



**QUICK REFERENCE GUIDE**

for

***Providers***

***JUNE 2011***



## *Women's Health Check*

- Women's Health Check provides breast cancer screenings to women 50-64 years of age, and cervical cancer screenings to women 40-64 years of age, who have no insurance for screening services and limited family income.
- Women's Health Check is funded by the Centers for Disease Control and Prevention (CDC) as a cooperative agreement with the State of Idaho through Local Coordinating Contractors (LCC), which may be your local health department or a community clinic.
- Nationally, the program is known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).
- Since July 1, 2001, women who have been screened and/or diagnosed with breast or cervical cancer through Women's Health Check may be eligible for treatment through Idaho Medicaid (BCC Medicaid). Women must be under 65, a U.S. citizen or an eligible alien, and have no creditable insurance.

## Women's Health Check



# BREAST SCREENING

### Eligibility Guidelines

- **Women aged 50 to 64:** clinical breast exam, mammogram
- **Low Income:** see chart below
- **No health insurance coverage for mammogram**
- **Women over age 65** who are NOT eligible for Medicare or do not have Medicare Part B
- **U.S. citizen or eligible alien**

### Limited Enrollment Guidelines for uninsured women:

- **Women aged 30 to 49** with symptoms suspicious of breast cancer or with an abnormal screening requiring further testing
- Health care professional must complete *Limited Enrollment Approval* form

### Program Includes:

- Annual clinical breast exam
- Annual mammogram
- Follow-up diagnostic tests as needed

#### 2011 Income Guidelines <200% Federal Poverty Level

Family Size	Yearly Income	Monthly Income
1 person	\$21,780	\$1,815
2 people	\$29,420	\$2,452
3 people	\$37,060	\$3,088
4 people	\$44,700	\$3,725
5 people	\$52,340	\$4,362
For each additional person, add	\$7,640	\$637

## Women's Health Check

# CERVICAL SCREENING



### Eligibility Guidelines

- **Women aged 40 to 64:** Pap test for those with intact cervix (or personal history of cervical cancer)
- **Low Income:** see chart below
- **No health insurance coverage for Pap test**
- **Women over age 65** who are NOT eligible for Medicare or do not have Medicare Part B
- **U.S. citizen or eligible alien**

### Limited Enrollment Guidelines for uninsured women:

- **Women aged 30 to 39** with symptoms or a Pap result suspicious for cervical cancer requiring further testing
- Health care professional must complete *Limited Enrollment Approval* form

### Program Includes:

- Conventional Pap test every 12 months
- Liquid-based Pap test every 24 months
- Follow-up diagnostic tests as needed

**Note: Women who have not had a Pap test in the last five years are at high risk for cervical cancer and are a priority for enrollment.**

*2011 Income Guidelines <200% Federal Poverty Level*

Family Size	Yearly Income	Monthly Income
1 person	\$21,780	\$1,815
2 people	\$29,420	\$2,452
3 people	\$37,060	\$3,088
4 people	\$44,700	\$3,725
5 people	\$52,340	\$4,362
For each additional person, add	\$7,640	\$637

## Women's Health Check

# Enrollment

- All Local Coordinating Contractors (LCC) can enroll eligible clients. In some areas, private providers may also enroll clients. Discuss this with your LCC to determine which method you should use to enroll your patients.
- The program is a screening and diagnostic program. Your patients will need to be enrolled and obtain a service through the program **prior to diagnosis** to be eligible for treatment coverage.
- The enrollment form's "Client Eligibility" box should be completed by the enrollment site. The client should complete the remaining questions and sign the enrollment **before** sending it to your LCC.
- Send a copy of potential insurance if applicable.
- Send a copy of alien ID if applicable.

### Client Eligibility\*

The image shows a portion of the 'Idaho Women's Health Check Enrollment Form'. The 'Client Eligibility' section includes the following questions and options:

- 1. U.S. Citizen?  Yes  No
- 2. Total number living in household (including yourself) \_\_\_\_\_
- 3. Do you currently have health insurance?  Yes  No
- 4. Total household income (gross before taxes) \$ \_\_\_\_\_
- 5. Age  18-24 (eligible for breast and cervical screening)  25-64 (eligible for cervical screening)  65+ (eligible for breast and cervical screening)
- 6. Do you currently have health insurance?  Yes  No
- 7. Does it cover mammograms and Pap tests?  Yes  No
- 8. Does the amount of your income prevent you from getting a mammogram or Pap test?  Yes  No

**This client meets all enrollment requirements.**

**Citizen/eligible alien** (must not live in a state where a federal health center is located)  
 **No insurance coverage**  
 **Income** (must be below state level)  
 **Age**

Eligibility verified by: \_\_\_\_\_

**1. Client Information (required)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 U.S. Citizen?  Yes  No Place of Birth (State): \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ OR Alien ID #: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 Home/Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

**2. Ethnicity and Race (all answers required)**

Ethnicity (check one):  
 Non-Hispanic  
 Hispanic  
 Unknown

What race do you consider yourself? (check all that apply):  
 White  
 Black or African American  
 Asian  
 Pacific Islander or Native Hawaiian  
 American Indian or Alaska Native  
 Unknown

What language do you prefer for medical information?  
 English  
 Spanish

**3. Emergency Contact**

Someone we may contact in case we cannot reach you:  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

**4. How did you hear about this program? (check all that apply)**

Health Care Provider  American Cancer Society  
 Community Event/Health Fair  Church Bulletin  
 Foodbank  Foodbank  
 Health Department  Newspaper  
 Radio  Reminder Notice  
 Television  Other \_\_\_\_\_

Please check all that apply. Knowingly providing false information may result in criminal, civil or administrative action.

The information I have provided on this form is correct.  
 I wish to discontinue receiving services through Idaho's Women's Health Check.  
 I am a U.S. Citizen. (Original birth certificate or documentation of citizenship will be required should you need treatment).  
 OR  I am an Alien ID and have lived in the United States for at least 5 years (see instructions on back of form)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\*The Client Eligibility box is located on the Enrollment Form.

## Women's Health Check



# Limited Enrollment

- Limited enrollment is for women 30-49 years old who have an abnormal breast or cervical test or exam that is suspicious for cancer. Please contact your LCC as soon as you identify an abnormality.
- If you have a client needing services in this age group, complete the Enrollment and **Limited Enrollment Approval** form. Send both forms to your LCC.
- Each LCC has a designated case manager who is able to assist you with identifying which services are available for your clients.

**Limited Enrollment Approval**  
(vers. 2009)

- Uninsured women age 40 – 49 at high risk and/or symptomatic for **breast cancer**
- Uninsured women age 30 – 39 symptomatic for **breast cancer**
- Uninsured women age 30 – 39 at high risk and/or symptomatic for **cervical cancer**

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**Enrollment based on the following clinical symptoms or risk factors for breast cancer:**

**Clinical Findings:**  
(Uninsured women age 30 – 49 can be enrolled if symptomatic)

Unilateral  Irregular boundaries  
 Non-moveable  Tender  Non-tender  
 Discharge  Scaling  
 Dimpling or retraction  Other: \_\_\_\_\_  
 Confirmed by CBE, performed by: \_\_\_\_\_  
 Confirmed by mammogram \_\_\_\_\_

**Additional Information:**  Post menopausal  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:**  
(Uninsured women age 40 – 49 can be enrolled if the following apply)

Breast cancer hx: Self \_\_\_\_\_ Age at onset: \_\_\_\_\_  
 Breast biopsy hx: Number of biopsies: \_\_\_\_\_  
 Result of atypical hyperplasia \_\_\_\_\_  
 Previous chest irradiation \_\_\_\_\_

**Enrollment based on the following clinical symptoms or risk factors for cervical cancer:**  
(Uninsured women age 30 – 39 can be enrolled based on having at least one risk factor and/or symptoms for cervical cancer)

**Clinical Findings:**

Previous abnormal pap/cervical cytology/colposcopy/biopsy  
Date of prior cytology and results if known: \_\_\_\_\_  
Date of colposcopy/ biopsy and results if known: \_\_\_\_\_  
 HPV Positive Date: \_\_\_\_\_  
 Hx of other sexually transmitted infections \_\_\_\_\_  
 Abnormal bleeding  Lesion – size \_\_\_\_\_  
 Prior LEEP/Cone  Cervical Erosion \_\_\_\_\_

**Additional Clinical Information (i.e. pertinent clinical history, physical findings, gynecological surgery):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Risk Factors:**  
(Defined by Centers for Disease Control as a risk factor)

Never or rarely screened: \_\_\_\_\_  
 Has never had a Pap  5 years or more since last Pap smear  
 Hx of reproductive cancer \_\_\_\_\_  
 Tobacco use: Number of years \_\_\_\_\_

Based on information documented above, this client is at high risk and/or symptomatic for breast and/or cervical cancer. Client is not currently undergoing diagnostic workup. Enrollment in Women's Health Check for breast and/or cervical cancer screening is recommended.

Clinician: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Contacting Clinic: \_\_\_\_\_

Submit with Enrollment Form

Forms are available on-line at [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)  
under Women's Health in the eManual.

*Women's Health Check*

## BREAST SCREENING

### Service Summary

#### **Screening Services for women 50-64**

**For women 30-49 with suspicious Clinical Breast Exam (CBE) or Mammogram** (health care professional must complete Limited Enrollment Approval form).

*Annual Screening Services:*

- \* Clinical breast exam
- \* Mammogram

*Diagnostic Services, if needed:*

- \* Repeat CBE and/or mammogram
- \* Fine needle aspiration (FNA)
- \* Ultrasound
- \* Core-needle biopsy
- \* Stereotactic breast biopsy
- \* Incisional and excisional biopsies
- \* Specialist consultation
- \* Anesthesia associated with biopsy



*Women's Health Check*

## CERVICAL SCREENING Service Summary

### Screening Services for women 40-64

**For women 30-39 with a finding suspicious for cervical cancer** (health care professional must complete Limited Enrollment Approval form).

#### *Screening Services:*

- \* Pelvic exam
- \* Conventional Pap test every 12 months  
or
- \* Liquid Based Pap test every 24 months

**Note: After three (3) consecutive normal Conventional or Liquid Pap tests the Pap interval changes to every 36 months.**

#### *Diagnostic Services, if needed:*

- \* Repeat Pap test
- \* Colposcopy (with or without biopsy)
- \* Specialist consultation
- \* HPV testing, for triage of ASC-US
- \* LEEP or Conization (requires preauthorization from the state office)



## Women's Health Check

### Clinical Breast Exam/Mammography

#### Expected Follow-up:

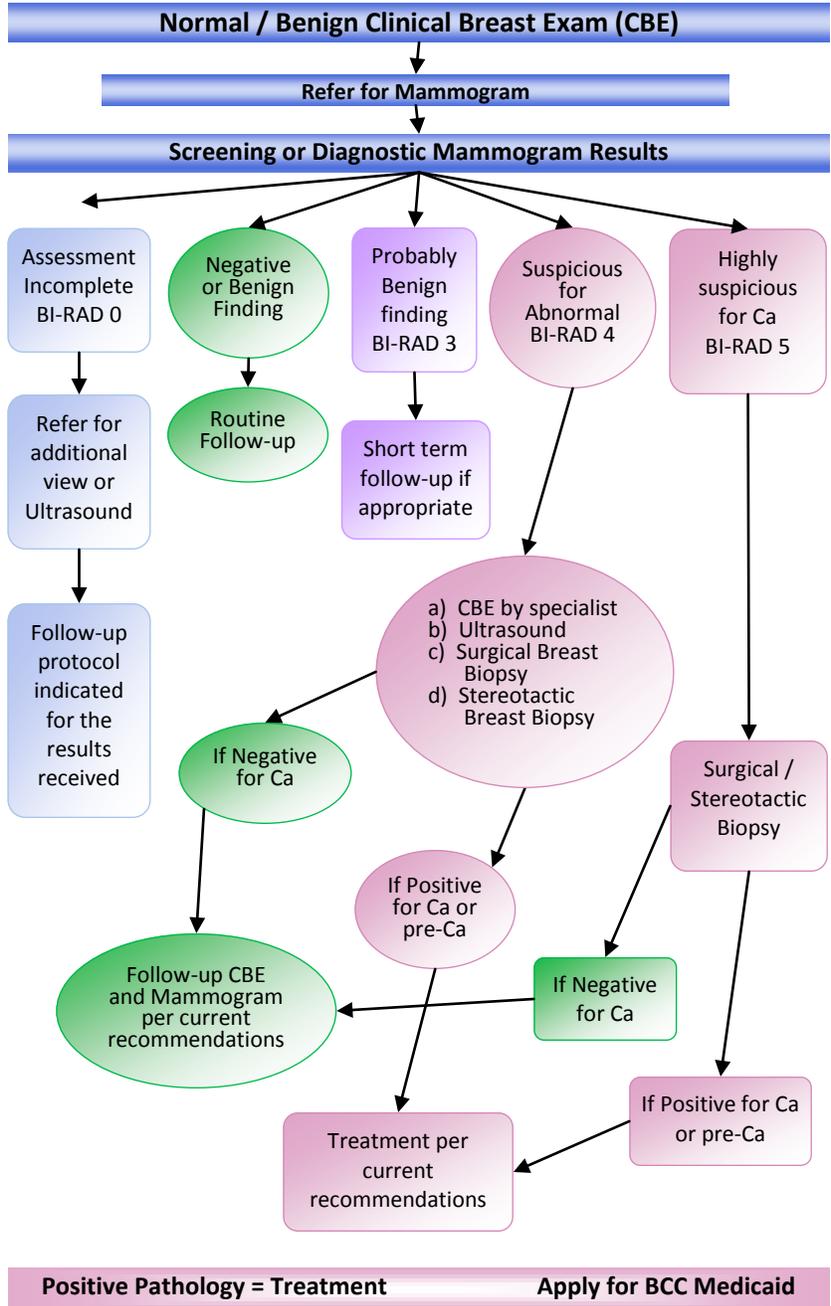


CBE	Mammogram	Diagnostic Procedures	Comments
Normal	<ul style="list-style-type: none"> <li>•Negative BI-RAD 1</li> <li>•Benign BI-RAD 2</li> <li>•Probably Benign BI-RAD 3</li> </ul>	No work-up needed. Short-term follow-up may be recommended.	
Normal	<ul style="list-style-type: none"> <li>•Suspicious Abnormally BI-RAD 4</li> </ul>	Repeat CBE Ultrasound Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis
Normal or Abnormal	<ul style="list-style-type: none"> <li>•Highly suggestive for Malignancy BI-RAD 5</li> </ul>	Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis
Normal	<ul style="list-style-type: none"> <li>•Assessment incomplete BI-RAD 0</li> </ul>	Additional mammography views or ultrasound	Record final diagnosis
Abnormal, Suspicious for cancer	<ul style="list-style-type: none"> <li>•Negative BI-RAD 1</li> </ul>	At least one of the following: <ul style="list-style-type: none"> <li>◆Surgical consultation/ Repeat CBE</li> <li>◆Ultrasound</li> <li>◆Biopsy/lumpectomy</li> <li>◆Fine needle aspiration</li> </ul>	Record final diagnosis
Abnormal, Suspicious for cancer	<ul style="list-style-type: none"> <li>•Benign BI-RAD 2</li> <li>•Probably Benign BI-RAD 3</li> <li>•Assessment incomplete Benign BI-RAD 0</li> </ul>		
Abnormal, Suspicious for cancer	<ul style="list-style-type: none"> <li>•Suspicious Abnormality BI-RAD 4</li> <li>•Highly Suggestive of Malignancy BI-RAD 5</li> </ul>	Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis

#### Minimum Expected Follow-up: Breast or Cervical

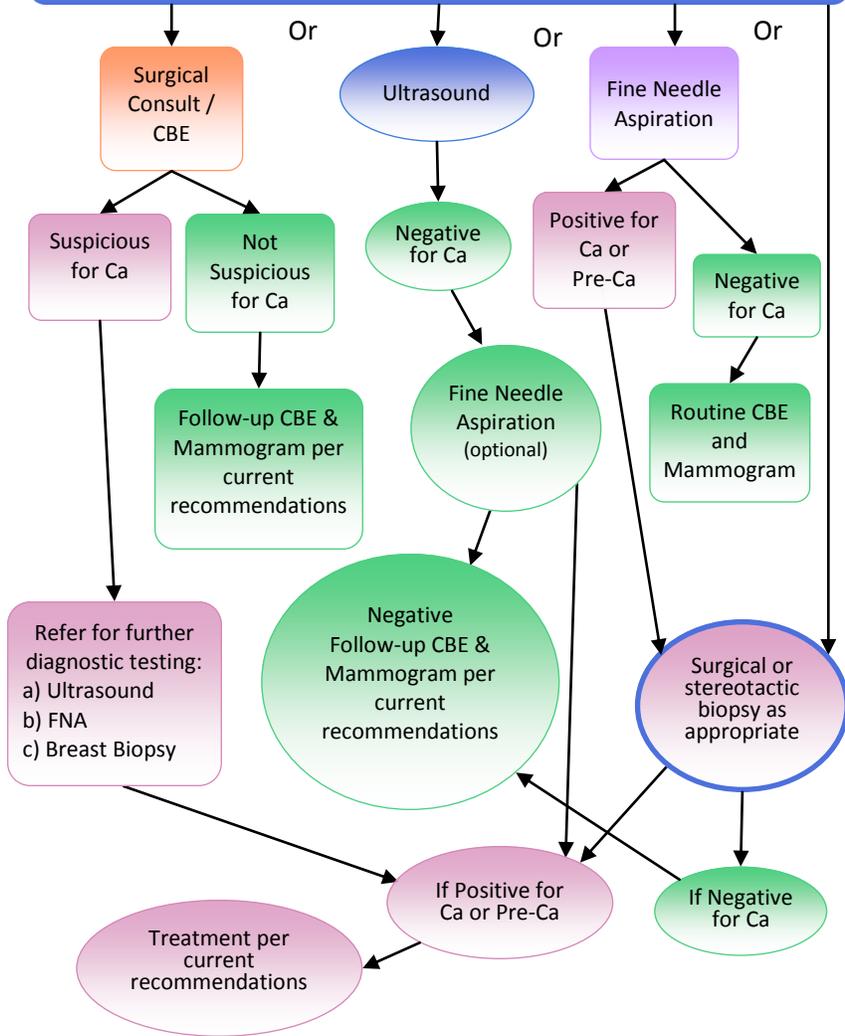
- ✓ Whenever there is an abnormal, suspicious for cancer test result, a diagnostic work-up **MUST** be planned and recorded.
  - All clients with *abnormal* findings receive a definitive diagnosis.
  - All *abnormal* findings are resolved and reported.
- ✓ The time between the dates of the *abnormal* test result to final diagnosis **MUST** be **no more than 60 days**.
  - All diagnostic workups are resolved and reported.
- ✓ The time between the date of diagnosis and initiation of treatment **MUST** be **no more than 60 days**.
  - All clients needing treatment are referred.
- ✓ In the case of unsatisfactory results, the test must be repeated and the results reported to *Women's Health Check*.

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## *Women's Health Check*

**Abnormal Clinical Breast Exam Suspicious for Cancer**  
 (Regardless of screening or diagnostic mammogram results)  
 At least **ONE** of the additional diagnostic test is required with an abnormal CBE



**Positive Pathology = Treatment**      **Apply for BCC Medicaid**

## Women's Health Check



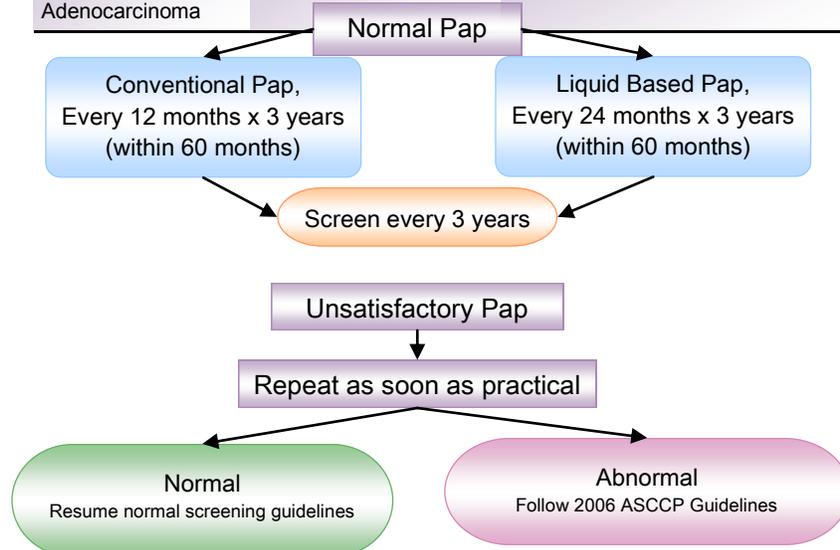
### Pap Test

*Expected Follow-up:*

*(Please consult 2006 ASCCP Guidelines for Individual Clinical Decision Making).*

Negative		Repeat Pap in: •12 months if conventional, until 3 normal, then every 3 years •24 months if liquid based, until 3 normal, then every 3 years
Unsatisfactory		Repeat as soon as practical
ASC-US	HPV recommended, If HPV positive, work-up required:  If no work-up planned:	Colposcopy & Biopsy  Repeat Pap in 6 months x 2,
LSIL	Work-up recommended.	Colposcopy & Biopsy / ECC

ASC-H HSIL AGC Squamos carcinoma AIS Adenocarcinoma	Work-up required.	Colposcopy & Biopsy; ECC if indicated
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## Data Submission

- Enrollment forms are to be submitted to your Women's Health Check (WHC) Local Coordinating Contractor (LCC) within one week.
- All test or exam results must be reported to your WHC LCC within the week of service or as soon as test results are available. \*Please discuss the best method of communication with your LCC contact.
- Mammograms must be reported using the accepted BI-RADs numerical categories.
- Pap test results must be reported using BETHESDA categories.
- CBE results must be recorded according to the categories listed in WHC Real Time or WHC Screening Form (paper).
- Any screening test considered suspicious for breast or cervical cancer must receive adequate and timely follow-up and appropriate case management. Your LCC case manager can assist you with scheduling diagnostic tests covered by WHC.

**\* Your LCC submits test results to the state WHC program through the WHC Real Time system.**

## Billing/Claims Submission

- Submit complete claim forms, within 90 days of service, to the WHC Third Party Administrator:  
United Group Programs  
Attn: Idaho Women's Health Check Program  
2500 N. Military Trail, Suite 450  
Boca Raton, FL 33431  
1-800-810-9892 ext 4734
- Please do not bill WHC for services not covered by the program. Remember WHC services are limited. Please refer to the current WHC Current Procedural Terminology CPT Code list for services covered.
- Detailed information you provide to your LCC will help ensure payment for WHC services (claims are paid after results are reported to your LCC).

## *Women's Health Check*



## BCC Medicaid

- \* Women who are screened and/or diagnosed through WHC may be eligible for treatment through Medicaid. When you receive a pathology report that identifies the need for treatment, contact your LCC immediately.
- \* Each LCC has an identified case manager available to assist you and your patient through Presumptive Eligibility. The process can usually be determined within 3 - 4 days.
- \* Once approved for Medicaid, your client will have a case manager who works for the Department of Health and Welfare. She will assist your client during her treatment and is a good resource for questions concerning Medicaid coverage.

## Returning to Women's Health Check

When your patient has completed her treatment for cancer, she will no longer be eligible for Medicaid. She may be eligible to return to WHC for breast and cervical screening. Please contact your LCC to update your patient's enrollment.

*Women's Health Check*



**Local Coordinating Contractors**

<i><b>District</b></i>	<i><b>Phone Fax</b></i>	<i><b>Coordinator</b></i>
<b>1</b> Panhandle District Health Department	Ph: 415-5270 Fax: 415-5101	Gail Turley
<b>2</b> Public Health Idaho North Central District	Ph: 799-3100 Fax: 799-0349	Susan Stutzman
<b>3</b> Southwest District Health Department	Ph: 455-5300 Caldwell Fax: 454-7722	for Caldwell contact: Debbie Dobbs 365-6371 ext 21
	Ph: 365-6371 Emmett ext 21 Fax: 365-4729	Debbie Dobbs
<b>4</b> Central District Health Department	Ph: 327-7400 Fax: 321-2331	Sonja Redden
<b>5</b> South Central Public Health District	Ph: 737-5900 Fax: 737-5995	Cheryle Becker Nancy Andreotti
<b>6</b> Southeastern District Health Department	Ph: 233-9080 Fax: 234-7169	Kelley Tillotson
<b>7</b> Eastern Idaho Public Health District	Ph: 533-3209 Fax: 525-7063	Pat Fletcher
<i><b>Facility</b></i>	<i><b>Phone Fax</b></i>	<i><b>Coordinator</b></i>
<b>9</b> Terry Reilly Health Services	Ph: 466-7869 Fax: 466-5359	Susan Haylett
<b>10</b> Family Medicine Residency of Idaho	Ph: 367-6030 Fax: 947-0913	Tonya Bowers
<b>11</b> St. Alphonsus Breast Care Center	Ph: 367-3336 Fax: 367-3390	Cynthia Benson Helen Quintana



## *Women's Health Check*

### Reference

#### **ACRONYMS:**

**NL** = Normal

**ABNL** = Abnormal

**LSIL/HSIL** = Low/High grade squamous intraepithelial lesions

**ASC-US** = Atypical squamous cells undetermined significance

**ASC-H** = Atypical squamous cells - Cannot exclude High Grade SIL

**AGC-NOS** = Atypical Glandular Cells - Not Otherwise Specified

**ACIS** = Adenocarcinoma in situ

**HPV** = Human papillomavirus

**EMB** = Endometrial Biopsy

**CBE** = Clinical Breast Exam

**LCC** = Local Coordinating Contractor for Women's Health Check

**FNA** = Fine Needle Aspiration

**LEEP** = Loop Electrosurgical Excision Procedure

**BIRAD** = Uniform reporting system for mammography results

**CA** = Cancer

*Women's Health Check*



Notes

A large, empty, light-orange rounded rectangular box with a subtle gradient and a faint border, intended for taking notes.

*Women's Health Check*



Notes

A large, light orange rounded rectangular area intended for taking notes, consisting of several concentric rounded rectangles with a subtle gradient effect.



## *Women's Health Check*

450 West State Street, 4th Floor

P.O. Box 83720

Boise, ID 83720-0036

Phone: (208) 334-5805

Fax: (208) 334-0657

For more information, visit the program  
Website at:

**[www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)**

Click on "W" in the index, then Women's  
Health Check.



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**HEALTH & WELFARE**

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