Assessment Form

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

A. Health History (Check ☒ as appropriate)

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

MO 580-2687 (12-23) TAN DHSS-WW-ASMT-01 (12-23)

B. Health History (Check ☒ as appropriate)

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

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

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

MO 580-2687 (12-23) TAN DHSS-WW-ASMT-01 (12-23)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN SCREENING FORM

☐ Risk Reduction Counseling Integrated ☐ Annual Risk Reduction Counseling Integrated
☐ Risk Reduction Counseling Non-integrated ☐ Annual Risk Reduction Counseling Non-integrated ☐ Reporting Only

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

A. CLINICAL MEASUREMENTS

BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: _____ Ratio: _____
BP 1st _____/_____	BP 2nd _____/_____	Average BP _____/_____	Hypertension Follow-up (> or equal to 130/80) ☐ Diagnostic Office Visit ☐ Client Refused ☐ Blood Pressure Medical Follow-up ☐ Health Coaching ☐ SMBP
Fasting (9-12 hours) ☐ Yes ☐ No ☐ BMP ☐ CMP			
☐ Glucose Quant. (Fasting Only)	☐ BG Strip (Fasting Only)	☐ A1C	Hypertension Follow-up (> or equal to 130/80) ☐ In-House ☐ Referring Clinic
☐ Lipid Panel	☐ Total Cholesterol	☐ HDL ☐ LDL	☐ Triglycerides

B. ALERT VALUE FOLLOW-UP

Schedule medical follow-up within seven (7) days of screening for medical evaluation and treatment. Document status of workup using codes below.

☐ **ALERT BLOOD PRESSURE**
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date: ____/____/_____
*Status of Work-up: _____ (Number from below)

☐ **ALERT BLOOD GLUCOSE**
Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl
Evaluation Visit Date: ____/____/_____
*Status of Work-up: _____ (Number from below)

*** Status of work-up Number Codes**
1. **Work-up complete.** Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.

Notify WISEWOMAN Education Coordinator of any of the following status responses:

2. **Follow-up/workup by alternate provider.** Patient intends to see alternate provider within seven (7) days.
3. **Client refused workup.** Participant had an alert value and 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:

C. OTHER

Date Risk Counseling Completed: _____/_____/_____

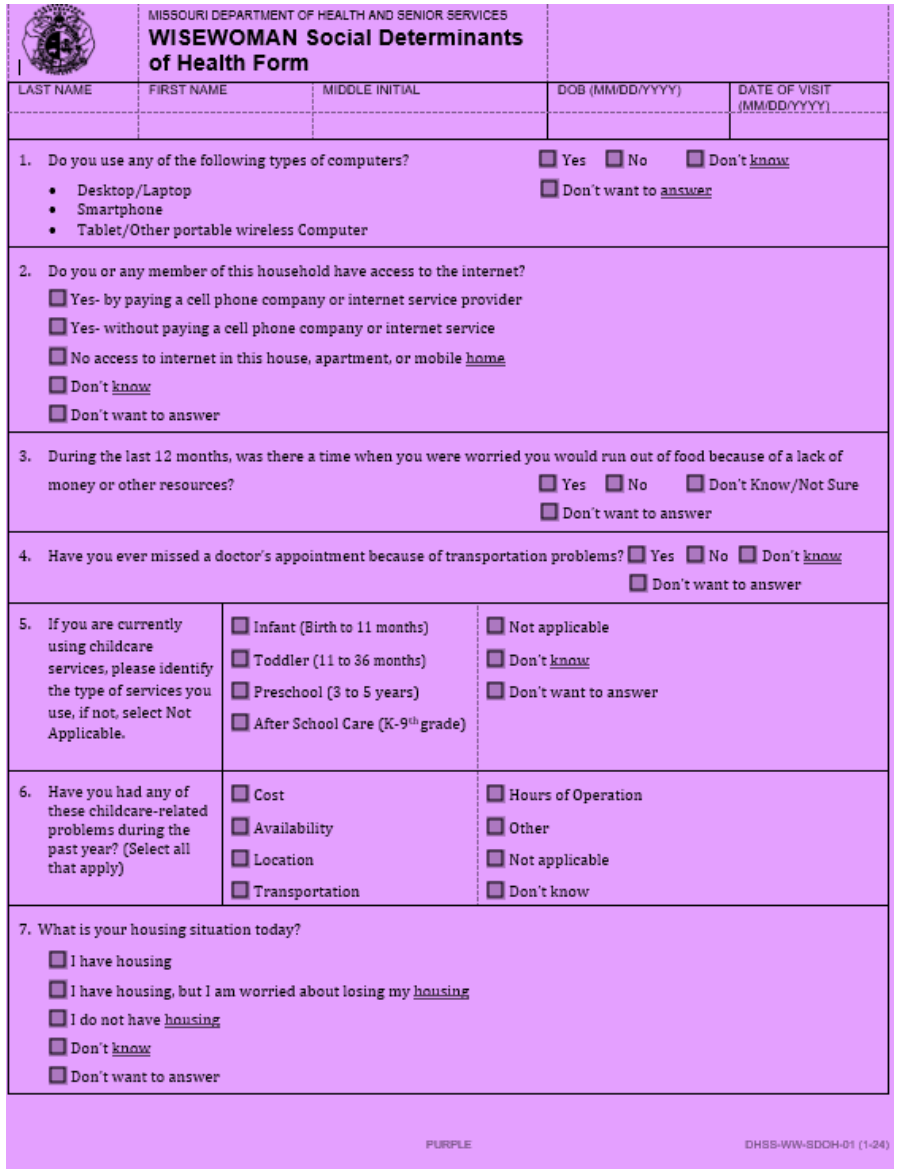
Client Priority Area(s):
☐ None ☐ Healthy Eating ☐ Physical Activity ☐ Smoking Cessation ☐ Blood Pressure Management ☐ Nausea ☐ SMBP ☐ HBSS Referral ☐ Nutritionist/Dietician
☐ **Physical Activity Clearance Denied.** Client not cleared for activity until further evaluation.

Date Referred to LSP:	LSP Referred To:	
_____/_____/_____		☐ Eating Smart-Being Active ☐ Diabetes Prevention Program ☐ Health Coaching ☐ Nausea ☐ Tobacco Quitline ☐ Self-Monitoring Blood Pressure Program

Comments:

MO 580-3046 (12-23) LIGHT PINK

WISEWOMAN SDoH Form



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Social Determinants of Health Form

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

1. Do you use any of the following types of computers? ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - Desktop/Laptop
   - Smartphone
   - Tablet/Other portable wireless Computer
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 ever missed a doctor's appointment because of transportation problems? ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
5. 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
6. Have you had any of these childcare-related problems during the past year? (Select all that apply)
   - ☐ Cost
   - ☐ Availability
   - ☐ Location
   - ☐ Transportation
   - ☐ Hours of Operation
   - ☐ Other
   - ☐ Not applicable
   - ☐ Don't know
7. 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
   - ☐ Don't know
   - ☐ Don't want to answer

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

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 adherence
    a. Do you ever forget to take your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer
    b. Are you careless at times about taking your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer
    c. When you feel better, do you sometimes stop taking your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer
    d. Sometimes, if you feel worse when you take your (name of health condition) medicine, do you stop taking it? ☐ Yes ☐ No ☐ Don't want to answer

Social Service ID: _____

Social Service Referral Date: _____

WISEWOMAN Social Determinants of Health Referral and Follow-Up Form

DATE OF VISIT (MM/DD/YYYY) __/__/____

Date of Social Services and Support Utilization: _____ Social Determinants of Health Referral: ___ of 4

Where was participant referred:

- ☐ Internet Resource: _____
- ☐ Food Resource: _____
- ☐ Transportation Resource: _____
- ☐ Child Care Resource: _____
- ☐ Housing Resource: _____
- ☐ Safety Resource: _____
- ☐ Medication Adherence Resource: _____

Notes:

_____

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

WISEWOMAN Risk Reduction Counseling

WISEWOMAN SCREENING FORM

Ver. - 78

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: | Social Security Number: | Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: SCREENING — Reporting Only for Entire Form

Services: Risk Reduction Counseling, Integrated

A. HEALTH HISTORY — Clear Section

1. Do you have high cholesterol? Yes / No / Don't know/not sure

If No, skip to question 2.

a. Do you take medication to lower your cholesterol? Yes / No / Don't know/not sure

Is the medication a statin? Yes / No / Don't know/not sure

b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?

Number of Day(s) / None because I couldn't obtain medication / Don't know/not sure

2. Do you have hypertension (high blood pressure)? Yes / No / Don't know/not sure

If you answered No, skip to question 3.

a. Do you take medication to lower your blood pressure? Yes / No / Don't know/not sure

b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?

Number of Day(s) / None because I couldn't obtain medication / Don't know/not sure

c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? Yes (Skip to i) / No (check reason)

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

i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community?

Multiple times per day / Daily / A few times per week / Weekly / Monthly / Other (Don't Measure) / Don't know/not sure

ii. Do you regularly share blood pressure readings with your health care provider for feedback? Yes / No / Don't know/not sure

3. Do you have diabetes? (either Type 1 or Type 2) Yes / No / Don't know/not sure

If No, skip to question 4.

a. Do you take medication to lower your blood sugar (for diabetes)? Yes / No / Don't know/not sure

b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?

Number of Day(s) / None because I couldn't obtain medication / Don't know/not sure

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

a. Stroke/transient ischemic attach (TIA) — Yes / No / Don't know/not sure

b. Heart Attack — Yes / No / Don't know/not sure

c. Coronary heart disease — Yes / No / Don't know/not sure

d. Heart failure — Yes / No / Don't know/not sure

e. Vascular disease (peripheral arterial disease) — Yes / No / Don't know/not sure

f. Congenital heart disease and defects — Yes / No / Don't know/not sure

B. HEALTH HISTORY SECTION CONT... — Clear Section

1. Are you taking an aspirin daily to help prevent a heart attack or stroke? Yes / No

2. How many cups of fruits and vegetables do you eat in an average day? Number of Cup(s) / None

3. Do you eat two (2) servings or more of fish weekly? Yes / No

4. How many servings of grain products do you eat in a typical day? 1/2 serving or less / 1/2 serving / 1/2 serving or more / none

5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)? 1/2 serving or less / 1/2 serving / 1/2 serving or more / none

6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly? Yes / No

7. Are you currently watching or reducing your sodium or salt intake? Yes / No

8. Physical Activity

a. How many minutes of physical activity (exercise) do you get in a week? Number of Minute(s) / None

9. Alcohol

a. In the past 7 days, how often do you have a drink containing alcohol? Number of Day(s) / Don't know/not sure

b. How many alcoholic drinks, on average do you consume during a day you drink? Number of Drinks / Don't know/not sure

10. Overall Wellness

a. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? Not at all / Several Days / More than half the month / Nearly every day

b. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Not at all / Several Days / More than half the month / Nearly every day

11. Tobacco Products

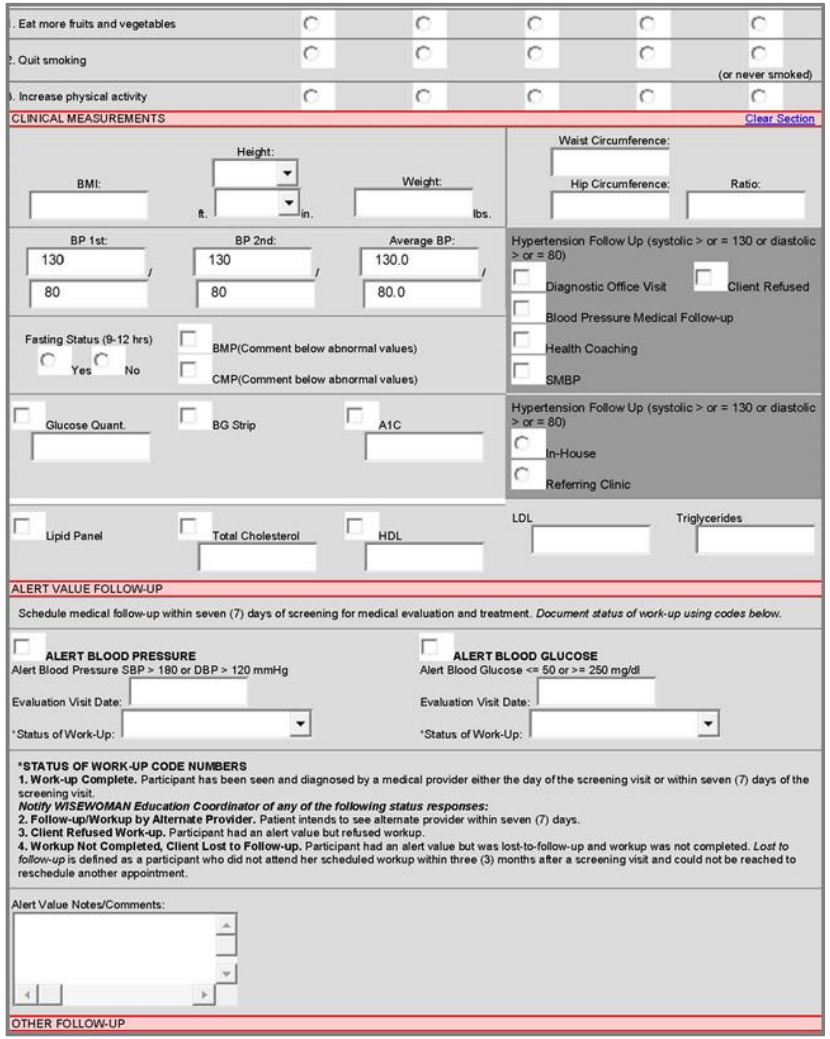
a. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form) Current Smoker / Quit(1-12 months ago) / Quit(More than 12 months ago) / Never smoked

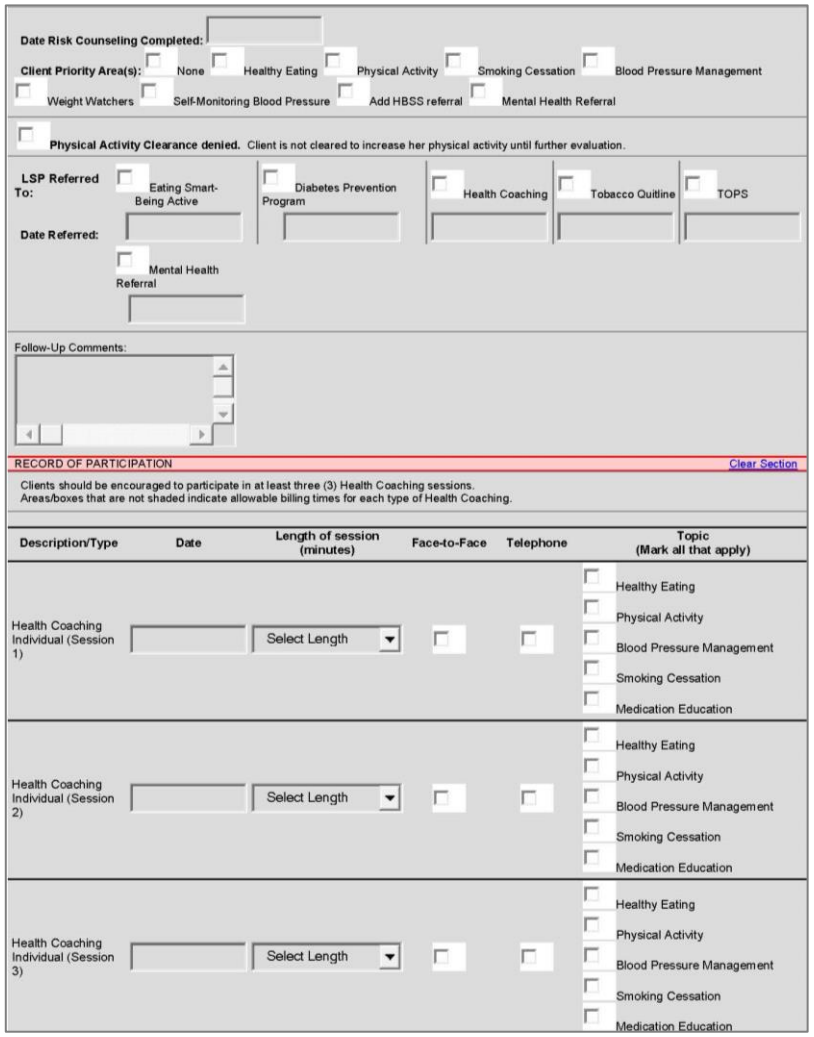
b. Tobacco Cessation activity Completed? Yes / No / Discontinued activity / Not sure

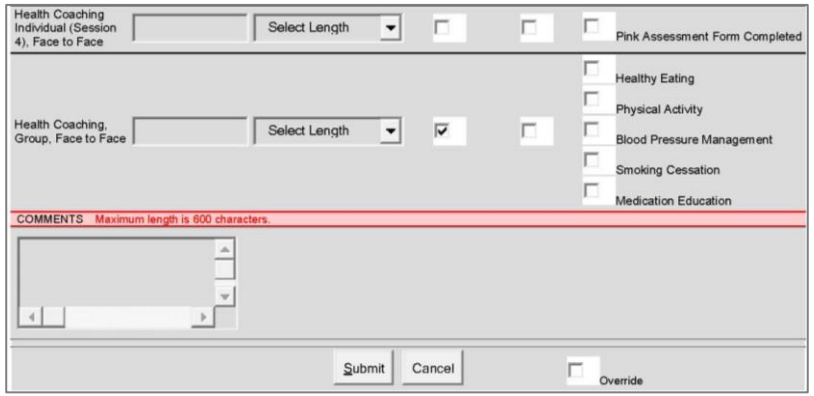
READINESS TO CHANGE HABITS — Clear Section

Check the one box by each of the following three statements that best describes your behavior today.	I have little to no intention to change my behavior in the foreseeable future.	I am thinking about making a change in my behavior.	I am ready to plan how I will make a change in my behavior.	I am in the process of trying to make a change in my behavior.	I am trying to maintain a change I have made in my behavior.

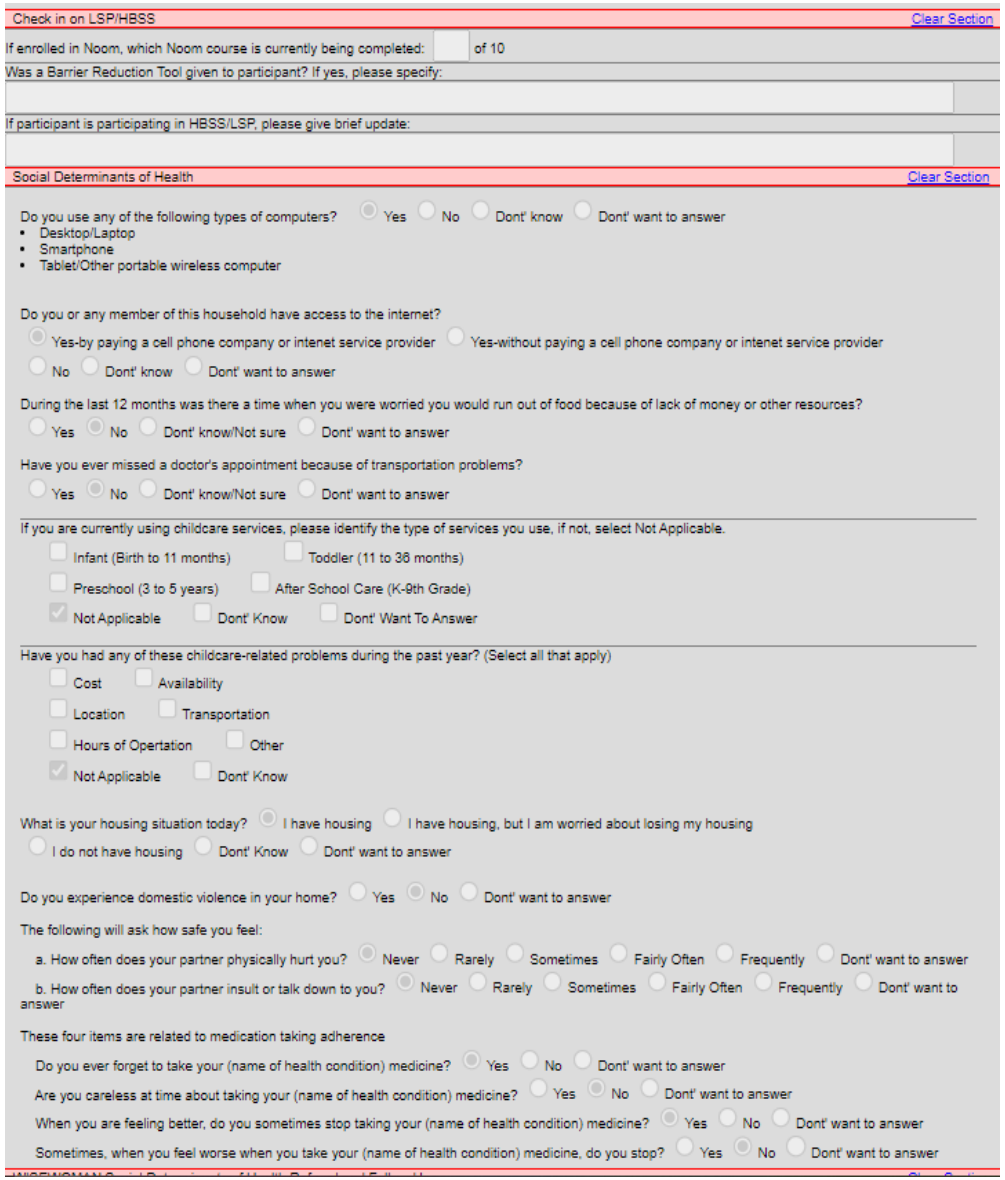
WISEWOMAN Risk Reduction Counseling







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

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 internet service provider ○ Yes-without paying a cell phone company or internet 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 ☐ Dont' Know ☐ Dont' 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

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' want to answer

b. How often does your partner insult or talk down to you? ○ Never ○ Rarely ○ Sometimes ○ Fairly Often ○ Frequently ○ Dont' want to answer

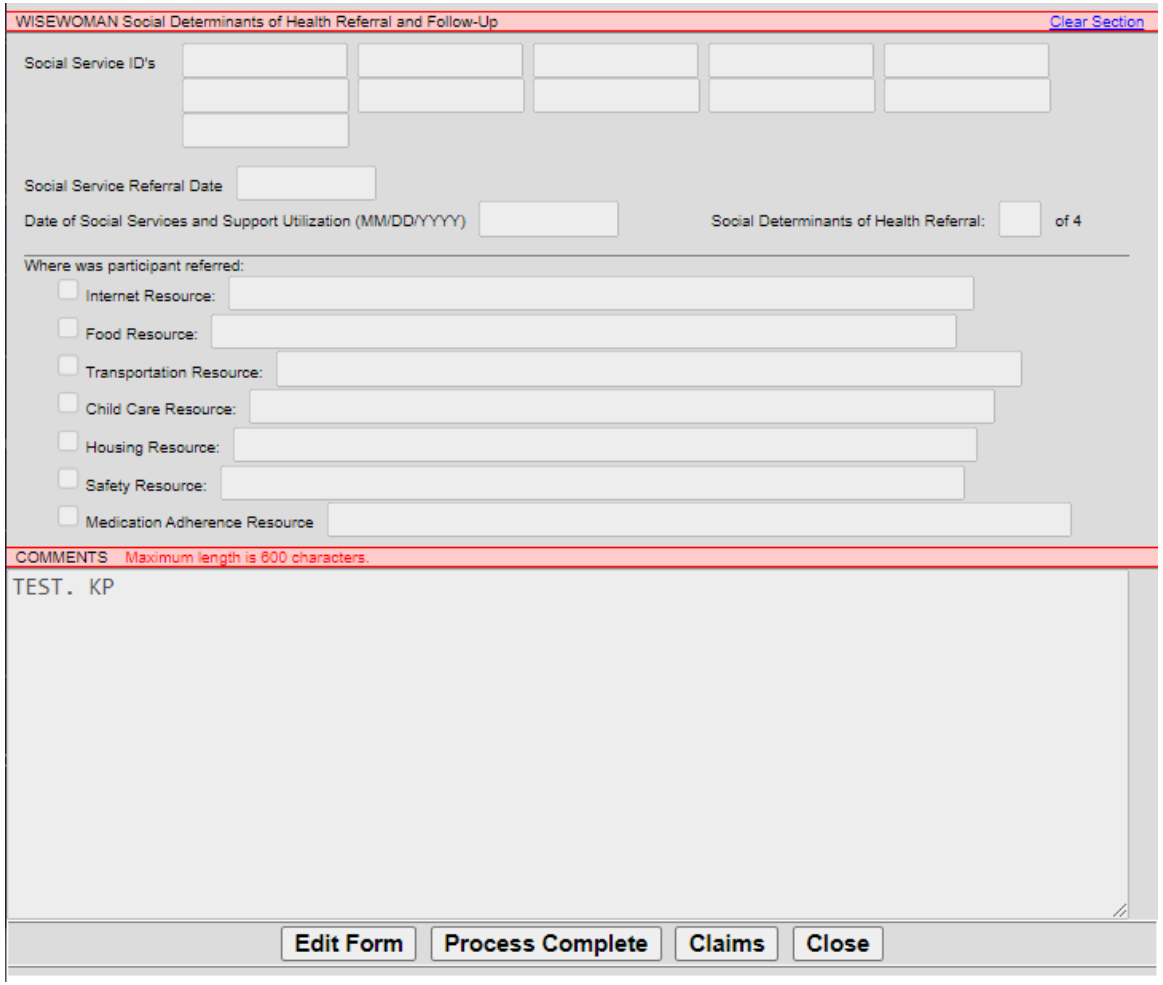
These four items are related to medication taking adherence

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 ○ Dont' want to answer

Sometimes, when you feel worse when you take your (name of health condition) medicine, do you stop? ○ Yes ○ No ○ Dont' want to answer



WISEWOMAN Social Determinants of Health Referral and Follow-Up — Clear Section

Social Service ID's

Social Service Referral Date

Date of Social Services and Support Utilization (MM/DD/YYYY)

Social Determinants of Health Referral: ____ of 4

Where was participant referred:

☐ Internet Resource:

☐ Food Resource:

☐ Transportation Resource:

☐ Child Care Resource:

☐ Housing Resource:

☐ Safety Resource:

☐ Medication Adherence Resource

COMMENTS Maximum length is 600 characters.

TEST. KP

Edit Form | Process Complete | Claims | Close

Lab Guidelines

- Labs must be completed **30 DAYS BEFORE OR AFTER** a WISEWOMAN screening visit
- Results **MUST** be reviewed verbally **AND** 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 **ONE** 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 UNRELATED to CVD* risk and prevention, *WISEWOMAN will NOT reimburse for follow-up labs—if there is a question regarding lab coverage, contact the WISEWOMAN staff**
- Fasting laboratory tests are preferred over non-fasting and **REQUIRED** for certain participants

Lab Guidelines

- **FASTING LAB GUIDELINES:**
  - Women should fast for **9-12 hours** 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 **REQUIRED**
    - **Please document if a participant is lost to follow-up and the attempts to contact patient in the claim form notes section**
  - A1C 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 **fasting** lipid panel will need to be drawn and turn in a **lab only claim**

- **FOLLOW-UP/REPEAT LAB GUIDELINES:**
  - Repeat fasting lab **WITHIN 30 DAYS** of the WISEWOMAN Screening if a woman's non-fasting labs are abnormal, she has a history of high cholesterol and/or she is on lipid-lowering therapy
  - 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**
    - 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 **same day** 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 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	≥140mmHg	≥90mmHg
ALERT: HYPERTENSIVE CRISIS	**≥180mmHg**	**≥120mmHg**

GLUCOSE

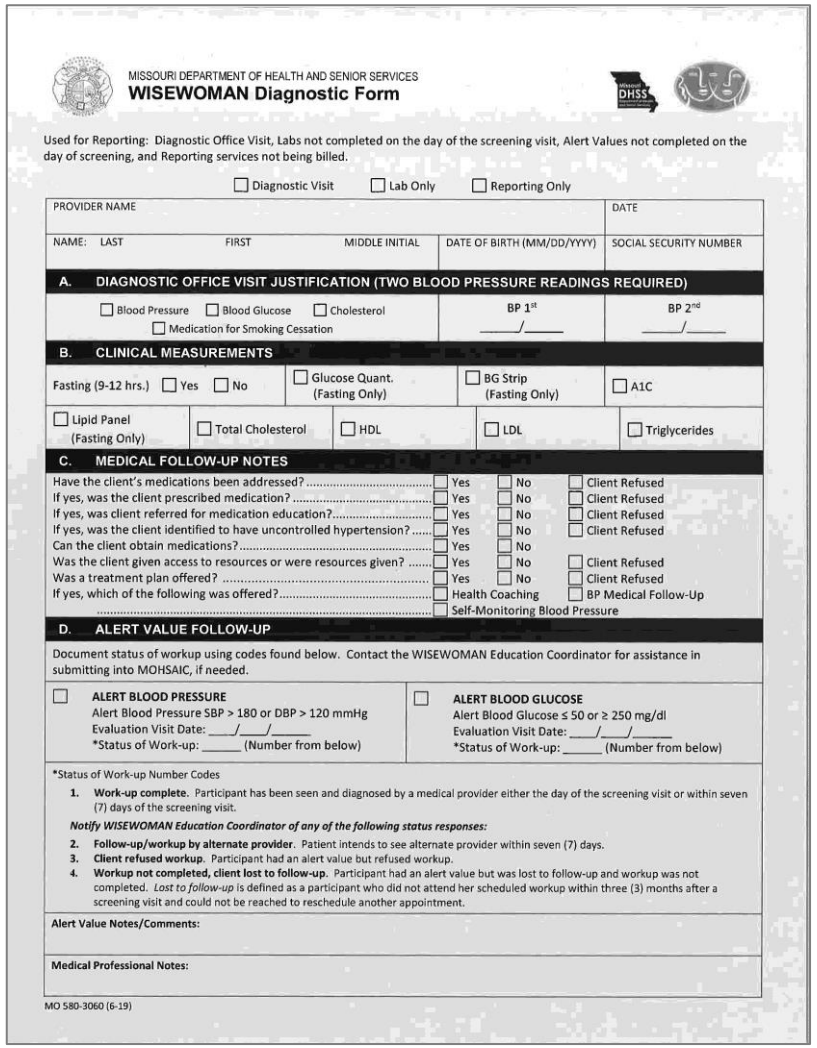
CATEGORY/STAGE	FASTING PLASMA GLUCOSE (FPG)	HEMOGLOBIN A1C (HBA1C)
NORMAL	<100mg/dl	<5.7%
ELEVATED: PREDIABETES	≥100mg/dl - <126mg/dl	5.7-6.4%
HIGH: DIABETES	≥126mg/dl	≥6.5%
ALERT	**≤50mg/dl or ≥250mg/dl**	NONE

CHOLESTEROL

CATEGORY/STAGE	TOTAL	HDL	LDL	TRIGLYCERIDES
NORMAL	<200	>60	<100	<150
BORDERLINE	200-239	40-59	130-159	150-199
TOO HIGH OR LOW	≥240	<40	High: 160-189 Very High: >190	High: 200-499 Very High: >500

CONSULT A PHYSICIAN IMMEDIATELY FOR ANY WISEWOMAN ALERT VALUE

WISEWOMAN Lab Only



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WISEWOMAN Diagnostic Form

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

☐ Diagnostic Visit ☐ Lab Only ☐ Reporting Only

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

A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (TWO BLOOD PRESSURE READINGS REQUIRED)

☐ Blood Pressure ☐ Blood Glucose ☐ Cholesterol ☐ Medication for Smoking Cessation	BP 1st _____/_____	BP 2nd _____/_____

B. CLINICAL MEASUREMENTS

Fasting (9-12 hrs.) ☐ Yes ☐ No	☐ Glucose Quant. (Fasting Only)	☐ BG Strip (Fasting Only)	☐ A1C	
☐ Lipid Panel (Fasting Only)	☐ Total Cholesterol	☐ HDL	☐ LDL	☐ Triglycerides

C. MEDICAL FOLLOW-UP NOTES

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	
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?	☐ Health Coaching		☐ BP Medical Follow-Up
	☐ Self-Monitoring Blood Pressure		

D. ALERT VALUE FOLLOW-UP

Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.

☐ **ALERT BLOOD PRESSURE**
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date: ____/____/_____
*Status of Work-up: _____ (Number from below)

☐ **ALERT BLOOD GLUCOSE**
Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl
Evaluation Visit Date: ____/____/_____
*Status of Work-up: _____ (Number from below)

*Status of Work-up Number Codes

1. **Work-up complete.** Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.

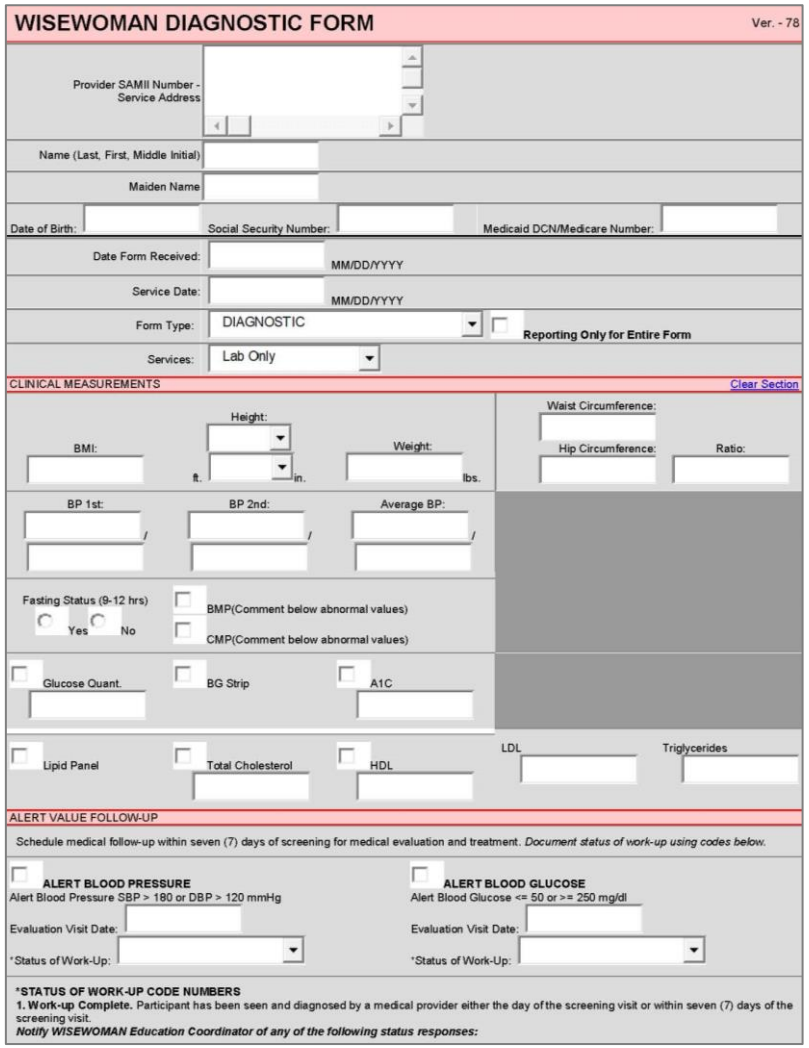
Notify WISEWOMAN Education Coordinator of any of the following status responses:

2. **Follow-up/workup by alternate provider**. Patient intends to see alternate provider within seven (7) days.
3. **Client refused workup**. Participant had an alert value but refused workup.
4. **Workup not completed, client lost to follow-up**. Participant had an alert value but was lost to follow-up and workup was not completed. *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:

MO 580-3060 (6-19)



WISEWOMAN DIAGNOSTIC FORM Ver. - 78

Provider SAMII Number - Service Address
Name (Last, First, Middle Initial)
Maiden Name
Date of Birth: Social Security Number: Medicaid DCN/Medicare Number:
Date Form Received: MM/DD/YYYY
Service Date: MM/DD/YYYY
Form Type: DIAGNOSTIC ☐ Reporting Only for Entire Form
Services: Lab Only

CLINICAL MEASUREMENTS Clear Section

BMI: Height: ft. in. Weight: lbs. Waist Circumference: Hip Circumference: Ratio:
BP 1st: / BP 2nd: / Average BP: /
Fasting Status (9-12 hrs) ○ Yes ○ No ☐ BMP(Comment below abnormal values) ☐ CMP(Comment below abnormal values)
☐ Glucose Quant. ☐ BG Strip ☐ A1C
☐ Lipid Panel ☐ Total Cholesterol ☐ HDL LDL Triglycerides

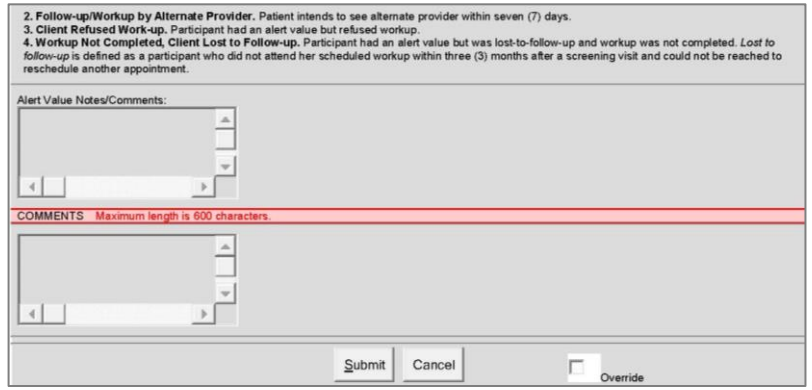
ALERT VALUE FOLLOW-UP

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 Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date:
*Status of Work-Up:

☐ **ALERT BLOOD GLUCOSE**
Alert Blood Glucose <= 50 or >= 250 mg/dl
Evaluation Visit Date:
*Status of Work-Up:

***STATUS OF WORK-UP CODE NUMBERS**
1. Work-up Complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.
Notify WISEWOMAN Education Coordinator of any of the following status responses:



2. Follow-up/Workup by Alternate Provider. Patient intends to see alternate provider within seven (7) days.
3. Client Refused Work-up. Participant had an alert value but refused workup.
4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. *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:

COMMENTS Maximum length is 600 characters.

Submit Cancel ☐ 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)**
    - **Review the results** of the screening with the WISEWOMAN participant and provide participant-centered RRC on cardiovascular risk
    - **Refer** WISEWOMAN participants for follow-up and to appropriate LSPs
- Submit a **WISEWOMAN Annual** claim in MOHSAIC
  - The **Assessment Form (tan)**, **Screening Form (light pink)** and **SDoH Form (purple)** will be needed to submit this claim in MOHSAIC

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

Referrals to Lifestyle Programs

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

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

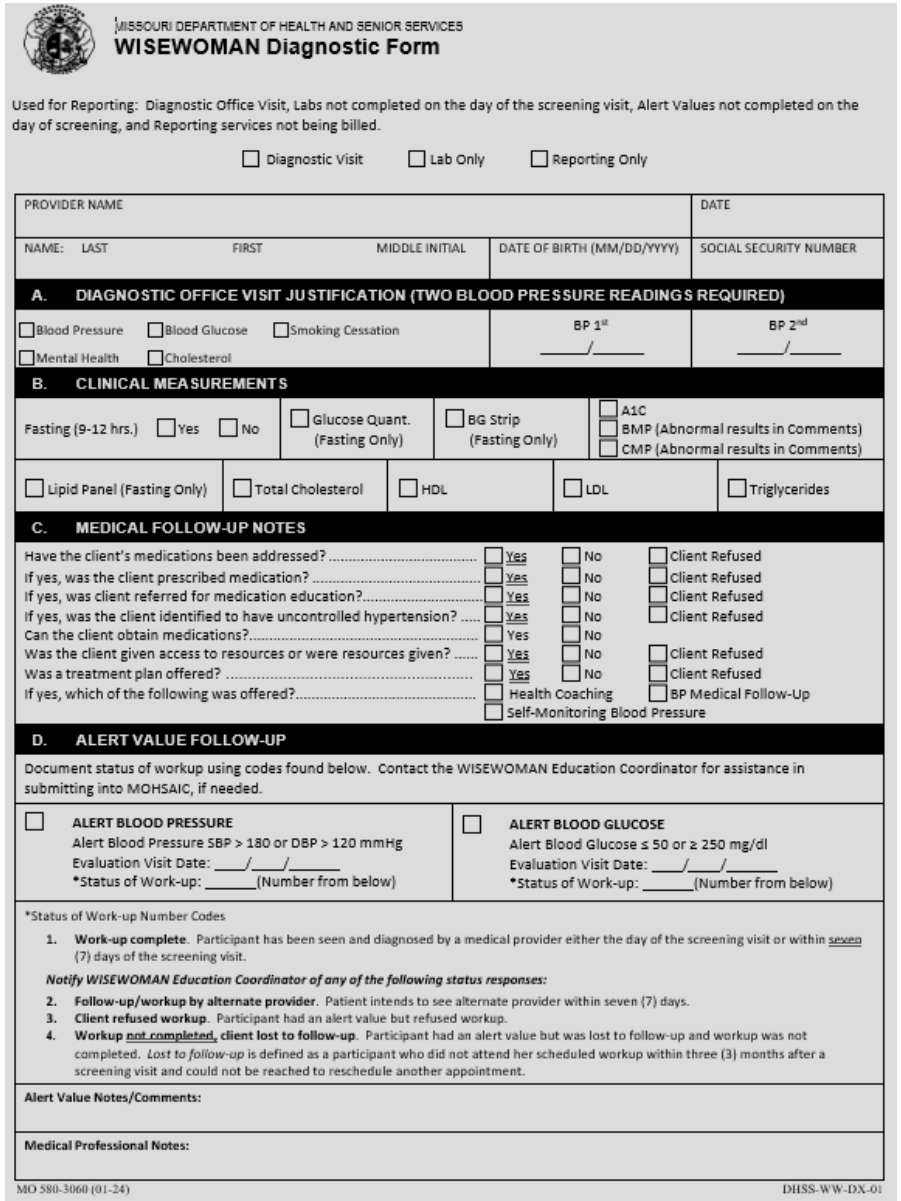
♥ **ONE** Diagnostic per year—**TWO** complete BP measurements are required

♥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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Diagnostic Form

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

☐ Diagnostic Visit ☐ Lab Only ☐ Reporting Only

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

A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (TWO BLOOD PRESSURE READINGS REQUIRED)

	BP 1st ___/___	BP 2nd ___/___
☐ Blood Pressure ☐ Blood Glucose ☐ Smoking Cessation ☐ Mental Health ☐ Cholesterol		

B. CLINICAL MEASUREMENTS

Fasting (9-12 hrs.) ☐ Yes ☐ No	☐ Glucose Quant. (Fasting Only)	☐ BG Strip (Fasting Only)	☐ A1C ☐ BMP (Abnormal results in Comments) ☐ CMP (Abnormal results in Comments)

☐ Lipid Panel (Fasting Only)	☐ Total Cholesterol	☐ HDL	☐ LDL	☐ Triglycerides

C. MEDICAL FOLLOW-UP NOTES

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	
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?	☐ Health Coaching		☐ BP Medical Follow-Up
	☐ Self-Monitoring Blood Pressure		

D. ALERT VALUE FOLLOW-UP

Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.

☐ **ALERT BLOOD PRESSURE**
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date: ___/___/_____
*Status of Work-up: _____(Number from below)

☐ **ALERT BLOOD GLUCOSE**
Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl
Evaluation Visit Date: ___/___/_____
*Status of Work-up: _____(Number from below)

*Status of Work-up Number Codes

1. **Work-up complete**. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.

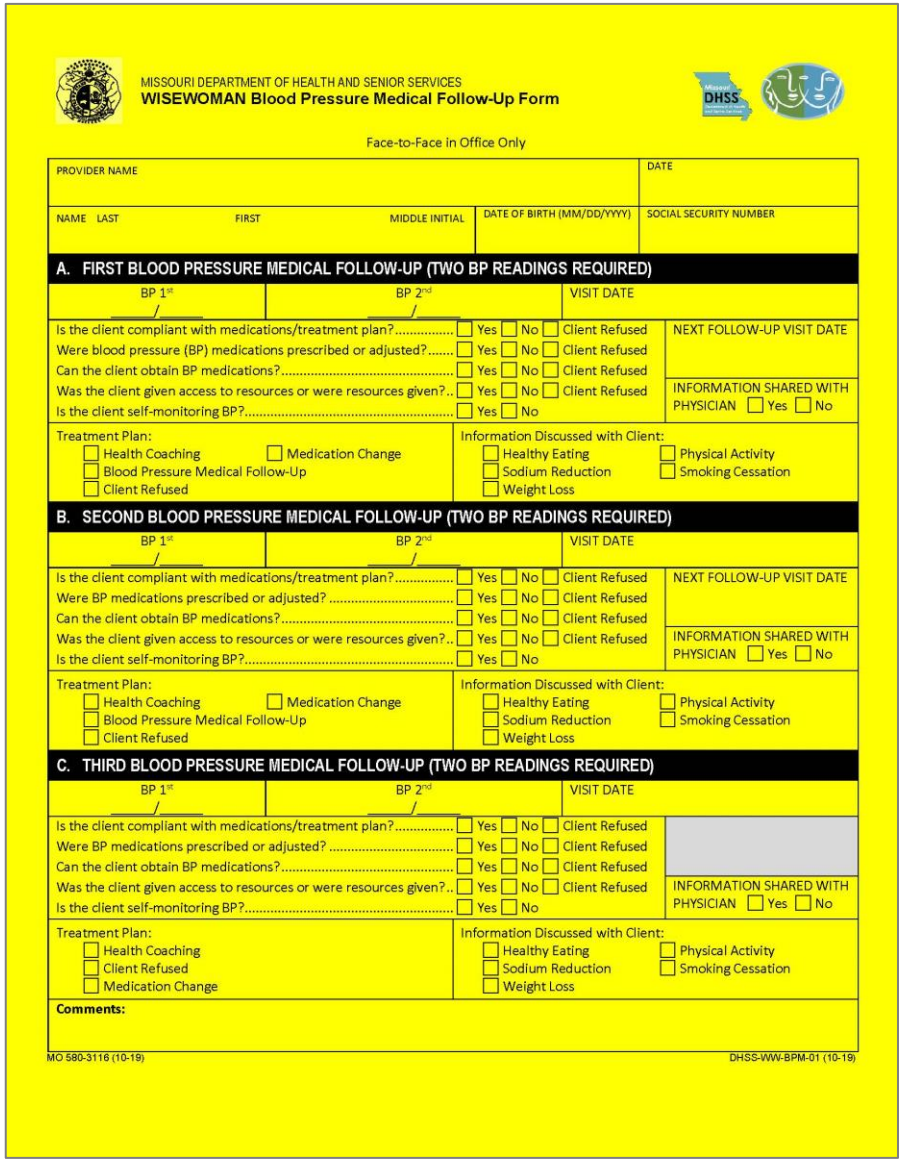
Notify WISEWOMAN Education Coordinator of any of the following status responses:

2. **Follow-up/workup by alternate provider**. Patient intends to see alternate provider within seven (7) days.
3. **Client refused workup**. Participant had an alert value but refused workup.
4. **Workup not completed, client lost to follow-up**. Participant had an alert value but was lost to follow-up and workup was not completed. *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:

MO 580-3060 (01-24) DHSS-WW-DX-01



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Blood Pressure Medical Follow-Up Form

Face-to-Face in Office Only

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

A. FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)

BP 1st ___/___	BP 2nd ___/___	VISIT DATE

Is the client compliant with medications/treatment plan?	☐ Yes	☐ No	☐ Client Refused	NEXT FOLLOW-UP VISIT DATE
Were blood pressure (BP) medications prescribed or adjusted?	☐ Yes	☐ No	☐ Client Refused	
Can the client obtain BP medications?	☐ Yes	☐ No	☐ Client Refused	
Was the client given access to resources or were resources given?	☐ Yes	☐ No	☐ Client Refused	INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No
Is the client self-monitoring BP?	☐ Yes	☐ No		

Treatment Plan:	Information Discussed with Client:	
☐ Health Coaching ☐ Medication Change	☐ Healthy Eating	☐ Physical Activity
☐ Blood Pressure Medical Follow-Up	☐ Sodium Reduction	☐ Smoking Cessation
☐ Client Refused	☐ Weight Loss	

B. SECOND BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)

BP 1st ___/___	BP 2nd ___/___	VISIT DATE

Is the client compliant with medications/treatment plan?	☐ Yes	☐ No	☐ Client Refused	NEXT FOLLOW-UP VISIT DATE
Were BP medications prescribed or adjusted?	☐ Yes	☐ No	☐ Client Refused	
Can the client obtain BP medications?	☐ Yes	☐ No	☐ Client Refused	
Was the client given access to resources or were resources given?	☐ Yes	☐ No	☐ Client Refused	INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No
Is the client self-monitoring BP?	☐ Yes	☐ No		

Treatment Plan:	Information Discussed with Client:	
☐ Health Coaching ☐ Medication Change	☐ Healthy Eating	☐ Physical Activity
☐ Blood Pressure Medical Follow-Up	☐ Sodium Reduction	☐ Smoking Cessation
☐ Client Refused	☐ Weight Loss	

C. THIRD BLOOD PRESSURE MEDICAL FOLLOW-UP (TWO BP READINGS REQUIRED)

BP 1st ___/___	BP 2nd ___/___	VISIT DATE

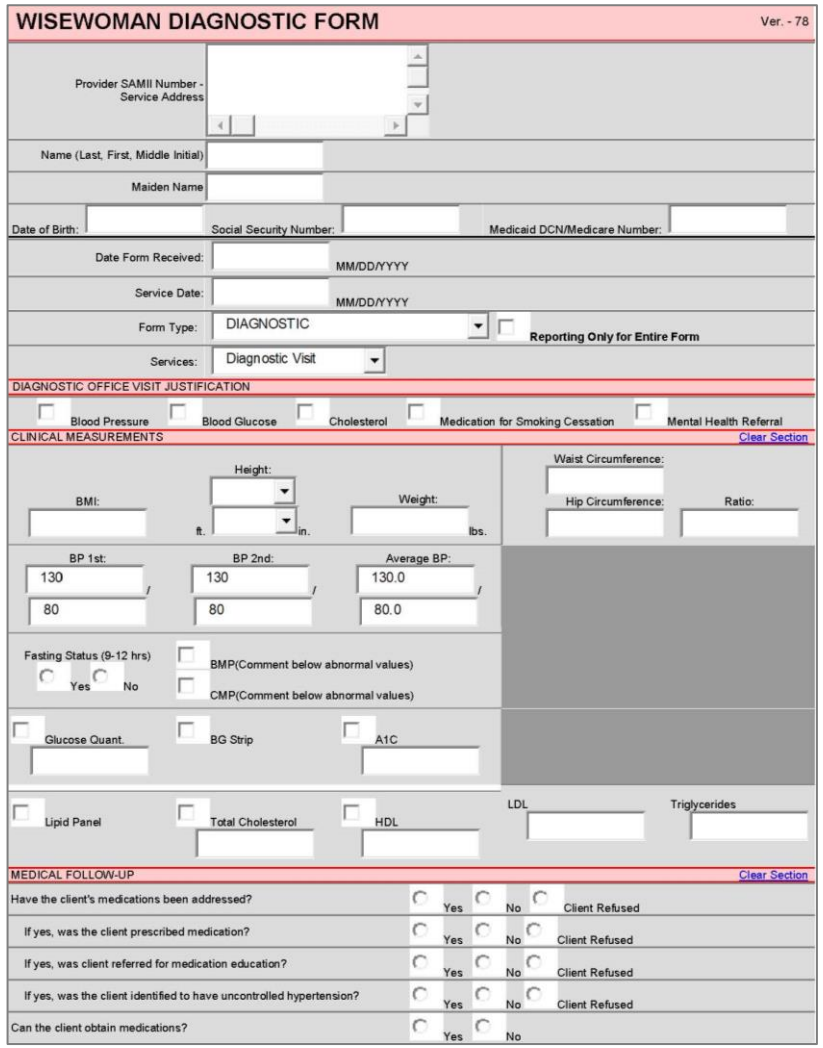
Is the client compliant with medications/treatment plan?	☐ Yes	☐ No	☐ Client Refused	
Were BP medications prescribed or adjusted?	☐ Yes	☐ No	☐ Client Refused	
Can the client obtain BP medications?	☐ Yes	☐ No	☐ Client Refused	
Was the client given access to resources or were resources given?	☐ Yes	☐ No	☐ Client Refused	INFORMATION SHARED WITH PHYSICIAN ☐ Yes ☐ No
Is the client self-monitoring BP?	☐ Yes	☐ No		

Treatment Plan:	Information Discussed with Client:	
☐ Health Coaching	☐ Healthy Eating	☐ Physical Activity
☐ Client Refused	☐ Sodium Reduction	☐ Smoking Cessation
☐ Medication Change	☐ Weight Loss	

Comments:

MO 580-3116 (10-19) DHSS-WW-BPM-01 (10-19)

WISEWOMAN Follow-Up Services



WISEWOMAN DIAGNOSTIC FORM Ver. - 78

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: Social Security Number: Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: DIAGNOSTIC Reporting Only for Entire Form

Services: Diagnostic Visit

DIAGNOSTIC OFFICE VISIT JUSTIFICATION

Blood Pressure Blood Glucose Cholesterol Medication for Smoking Cessation Mental Health Referral

CLINICAL MEASUREMENTS Clear Section

BMI: Height: ft. in. Weight: lbs. Waist Circumference: Hip Circumference: Ratio:

BP 1st: 130 / 80 BP 2nd: 130 / 80 Average BP: 130.0 / 80.0

Fasting Status (9-12 hrs) Yes No BMP(Comment below abnormal values) CMP(Comment below abnormal values)

Glucose Quant. BG Strip A1C

Lipid Panel Total Cholesterol HDL LDL Triglycerides

MEDICAL FOLLOW-UP Clear Section

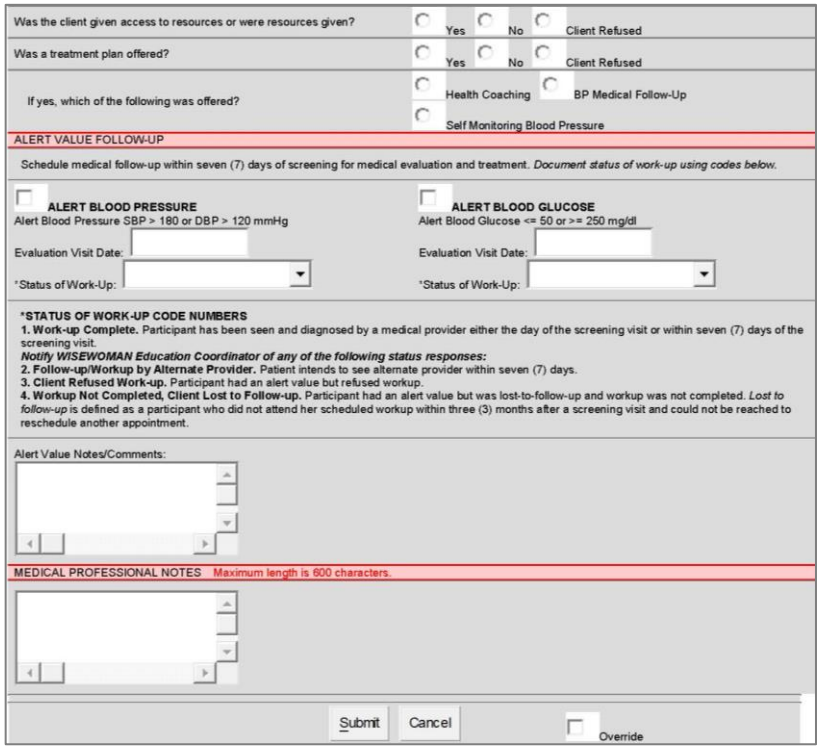
Have the client's medications been addressed? Yes No Client Refused

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



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? Health Coaching BP Medical Follow-Up Self Monitoring Blood Pressure

ALERT 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 Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date:
*Status of Work-Up:

ALERT BLOOD GLUCOSE
Alert Blood Glucose <= 50 or >= 250 mg/dl
Evaluation Visit Date:
*Status of Work-Up:

***STATUS OF WORK-UP CODE NUMBERS**
1. Work-up Complete. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.
Notify WISEWOMAN Education Coordinator of any of the following status responses:
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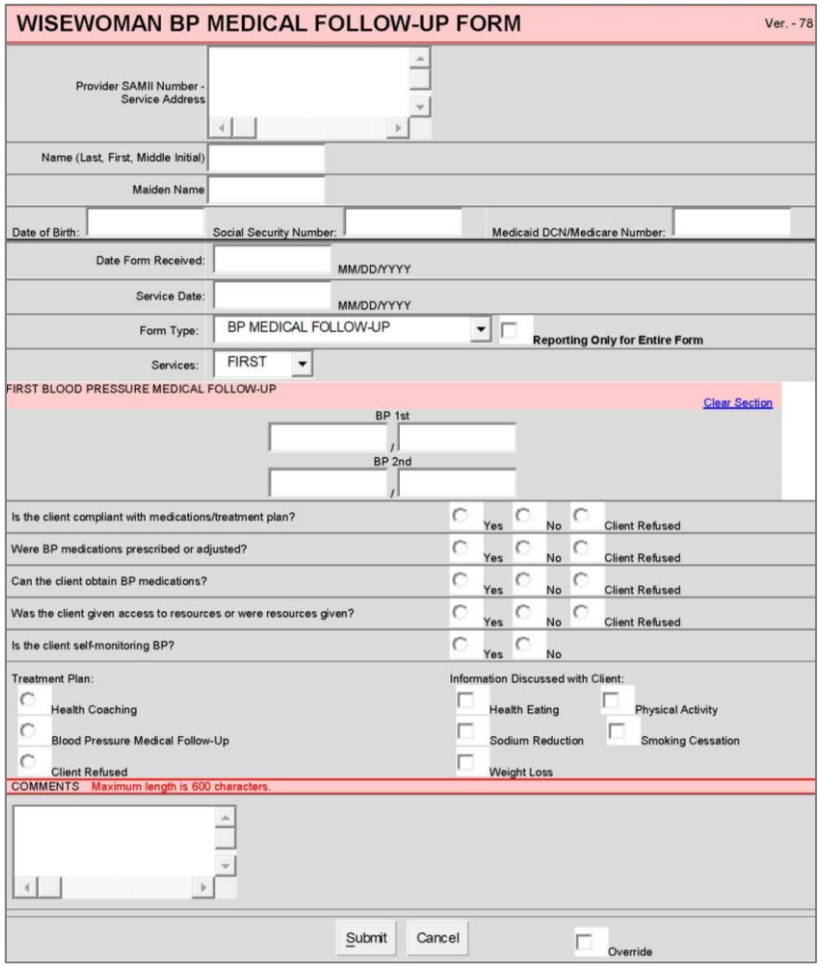
3. Client Refused Work-up. Participant had an alert value but refused workup.
4. Workup Not Completed, Client Lost to Follow-up. Participant had an alert value but was lost-to-follow-up and workup was not completed. *Lost to follow-up* is defined as a participant who did not attend her scheduled workup within three (3) months after a screening visit and could not be reached to reschedule another appointment.

Alert Value Notes/Comments:

MEDICAL PROFESSIONAL NOTES Maximum length is 600 characters.

Submit Cancel Override



WISEWOMAN BP MEDICAL FOLLOW-UP FORM Ver. - 78

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: Social Security Number: Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: BP MEDICAL FOLLOW-UP Reporting Only for Entire Form

Services: FIRST

FIRST BLOOD PRESSURE MEDICAL FOLLOW-UP Clear Section

BP 1st / BP 2nd /

Is the client compliant with medications/treatment plan? Yes No Client Refused

Were BP medications prescribed or adjusted? Yes No Client Refused

Can the client obtain BP medications? Yes No Client Refused

Was the client given access to resources or were resources given? Yes No Client Refused

Is the client self-monitoring BP? Yes No

Treatment Plan: Health Coaching Blood Pressure Medical Follow-Up Client Refused

Information Discussed with Client: Health Eating Physical Activity Sodium Reduction Smoking Cessation Weight Loss

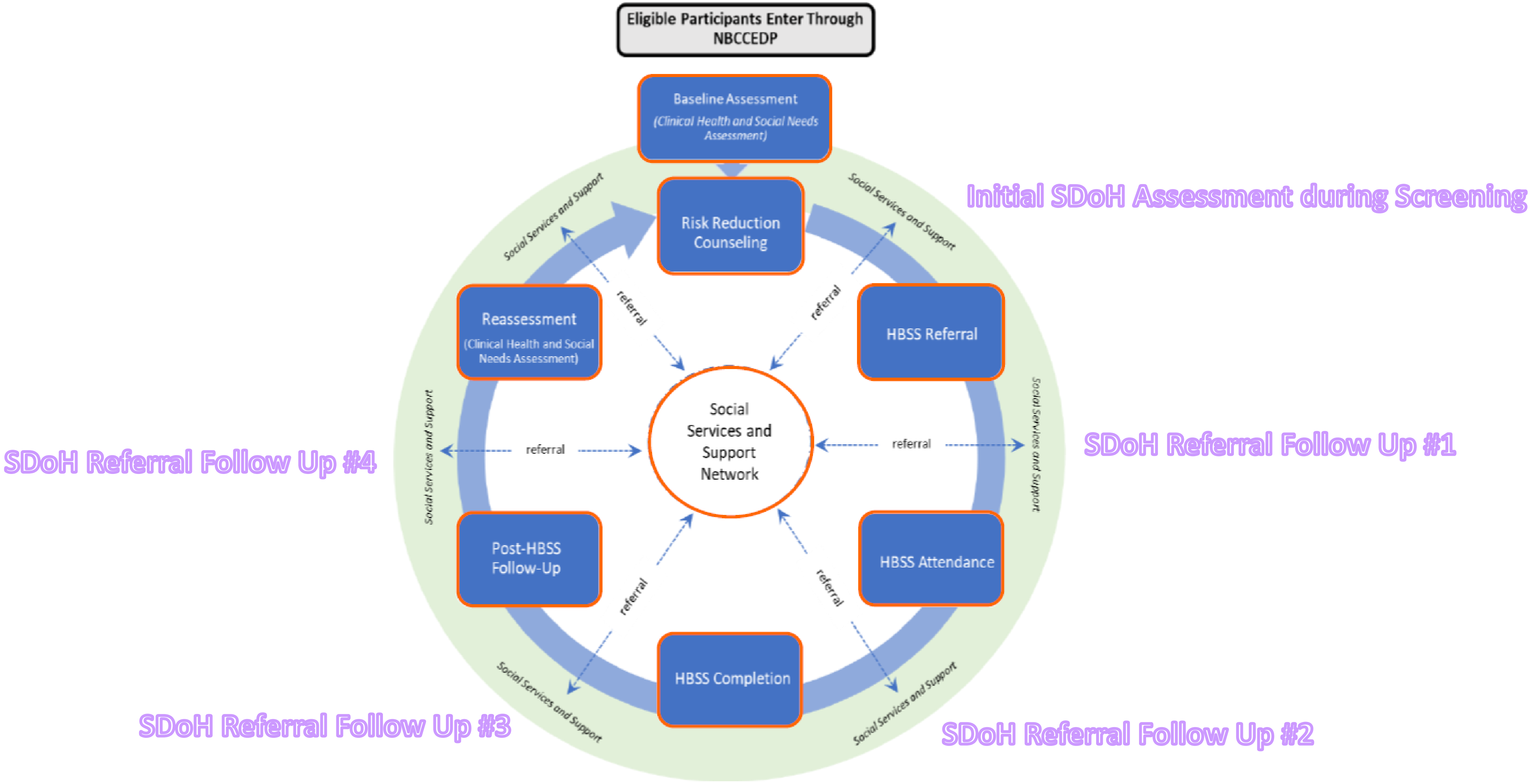
COMMENTS Maximum length is 600 characters.

Submit Cancel Override

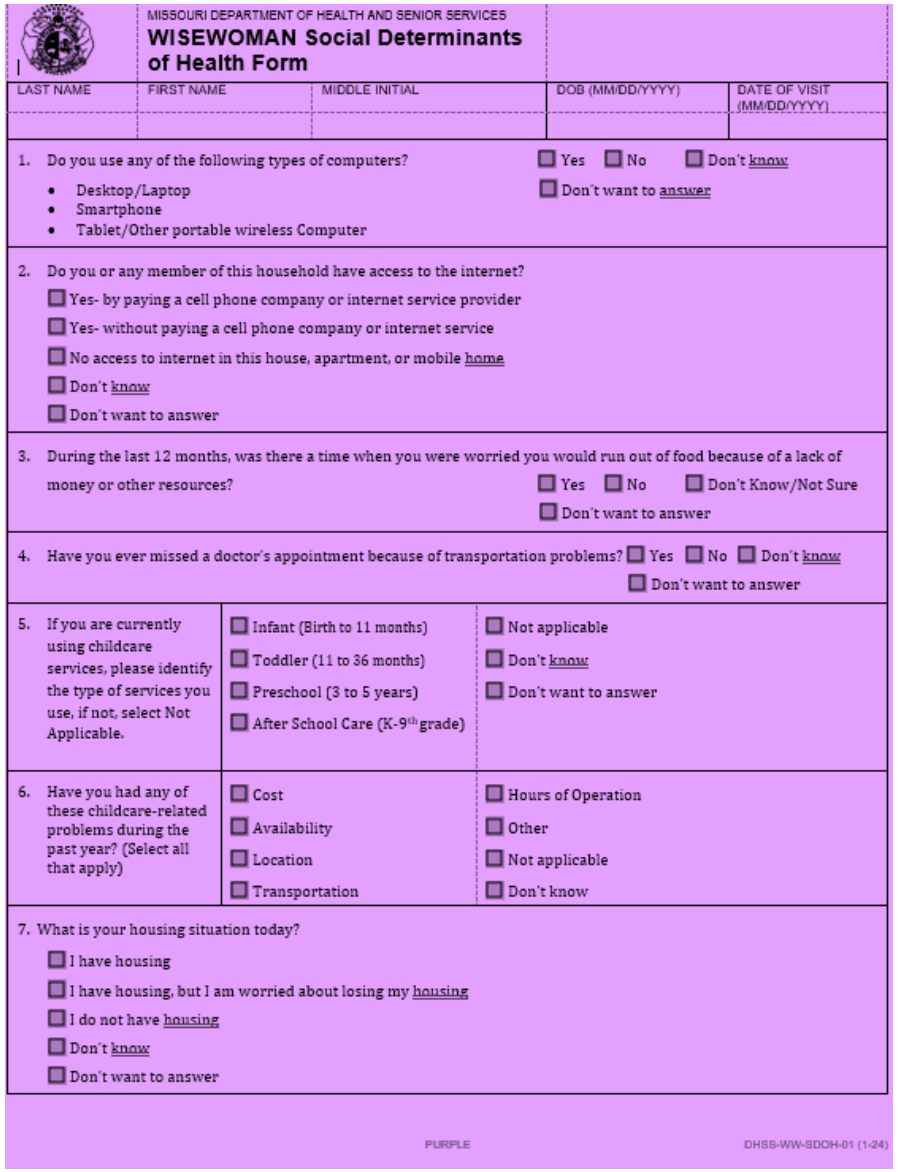
Social Determinants of Health (SDoH) Referral and Follow Up

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


Eligible Participants Enter Through NBCCEDP
Baseline Assessment
(Clinical Health and Social Needs Assessment)
Risk Reduction Counseling
HBSS Referral
HBSS Attendance
HBSS Completion
Post-HBSS Follow-Up
Reassessment
(Clinical Health and Social Needs Assessment)
Social Services and Support Network
referral
referral
referral
referral
referral
referral
Social Services and Support
Social Services and Support
Social Services and Support
Social Services and Support
Social Services and Support
Social Services and Support
Initial SDoH Assessment during Screening
SDoH Referral Follow Up #1
SDoH Referral Follow Up #2
SDoH Referral Follow Up #3
SDoH Referral Follow Up #4

WISEWOMAN SDoH Referral and Follow-Up Form



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Social Determinants of Health Form

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

1. Do you use any of the following types of computers? ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
   - Desktop/Laptop
   - Smartphone
   - Tablet/Other portable wireless Computer
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 ever missed a doctor's appointment because of transportation problems? ☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
5. 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
6. Have you had any of these childcare-related problems during the past year? (Select all that apply)
   - ☐ Cost
   - ☐ Availability
   - ☐ Location
   - ☐ Transportation
   - ☐ Hours of Operation
   - ☐ Other
   - ☐ Not applicable
   - ☐ Don't know
7. 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
   - ☐ Don't know
   - ☐ Don't want to answer

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

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 adherence
    a. Do you ever forget to take your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer
    b. Are you careless at times about taking your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer
    c. When you feel better, do you sometimes stop taking your (name of health condition) medicine? ☐ Yes ☐ No ☐ Don't want to answer
    d. Sometimes, if you feel worse when you take your (name of health condition) medicine, do you stop taking it? ☐ Yes ☐ No ☐ Don't want to answer

Social Service ID: _____

Social Service Referral Date: _____

WISEWOMAN Social Determinants of Health Referral and Follow-Up Form | DATE OF VISIT (MM/DD/YYYY) __/__/____

Date of Social Services and Support Utilization: _____ Social Determinants of Health Referral: ___ of 4

Where was participant referred:

- ☐ Internet Resource: _____
- ☐ Food Resource: _____
- ☐ Transportation Resource: _____
- ☐ Child Care Resource: _____
- ☐ Housing Resource: _____
- ☐ Safety Resource: _____
- ☐ Medication Adherence Resource: _____

Notes:

_____

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

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

Referrals to Lifestyle Programs

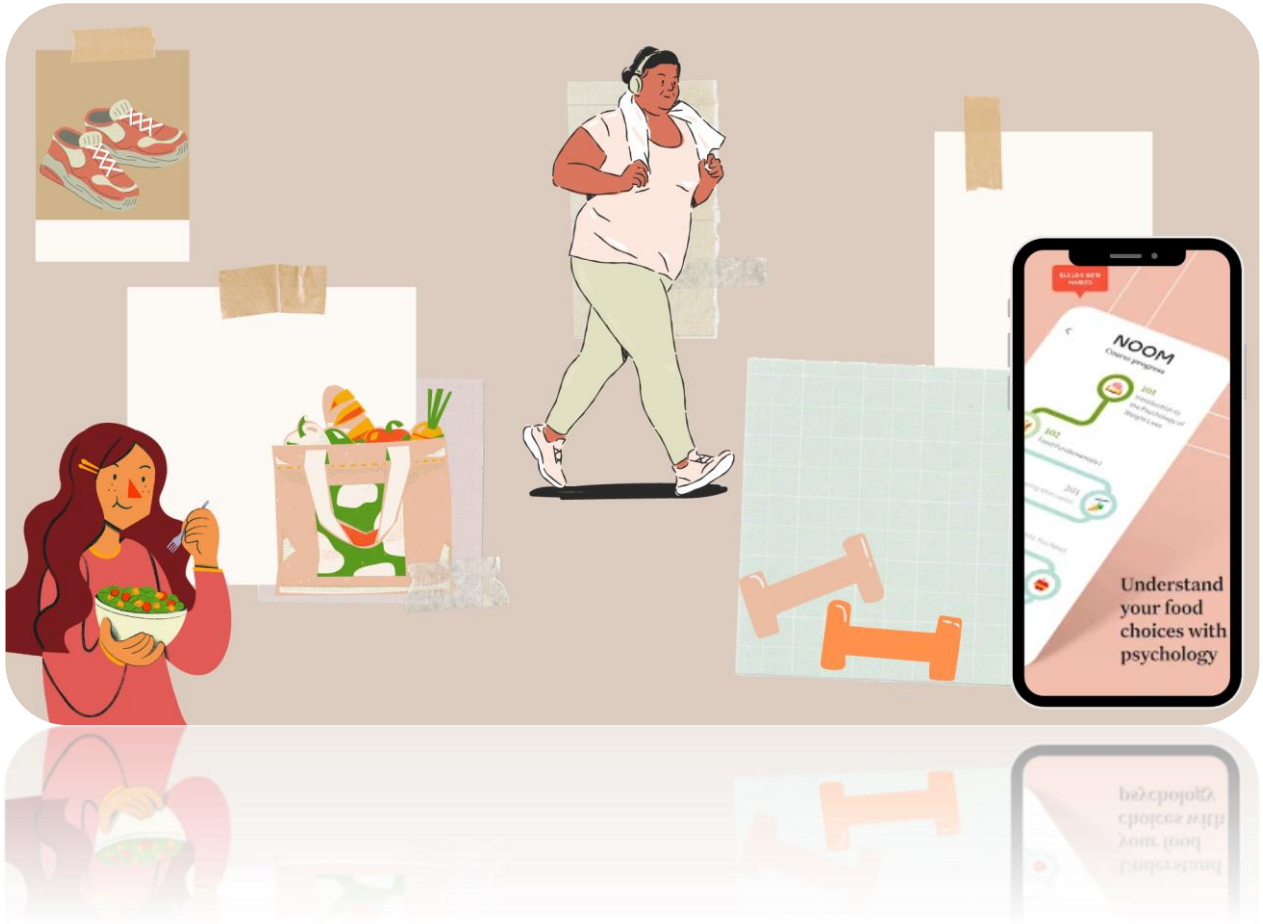
- Health Coaching
- Referral to MO Tobacco Quitline
- Noom
- Eating Smart-Being Active
- Self-Monitoring Blood Pressure Program

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 4th 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 4th 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 **ANY** 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 **15-45** minutes, completed every **2-4** weeks
  - **The first 3 sessions can be completed over the phone, with the 4th health coaching (Follow Up Rescreen) being face-to-face for a completion of a cycle of health coaching.**
  - Participants are allowed up to **16 sessions/year**
- 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 4th Health Coaching

Health Coaching Cycle

Health Coaching #3- Cycle 1

3

Health Coaching #2- Cycle 1

2

4

Health Coaching #4- Follow-Up Rescreen (Face-To-Face)- Cycle 1

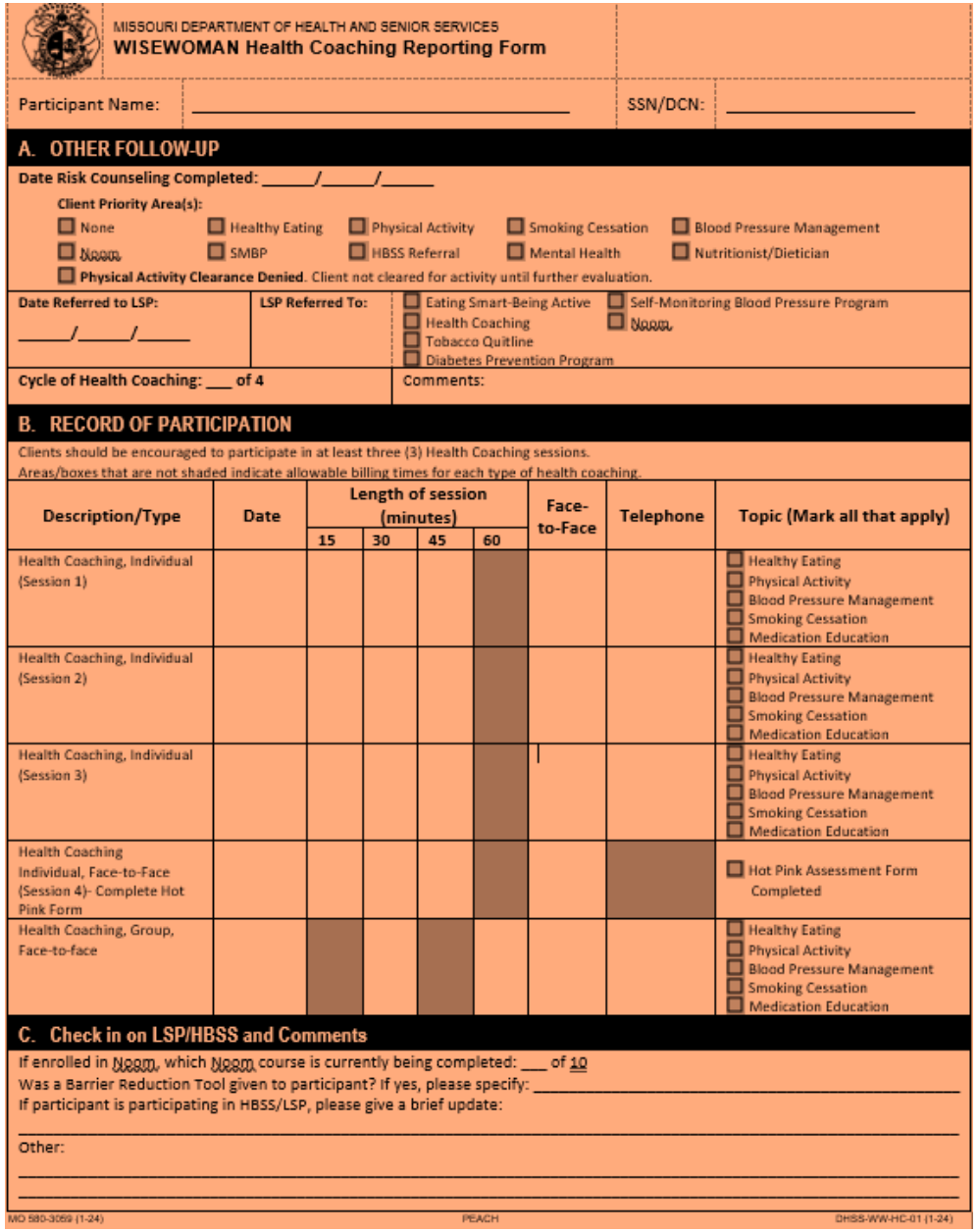
Health Coaching #1- Cycle 1

1

1

Health Coaching #1- Cycle 2 of 4

WISEWOMAN Health Coaching Form



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

Participant Name: _____ SSN/DCN: _____

A. OTHER FOLLOW-UP

Date Risk Counseling Completed: _____/_____/_____

Client Priority Area(s):

☐ None ☐ Healthy Eating ☐ Physical Activity ☐ Smoking Cessation ☐ Blood Pressure Management
☐ Noom ☐ SMBP ☐ HBSS Referral ☐ Mental Health ☐ Nutritionist/Dietician
☐ **Physical Activity Clearance Denied**. Client not cleared for activity until further evaluation.

Date Referred to LSP:	**LSP Referred To:**	
_____/_____/_____		☐ Eating Smart-Being Active ☐ Self-Monitoring Blood Pressure Program ☐ Health Coaching ☐ Noom ☐ Tobacco Quitline ☐ Diabetes Prevention Program
Cycle of Health Coaching: ___ of 4		Comments:

B. RECORD OF PARTICIPATION

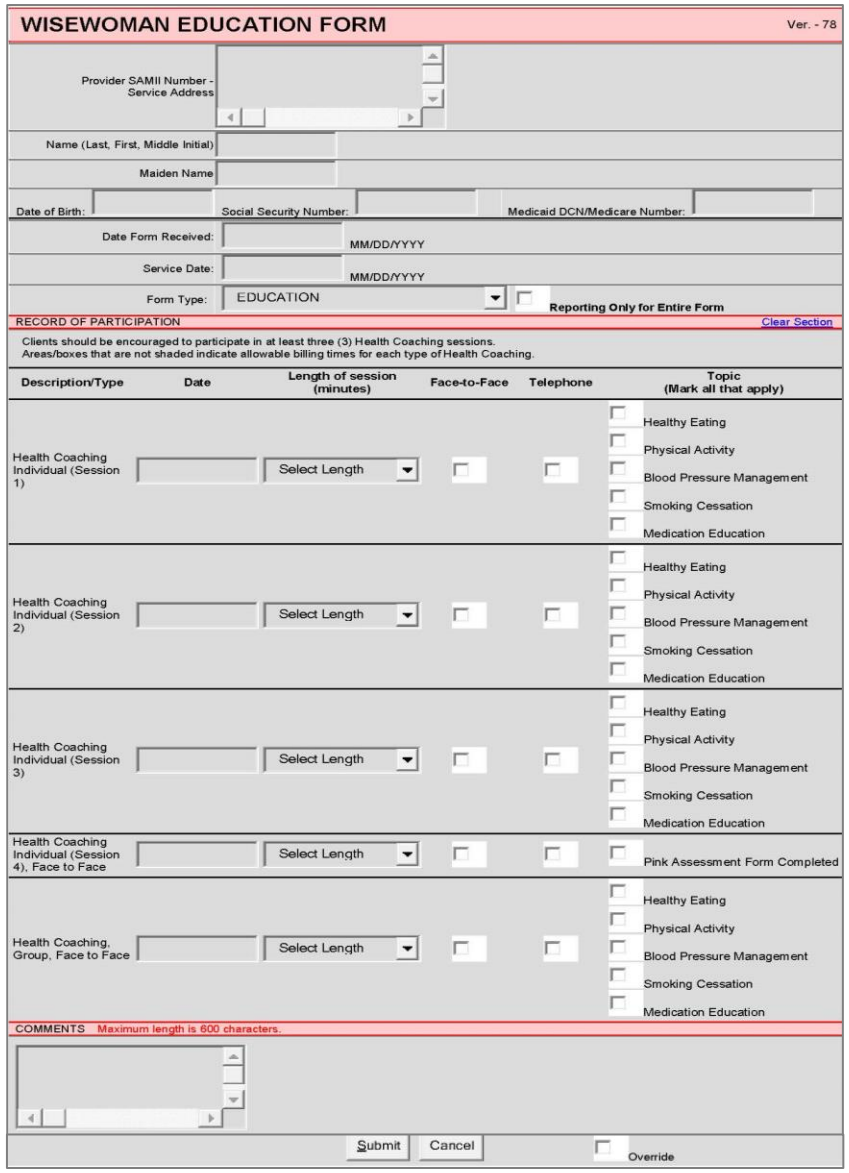
Clients should be encouraged to participate in at least three (3) Health Coaching sessions.
Areas/boxes that are not shaded indicate allowable billing times for each type of health coaching.

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

C. Check in on LSP/HBSS and Comments

If enrolled in Noom, which Noom course is currently being completed: ___ of 10
Was a Barrier Reduction Tool given to participant? If yes, please specify: _____
If participant is participating in HBSS/LSP, please give a brief update:
_____
Other:
_____
_____

MO 580-3069 (1-24) PEACH DHSS-WW-HC-01 (1-24)



WISEWOMAN EDUCATION FORM Ver. - 78

Provider SAMII Number - Service Address
Name (Last, First, Middle Initial)
Maiden Name
Date of Birth: Social Security Number: Medicaid DCN/Medicare Number:
Date Form Received: MM/DD/YYYY
Service Date: MM/DD/YYYY
Form Type: EDUCATION ☐ Reporting Only for Entire Form

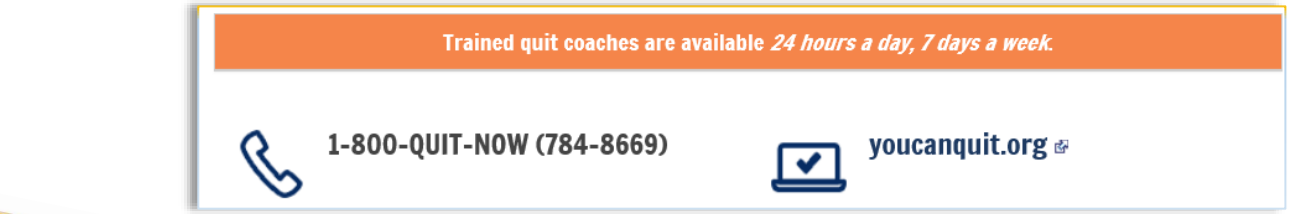
RECORD OF PARTICIPATION Clear Section

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

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

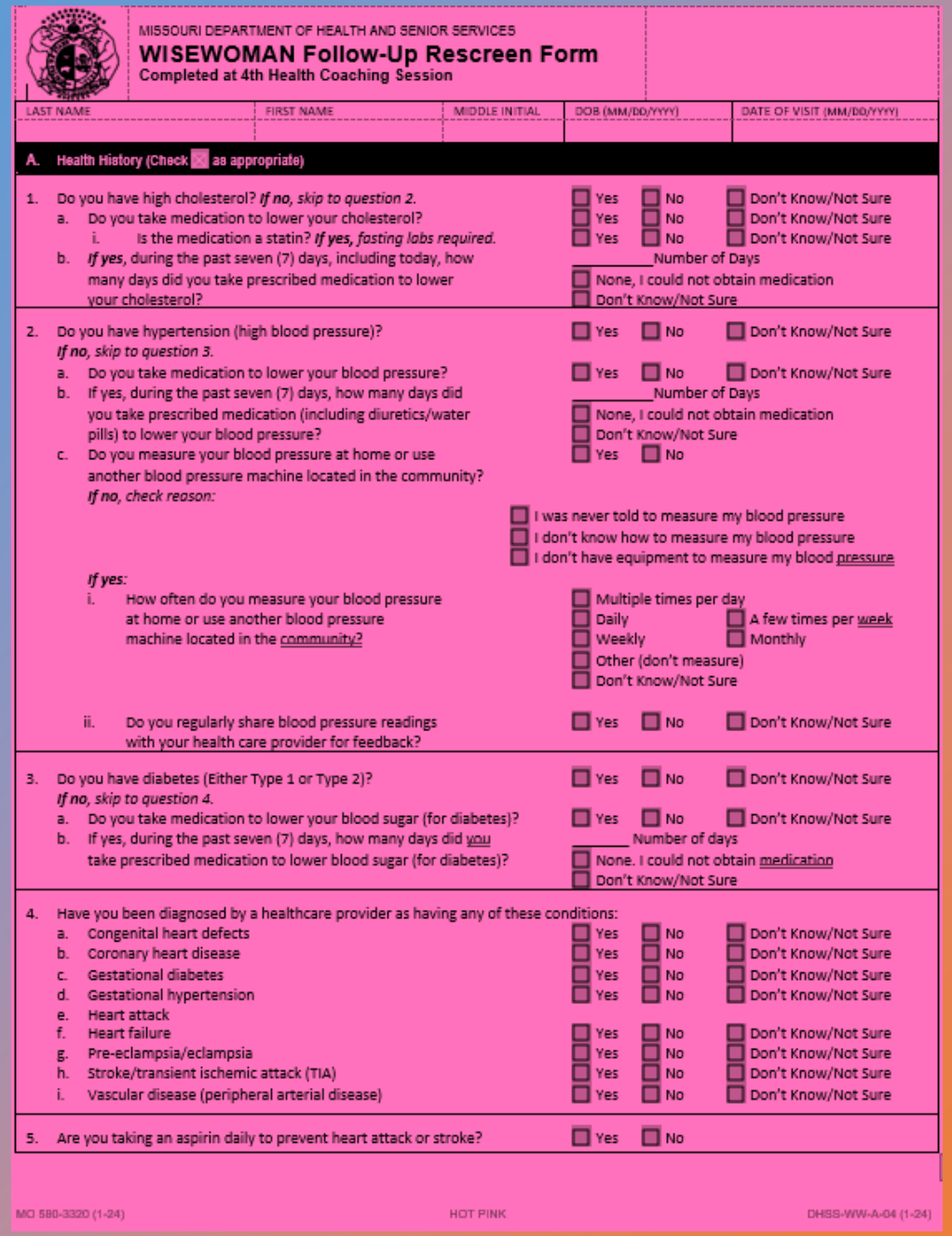
COMMENTS Maximum length is 600 characters.

Submit Cancel ☐ Override



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

Available for ordering: https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/wwsupplyorderform.pdf



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Follow-Up Rescreen Form

Completed at 4th Health Coaching Session

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

A. Health History (Check ☒ as appropriate)

1. Do you have high cholesterol? ***If no, skip to question 2.*** ☐ Yes ☐ No ☐ Don't Know/Not Sure
   a. Do you take medication to lower your cholesterol? ☐ Yes ☐ No ☐ Don't Know/Not Sure
      i. Is the medication a statin? ***If yes, fasting labs required.*** ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. ***If yes,*** during the past seven (7) days, including today, how many days did you take prescribed medication to lower your cholesterol? _____Number of Days ☐ None, I could not obtain medication ☐ Don't Know/Not Sure

2. Do you have hypertension (high blood pressure)? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   If no, skip to question 3.
   a. Do you take medication to lower your blood pressure? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. If yes, during the past seven (7) days, how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? _____Number of Days ☐ None, I could not obtain medication ☐ Don't Know/Not Sure
   c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? ☐ Yes ☐ No
   If no, check reason:
   ☐ I was never told to measure my blood pressure
   ☐ I don't know how to measure my blood pressure
   ☐ I don't have equipment to measure my blood pressure
   If yes:
      i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community? ☐ Multiple times per day ☐ Daily ☐ A few times per week ☐ Weekly ☐ Monthly ☐ Other (don't measure) ☐ Don't Know/Not Sure
      ii. Do you regularly share blood pressure readings with your health care provider for feedback? ☐ Yes ☐ No ☐ Don't Know/Not Sure

3. Do you have diabetes (Either Type 1 or Type 2)? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   If no, skip to question 4.
   a. Do you take medication to lower your blood sugar (for diabetes)? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. If yes, during the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)? _____ Number of days ☐ None. I could not obtain medication ☐ Don't Know/Not Sure

4. Have you been diagnosed by a healthcare provider as having any of these conditions:
   a. Congenital heart defects ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. Coronary heart disease ☐ Yes ☐ No ☐ Don't Know/Not Sure
   c. Gestational diabetes ☐ Yes ☐ No ☐ Don't Know/Not Sure
   d. Gestational hypertension ☐ Yes ☐ No ☐ Don't Know/Not Sure
   e. Heart attack
   f. Heart failure ☐ Yes ☐ No ☐ Don't Know/Not Sure
   g. Pre-eclampsia/eclampsia ☐ Yes ☐ No ☐ Don't Know/Not Sure
   h. Stroke/transient ischemic attack (TIA) ☐ Yes ☐ No ☐ Don't Know/Not Sure
   i. Vascular disease (peripheral arterial disease) ☐ Yes ☐ No ☐ Don't Know/Not Sure

5. Are you taking an aspirin daily to prevent heart attack or stroke? ☐ Yes ☐ No

MO 580-3320 (1-24) HOT PINK DHSS-WW-A-04 (1-24)

Evaluation

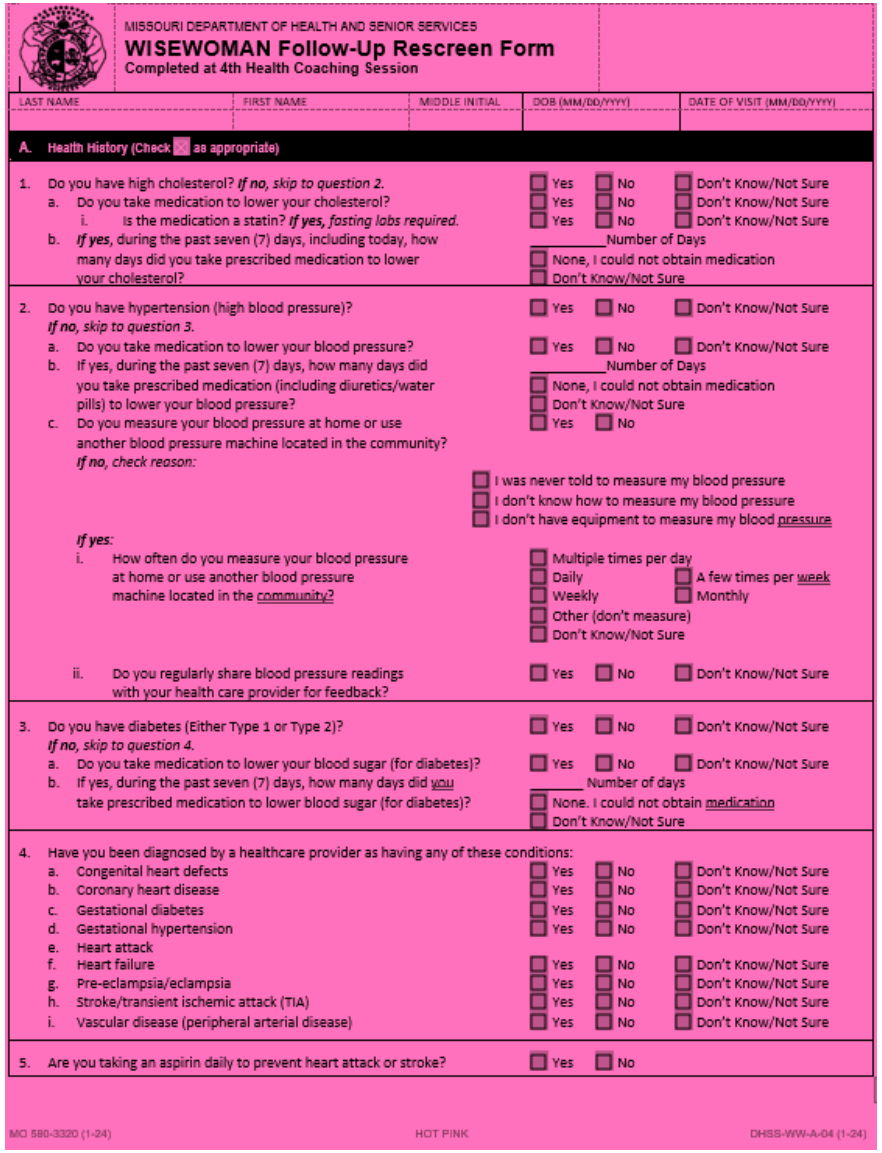
- Compare **Assessment form (tan)** to **WISEWOMAN Follow-Up Rescreen form (hot pink)** to see what progress the participant has made.
- Re-evaluate their plan and modify, if needed.

4th Health Coaching- Follow-Up Rescreen Claim

♥ **FOLLOW-UP RESCREEN GUIDELINES:**

- **Completed ideally within 4 WEEKS, or at least 3 WEEKS from completion of 3rd Health Coaching session**
- **Face to Face** visit:
  - Health history assessment, height, weight, BMI and **TWO** 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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Follow-Up Rescreen Form

Completed at 4th Health Coaching Session

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

A. Health History (Check ☒ as appropriate)

1. Do you have high cholesterol? *If no, skip to question 2.* ☐ Yes ☐ No ☐ Don't Know/Not Sure
   a. Do you take medication to lower your cholesterol? ☐ Yes ☐ No ☐ Don't Know/Not Sure
      i. Is the medication a statin? *If yes, fasting labs required.* ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. *If yes*, during the past seven (7) days, including today, how many days did you take prescribed medication to lower your cholesterol? _____Number of Days
      ☐ None, I could not obtain medication
      ☐ Don't Know/Not Sure

2. Do you have hypertension (high blood pressure)? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   If no, skip to question 3.
   a. Do you take medication to lower your blood pressure? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. If yes, during the past seven (7) days, how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure? _____Number of Days
      ☐ None, I could not obtain medication
      ☐ Don't Know/Not Sure
   c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? ☐ Yes ☐ No
      If no, check reason:
      ☐ I was never told to measure my blood pressure
      ☐ I don't know how to measure my blood pressure
      ☐ I don't have equipment to measure my blood pressure

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

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

3. Do you have diabetes (Either Type 1 or Type 2)? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   If no, skip to question 4.
   a. Do you take medication to lower your blood sugar (for diabetes)? ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. If yes, during the past seven (7) days, how many days did you take prescribed medication to lower blood sugar (for diabetes)? _____ Number of days
      ☐ None. I could not obtain medication
      ☐ Don't Know/Not Sure

4. Have you been diagnosed by a healthcare provider as having any of these conditions:
   a. Congenital heart defects ☐ Yes ☐ No ☐ Don't Know/Not Sure
   b. Coronary heart disease ☐ Yes ☐ No ☐ Don't Know/Not Sure
   c. Gestational diabetes ☐ Yes ☐ No ☐ Don't Know/Not Sure
   d. Gestational hypertension ☐ Yes ☐ No ☐ Don't Know/Not Sure
   e. Heart attack ☐ Yes ☐ No ☐ Don't Know/Not Sure
   f. Heart failure ☐ Yes ☐ No ☐ Don't Know/Not Sure
   g. Pre-eclampsia/eclampsia ☐ Yes ☐ No ☐ Don't Know/Not Sure
   h. Stroke/transient ischemic attack (TIA) ☐ Yes ☐ No ☐ Don't Know/Not Sure
   i. Vascular disease (peripheral arterial disease) ☐ Yes ☐ No ☐ Don't Know/Not Sure

5. Are you taking an aspirin daily to prevent heart attack or stroke? ☐ Yes ☐ No

MO 580-3320 (1-24) HOT PINK DHSS-WW-A-04 (1-24)

B. Health History (Check ☒ as appropriate)

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

C. Survey of Services Rendered (Check ☒ as appropriate)

Has the WISEWOMAN Program improved the quality of your life?	☐ Yes	☐ No
Are you satisfied with the services offered by the WISEWOMAN Program?	☐ Yes	☐ No

D. Clinical Measurements — TO BE COMPLETED BY CLINICIAN

BMI: _____	Height: _____	Weight: _____ lbs.	Waist circumference: _____ Hip circumference: ___Ratio:
BP 1st _____/_____	BP 2nd _____/_____	Average BP _____/_____	Hypertension Follow-up (> or equal to 130/80) ☐ Medical Follow-up ☐ Health Coaching ☐ SMBP ☐ Client Refused
☐ Labs Not Done | Fasting (9-12 hours) ☐ Yes ☐ No ☐ BMP ☐ CMP			
☐ A1C	LIPID PANEL: ☐ Total Cholesterol _____	☐ HDL ____	☐ LDL ____ ☐ Triglycerides _____

RISK Reduction Counseling:	☐ BP Management ☐ Healthy Eating ☐ Mental Health ☐ Nutritionist/Dietician ☐ Physical Activity ☐ SMBP Mental Health ☐ Smoking Cessation	LSP Referral:	☐ ESBA ☐ DPP ☐ Health Coaching ☐ NOOM ☐ Tobacco Quitline

MO 580-3320 (1-24) HOT PINK DHSS-WW-A-04 (1-24)

WISEWOMAN Follow-Up Rescreen Claim

WISEWOMAN SCREENING FORM

Ver. - 78

Provider SAMII Number - Service Address

Name (Last, First, Middle Initial)

Maiden Name

Date of Birth: | Social Security Number: | Medicaid DCN/Medicare Number:

Date Form Received: MM/DD/YYYY

Service Date: MM/DD/YYYY

Form Type: SCREENING ☐ Reporting Only for Entire Form

Services: WISEWOMAN Follow-up Rescreen, Non-integrated

A. HEALTH HISTORY

Clear Section

1. Do you have high cholesterol? ○ Yes ○ No ○ Don't know/not sure

If No, skip to question 2.

a. Do you take medication to lower your cholesterol? ○ Yes ○ No ○ Don't know/not sure

Is the medication a statin? ○ Yes ○ No ○ Don't know/not sure

b. If Yes, during the past seven (7) days, including today, on how many days did you take prescribed medication to lower your cholesterol?

Number of Day(s) ○ None because I couldn't obtain medication ○ Don't know/not sure

2. Do you have hypertension (high blood pressure)? ○ Yes ○ No ○ Don't know/not sure

If you answered No, skip to question 3.

a. Do you take medication to lower your blood pressure? ○ Yes ○ No ○ Don't know/not sure

b. If Yes, during the past seven (7) days, on how many days did you take prescribed medication (including diuretics/water pills) to lower your blood pressure?

Number of Day(s) ○ None because I couldn't obtain medication ○ Don't know/not sure

c. Do you measure your blood pressure at home or use another blood pressure machine located in the community? ○ Yes (Skip to i) ○ No (check reason)

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

i. How often do you measure your blood pressure at home or use another blood pressure machine located in the community?

○ Multiple times per day ○ Daily ○ A few times per week ○ Weekly ○ Monthly ○ Other (Don't Measure) ○ Don't know/not sure

ii. Do you regularly share blood pressure readings with your health care provider for feedback? ○ Yes ○ No ○ Don't know/not sure

3. Do you have diabetes? (either Type 1 or Type 2) ○ Yes ○ No ○ Don't know/not sure

If No, skip to question 4.

a. Do you take medication to lower your blood sugar (for diabetes)? ○ Yes ○ No ○ Don't know/not sure

b. If Yes, during the past seven (7) days, how many days did you take prescribed medication to lower your blood sugar (for diabetes)?

Number of Day(s) ○ None because I couldn't obtain medication ○ Don't know/not sure

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

a. Stroke/transient ischemic attach (TIA) ○ Yes ○ No ○ Don't know/not sure

b. Heart Attack ○ Yes ○ No ○ Don't know/not sure

c. Coronary heart disease ○ Yes ○ No ○ Don't know/not sure

d. Heart failure ○ Yes ○ No ○ Don't know/not sure

e. Vascular disease (peripheral arterial disease) ○ Yes ○ No ○ Don't know/not sure

f. Congenital heart disease and defects ○ Yes ○ No ○ Don't know/not sure

B. HEALTH HISTORY SECTION CONT...

Clear Section

1.Are you taking an aspirin daily to help prevent a heart attack or stroke? ○ Yes ○ No

2. How many cups of fruits and vegetables do you eat in an average day? Number of Cup(s) ☐ None

3. Do you eat two (2) servings or more of fish weekly? ○ Yes ○ No

4. How many servings of grain products do you eat in a typical day? ○ 1/2 serving or less ○ 1/2 serving ○ 1/2 serving or more ○ none

5. How many servings are whole grains (Oatmeal, cereal, bread, etc.)? ○ 1/2 serving or less ○ 1/2 serving ○ 1/2 serving or more ○ none

6. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly? ○ Yes ○ No

7. Are you currently watching or reducing your sodium or salt intake? ○ Yes ○ No

8. Physical Activity

a. How many minutes of physical activity (exercise) do you get in a week? Number of Minute(s) ☐ None

9. Alcohol

a. In the past 7 days, how often do you have a drink containing alcohol? Number of Day(s) ☐ Don't know/not sure

b. How many alcoholic drinks, on average do you consume during a day you drink? Number of Drinks ☐ Don't know/not sure

10. Overall Wellness

a. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? ○ Not at all ○ Several Days ○ More than half the month ○ Nearly every day

b. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? ○ Not at all ○ Several Days ○ More than half the month ○ Nearly every day

11. Tobacco Products

a. Do you smoke? Includes cigarettes, pipes, cigars, or e-cigarettes (smoked tobacco in any form) ○ Current Smoker ○ Quit(1-12 months ago) ○ Quit(More than 12 months ago) ○ Never smoked

b. Tobacco Cessation activity Completed? ○ Yes ○ No ○ Discontinued activity ○ Not sure

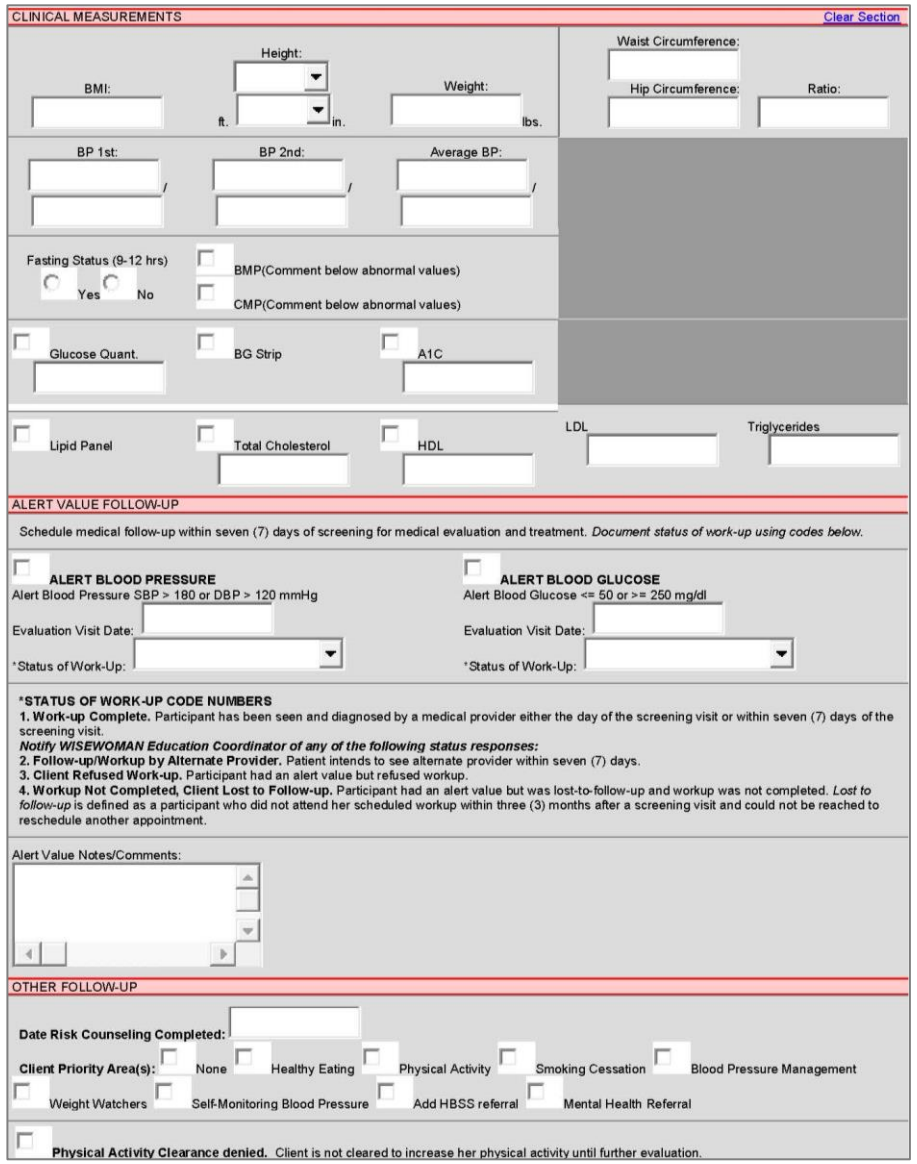
SURVEY OF SERIVCES RENDERED

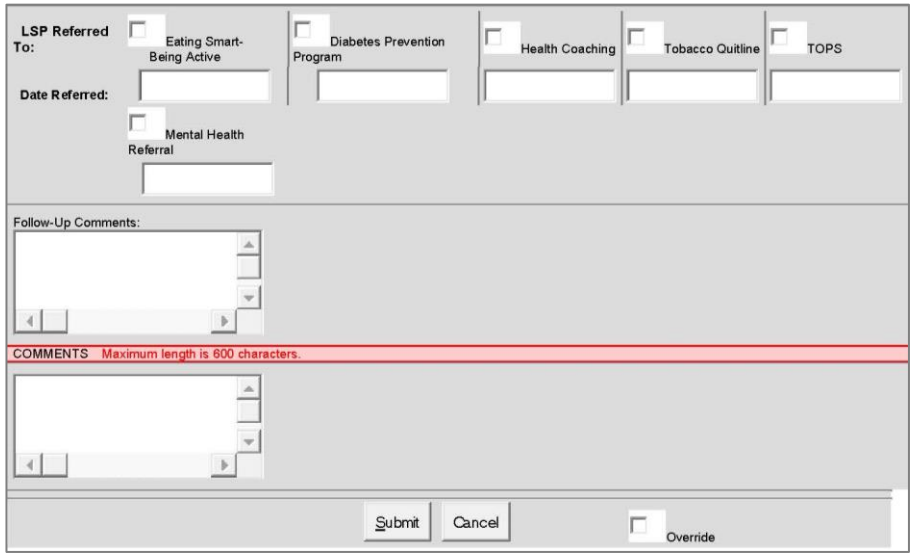
Clear Section

1. Has the WISEWOMAN Program improved the quality of your life? ○ Yes ○ No

2. Are you satisfied by the services offered by the WISEWOMAN Program? ○ Yes ○ No

WISEWOMAN Follow-Up Rescreen Claim





Self-Monitoring Blood Pressure Program

- WISEWOMAN Criteria
  - Pre-Hypertension (120-129)/(<80)
  - 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]

Self-Monitoring Blood Pressure Program

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

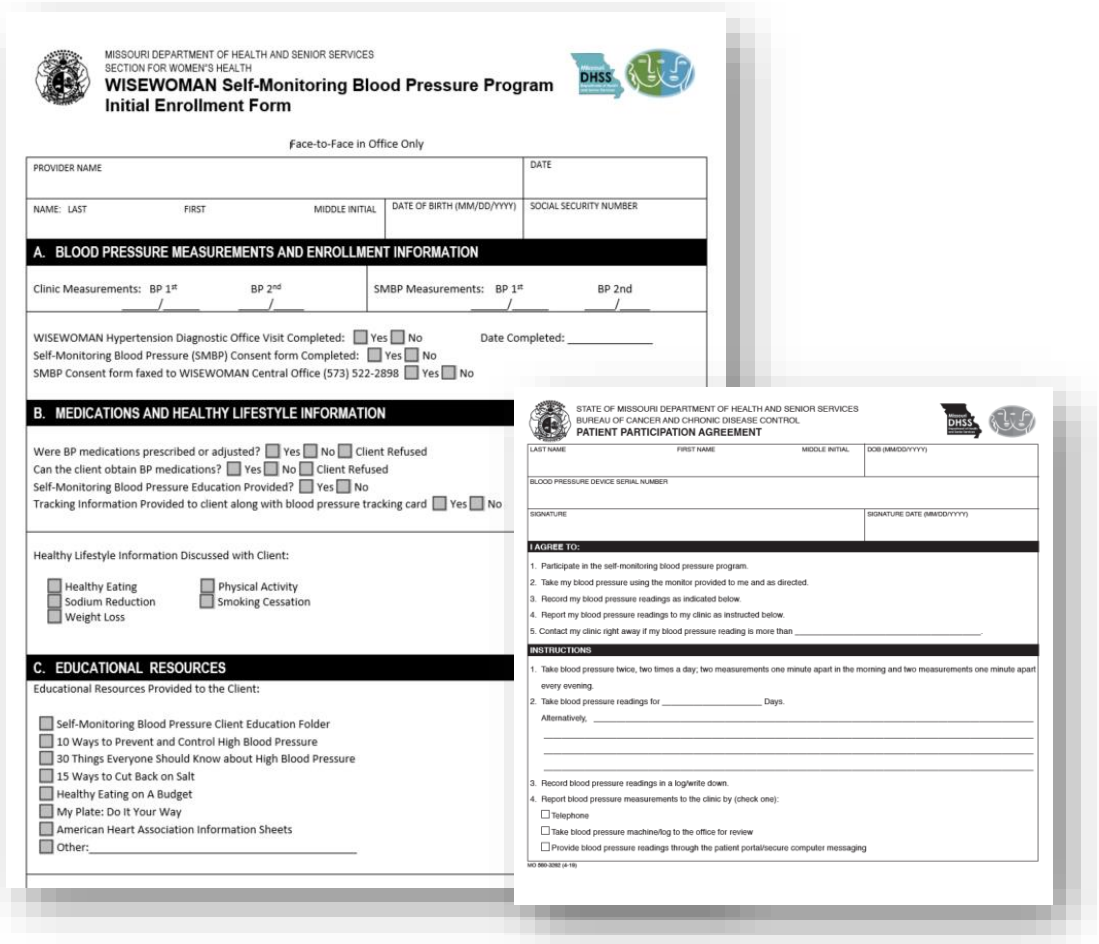
↓

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

***Up to 16 sessions/year



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR WOMEN'S HEALTH

WISEWOMAN Self-Monitoring Blood Pressure Program Initial Enrollment Form

Face-to-Face in Office Only

PROVIDER NAME | DATE

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

A. BLOOD PRESSURE MEASUREMENTS AND ENROLLMENT INFORMATION

Clinic Measurements: BP 1st / BP 2nd | SMBP Measurements: BP 1st / BP 2nd

WISEWOMAN Hypertension Diagnostic Office Visit Completed: Yes No Date Completed: _____
Self-Monitoring Blood Pressure (SMBP) Consent form Completed: Yes No
SMBP Consent form faxed to WISEWOMAN Central Office (573) 522-2898 Yes No

B. MEDICATIONS AND HEALTHY LIFESTYLE INFORMATION

Were BP medications prescribed or adjusted? Yes No Client Refused
Can the client obtain BP medications? Yes No Client Refused
Self-Monitoring Blood Pressure Education Provided? Yes No
Tracking Information Provided to client along with blood pressure tracking card Yes No

Healthy Lifestyle Information Discussed with Client:

Healthy Eating
Sodium Reduction
Weight Loss
Physical Activity
Smoking Cessation

C. EDUCATIONAL RESOURCES

Educational Resources Provided to the Client:

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

STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF CANCER AND CHRONIC DISEASE CONTROL

PATIENT PARTICIPATION AGREEMENT

LAST NAME | FIRST NAME | MIDDLE INITIAL | DOB (MM/DD/YYYY)

BLOOD PRESSURE DEVICE SERIAL NUMBER

SIGNATURE | SIGNATURE DATE (MM/DD/YYYY)

I AGREE TO:

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

INSTRUCTIONS

1. Take blood pressure twice, two times a day; two measurements one minute apart in the morning and two measurements one minute apart every evening.
2. Take blood pressure readings for _____ Days.
   Alternatively, _____
3. Record blood pressure readings in a log/write down.
4. Report blood pressure measurements to the clinic by (check one):
   - Telephone
   - Take blood pressure machine/log to the office for review
   - Provide blood pressure readings through the patient portal/secure computer messaging

Expanded Health Coaching: noom

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.*

The first mobile diabetes program fully recognized by the CDC to be proven effective in a peer-reviewed journal.

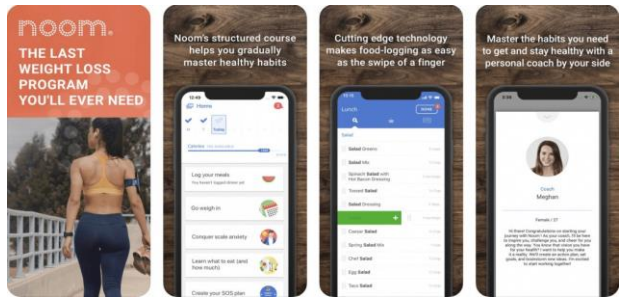
BMJ British Medical Journal

CDC Centers for Disease Control and Prevention

10 Educational Courses

The ten courses are, in order:

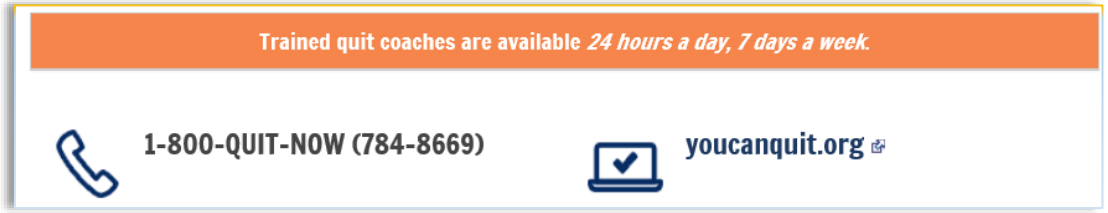
1. Introduction to the Psychology of Weight Loss
2. Food Fundamentals I
3. Mastering Motivation
4. The Only 7 Habits You Need
5. Food Fundamentals II
6. Beyond Food – Sleep, Stress, & You
7. Matters of the Mind
8. Embrace the Journey
9. Food Fundamentals III
10. Inside Your Intuition.



noom

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

Missouri Tobacco Quitline



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

NEW REFERRAL FORM

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/m^2 or ≥22 kg/m^2, 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: *http://www.cdc.gov/diabetes/prevention/recognition/application.htm*

TAT Health Solutions
EXERCISE IS MY MEDICINE

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 12th
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 SNAP-Ed Toolkit.

The curriculum consists of 21 lessons.

***Program is pending CDC Approval

Extension
University of Missouri

https://ncefnep.org/partners/curricula/

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 magazine-type 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

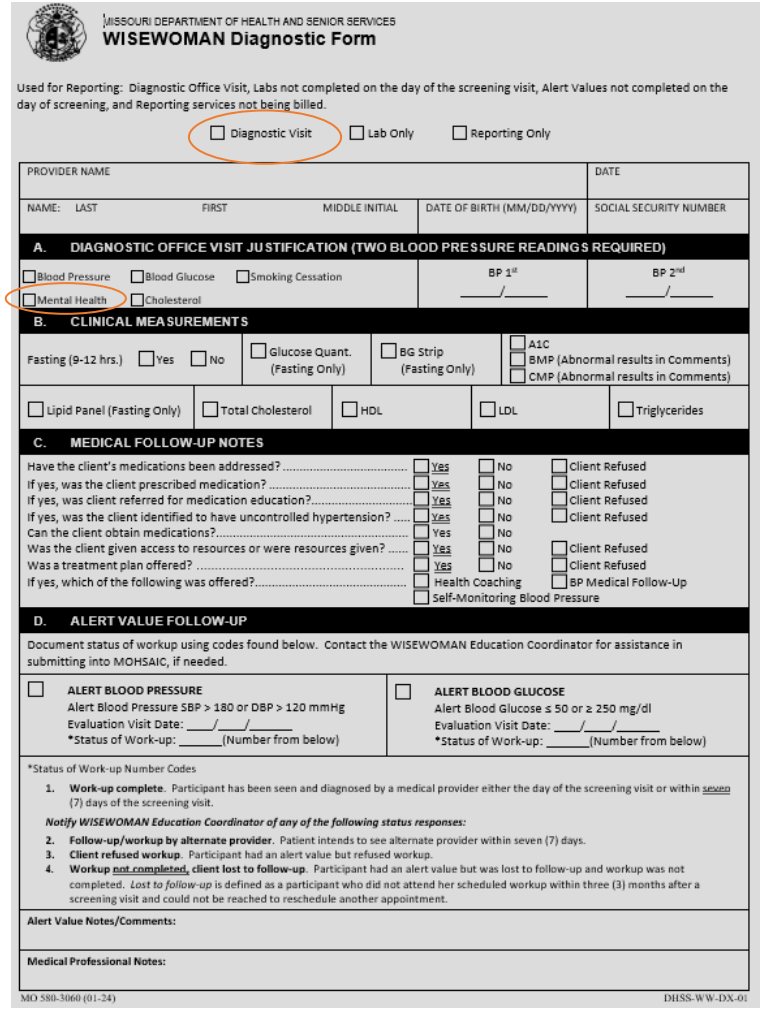
Jen's Get Fit Group

- 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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

WISEWOMAN Diagnostic Form

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

☐ Diagnostic Visit ☐ Lab Only ☐ Reporting Only

PROVIDER NAME | DATE

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

A. DIAGNOSTIC OFFICE VISIT JUSTIFICATION (TWO BLOOD PRESSURE READINGS REQUIRED)

☐ Blood Pressure ☐ Blood Glucose ☐ Smoking Cessation ☐ Mental Health ☐ Cholesterol | BP 1st ____/____ | BP 2nd ____/____

B. CLINICAL MEASUREMENTS

Fasting (9-12 hrs.) ☐ Yes ☐ No | ☐ Glucose Quant. (Fasting Only) | ☐ BG Strip (Fasting Only) | ☐ A1C ☐ BMP (Abnormal results in Comments) ☐ CMP (Abnormal results in Comments)

☐ Lipid Panel (Fasting Only) | ☐ Total Cholesterol | ☐ HDL | ☐ LDL | ☐ Triglycerides

C. MEDICAL FOLLOW-UP NOTES

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	
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?	☐ Health Coaching		☐ BP Medical Follow-Up
	☐ Self-Monitoring Blood Pressure		

D. ALERT VALUE FOLLOW-UP

Document status of workup using codes found below. Contact the WISEWOMAN Education Coordinator for assistance in submitting into MOHSAIC, if needed.

☐ **ALERT BLOOD PRESSURE**
Alert Blood Pressure SBP > 180 or DBP > 120 mmHg
Evaluation Visit Date: ___/___/_____
*Status of Work-up: _____(Number from below)

☐ **ALERT BLOOD GLUCOSE**
Alert Blood Glucose ≤ 50 or ≥ 250 mg/dl
Evaluation Visit Date: ___/___/_____
*Status of Work-up: _____(Number from below)

*Status of Work-up Number Codes

1. **Work-up complete**. Participant has been seen and diagnosed by a medical provider either the day of the screening visit or within seven (7) days of the screening visit.

Notify WISEWOMAN Education Coordinator of any of the following status responses:

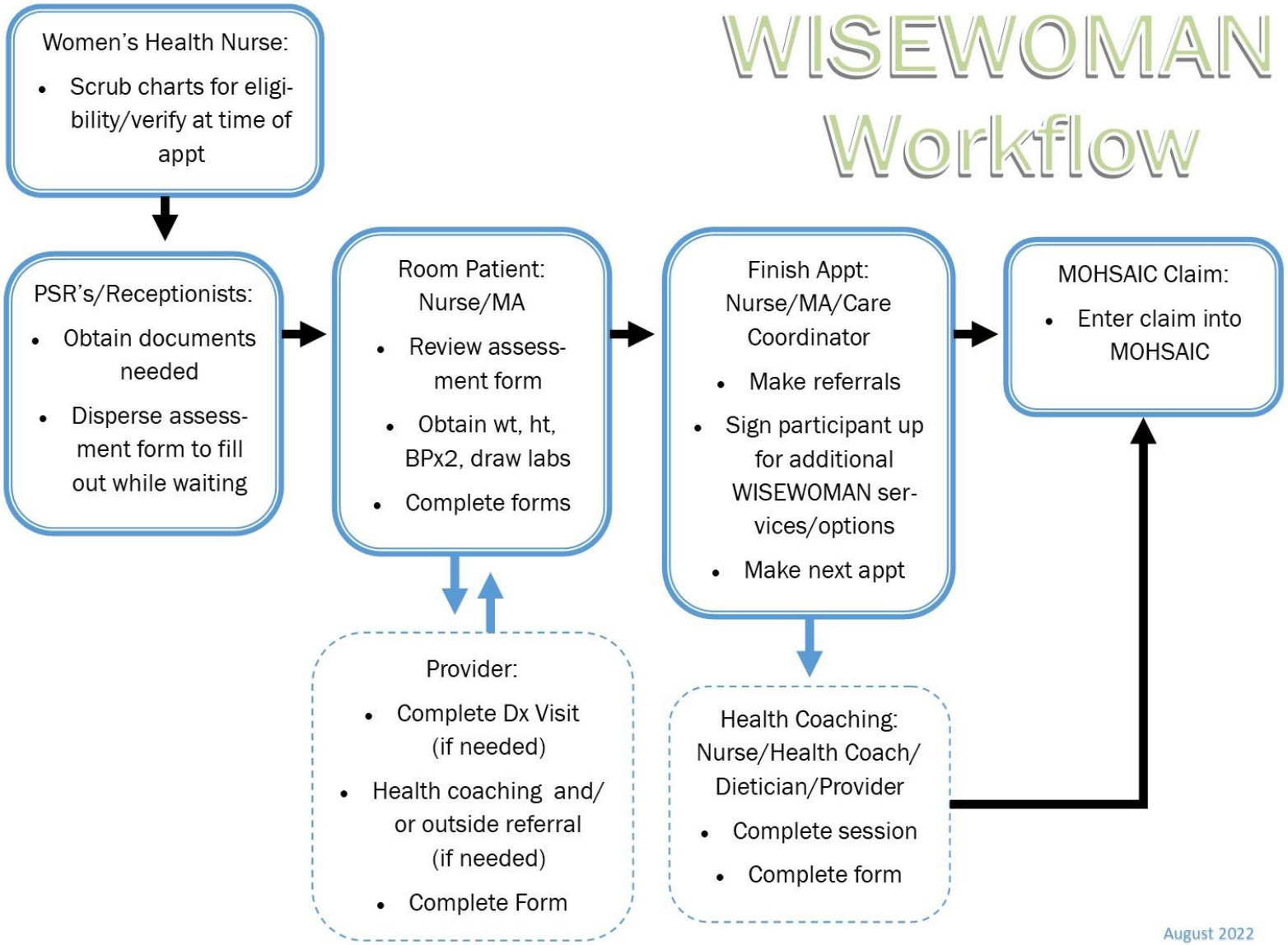
2. **Follow-up/workup by alternate provider.** Patient intends to see alternate provider within seven (7) days.
3. **Client refused workup**. Participant had an alert value but refused workup.
4. **Workup not completed, client lost to follow-up**. Participant had an alert value but was lost to follow-up and workup was not completed. *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:

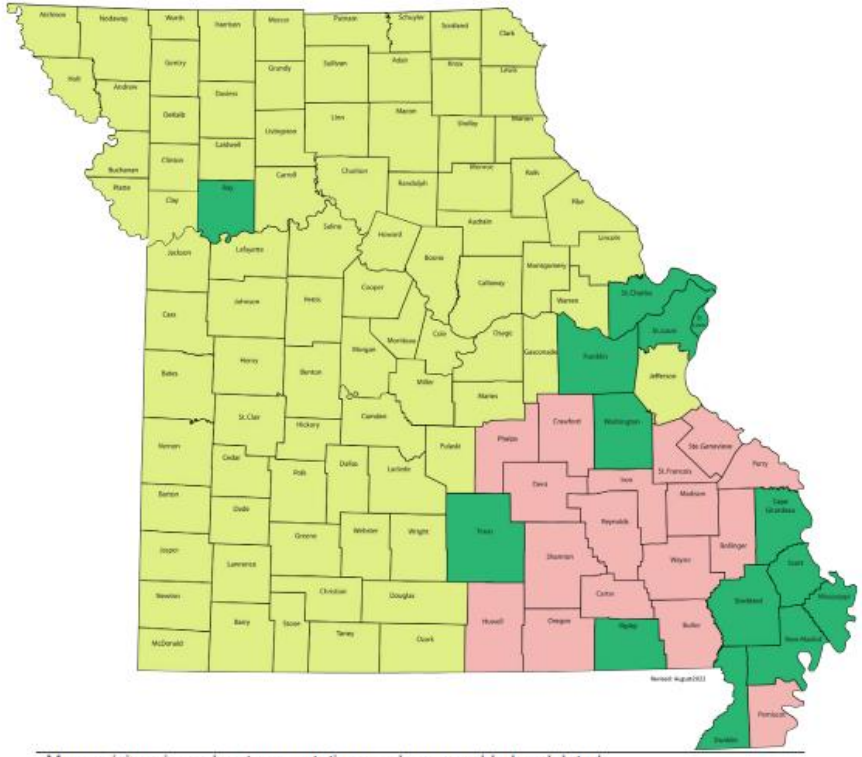
MO 580-3060 (01-24) DHSS-WW-DX-01

WISEWOMAN Workflow



August 2022

SMHW/WISEWOMAN Transportation Providers
Fiscal Year 2024



Map revisions issued as transportation vendors are added or deleted.

	Southeast Missouri Transportation Services	573-783-5505
	Oats, Inc.	573-443-4516
	No contract	Call local RPC for assistance.

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

SMHW/WISEWOMAN Transportation Providers
Fiscal Year 2024

Contractor/County(ies)			Telephone Number
Southeast Missouri Transportation Services			**573-783-5505**
Bollinger	Howell	Pemiscot	St. Francois
Butler	Iron	Perry	Ste. Genevieve
Carter	Madison	Phelps	Shannon
Crawford	Oregon	Reynolds	Wayne
Dent			
Oats, Inc.			**573-443-4516**
Adair	Cooper	Lafayette	Platte
Andrew	Dade	Lawrence	Polk
Atchison	Dallas	Lewis	Pulaski
Audrain	Davies	Lincoln	Putnam
Barry	DeKalb	Linn	Ralls
Barton	Douglas	Livingston	Randolph
Bates	Franklin	McDonald	St. Clair
Benton	Gasconade	Macon	Saline
Boone	Gentry	Maries	Schuyler
Buchanan	Greene	Marion	Scotland
Caldwell	Grundy	Mercer	Shelby
Callaway	Harrison	Miller	Stone
Camden	Henry	Moniteau	Sullivan
Carroll	Hickory	Monroe	Taney
Cass	Holt	Montgomery	Vernon
Cedar	Howard	Morgan	Warren
Chariton	Jackson	Newton	Webster
Christian	Jasper	Nodaway	Worth
Clark	Jefferson	Osage	Wright
Clay	Johnson	Ozark	
Clinton	Knox	Pettis	
Cole	Laclede	Pike	
No Contract			**Call local RPC for Assistance**
Cape Girardeau	New Madrid	Scott	St. Louis County
Dunklin	Ray	St. Charles	Stoddard
Franklin	Ripley	St. Louis City	Texas
Mississippi			Washington

SMHW Regional Program Coordinator County List

Northwest/K.C. Area	Mary Young, RN	816-514-6241	Fax: 816-404-6986

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

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

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

St. Louis Area	Margaret Laycock, RN	314-657-1509	Fax: 314-612-5005

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

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

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

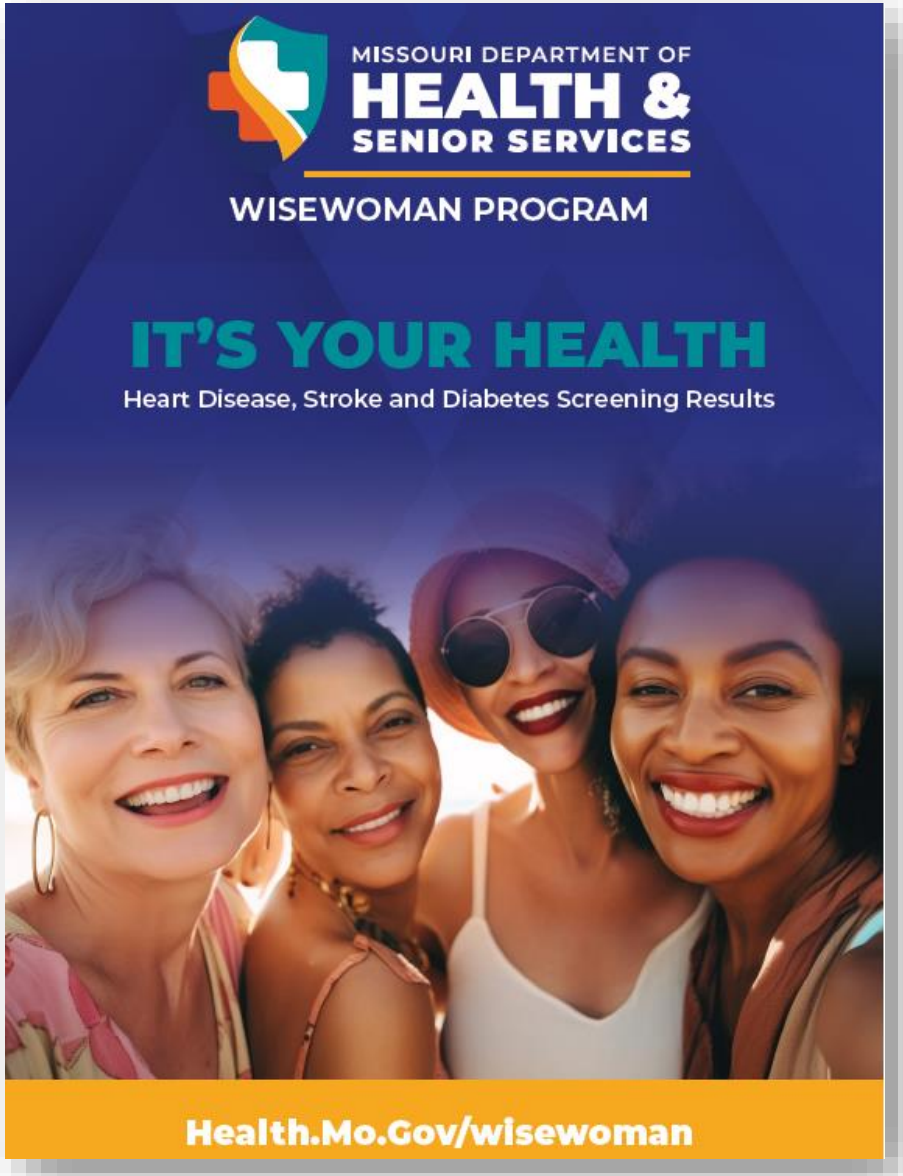
Southeast Area	Mary Costephens, RN	573-536-1809	F: 573-522-3023

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

04

Program Scenarios and Program Promotion

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



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	≥140mmHg	≥90mmHg
ALERT: HYPERTENSIVE CRISIS	**≥180mmHg**	**≥120mmHg**
GLUCOSE		
CATEGORY/STAGE	FASTING PLASMA GLUCOSE (FPG)	HEMOGLOBIN A1C (HBA1C)
NORMAL	<100mg/dl	<5.7%
ELEVATED: PREDIABETES	≥100mg/dl - <126mg/dl	5.7-6.4%
HIGH: DIABETES	≥126mg/dl	≥6.5%
ALERT	**≤50mg/dl or ≥250mg/dl**	NONE

Case Study

- 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

- 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

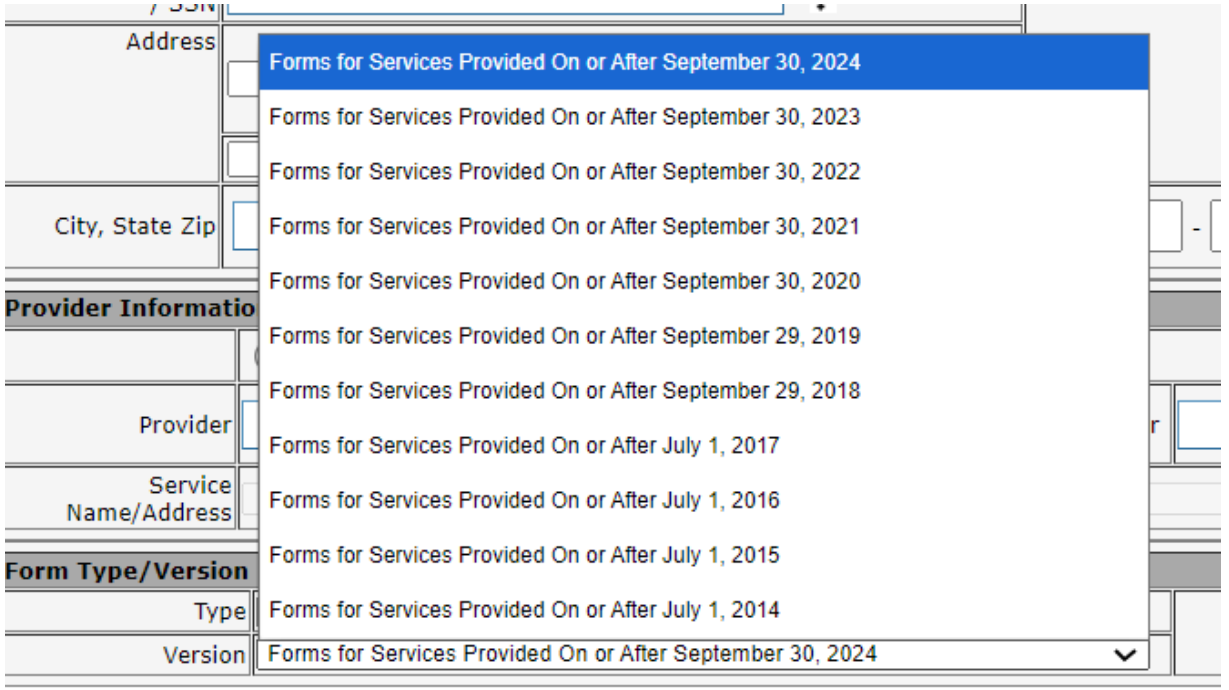
- A1C- 5.8%
  - See Above
  - Dietician HC

- 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

JANUARY 2024

WISEWOMAN PROVIDER NEWSLETTER

THE BEAT

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 for FY24. The Webex invitation will be sent out soon.

Has your facility received their WISEWOMAN services contract? These contracts can go ahead and 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 contracts visit procedures/proc

What can you do while WISEWOMAN services a

- 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- contac
- Review current WISEWOMAN workflow

99.2%

In FY23 99.2% of WISEWOMAN participants reported they were satisfie with program services

SEPTEMBER 2024

WISEWOMAN PROVIDER NEWSLETTER

THE BEAT

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)

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

QUESTIONS?