

Wisconsin Well Woman Program



Policy and Procedures Manual

Prepared by the
Wisconsin Well Woman Program (WWWP)
Bureau of Chronic Disease Prevention and Health Promotion
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WWWP Introduction

Purpose

The purpose of this policy manual is to define the Wisconsin Well Woman Program's (WWWP) standardized guidelines for providing breast and cervical cancer screening and diagnostic covered services to eligible participants. Approved WWWP providers and WWWP coordinating agencies are expected to adhere to the policies and procedures in this manual and all future revisions.

This manual is not intended to be a set of clinical guidelines for the general population. Rather, it provides guidance for programmatic implementation and reimbursement. Reimbursement guidelines are not a substitute for clinical guidelines or clinical judgment.

Program Authorization

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) authorized the Centers for Disease Control and Prevention (CDC) to provide breast and cervical cancer screening services to low-income women who would not otherwise receive these services. In 1991, CDC began to provide funding to state health agencies through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Wisconsin's NBCCEDP component is called the Wisconsin Well Woman Program and was established in 1993.

In 2000, Congress passed the Breast and Cervical Cancer Treatment Act (Public Law 106-354). This law allows states to provide Medicaid benefits to uninsured women under age 65 who are identified through the CDC's NBCCEDP and are in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions of the cervix. The Wisconsin version of this treatment act is called Wisconsin Well Woman Medicaid (WWWMA) and became effective in 2002.

Program Goal

The goal of the WWWP is to prevent unnecessary disease, disability, and premature death due to cancer of the breast and cervix.

The key to reducing illness and death from these cancers is through early detection, timely follow-up, and treatment. Routine screening can detect breast cancer and cervical cancer at early stages when more treatment options are available, and the likelihood of survival is improved.

For early detection of breast cancer, the technology of choice among medical professionals, cancer specialists and public health experts alike is mammography. For early detection of cervical cancer, primary HPV testing or co-testing with a Pap test and HPV test is preferred.

Program Scope

Due to changes in the national health care delivery system, the Affordable Care Act, and the availability of BadgerCare Plus, many clients previously eligible for WWWP services now have access to more comprehensive health care services. This resulted in fewer clients needing WWWP covered services and necessitated more judicious and efficient allocation and administration of limited financial and human resources.

The CDC's NBCCEDP also redirected its activities to require each state program to:

- Enhance its infrastructure to build organized efforts to promote adoption of and adherence to evidence-based cancer screening guidelines and broad-based provider education through population-based approaches.
- Collaborate with large health systems and key organizations that reach relevant populations to support policy and quality improvements.
- Improve tracking and surveillance capacity.

This focus will help reduce health disparities and missed screening opportunities among the WWWP target population. This approach is grounded in the CDC's four domains for chronic disease prevention and control:

- **Epidemiology and surveillance**, to provide data and conduct research to guide, prioritize, deliver, and monitor programs and population health.
- **Environmental approaches**, through partnerships to address the social and physical environments in which individuals live, work, and play that are often drivers of health inequities.
- **Health care systems**, assuring equity in the delivery of quality health care in a culturally and linguistically appropriate manner.
- **Community-clinical linkages**, assuring equity in access to community resources.

WWWP Covered Services

- Pay for specified screenings and diagnostic tests related to:
 - Breast cancer
 - Cervical cancer
- Specified, covered services are available only from participating providers, at no cost to WWWP clients.
- Not all covered services are available from every provider.
- There is no premium, deductible or co-payment for WWWP services.
- Most eligible WWWP and Family Planning Only Services (FPOS) clients that are uninsured and diagnosed with breast cancer, cervical cancer, or a precancerous cervical condition may be eligible to enroll in Wisconsin Well Woman Medicaid (WWWMA). WWWMA covers breast and cervical cancer treatment and provides full Medicaid benefits. See [Chapter 7](#) for details on Wisconsin Well Woman Medicaid.

General Program Eligibility Criteria

- Clients aged 40–64 (or 35–39 that meet age exception criteria listed in [Chapter 3](#))
- Who live in Wisconsin, and
- Who are uninsured or under-insured, (for example, have health insurance that does not cover preventive services, have a high deductible or copayment, or have a catastrophic policy), and
- Who have income within the program limits at or below 250% of the federal poverty level (changes annually on February 1).

How to Apply

- Clients enroll through a WWWP coordinating agency and must complete an enrollment form that requires proof of age, income, and insurance status.
- Clients may also contact the Well Badger Resource Center for assistance on where to apply for WWWP. Their contact information is:

Phone: 800-642-7837
Web: www.WellBadger.org
Text: 608-360-9328
Email: help@WellBadger.org

WWWP Central Office Responsibilities

The WWWP Central Office has the following responsibilities to WWWP health care providers and coordinating agencies:

- Reimburse health care providers for covered screening and diagnostic services according to program policies and provider participation agreements.
- Reimburse coordinating agencies according to contracted agreements.
- Maintain ongoing communication with WWWP providers and WWWP, coordinating agencies regarding program policies, procedures, and screening and diagnostic data.
- Develop relevant program guidelines and reporting requirements.
- Provide WWWP enrollment forms, reporting forms, and promotional materials.
- Provide training, technical assistance, and professional education resources.
- Set, monitor, and maintain quality assurance standards.
- Assure that only CLIA-approved laboratories and MQSA-certified mammography facilities participate in the program. “CLIA” refers to the Clinical Laboratory Improvement Act. “MQSA” refers to the Mammography Quality Standards Act of 1992.
- Maintain a central client tracking system.
- Maintain client confidentiality.

Chapter 1 - WWWP Health Care Providers

Eligible Provider Types

The following four provider types are eligible to participate in the Wisconsin Well Woman Program (WWWP):

- **A health system** is an organized system of institutions, people, and resources that deliver comprehensive health care services using a population-health focus. This includes the systematic coordination of providers to offer comprehensive services across the continuum of care within wide geographic service areas. Health systems typically provide all types of patient care (for example, family care, primary care, specialty care, laboratory, diagnostics, surgical care, and preventive care) as well as secondary and tertiary services. This is done through strategic alliances, contractual relationships, and large networks to provide more effective and efficient use of human and financial resources. The complexity of these systems requires mechanisms for accountability and decision-making. Health systems typically have well-developed performance monitoring systems to track outcomes and utilization to achieve organizational goals.
- **A rural health clinic** is certified by the Centers for Medicare and Medicaid Services (CMS), located in a rural, medically under-served area in the U.S. that is provided advantageous reimbursement as a strategy to increase rural Medicare and Medicaid patient access to primary care services. They are governed by Public Law 95-210 to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase utilization of non-physician practitioners such as nurse practitioners and physician assistants.
- **A Federally Qualified Health Center** is a health organization receiving grants under Section 330 of the Public Service Act. A federally qualified health center must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. It receives enhanced reimbursement from Medicare and Medicaid as well as other benefits.
- **An out-patient hospital clinic** is a hospital-based clinic providing “out-patient” services as listed under the hospital’s general acute-care license issued by the state. Accessible primary and specialty health services are provided by clinicians

practicing in the context of family and community. The clinic may be located on or off the main grounds of a hospital but must be owned and operated by a hospital or system.

Ancillary Providers

The WWWP permits ancillary providers (such as registered nurses and radiology technicians) to provide services when delegated and supervised by a WWWP participating physician. The delegated service must be within the legal scope of practice of the supervising physician and must be consistent with the education, training licensure, and experience of the ancillary provider. These services must be provided under the direct, immediate, and on-site supervision of a physician as part of a physician evaluation and management visit.

When mid-level health professionals other than physicians (such as nurse practitioners, physician assistants, and certified nurse-midwives) perform delegated medical functions, they must do so under protocols and/or standing orders approved by their supervising physician and/or medical director.

Provider Certification

- WWWP providers must maintain proof of current professional licensure and Medicaid certification.
- WWWP laboratories must be certified by the Centers for Medicare and Medicaid Services (CMS) and meet Clinical Laboratory Improvement Act (CLIA) requirements. Laboratories must be Medicare Part A and Medicare Part B certified.
- WWWP mammography providers must be certified by the Food and Drug Administration (FDA) and meet the requirements of the Mammography Quality Standards Act (MQSA). Prior authorization by the Radiation Protection Section of the Wisconsin Division of Public Health (DPH) is required for MQSA-certified mobile mammography vans based out-of-state.
- Outpatient hospitals must be Medicare and Medicaid certified.

Provider Selection

The following criteria are used as principal considerations in determining provider participation but are not intended to be exclusionary or to limit participation. These include:

- The capacity to provide all WWWP covered services, either directly, or through sub-contract or collaborative arrangements.
- Electronic medical record capacity with the ability for tracking and access to critical clinical data to assure timely follow up services.
- Accreditation or certification status of the site and staff, including maintenance of or referral to a CLIA-approved laboratory and a MQSA mammography facility.
- Location in relation to other providers and to the population being served.
- Commitment and historical ability to serve economically disadvantaged and medically underserved women.
- Ability to network with national, state, and local community organizations to recruit economically disadvantaged women.
- Experience in providing screening, education, and referral services (either through existing on-site facilities or existing referral linkages).
- Previous experience as a provider with the Wisconsin Division of Public Health (DPH).
- Capacity to prepare timely reports for submission to the WWWP.

Distribution of Providers

It is the goal of the WWWP to have Provider Participation Agreements with healthcare providers across the state so that eligible women have access to screening services within a 50-mile radius of their residence.

The WWWP will utilize mobile mammography units that are MQSA certified where necessary to improve access.

Provider Participation Agreement (PPA)

- Health care providers must sign a WWWP Provider Participation Agreement in order to be reimbursed for services provided to a WWWP client. Providers must notify the fiscal agent via ForwardHealth interChange whenever there is a change in entity name, billing information, address, tax identification number, or site contact information. ForwardHealth interChange contact information can be found [here](#). See [Appendix 4](#) for a sample version of the WWWP Provider Participation Agreement.
- By signing a Provider Participation Agreement, a health care provider agrees to adhere to the program and administrative specifications as detailed in the WWWP

Provider Participation Agreement and the WWWP Policy and Procedures Manual and subsequent revisions.

To obtain the WWWP Provider Participation Agreement or for more information on how to sign up to be a WWWP health care provider, contact the [WWWP Central Office](#).

General Provider Requirements

Each WWWP approved provider must designate an administrative contact responsible for its direct and contracted services. An alternate must be designated to function in their absence. Changes in the administrative contacts must be reported to the WWWP Central Office within 30 days.

WWWP providers must:

- Agree to the terms of the WWWP Provider Participation Agreement.
- Provide all WWWP covered services, either directly or through sub-contracts or collaborative agreements. Each WWWP approved provider is ultimately responsible for its direct services, the services of its subcontractors, and/or the services of its collaborative members.
- Meet all applicable licensure and certification requirements.
- Follow accepted nationally recognized clinical guidelines for the provision of breast and cervical cancer screening, diagnostic procedures, follow up and treatment services.
- Follow the requirements as outlined in this WWWP Policy and Procedures Manual.
- Work with WWWP coordinators to implement WWWP approved services for eligible clients.
- Have an effective data system for recording, tracking, and reporting screening and rescreening services.
- Have an effective recall and case management system to assure all abnormal screening results are definitively resolved through diagnostic procedures and if a diagnosis is determined to be breast cancer, cervical cancer, or a precancerous cervical lesion that the client is treated or referred to treatment.
- Assure the case management system has protocols for women who do not respond to notices regarding needed services or women who refuse services.
- Work with WWWP coordinators to assure appropriate case management services.

- Provide in-service training to existing staff to assure program compliance in order to deliver quality care to eligible participants.
- Participate in professional development and quality assurance activities.
- Conduct in-reach and outreach activities.
- Implement evidence-based strategies to address missed opportunities for screening and case management activities.
- Work collaboratively with the WWWP coordinators and WWWP Central Office staff.

WWWP coordinating agencies are available to provide clarification on the WWWP guidelines. Coordinating agencies are also a vital link to assist providers with case management needs for WWWP enrolled women. Frequent communication between the provider and the coordinating agency is crucial to the success of local programming.

Provider Prohibition for Enrollment

WWWP providers cannot enroll clients in WWWP. Only WWWP coordinating agencies can enroll clients into the program. See the [WWWP website](#) for a listing of WWWP coordinating agencies and tribal coordinating agencies. See [Chapter 3](#) for information on how to check a WWWP client's enrollment status.

Provider Responsibilities for Covered Services

- The WWWP provider must accept WWWP payments for covered services as payment in full and as delineated in [Chapter 6](#). They must provide WWWP covered services at no charge to enrolled clients.
- Providers who make referrals to other health care providers for covered screening or diagnostic services must be sure to refer to other WWWP approved providers. WWWP reimbursement guidelines are not a substitute for clinical guidelines or clinical judgment.
- If the WWWP provider recommends services or procedures **not** covered by the WWWP, the provider must inform the client whether she would be responsible for paying for the service, **prior** to performing the service. Providers are encouraged to document this notification in the client's record for the protection of both the client and the provider.
- The provider must utilize only laboratories that meet and comply with the Clinical Laboratory Improvement Act (CLIA) standards.

- The provider must utilize mammography units certified by the Food and Drug Administration (FDA) that meet requirements of the Mammography Quality Standards Act (MQSA) and maintain evidence of this certification on file.
- The provider should partner with WWWP coordinating agencies in recruiting and retaining WWWP clients through in-reach and outreach activities.
- The provider must comply with applicable federal and state laws prohibiting discrimination in the delivery of service on the basis of race, disability, creed, national origin, ancestry, sexual orientation, arrest or conviction record, marital status, religion, or payment source, and to make available a client complaint procedure in event of such discrimination.
- The provider is subject to certain federal and state laws regarding client confidentiality and disclosure of protected medical records or other health information, including the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 for all services, information, and transactions, including electronic transmissions, privacy, and security regulations.

Provider Responsibilities for Reporting

- Medical records must be maintained according to accepted medical records standards and state laws. The WWWP provider must document the results of all screening and diagnostic procedures, follow-up recommendations, diagnosis, client notifications, and case management actions, including any client refusals, in the client's medical record. The WWWP provider must complete all required data sections on the WWWP screening activity and diagnostic follow-up reporting forms and submit the data to the WWWP fiscal agent via ForwardHealth interChange. The provider must establish and report a final diagnosis and recommendations for all breast and cervical abnormalities to the WWWP. If treatment is needed, the provider must report the treatment status. If cancer is found, the provider must also report tumor stage and size, when indicated. WWWP providers who refer clients for follow-up must request copies of the final diagnosis, recommendations, and treatment status and report the findings to WWWP.
- **WWWP requires providers to use the following forms to report breast and cervical cancer screening and diagnostic procedures for WWWP clients:**
 - Breast Cancer and Cervical Cancer Screening Activity Report (ARF) ([F-44723](#))
 - Breast Cancer Diagnostic and Follow-up Report (DRF) ([F-44724](#))
 - Cervical Cancer Diagnostic and Follow-up Report (DRF) ([F-44729](#))

- WWWP providers must follow ForwardHealth interChange instructions for completion and submission of WWWP forms to ensure reimbursement and to facilitate case management needs. See [Appendix 6](#) for specific instructions.
- **WWWP providers must report all abnormal results to the WWWP coordinating agency within ten (10) business days to maintain a clear, direct line of communication with the WWWP coordinator.**
- WWWP providers must use the American College of Radiology (ACR), Breast Imaging Reporting and Data System (BI-RADS) for reporting the interpretation of mammography examinations and the "BETHESDA" Reporting System for reporting Pap smear results.
- WWWP providers must maintain adequate and complete fiscal and medical records to fully document services provided to clients. The provider must retain WWWP client records for a minimum of five years and make them available upon request by an authorized representative of the WWWP. Failure to retain documentation for any service billed may result in recovery of payments for services not adequately documented.

Provider Responsibilities for Case Management of Normal Results

- The WWWP provider must document results of screening procedures, client notification, and recommend re-screening dates in the client's medical record.
- The WWWP provider must report required data on the client's screening history, procedure results, and recommendations on the appropriate screening and diagnostic reporting forms and submit copies to the WWWP fiscal agent via ForwardHealth interChange.
- WWWP recommends that service providers establish systems (e.g., letters, postcards, phone calls, etc.) to inform clients and their referring primary health care provider of their normal screening results. This reassures clients and avoids unnecessary calls from them regarding their test results.
- WWWP providers are encouraged to inform clients of recommended re-screening intervals when the results are normal. This can be done at the time the clients are informed of their results.

Provider Responsibilities for Case Management of Abnormal Results

These procedures and requirements are based upon generally accepted guidelines and standards of care and on the requirements of the National Breast and Cervical Cancer Early Detection Program.

- The management of women whose breast and cervical cancer screening test results are abnormal relies on a body of scientific literature that is constantly growing. These include entities such as the National Comprehensive Cancer Network (NCCN) and the American College of Radiology (ACR), as well as standards established by the American Society for Colposcopy and Cervical Pathology (ASCCP), the American College of Obstetricians and Gynecologists (ACOG), and the Society of Gynecological Oncologists. It is important for providers to keep up to date.
- WWWP providers must establish and maintain systems to ensure enrolled women with abnormal or suspicious screening results get timely access to accepted and appropriate follow-up care and treatment. This also includes notifying and/or consulting with specialists when necessary.
- The WWWP provider is expected to provide case management services to all women with abnormal screening results. The responsibility for case management is shared between the provider and the coordinating agency.
- **The WWWP provider must contact the coordinating agency within ten (10) business days after abnormal screening results to communicate these results and recommendations for client follow-up appointments and referrals.** The provider must give the following information to the coordinating agency:
 - Client name and client identification number
 - Health care provider name
 - Screening date and results
 - Recommended follow-up
- The WWWP coordinating agency can assist the provider with client case management needs. Good communication between the provider and coordinating agency is essential to ensure the client receives appropriate follow-up services.
- It is important to document clearly and completely any efforts, decisions, and results. An efficient tracking system and a multifaceted approach are needed to prevent incomplete screening, follow up, and unnecessary delays.

- The WWWP provider will determine the frequency and type of diagnostic work-up or follow-up needed according to current prevailing national practice guidelines, such as those published by the National Comprehensive Cancer Network (NCCN), the American Society for Colposcopy and Cervical Pathology (ASCCP), the American College of Obstetricians and Gynecologists (ACOG), the American College of Radiology (ACR), the American Cancer Society (ACS), the US Preventive Services Task Force (USPSTF), and other guidelines specified by WWWP. See [Appendix 7](#) for clinical guidelines and protocols.
- WWWP covers most recommended diagnostic services for abnormal breast or cervical cancer screenings. Covered services are listed in [Appendix 5](#). Some providers may choose to order procedures other than those covered by WWWP to establish a final diagnosis based on their expertise and clinical judgment. In these cases, WWWP coordinating agencies may be able to assist providers and clients with finding other means of help to pay for non-WWWP covered services.
- The WWWP provider must follow additional details as described in [Chapter 5](#).

The WWWP provider must provide or arrange for further diagnostic evaluation for the following results:

- All abnormal clinical breast exams, independent of the mammography results.
- All abnormal mammogram results, independent of clinical breast exam findings.
- All Pap tests or pelvic exams which show potential malignant or pre-malignant findings.

The WWWP provider must provide diagnostics and initiate treatment within the following timeframes:

- The interval between abnormal breast and cervical cancer screening results and final diagnosis should be no more than 60 days (unless the client refuses follow-up).
- The interval between diagnosis of invasive breast or cervical cancer and initiation of treatment should be no more than 60 days (unless the client refuses follow-up or treatment).
- The provider must notify the WWWP coordinating agency if the client needs follow-up that is not available from the screening provider or is not covered by WWWP.

Notification Attempts

The WWWP provider must notify the client and the referring primary care provider, if applicable, of abnormal screening results. At a minimum, the provider must make at least three (3) notification attempts. The provider must have an effective tracking and communication system and document all written and verbal communication in the client's medical record. The provider must keep the coordinating agency informed of notification and case management concerns. Every reasonable attempt must be made to contact the client.

First attempt

The WWWP provider must send reports by telephone and by letter, as soon as possible to avoid delays in client work-up, the screening date, all abnormal results, and recommendations for follow-up to the client's referring primary care provider and to the client (for example, refer to the Mammography Quality Standards Act regulations for details on the communication of mammography results to clients and health care providers). If the client does not have a primary care provider, the WWWP provider and WWWP coordinating agency must assure that the client receives appropriate follow-up. Notification of abnormal results must be made directly to the client in writing with explanations in lay terms. Clients should be notified about the benefits of receiving, and the consequences of refusing, follow-up services. Clients should also be informed about WWWP coverage of services, as applicable.

Second attempt

If there has not been a response from the client or the referring primary care provider within thirty (30) days of the initial notification attempt, the WWWP provider must send a second follow-up letter to the client and the referring primary care provider. The WWWP provider must also attempt to reach both parties by telephone. WWWP providers are encouraged to use certified letters for legal purposes.

Third attempt

If there has not been a response to the second follow-up letter within fourteen (14) days, the WWWP provider must notify the WWWP coordinating agency to seek their assistance with further notification and follow-up attempts. The WWWP provider must give the coordinating agency the following information: client's name, date of birth, identification number, address, telephone number, provider name, dates of services, reason for follow-up, and report of follow-up attempts made.

- WWWP providers must complete the appropriate screening and diagnostic reporting forms to report services, results, recommended follow-up, final diagnosis, and when indicated, tumor stage, tumor size, treatment status, and treatment date. The provider must submit reporting data and claims to ForwardHealth interChange. The provider must also send copies of the completed reporting forms to the WWWP coordinating agency. **Copies of abnormal results must be sent to the WWWP coordinating agency within ten (10) business days.**
- WWWP providers making referrals to other health care providers for further diagnostic services must request copies of the final diagnosis and disposition and document this data in the client's record and report it on either the Breast Cancer Diagnostic and Follow-up Report Form or the Cervical Cancer Diagnostic and Follow-up Report Form via ForwardHealth interChange. The provider must also send this information to the WWWP coordinating agency.

If the client refuses services, the provider must attempt to obtain an informed refusal in writing and document this in the client's medical record. This includes whether the client fails to keep appointments or refuses recommended procedures. If the client cannot, or will not, sign an informed refusal, the provider must document verbal refusal.

Provider Responsibilities for Reimbursement and Billing

- Payments to providers for services shall be in compliance with the WWWP reimbursable services and rates at the time-of-service delivery. WWWP shall reimburse providers based on the allowable Medicare reimbursement rate.
- Reimbursement guidelines are not a substitute for clinical guidelines or clinical judgment.
- **WWWP is the payer of last resort.** The WWWP provider must determine if a client is eligible under the WWWP, has third party reimbursement that covers screening for any WWWP approved services and bill such parties before billing WWWP.
- WWWP funds cannot be used for treatment services.
- Services authorized and the resulting charges are subject to review and approval by the WWWP fiscal agent via ForwardHealth interChange.
- **The WWWP provider must not require or request payment for program covered services from the enrolled clients themselves.**
- If the WWWP provider recommends services or procedures **not** covered by the WWWP, the provider must inform the client whether they would be responsible for paying for the service, **prior** to performing the service. Providers are

encouraged to document this notification in the client's record for the protection of both the client and the provider.

- The WWWP provider must submit completed screening activity and diagnostic reporting forms with the appropriate billing claim either electronically through the secure ForwardHealth interChange WWWP web portal or via postal mail to WWWP. WWWP will deny a billing claim if any of the required forms are missing or do not include all required data. The WWWP will reject a billing claim made for a service not covered by the WWWP or if the client is not enrolled in the WWWP. See [Chapter 6](#) for additional information regarding WWWP reimbursement and billing.

Discontinuation of Providers

The WWWP will discontinue a provider's participation if basic quality assurance standards are not fully met, or if appropriate follow-up efforts have not been made for all clients. Discontinuation will occur only after attempts to assist healthcare providers in meeting standards have failed.

Providers may voluntarily drop their participation in WWWP by notifying the WWWP Central Office at least 30 days prior to discontinuing covered services.

Chapter 2 – WWWP Coordinating Agencies

WWWP Service Coordination Agreements

- The WWWP is a statewide breast and cervical cancer screening program coordinated through a variety of contractual agreements between the Wisconsin Department of Health Services and WWWP coordinating agencies and tribal coordinating agencies.
- Contracts are monitored by the WWWP Central Office.
- All WWWP coordinating agencies are expected:
 - a. To meet the WWWP Boundary Statement objectives and Performance-based Contract Quality Criteria established by the Division of Public Health that set the parameters of the program within which the coordinating agencies need to set their objectives.
 - b. To designate a WWWP coordinator or tribal coordinator who is assigned to implement the program and an alternate to function in their absence.
 - c. To assure the coordinator follows all WWWP policies and procedures.

See the [WWWP website](#) for a listing of WWWP coordinators and tribal coordinators, their agency, and their service area.

General Responsibilities

WWWP coordinating agencies are expected to assist providers in meeting program requirements:

- Participating in WWWP orientation, continuing education activities, and program updates as defined by the WWWP Central Office.
- Adhering to the requirements of the WWWP Policy and Procedure Manual.
- Implementing the program within their service areas.
- Serving as the point of contact for clients and WWWP providers.
- Coordinating case management activities with WWWP providers.
- Meeting CDC and WWWP quality criteria and timeliness for diagnosis and treatment.
- Participating in quality assurance activities and site visits.
- Referring quality of care issues to the WWWP Central Office.

Enrollment Responsibilities

WWWP coordinating agencies are the initial point of client entry into the program and enrollment responsibilities include:

- Assessing each client's eligibility status via telephone, mail, or in person.
- Determining whether the client may be eligible for the Affordable Care Act (ACA) Marketplace Health Insurance or BadgerCare Plus and refer for enrollment if appropriate.
- Completing the enrollment process, ensuring the accuracy of eligibility.
- Assessing each client's status of tobacco use during the enrollment process and referring those who use tobacco products to tobacco quit lines.
- Discussing program coverage and limitations with clients and WWWP providers.
- Referring clients to appropriate WWWP providers and make appointments, if desired.
- Reminding clients of appointments.
- Arranging/assisting with transportation needs, if indicated. See [Chapter 4](#) for further information on transportation assistance.
- Communicating with WWWP providers to convey eligibility status and assist with services as needed.

Case Management Responsibilities

See [Chapter 5](#) for more specific details regarding case management.

Case management is a shared responsibility between the WWWP coordinator and the WWWP provider. Although most providers arrange for follow-up of abnormalities for their clients, it is the WWWP coordinator who is ultimately responsible for assuring that WWWP clients residing in the coordinator's jurisdiction receive timely and complete screening, re-screening, diagnostic services, and treatment.

The following procedures and requirements are based upon generally accepted guidelines or standards of care and on the requirements of the National Breast and Cervical Cancer Early Detection Program.

- The WWWP coordinating agency must maintain a confidential file (electronic or paper) for every enrolled client.
 - The file must contain the completed and signed enrollment forms, copies of reporting forms with results, progress notes, copies of notification letters, case management and coordination notes, information regarding recommended follow-up or re-screening dates, referrals, communication with healthcare providers, and other relevant information as appropriate.

- The WWWP coordinating agency must maintain a confidential database or system (electronic or manual) for tracking all enrolled clients.
 - The coordinating agency will use the system to assure that recommended referral, diagnostic, and treatment services for breast and cervical cancer are provided to the client within the required time frames.
- The WWWP coordinating agency must notify clients of their re-screening dates or assure that the WWWP provider utilizes such a system.
 - This includes contacting the clients one month prior to the recommended re-screening date by mail or telephone to remind them to schedule their re-screening exam.
- The WWWP coordinating agency must assure there is a case management and follow-up system for clients who have abnormal screening results in their jurisdiction.
 - Following up with each client is essential for ensuring that clients with abnormal results receive appropriate and timely clinical services to obtain a final diagnosis.
 - If a client is diagnosed with cancer, follow-up continues through the referral to treatment.
 - Frequent contact and close communication between the coordinating agency and each provider are essential to ensure tracking, notification, follow-up care, case management services, documentation, and reporting meet WWWP required protocols.
- The WWWP coordinating agency must contact the WWWP provider if results of breast or cervical screenings have not been received.
- The WWWP Coordinating Agency will assist the WWWP provider in contacting the client for recommended follow-up, if needed.
 - Every attempt should be made to ensure clients receive timely needed follow-up and treatment for identified breast and/or cervical screening abnormalities.
 - The coordinating agency will use a variety of strategies to ensure appropriate follow-up after a second notification by the WWWP provider, including telephone contact, use of certified mail, a personal visit to the client's home and, if needed, notifying a contact person listed on the enrollment form.
 - The coordinating agency must maintain a secure email system to communicate private and sensitive information with WWWP providers, clients, central office, and the fiscal agent.

- The coordinating agency must document all contacts with WWWP providers, including case management issues, billing problems, eligibility status, and other concerns.
- The coordinating agency should adhere to WWWP case management and follow-up protocols as defined in [Chapter 5](#) and document all notification and case management attempts.
 - **At a minimum, clients should be contacted by telephone or mail at least 3 times.** If initial attempts are unsuccessful, it is recommended to send a certified letter to the client.
 - It is the responsibility of the coordinating agency to assure these notifications and follow-up attempts are made. Thus, it is imperative for the coordinating agency to be aware of the client follow-up and notification systems each of their providers use. The coordinating agency must provide for any gaps between the provider's notification system and WWWP requirements.

See [Chapter 1](#) and [Chapter 5](#) for additional details on WWWP case management follow-up and notification requirements.

- The WWWP coordinating agency will document in the client's record whether follow-up information was received, the date it was received, whether the information was received from the provider or the client, and the results of follow-up.
- The WWWP coordinating agency will specify whether there is a final disposition or whether additional follow-up is required and will ensure that a final diagnosis is recorded for breast and cervical abnormalities. The final diagnosis must include an indication of tumor size, tumor stage, treatment status, and treatment date, when appropriate. The WWWP coordinating agency must assure CDC and WWWP standards for timeliness of diagnosis and treatment services.
- The WWWP coordinating agencies case management responsibilities include assisting clients, when necessary, to obtain treatment and social support for abnormal WWWP screening and diagnostic services.
 - The coordinating agency must assist the client who is diagnosed with breast or cervical cancer or precancerous lesions to access the Wisconsin Well Woman Medicaid Program.
 - The coordinating agency should develop an essential treatment plan to help access treatment services for uninsured clients and those who are not eligible for the Wisconsin Well Woman Medicaid Program.

Essential Treatment Plan

The essential treatment plan is intended to assist the client in obtaining recommended diagnostic services or treatments that are not covered by the WWWP. The plan should identify local, state, or national resources that can assist the client in obtaining needed care and treatment. Financial or other barriers may contribute to a refusal of treatment or loss of follow-up for clients needing care. All attempts to assist clients should be documented in the client's record. See [Chapter 5](#) for further information related to essential treatment plan requirements.

Remember:

- WWWP coordinating agencies are ultimately responsible for coordinating case management of WWWP clients with providers.
- WWWP coordinating agencies are responsible for knowing the status of all WWWP clients residing in their county or tribe, even if the services are provided outside that county or tribe.
- All reports generated from the WWWP Central Office are based upon a client's county of residence.
- WWWP Central Office always contacts the WWWP coordinating agency for a client's county of residence for follow-up data regarding abnormal screening results.

Limitations for “Lost to Follow-up or Refused” Designation

A client should be noted as “lost to follow-up or refused” only under **exceptional and very limited circumstances** (for example, when all tracking and case management efforts have been attempted and exhausted). Client refusal of services should be carefully documented to ensure the client has been informed of the potential consequences of their decision. All verbal and written attempts to reach the client must be documented in the client's medical record, including notification letters and attempts to locate the client through other contacts. Lack of case management does not constitute a “lost to follow-up” designation. The coordinating agency should notify the WWWP Case Management Coordinator prior to using the designation “lost to follow-up or refused” for any and all cases with abnormal findings.

Outreach, Recruitment, and Public Education

The objective of WWWP outreach, recruitment, and education activities is to promote population-based health education, planning, and implementation activities to increase breast and cervical cancer screening rates among all women.

This requires:

- Community assessment to identify characteristics of the population to be reached.
- Working with healthcare providers to coordinate outreach activities and promote greater awareness of screening for breast and cervical cancer.
- Assessment to identify individuals, organizations, media, businesses, and health or social service providers who can partner to promote greater public awareness of women's health issues and services.

Local Outreach Responsibilities

The focus of local outreach efforts should be based on assessments of targeted population needs in each county, incorporating periodic changes in focus as directed by the WWWP. The WWWP coordinating agencies should encourage WWWP providers to identify potentially eligible clients within their patient population (in-reach) and to utilize re-screening reminder systems.

WWWP coordinating agencies should implement outreach and promotional activities as periodically redefined by WWWP, or they may develop a memorandum of understanding with a WWWP provider or other organization to provide WWWP outreach.

The WWWP Central Office supports local outreach by providing:

- Brochures in a format that can be locally customized and reproduced. These materials may be available in English, Spanish, and Hmong
- The WWWP logo
- Information about health education materials available through the Wisconsin Department of Health Services and other organizations.
- Special public awareness campaigns as feasible, utilizing radio, television, and print media

WWWP coordinating agencies may use WWWP promotional materials and should contact the WWWP Central Office about developing their own promotional materials. Any promotional materials developed by WWWP coordinating agencies must display the WWWP logo.

WWWP coordinating agencies or their designated outreach providers may purchase promotional incentive items or health education materials as their budget permits.

Provider Support Responsibilities

- **Education** - Adequate provider education is critical to smooth operations within the WWWP. Coordinating agencies may develop a modified WWWP manual for education purposes by copying relevant sections. Ongoing education and consistent contact with local providers ensure that providers are up to date on program changes and that issues can be resolved efficiently. All provider staff involved in the implementation and delivery of WWWP (reception, clinical and billing staff) should be educated on the WWWP.
- **Communication** - The coordinating agency is required to communicate regularly with providers. Each provider site must have access to the WWWP Policy and Procedures Manual and supplies of all required forms.
- **Technical Assistance** - Coordinating agencies can assist providers in developing internal procedures for paper flow, obtaining screening results, billing, and coordinating follow-up services.
- **Documentation** - It is critical that coordinating agencies receive timely screening results from providers to facilitate necessary follow-up for case management and re-screening purposes. An emphasis on the importance of this should be incorporated into all aspects of provider training.

Reimbursement and Billing Assistance

See [Chapter 6](#) for more complete details on billing and reimbursement.

- The WWWP coordinator's primary role with billing and reimbursement is to educate providers on WWWP payment policies and covered services and to assist clients who may have received a bill in error for a WWWP covered service.
- WWWP coordinating agencies who receive phone calls from providers who have technical questions about submitting billing claims or unpaid billing claims should refer providers to ForwardHealth Provider Services.
- See the ForwardHealth [website](#) for contact information on Provider Services, the Portal Help Desk, and the Electronic Data interChange Help Desk.
- Coordinating agencies may receive phone calls from clients indicating that they received a bill from their health care provider for services that should be covered

by WWWP. It is the responsibility of the coordinating agency to facilitate resolution of these issues.

- Resolving patient billing issues requires the coordinating agency to:
 - have specific information about what services were billed to the client;
 - distinguish which services are covered by WWWP and which are not;
 - communicate with the health system regarding billing errors; and
 - communicate with the client to be sure the client is aware of any remaining balance for which the client is financially responsible.

Absence or Change of Designated Coordinator

- If the designated WWWP coordinator is absent (for example, out of office for an extended period, on leave, reassigned to other duties, or terminated employment), the coordinating agency must assure that the public and WWWP clients and providers have continuing access to WWWP case management services and program information. It is the responsibility of the coordinating agency to have a WWWP-knowledgeable contact person available during the hours of operation.
- The coordinating agency must notify the WWWP Central Office prior to time(s) when the designated coordinator will be absent from their regularly scheduled WWWP office hours and must specify an interim contact who will respond to WWWP concerns during the absence.

Assistance for Coordinating Agencies

Technical assistance and information sharing are available to WWWP coordinating agencies.

- Generally, the coordinating agency will need to contact the WWWP Central Office directly for specific programmatic questions.
- Other WWWP coordinating agencies are a resource for problem solving and sharing ideas.

See the [WWWP website](#) for a current directory of WWWP Central Office staff and WWWP coordinating agency contacts.

Training Opportunities for Coordinating Agencies

- Orientation is available through the WWWP Central Office. The WWWP coordinating agency should contact WWWP Central Office to request this training.
- The WWWP Central Office provides periodic training for all designated coordinators. This may be either a statewide or regional training.

Access to ForwardHealth interChange, WWWP Forms and Publications

WWWP coordinators must have access to ForwardHealth interChange through the *Partner Portal* site to enroll clients in the WWWP. Once access is granted, WWWP coordinators will be able to search and review screening and diagnostic reporting forms submitted by WWWP providers.

For instructions on how to request access to the ForwardHealth interChange, see the [ForwardHealth Partner Portal User Guide](#).

Contact the [WWWP Central Office](#) for:

- WWWP Provider Participation Agreement information
- WWWP reproducible promotional materials

Chapter 3 – WWWP Client Eligibility and Enrollment

Screening Focus

Breast Cancer Screening Focus

Program efforts to reduce breast cancer disparities should focus on populations with high rates of late-stage breast cancer diagnosis and high rates of breast cancer mortality as determined by available data.

Cervical Cancer Screening Focus

The majority of those with invasive cervical cancer have never been screened for cervical cancer. These individuals are a priority in order to decrease cervical cancer diagnoses. A minimum of 35% of all reimbursed cervical cancer screenings should be provided to program-eligible clients who have never been screened for cervical cancer or have not been screened within the past 10 years.

Screening Eligibility

A client wanting to enroll in the Wisconsin Well Woman Program must meet residency, age, income, and insurance eligibility requirements described below.

- **Residence**

- The client must be living in Wisconsin and have a Wisconsin address on the day of enrollment.
- A WWWP client may receive services outside their county of residence. If necessary, the designated WWWP coordinator in the county or tribe of service must forward a copy of the client's screening results, diagnostic results, and case progress notes to the coordinator in the client's county of residence.

- **Age**

- The eligible age range is 40-64 years of age or 35-39 years of age with breast symptoms or concerns.
- The tables below delineate regular age eligibility criteria and limited age eligibility exceptions for clients who meet all other WWWP eligibility

requirements in residency, income, and insurance. The WWWP coordinating agency must enroll all eligible women.

Regular Age Eligibility Criteria	WWWP Covered Services
40-64 years	Eligible for breast and cervical services

Limited Age Eligibility Exceptions	WWWP Covered Services
≥ 65 years, not eligible for Medicare Part B or can't afford the Medicare Part B premium	Eligible for breast and cervical services
35-39 years, eligible or enrolled in Family Planning Only Services (FPOS) and referred directly to WWWP after an abnormal breast exam or abnormal mammogram that is suspicious for cancer	Eligible for breast services Cervical services continue through FPOS
35-39 years, not eligible for FPOS and self-reports breast symptoms* to the WWWP coordinating agency	Eligible for breast and cervical services
35-39 years, not eligible for FPOS and without breast symptoms	Eligible for cervical services The priority is to screen women who have never been screened for cervical cancer or have not been screened for cervical cancer in the past 10 years
35-39 years, meet breast cancer high risk criteria**	Eligible for breast and cervical services
35-39 years, meet cervical cancer high risk criteria***	Eligible for cervical and breast services

*Breast symptoms are defined as:

- ✓ Breast lump or palpable mass
- ✓ Bloody or serous nipple discharge
- ✓ Breast skin changes (dimpling, retraction, redness)
- ✓ Nipple or areolar scaliness
- ✓ Breast pain unrelated to the menstrual cycle
- ✓ Abnormal mammogram that is suspicious for cancer

**Breast cancer high risk criteria include clients:

- ✓ Who have a history of breast cancer.
- ✓ Who have a lifetime risk of 20% or greater for breast cancer based on risk assessment models that are largely dependent on family history.
- ✓ Who have known genetic mutations such as BRCA1 or BRCA2.
- ✓ Who have first-degree relatives (parent, sibling, child) with premenopausal breast cancer or known genetic mutations.
- ✓ Who have a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's lymphoma).
- ✓ Who have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

***Cervical cancer high risk criteria include clients:

- ✓ Who have a prior history of CIN1, CIN2, CIN3 or cervical cancer.
- ✓ Who have HIV infection.
- ✓ Who have had an organ transplantation.
- ✓ Who may be immunocompromised from another health condition.
- ✓ Who had DES exposure in utero.

- **Income**

- The WWWP utilizes the Wisconsin Women, Infants and Children (WIC) nutrition program guidelines for determining household size and income. A family, household, or economic unit is defined as a person or group of persons related or non-related who usually (although not necessarily) live together, and whose production of income and consumption of goods are related.
- Clients must have a gross household income **or** a net income (for farmers or self-employed) at or below 250% of the current federal poverty level. These income guidelines change annually on February 1. See [Appendix 2](#) for current WWWP income eligibility guidelines.
- Gross income is defined as all income before any deductions are made.
- Net income is determined by subtracting operating expenses from the gross income.

- **Insurance**

- A client who is age and income eligible for WWWP must also fall into one of the following categories:
 - The client has no health insurance (uninsured), or
 - The client's health insurance does not pay for program covered screenings or preventive services (underinsured), or

- The client’s health insurance does not fully cover the costs of the screening every year, such as with a high deductible/co-payment or catastrophic policy (underinsured).
- Refer to the following table for clients with existing health care coverage status.

Existing Health Care Coverage Status	
Private Insurance but underinsured	<p>Eligible for WWWP screening services.</p> <p>The WWWP will only reimburse for the amount of the deductible/co-payment or the WWWP reimbursement rate, whichever is less.</p>
BadgerCare Plus / Medicaid	<p>Not eligible for WWWP screening services because these services are covered by these programs.</p>
Medicare Part B	<p>Not eligible for WWWP screening services because these services are covered by Medicare Part B.</p>
Medicare Part B eligible but cannot pay the premium to enroll	<p>Eligible for WWWP screening services if the client meets income and age requirements.</p>

- A woman who is eligible but not enrolled in BadgerCare Plus/Medicaid or Medicare Part B should be encouraged to enroll in these programs for more extensive health care coverage.

Screening for Transgender Individuals

Breast Cancer Screening for Transgender Women

Transgender women (male-to-female), who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through the WWWP. While CDC does not make any recommendations about routine screening among this population, recipients and providers should counsel all eligible women, including transgender women, about the

benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.

The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health have developed consensus recommendations on preventive care services for the transgender population. Those recommendations include “for transwomen with past or current hormone use, breast-screening mammography in patients over age 50 with additional risk factors (for example, estrogen and progestin use for 5-10 years, positive family history, BMI > 35).” See the [UCSF Transgender Care and Treatment Guidelines](#) for more information on breast cancer screening for transgender women.

Breast Cancer Screening for Transgender Men

Transgender men (female-to-male), who have not undergone a bilateral mastectomy and meet all program eligibility requirements, are also eligible to receive breast cancer screening and diagnostic services through the WWWP. See the [UCSF Transgender Care and Treatment Guidelines](#) for more information on breast cancer screening for transgender men.

Cervical Cancer Screening for Transgender Men

Transgender men (female-to-male) who have not undergone a total hysterectomy (i.e., still have a cervix) and meet all other eligibility requirements are eligible to receive cervical cancer screening and diagnostic services through the WWWP.

Breast Cancer Screening for Men

Men are not eligible to receive breast cancer screening and/or diagnostic services through the WWWP.

Client Enrollment Process

Only WWWP coordinating agencies can enroll clients.

To enroll in WWWP, a client must:

- Live in Wisconsin.
- Provide proof of age (birth certificate or driver’s license).
- Provide proof of income (pay stubs or income tax forms). A client without a documented income may use eligibility for other social services, such as unemployment insurance, food stamps, or the WIC program, as proof of eligibility.

When no other documentation is available, a signed standard form from the client may be accepted.

- Provide information on insurance status. If a client has health insurance but is determined to be eligible and is enrolled in the WWWP, the client should be prepared to give the WWWP provider the name of the insurer and the member or policy number.
- Complete and sign the completed WWWP enrollment form.

Client Enrollment Form

The WWWP Enrollment form ([F-44818](#)) ([F-44818s](#)) provides client data that is fundamental for individual case management, provider reimbursement, and overall program evaluation and surveillance.

The WWWP coordinating agency is responsible for enrolling eligible clients and must assure that the information is complete and accurate. The client and the person who enrolled the client verifying eligibility status must sign the form. The WWWP coordinating agency should print a copy of the form to give to the client. The coordinating agency must submit client enrollment data electronically into the ForwardHealth interChange system.

In the ideal situation, the WWWP coordinating agency is able to enroll women and validate eligibility prior to scheduling screening services. However, there may be some circumstances when the coordinating agency may need to work out special arrangements with a WWWP provider for a client identified as needing WWWP services while presenting at a current appointment. In order to facilitate timely screening services, the provider should contact the coordinating agency who would then conduct a telephone interview with the client to verbally confirm the client's eligibility status. In this case, the coordinating agency should ask the provider to help gather the necessary paperwork, obtaining the client's signature on the WWWP enrollment form ([F-44818](#)) ([F-44818s](#)), confirmation of income, and proof of age, all of which can be faxed to the coordinating agency to complete enrollment. In all cases, it is the WWWP coordinating agency who is responsible for enrolling clients and ensuring all eligibility criteria are met and the enrollment form is signed.

Client Identification

- Every WWWP client must have a unique identifier. This number will be generated via ForwardHealth interChange. This number must be recorded on all reporting forms and billing claims submitted to the WWWP.
- After the coordinating agency completes the client's enrollment electronically, the client will receive a pink WWWP enrollment identification card that specifies the client's WWWP unique identifier.
- Providers may verify a client's current enrollment status using the pink WWWP enrollment identification card by:
 - Searching the ForwardHealth interChange secure WWWP web-portal.
 - Swiping the pink WWWP enrollment identification card with a swipe card reader.
 - Contacting the client's WWWP coordinating agency.
 - Contacting the ForwardHealth Provider Service Call Center at 1-800-947-9627.
- Having a pink WWWP enrollment identification card does not guarantee active enrollment in the WWWP. Active enrollment should be verified by the WWWP provider when scheduling the appointment or at the time of registration for a WWWP service.

Client Annual Re-enrollment Requirements

- WWWP clients must have their eligibility reviewed annually by completing and signing an enrollment form on or before the anniversary of their initial enrollment in the WWWP. For example, if a client was initially enrolled on August 15, 2021, the client's re-enrollment should be completed on or before August 15, 2022. This helps assure continuity of care for the client and timely reimbursement for the health care provider.
- The WWWP uses the same form for initial enrollment and re-enrollment ([F-44818](#)) ([F-44818s](#)).

Inactive Client

- A previously enrolled client is considered inactive when they do not currently meet the WWWP eligibility requirements, have moved out of state, or is deceased.

- The WWWP coordinating agency should notify the WWWP Case Management Coordinator of all cases with abnormal findings prior to designating them “inactive, lost to follow-up, or refused.”
- The WWWP coordinating agency will retain the client’s records for five years after the last date of service.

Chapter 4 - WWWP Covered Services

Overview

The Wisconsin Well Woman Program covers specified screening and diagnostic procedures related to breast and cervical cancer screening. The goal of WWWP is to provide each client with the most appropriate array of screening and diagnostic procedures feasible within the limits of the program's covered services.

- **The WWWP covers only those services or procedures listed in [Appendix 5](#).** Reimbursement guidelines are not a substitute for clinical guidelines or clinical judgment. See [Appendix 5](#) for a complete and current list of WWWP covered services.
- The WWWP covers specified breast and cervical cancer screening and follow-up diagnostic procedures as long as the client meets all eligibility criteria.
- The WWWP **does not** cover services and procedures related to the treatment and management of any other conditions diagnosed as a result of WWWP screening services.
- If the WWWP provider recommends services or procedures not covered by the WWWP, the provider **must** inform the client that they will be responsible for paying for the non-covered service, **prior** to performing the services or procedures. Providers are encouraged to document this notification in the client's record for the protection of both the client and the provider.
- The WWWP coordinating agency and the health care provider will help the client identify a plan and resources to obtain necessary treatment and follow-up services.
- Uninsured WWWP clients who are diagnosed with breast cancer, cervical cancer, or a precancerous condition of the cervix and need treatment may be eligible to enroll in Wisconsin Well Woman Medicaid. See [Chapter 7](#) and [Appendix 8](#) for details on Wisconsin Well Woman Medicaid.
- Transportation funds are to be used for WWWP clients for travel to their WWWP appointments for screening and diagnostic services. Transportation funds may be used to purchase gas cards or bus tickets, reimburse mileage, pay cab or transportation fares, and reimburse health care provider transportation services.

All transportation assistance must be documented and tracked by the WWWP coordinating agency.

Chapter 5 – WWWP Case Management

Overview

Case management is a shared responsibility between the WWWP provider and the WWWP coordinating agency. However, the WWWP coordinating agency bears the ultimate responsibility to assure that women with abnormal screening results obtain further diagnostic testing and, depending on the diagnosis, receive subsequent treatment.

See [Chapter 1](#) and [Chapter 2](#) for a description of the specific responsibilities of WWWP providers and WWWP coordinating agencies regarding case management and reporting.

As a component of case management, the WWWP coordinating agency is responsible for identifying and filling any gaps in client case management to ensure clients receive timely and complete clinical follow-up of all abnormal screening results.

- Good communication between the WWWP provider and WWWP coordinating agency is essential to ensure that clients receive needed assistance to comply with recommendations for follow-up care.
- Case management goes beyond tracking and follow-up.

CDC definition of case management: The Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program, defines case management as: **establishing, brokering, and sustaining a system of essential support services for NBCCEDP-enrolled women. It is a cooperative process between the coordinator, client, and provider.**

Case Management

Case management involves a system of assessment, planning, coordination, advocacy, referral, monitoring, evaluation, and resource development to assure timely diagnostic and treatment services for clients with abnormal screening results. CDC requires that, at a minimum, case management is offered to all clients with abnormal screening results.

The purpose of WWWP case management is to ensure that clients receive timely and appropriate diagnostic and treatment services; to identify client barriers, such as access to services, transportation, scheduling, or lack of understanding about the need or nature of follow-up procedures; and to overcome these barriers so that the client can

keep the follow-up appointments and take action on recommendations. WWWP case management should promote self-sufficiency and self-determination by ensuring that each client gains the knowledge, skills, and support needed to obtain necessary services.

There are distinctions between the critical components of case management, tracking and follow-up. CDC has provided the following clarification between these critical components:

- **Case management** involves establishing, brokering, and sustaining a system of available clinical (screening, diagnostic, and treatment) and essential support services for all NBCCEDP-enrolled clients.
- **Tracking** entails the use of a data system to monitor a client's receipt of screening/re-screening, diagnostic, and treatment procedures.
- **Follow-up** refers to the provision of appropriate and timely clinical services following an abnormal test result and/or diagnosis of cancer.

A key difference between case management, tracking, and follow-up is that case management refers to a broader system and should be provided in real-time.

For example, once a client with an abnormal screening result is identified, the client should be assessed for medical needs and social service needs, such as barriers interfering with their access to diagnostic and treatment services. The client's strengths and support network should be assessed and used to identify potential avenues of assistance. If case management services are indicated, a plan should be developed addressing the client's individual needs and barriers with provisions to assure timely diagnostic and treatment services. Participation in case management should be voluntary for the client.

This is in contrast to tracking, which involves data systems to monitor a client's receipt of these services. Tracking is not typically conducted in "real time" due to inherent reporting systems, reporting delays, and data entry processes. Follow-up can occur as part of case management or tracking because it involves the actual provision of clinical services following an abnormal screening result or diagnosis of cancer.

To summarize:

- **Case management** is a service provided to clients with abnormal results intended to assist them in getting timely and appropriate diagnostic and treatment services.
- **Follow-up** is the timely provision of these clinical services.
- **Tracking** is the process by which you verify what has happened to clients screened through the program. Case managers usually need a "real time" system to help them know which clients need specific follow-up services. If the system for tracking clients

with abnormal results does not happen in real time, it is not helpful to the case manager.

Key Elements of Case Management

- **Identification:** identifying the client with abnormal results that may require case management; establishing protocols for timely notification of results and communicating the need for case management.
- **Assessment:** initiating cooperative efforts between the client and case manager to identify the client's needs for (and barriers to) screening, re-screening, and diagnostic, clinical, and essential support services; assessments should include consent and assurance of confidentiality between the client, case manager, and health care team.
- **Planning and referral:** developing an individual written client plan for meeting immediate, short-term, and long-term needs; linking the client to participating WWWP providers; informing the client about the scope and limits of WWWP covered services and their liability to pay for services not covered by the program.
- **Advocacy:** assisting the client, as necessary, to obtain needed screening, diagnostic and treatment services; identifying and linking the client to resources for financial assistance, community support, translation services, provider referrals, and transportation.
- **Care coordination:** brokering and coordinating services of multiple providers and support services so that there is a continuum of care for the client; maintaining close communication between the WWWP coordinating agency, the client, and the providers.
- **Monitoring:** ongoing reassessment of client needs through regular communication; maintaining a client database to track and follow enrollment and re-enrollment data, screening and re-screening dates, test results and follow-up plans, and sending reminders for re-screening and re-enrollment (or assure that the health care provider does); documenting case management activities to include whether the client kept their appointment, whether the client understood the action plan, and the consequences if the client chooses not to follow-up.
- **Resource development:** promoting self-sufficiency and self-determination of the client by ensuring they gain the knowledge, skills, and support needed to obtain necessary services; tailoring education about the purpose and expected outcomes to each client; availability of a current resource guide and essential treatment plan is essential to aid referrals to needed services.
- **Evaluation:** assessing client satisfaction, access, and timeliness of referral services, as well as the quality of individual client case management plans.

If the client refuses services, the provider must attempt to obtain an informed refusal in writing and document this in the client's medical record. This includes whether the client fails to keep appointments or refuses recommended procedures. If the client cannot, or will not, sign an informed refusal, the provider must document verbal refusal. **Before closing the client record as a refusal, a thorough review of the client care, recommendations, and case management actions must be discussed with the Case Management Coordinator at the WWWP Central Office.**

Uninsured clients who are eligible for the Wisconsin Well Woman Program, and who are diagnosed with and need treatment for breast or cervical cancer or a precancerous cervical lesion, may be eligible to enroll in Wisconsin Well Woman Medicaid (WWWMA). Clients enrolled in Medicaid BadgerCare Plus or the Family Planning Waiver Program may also qualify for WWWMA. See [Chapter 7](#) and [Appendix 8](#) for details.

Close communication between the WWWP Provider and the WWWP coordinating agency is essential to ensure a timely and smooth transition to WWWMA. Clients who are not eligible for WWWMA will need additional assistance to obtain necessary follow-up and treatment services. Each WWWP coordinating agency must have an essential treatment plan in place to assist these clients.

Essential Treatment Plan

The essential treatment plan is intended to assist the client in obtaining recommended diagnostic services or treatment that is not covered by the WWWP. The plan should identify local, state, or national resources that can assist the client in obtaining needed care and treatment. Financial or other barriers may contribute to a refusal of treatment or loss to follow up for clients needing care. All attempts to assist clients should be documented in the client's record.

The essential treatment plan should be reviewed and updated annually and include:

- Information regarding providers who will offer various diagnostic and/or treatment services that are related to WWWP covered services, regardless of ability to pay.
- Information regarding providers who will waive or reduce fees or negotiate a payment plan with clients.
- Information about available financial resources, including private community funds and foundations or other public or national programs that assist in obtaining needed resources or services.
- Information and phone numbers for local, county, and social service agencies to assist with benefits and eligibility determination for programs.

- A list of local support services, such as the American Cancer Society, and groups organized through hospitals, clinics, and faith communities.
- Information about other resources that may be helpful to assist the client gain access to needed care, such as housing, transportation, and counseling.

Suggestions for Assisting Clients Who Need Treatment

- Refer the client to the social services department within the clinic/hospital. Provide the contact information of the social services department for the client.
- Facilitate the application process for Wisconsin Well Woman Medicaid (WWWMA) if the WWWP client is diagnosed with and needs treatment for breast or cervical cancer or a precancerous cervical lesion.
 - Uninsured clients eligible for WWWP who are diagnosed with breast or cervical cancer, or a precancerous cervical lesion, may be eligible for WWWMA. See [Chapter 7](#) and [Appendix 8](#) for more information about WWWMA.
 - Some clients may not be eligible for WWWMA or may have other noncovered medical needs. The WWWP coordinating agency should utilize their local essential treatment plan in attempt to assist these clients. If the client is not eligible for WWWMA, investigate the hospital or clinic's options to assist individuals who cannot afford medical services. Some of these programs (for example, charity care, community care, and hardship funds) typically require the client to complete an application. Assist the client with negotiating a reasonable payment plan with the health care provider for noncovered services. Many clients do not know that this is an option.
- Ensure that the client is informed about the services available through the American Cancer Society and other local support groups and resources.
- Talk with the client about ongoing treatment expenses and financial assistance needs. Assist them with accessing resources through the internet.
- Assist the client with finding resources to help with other needs such as transportation, childcare, wigs, prosthetics, and sleeves.

Chapter 6 – WWWP Billing and Reimbursement

Provider Reimbursement Rates

- Reimbursement rates for the WWWP are determined using the current Medicare reimbursement rates for Wisconsin.
- Reimbursement rates for WWWP change annually on July 1.
- See [Appendix 5](#) for the current WWWP reimbursement rates.
- The WWWP will not pay for more than one office visit code per date, per individual provider.
- The WWWP is the payer of last resort.

Reimbursement Requirements – All Providers

- In order to reimburse providers for services, the WWWP must have a signed Provider Participation Agreement on file and evidence of a current WWWP enrollment for each client.
- The provider must complete and submit the required WWWP reporting forms that documents services provided, results, and actual or recommended follow-up. The forms and reporting processes are described in [Chapter 1](#) and [Chapter 5](#).
- The provider must maintain documentation of WWWP services provided in the client's clinical record. Documentation is described in [Chapter 1](#) and [Chapter 5](#).
- The provider must follow the processes for submitting reporting forms and billing claims as described in [Appendix 6](#).
- The provider must recognize the amount WWWP reimburses as the service paid in full. The provider should not bill the WWWP client any remaining cost.
- The provider must first submit billing claims to a client's private insurer or other third-party payer when the client has additional coverage.
 - If a third-party does not cover the entire cost of a service, the provider may bill the WWWP for the remaining cost. The WWWP will reimburse the WWWP reimbursement rate or the actual remaining cost, whichever is less.
 - If a third-party covers or exceeds the amount WWWP reimburses for the cost of a service, no further reimbursement will be provided by the WWWP. The provider must recognize the amount reimbursed as the service paid in full. The provider should not bill the WWWP client any remaining cost.

Reimbursement Requirements – Radiology, Anesthesiology, Pathology

- The referring WWWP provider must inform radiology, anesthesiology, and pathology providers that the client is a WWWP client and that WWWP will pay for covered services. This alleviates radiology, anesthesiology, or pathology billing a client directly.
- The Current Procedural Terminology (CPT®) code for services and procedures must be included on all billing claims submitted to WWWP for reimbursement.
- If a service provider is billing for the **technical component** of a service, the provider must include the **modifier TC** along with the CPT Code.
- If a service provider is billing for the **professional component** of a service, the provider must include the **modifier 26** along with the CPT Code.
- If no modifier is used on such services, the global rate will be paid to the first provider submitting a billing claim with complete information. The other provider will be denied payment. This is also true when a provider bills the exact WWWP reimbursement amount for a specific service at the modifier reimbursement rate, without using the modifier. In this case, the first provider will receive the allotted amount. Subsequent providers filing their billing claims with a modifier will not be reimbursed, since the computer will read it as a global payment, regardless of the amount billed. See [Appendix 5](#) for approved CPT codes and modifiers associated with them.

Reimbursement Requirements – Other Outpatient Services

- Allowable breast and cervical cancer screening and diagnostic services found on the WWWP service listing are reimbursed at the current Medicare reimbursement rates. See [Appendix 5](#) for WWWP covered services and reimbursement rates. These rates are updated annually with changes effective on July 1. Only those CPT Codes and procedures listed will be reimbursed by WWWP. No exceptions will be made.
- All breast biopsies and other covered WWWP services will be reimbursed as **outpatient** services only.
- The WWWP will reimburse the hospital or other outpatient facility and the performing physician for the biopsy.
- Anesthesia services for breast biopsies will be reimbursed using the approved CPT codes at the calculated anesthesia rate. The **time units and base units** for anesthesia must be included on the billing claim so that the claim can be calculated using the reimbursement formula for anesthesia services. Use of modifiers is

necessary when billing for anesthesia. Reimbursement of two providers involved with a WWWP specified procedure will be allowed only where appropriate.

Process for Submitting Claims

The provider must follow the processes for submitting reporting forms and billing claims as described in [Appendix 6](#). WWWP must have evidence of a current client enrollment and a current Provider Participation Agreement on file to process a billing claim.

Providers must:

- Complete the appropriate reporting form(s).
- Complete the appropriate billing claim; the UB-04 or the CMS-1500.
- Submit the reporting form(s) and billing claims to the WWWP either:
 - Electronically through the secure WWWP web portal of ForwardHealth interChange, or
 - Via mail to the WWWP. See [Appendix 6](#) for specific details.
- Submit billing claims within 365 days of the date of service.

Denial of Reimbursement

Providers will receive notification on the reason(s) for a billing claim denial through ForwardHealth interChange for electronic billing claims or by mail from Gainwell Technologies for paper claims. Billing claims will be denied for any of the reasons listed below:

- If services are provided to ineligible clients (clients who do not meet the residency, age, income, insurance, screening frequency, or screening interval requirements).
- If evidence of a current WWWP client enrollment or a current signed Provider Participation Agreement are not on file with the WWWP.
- If required WWWP reporting forms are not submitted to the WWWP, or all of the required data elements on the forms are not completed.
- If the service is not covered by the WWWP. See [Appendix 5](#) for covered services. WWWP will not reimburse treatment costs or surgical consultations to discuss treatment and/or other treatment costs for clients participating in this screening program. Note that uninsured WWWP clients diagnosed with a precancerous cervical lesion, or breast or cervical cancer as a result of WWWP covered screenings may be eligible to enroll in Wisconsin Well Woman Medicaid, which can cover their treatment.
- If the guidelines for screening and follow-up outlined in the Provider Participation Agreement and in this manual are not met.

ForwardHealth interChange

The [ForwardHealth interChange website](#) provides access to:

- The WWWP reporting forms, claim forms, and submission procedures.
- The gateway to provider communications such as ForwardHealth updates and alerts.
- The WWWP secure web-portal to:
 - Enroll clients (WWWP coordinating agencies only)
 - Verify client enrollment
 - Submit electronic WWWP reporting forms and billing claims
 - Check the status of WWWP electronic billing claims
 - Amend or correct electronic WWWP reporting forms and billing claims
 - Submit specific questions
- The contact information regarding:
 - ForwardHealth Provider Service Call Center
 - Forward Health Portal Help Desk
 - Electronic Data interChange Help Desk

Billing Claim Inquiries

A provider who has questions about the status of a WWWP billing claim should call the [ForwardHealth Provider Service Call Center](#) and provide the client's name, client's date of birth, client's ID, date of services(s) and CPT codes(s), and the provider's NPI number.

How to Order Paper CMS-1500 and UB-04 Claim Forms

If providers want to order paper copies of billing claims, they can purchase them from various vendors. A few examples include:

- U.S. Government Printing Office: (866) 512-1800
- Amazon.com
- Local printing companies
- Local office supply stores

Billing Claim Processing Timeframe

- Billing claims submitted electronically through ForwardHealth interChange can generally be approved for payment on the same day the billing claim was entered into the system if all requirements are met.
- Billing claims submitted on paper to the WWWP may take up to 3 weeks to process.
- This timeframe assumes all appropriate forms have been submitted, there are no missing or inadequate data on the forms, and there are current, signed Provider Participation Agreements and current, signed client enrollment forms on file with the WWWP.

Chapter 7 – Wisconsin Well Woman Medicaid (WWWMA)

WWWMA Overview

This Chapter provides general information only. See [Appendix 8](#) for specific processing details, contact information and other relevant resources.

- WWWMA provides most WWWP eligible clients with access to full-benefit Medicaid health care coverage when diagnosed with breast cancer, cervical cancer, or a precancerous condition of the cervix, **and** are in need of treatment.
- Some clients may also qualify for WWWMA based on screenings completed through BadgerCare Plus or Family Planning Only Services (FPOS).
- WWWMA eligible clients receive full-benefit fee-for-service Medicaid health care coverage.
- Clients who enroll in WWWMA become ineligible for WWWP.
- WWWP providers must report the client's final diagnosis and treatment information on the WWWP Breast Cancer Diagnostic and Follow-up Report Form ([F-44724](#)) or the WWWP Cervical Cancer Diagnostic and Follow-up Report Form ([F-44729](#)).

WWWMA Eligibility Criteria

Clients must meet **both** non-medical and medical criteria to be eligible for WWWMA. See [Wisconsin's Medicaid Eligibility Handbook Chapter 36](#) for additional information on eligibility.

Non-medical eligibility

- Client is a resident of Wisconsin.
- Client is less than 65 years old.
- Client is eligible and enrolled in WWWP or FPOS.
- Client is a U.S. citizen or qualifying immigrant. Some WWWP clients will not qualify for WWWMA because of immigration status. These clients should contact their county and/or tribal income maintenance agency about other options.
- Client has a Social Security number or can get one.
- Client cannot get public and/or private health insurance that covers treatment of breast cancer or cervical cancer or a precancerous condition of the cervix.

Clients receiving services through a tribal health center, including federally funded Indian Health Services, are eligible for WWWMA. WWWP clients enrolled in Medicare or private insurance, even with a high deductible or co-pay, do not qualify for WWWMA.

Medical eligibility

- Client is diagnosed and needs treatment for:
 - Breast cancer.
 - Cervical cancer (CIN II/moderate dysplasia, CIN III/severe dysplasia, carcinoma in situ, or endocervical adenocarcinoma in situ).
 - Precancerous condition of the cervix (CIN I/mild dysplasia).
- The diagnosing provider must confirm the diagnosis and indicate the need for ongoing treatment and/or surveillance monitoring.

WWWMA can cover additional diagnostic procedures needed to determine a final diagnosis (tumor size, stage, and characteristics) and determine the treatment plan for the breast cancer, cervical cancer, or precancerous condition of the cervix.

No other medical diagnoses, such as ovarian or uterine cancer, are eligible for WWWMA.

WWWP Coordinating Agency Role

The WWWP coordinating agency is responsible for assisting clients with the WWWMA application process. See [Appendix 8](#) for specific details.

WWWMA Enrollment Options

Enrollment in WWWMA can be completed through a simple enrollment process using the one-page WWWMA Application and Renewal Form ([F-10075](#)). There are two options for initial enrollment:

- Presumptive Eligibility (PE) is an optional temporary enrollment process, which allows clients to enroll in WWWMA for up to two months while they are still applying for WWWMA.
- Ongoing Benefits is an enrollment process that requires a completed application and any necessary verification, including verification of citizenship, before benefits can be approved. Ongoing Benefits allow for a certification period of up to 12 months if the client continues to meet the program rules.

Clients may choose to enroll using PE prior to enrolling in Ongoing Benefits, but they may enroll initially in Ongoing Benefits.

Submission of the WWMA Application and Renewal Form (F-10075)

- Both options of enrollment require submission of the [F-10075](#).
- The [F-10075](#) must be signed by the diagnosing provider. The diagnosing provider must be a Medicaid-certified physician or nurse practitioner (MD, NP, or DO) who is a WWWP provider.
- The diagnosing provider must medically certify and complete the diagnosis section of the form and attest to the need for treatment for breast or cervical cancer or precancerous cervical lesion.
- The applicant must complete the applicant/member section, including citizenship information, and sign the [F-10075](#) form to request this coverage.

Application for WWMA Presumptive Eligibility

- Work with the Medicaid-certified, WWWP diagnosing provider to identify WWWP clients who need treatment for an eligible diagnosis.
- Work with the WWWP diagnosing provider and client to complete the [F-10075](#).
- Client must be a U.S. citizen. Refer non-U.S. citizens to Enrollment Management Central Application Processing Operation (EM CAPO) to see if they are eligible for Ongoing Benefits WWMA.
- The WWWP coordinating agency or WWWP diagnosing provider must fax in the completed [F-10075](#) within five days after diagnosis to the fiscal agent. See [Appendix 8](#) for specific details and fax number.
- The WWWP diagnosing provider retains a copy of the [F-10075](#) in the client's medical record.
- The WWWP coordinating agency retains a copy of the [F-10075](#) in the client's file.
- The WWWP diagnosing provider or the WWWP coordinating agency must give the WWWP eligible client a copy of the [F-10075](#) to provide to the state certifying agency, EM CAPO, when applying for Ongoing Benefits.
- WWWP providers must report the client's final diagnosis and treatment information on the WWWP Breast Cancer Diagnostic and Follow-up Report Form [F-44724](#) or the WWWP Cervical Cancer Diagnostic and Follow-up Report Form [F-44729](#).

Effective date of WWWMA Presumptive Eligibility

The effective date of WWWMA Presumptive Eligibility always begins with the date of diagnosis (the date the diagnostic procedure is performed) on the [F-10075](#) and ends on the last day of the calendar month following the month of diagnosis.

Application for WWWMA Ongoing Benefits

- Applications for WWWMA Ongoing Benefits (12-month coverage) are sent to EM CAPO for processing.
- Proof of citizenship is required by Medicaid. See [Wisconsin's Medicaid Eligibility Handbook Chapter 7.2](#) for acceptable documentation of citizenship.
- Copies of the [F-10075](#), the WWWP Enrollment form ([F-44818](#)) ([F-44818s](#)), documentation of citizenship, and verification of identity, if applicable, must be sent to EM CAPO before the end date of Presumptive Eligibility to continue coverage. See [Appendix 8](#) for submission details.
- WWWMA Ongoing Benefits eligibility begins on the date of diagnosis (date the diagnostic procedure was performed) entered on the [F-10075](#) or eligibility may be backdated to the first of the month up to three months prior to the date the application is received by EM CAPO, whichever is most recent.
- Renewal reminder for WWWMA:
- Inform clients on WWWMA that they must have both their medical and non-medical eligibility for Medicaid recertified each year. Clients will receive a renewal notice with the [F-10075](#) from EM CAPO. Suggest clients make a note on their own calendar to watch for this renewal notice. Clients will need an updated [F-10075](#) signed by the diagnosing provider indicating they need ongoing treatment and/or surveillance monitoring for their cancer. Note: EM CAPO has up to 30 days to process a renewal.
- Reactivation in WWWP, if necessary:
- Check with clients eleven months after their diagnosis to see if they have completed treatment. If a client does not need ongoing treatment or surveillance monitoring through WWWMA, verify whether the client continues to meet WWWP eligibility criteria and re-enroll in WWWP if necessary.
- For problems or questions regarding WWWMA eligibility:
- Providers can contact the WWWP coordinating agency.
- The WWWP coordinating agency can contact the [WWWP Central Office](#) staff or [EM CAPO](#) for specific cases.

Criteria that Terminate Eligibility for WWWMA

WWWMA members are required to report changes that would affect their eligibility. Reported changes that result in the WWWMA case closing are any of the following:

- Client reaches the age of 65. Most clients are eligible for Medicare or can re-enroll in WWWP for covered services if they cannot afford Medicare Part B.
- Client becomes eligible for Medicare Part A, Medicare Part B, or both.
- Client moves out of state. The WWWP coordinating agency should assist clients in determining potential eligibility in another state.
- Client no longer needs treatment for breast cancer or cervical cancer or a precancerous condition of the cervix.
- Client obtains other health insurance or another type of full-benefit Medicaid coverage that covers breast cancer or cervical cancer or a precancerous condition of the cervix.
- A determination that false information was provided about eligibility. Recoupment of Medicaid payment is possible.

See to [Appendix 8](#) for specific processing details, contact information and other relevant resources.

Chapter 8 – WWWP Patient Navigation

Patient Navigation

Patient navigation is a strategy aimed at reducing disparities by helping clients overcome barriers to accessing and completing cancer screening and diagnostic services.

The Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP) defines patient navigation as “individualized assistance provided to women to help overcome barriers and facilitate timely access to quality screening and diagnostic services, as well as initiation of timely treatment for those diagnosed with cancer.”

Patient navigation is an individualized intervention, intensive in nature, and should be provided to women who otherwise would not complete the screening and diagnostic process.

WWWP Patient Navigators are affiliated with select health systems that are part of the WWWP provider network.

Target Population for Patient Navigation Services

The target population for patient navigation services should include clients:

- At or below 250% of the federal poverty level.
- Of appropriate age per breast and cervical cancer screening guidelines.
- Who have other payment sources for screening and/or diagnostic services.

CDC refers to this service as patient “navigation-only” services. Clients who receive patient “navigation-only” services are not enrolled in the Wisconsin Well Woman Program and have breast and cervical cancer screening coverage through private health insurance, Medicaid, Medicare, or another payment source.

Required Patient Navigation Activities

Although patient navigation services vary based on an individual’s needs, at a minimum, patient navigation for clients served by the WWWP must include the following activities:

- Screening and referring individuals eligible for the WWWP to the appropriate WWWP coordinating agency.

- Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment.
- Patient education and support.
- Resolution of patient barriers such as, but not limited to, transportation services, translation services, and social services.
- Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment.
- A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship.
- Collection of data to evaluate the primary outcomes of patient navigation cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed.
- Linking clients to other needed health, community, and social services.

Terminating Patient Navigation Services

Depending on screening and diagnostic outcomes, patient navigation services are terminated when a client:

- Completes screening and has a normal result.
- Completes diagnostic testing and has normal results.
- Initiates cancer treatment.
- Refuses treatment.

Patient Navigation Responsibilities for WWWP Coordinating Agencies

In addition to outreach, eligibility determination, enrollment, provider support, and case management, WWWP coordinating agencies are responsible for providing patient navigation to WWWP clients as needed.

As appropriate, WWWP clients should be assessed for barriers to cancer screening, diagnostic services, and initiation of cancer treatment.

The patient navigation services provided to WWWP clients should focus on linking clients to the [Well Badger Resource Center](#) managed by the Wisconsin Women's Health Foundation, in partnership with the Wisconsin Department of Health Services. They currently connect Wisconsinites to social, health, and government programs available in communities throughout the state.

In addition to linking WWWP clients to the Well Badger Resource Center, WWWP coordinating agencies should also:

- Refer clients to health, community, and social services in their county of residence or a neighboring county if appropriate.
- Work with the WWWP Patient Navigators affiliated with the select health systems that are part of the WWWP provider network.
- Keep detailed records of the WWWP clients who receive patient navigation services for reporting.

Glossary of Acronyms and Terms

ACOG - American College of Obstetricians and Gynecologists

The specialty's premier professional membership organization dedicated to the improvement of women's health.

ACR - American College of Radiology

A mammography accreditation program that has become one of the standards for quality assurance.

ACR Lexicon BI-RADS

The ACR lexicon Breast Imaging Reporting and Data System (BI-RADS) is a standardized, uniform method for reporting mammography, ultrasound, and MRI of the breast results. Reporting of breast imaging results must be done by persons qualified and responsible for interpretation and accurate reporting (translation as needed) of mammography results.

ACS - American Cancer Society

A nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem.

Adenocarcinoma

A form of cancer that involves glandular cells from the lining of the walls of many different organs of the body.

AGC - Atypical Glandular Cells

Pap test result of abnormal glandular cells from the inner part of the cervix or the lining of the uterus. This finding may be a sign of cancer or other serious condition and more testing may be needed.

AIS - Adenocarcinoma in Situ

A condition in which abnormal, cancerous cells are found in the glandular tissue that line certain internal organs such as the uterus, cervix, lung, pancreas, and colon and may spread to nearby normal tissue.

ASCCP - American Society for Colposcopy and Cervical Pathology

A professional society that is dedicated to promoting education and research in the fields of colposcopy and the study of the characteristics, causes, and effects of diseases and disorders (pathology) of the vagina, vulva, and neck of the uterus (cervix).

ASC-H: Atypical Squamous Cells, cannot exclude HSIL

Pap test result of abnormal squamous cells in the tissue that lines the outer part of the cervix and may be a sign of a high-grade squamous intraepithelial lesion (HSIL), which may become cervical cancer if untreated.

ASC-US: Atypical Squamous Cells of Undetermined Significance

Pap test result of irregular cells that could be caused by a number of sources, including transient infections or irritations that the body could resolve on its own. However, it could be a sign of precancerous changes or dysplasia.

Benign

A noncancerous growth that does not metastasize and treatment via removal is curative.

Bethesda System

A comprehensive, standardized system of reporting cytopathology results from Pap tests. The Clinical Laboratory Improvement Amendments (CLIA) mandate the use of the Bethesda System for laboratory reporting and proficiency testing.

Biopsy

A procedure that involves obtaining a tissue specimen for microscopic analysis to establish a precise diagnosis.

Breast Mass/Lump

A localized swelling, protuberance, or lump in the breast.

Cancer

A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread throughout the bloodstream and lymphatic system to other parts of the body.

Case Management

The process of assuring WWWP clients receive timely and appropriate screening, re-screening, diagnostic services, and treatment.

CBE - Clinical Breast Examination

A breast exam performed by a qualified health care practitioner.

CDC - Centers for Disease Control and Prevention

The federal agency responsible for protecting the health and safety of all Americans, and for providing essential human services, especially for those individuals who are least able to help themselves. The CDC issues funds and develops policy for the NBCCEDP.

Cervical Biopsy

The removal of cervical tissue for examination by a pathologist.

Cervical Dysplasia

The abnormal growth of cells on the surface of the cervix usually caused by certain types of HPV. Cervical dysplasia is not cancer but may become cancer and spread to nearby normal tissue.

Cervix

The narrow, lower end of the uterus.

CIN - Cervical Intraepithelial Neoplasia

The abnormal growth of cells on the surface of the cervix usually caused by certain types of HPV. Cervical intraepithelial neoplasia is not cancer but may become cancer and spread to nearby normal tissue. It is graded on a scale of 1 to 3, based on how abnormal the cells look under a microscope and how much of the cervical tissue is affected:

CIN 1

Refers to abnormal cells affecting about one-third of the thickness of the epithelium.

CIN 2

Refers to abnormal cells affecting about one-third to two-thirds of the epithelium.

CIN 3

Refers to abnormal cells affecting more than two-thirds of the epithelium.

CIS - Carcinoma in Situ

Cancer that involves only the cells in which it began and has not spread to other tissues.

CLIA - Clinical Laboratory Improvement Amendments

Regulates all laboratories testing human specimens for the prevention, detection, diagnosis, or treatment of diseases for health assessment purposes.

CMS - Centers for Medicare and Medicaid Services Agency

Part of the U.S. Department of Health and Human Services (HHS), formerly called the Health Care Financing Administration (HCFA).

Cold Knife Cone Biopsy

A procedure to obtain a sample of abnormal tissue from the cervix for further examination. This procedure obtains a larger sample than that obtained by cervical punch biopsy or colposcopy-directed biopsy.

Colposcopy

A procedure for magnified inspection of the cervix with a colposcope.

Colposcopy-directed Biopsy

A procedure performed using a colposcope to aid in the viewing of the surface of the cervix and cervical canal. It also helps to identify areas on the surface that show tissue abnormalities.

Cone Biopsy (Conization)

A procedure that excises a cone-shaped wedge of tissue from the cervix for purposes of diagnostics and treatment.

CPT - Current Procedural Terminology

The codes used for billing purposes.

Cyst Aspiration

Removal of fluid or tissue from a cyst through a needle.

Date of Final Diagnosis

The date the clinical diagnosis is made, or the date at which the clinical decision is made that no more attempts will be made to contact the woman. Date of final diagnosis is an important outcome measure for the NBCCEDP. If a client is deceased before the diagnostic workup is started, enter the date of death as the date of administrative closeout. The program measures the time from screening to diagnosis and the time from diagnosis to treatment using this date.

DES - Diethylstilbestrol

A synthetic estrogen that was developed to supplement a woman's natural estrogen production. It was prescribed by physicians from 1938 until 1971 for women who experienced miscarriages or premature deliveries and has since been linked to increased risk of breast cancer in the mother and an increased risk of clear cell adenocarcinoma of the vagina and cervix in female offspring exposed in utero.

Final Diagnosis

For WWWP purposes, when diagnostic testing is complete, and the final diagnosis and the date of final diagnosis are known.

Diagnostic Mammogram

A screening mammogram including additional views of areas of concern to provide more information about the size and character of an abnormality.

DPH, DHS - Division of Public Health, Department of Health Services

The WI DPH DHS administers the WWWP.

Ductal Carcinoma in Situ

Abnormal cell growth within the ducts of the breast that has not spread outside the ducts.

Dysplasia

The presence of abnormal cells within a tissue or organ. Dysplasia is not cancer, but it may sometimes become cancer. Dysplasia can be mild, moderate, or severe, depending on how abnormal the cells look under a microscope and how much of the tissue or organ is affected.

Endocervical

Within the cervix.

ECC - Endocervical Curettage

The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

Endometrial

The tissue that lines the uterus.

Endometrial Biopsy

Procedure used to obtain a sampling of cells lining the inside of the uterus. This is covered by WWWP only to differentiate whether the problem is endocervical or endometrial.

FNA - Fine Needle Aspiration

Procedure used to remove cells or fluid from tissues using a needle with an empty syringe. Cells or breast fluid is extracted and analyzed.

FPL - Federal Poverty Level

A measure of income determined annually by the U. S. Census Bureau used to determine a person's eligibility for certain programs.

High-risk Criteria

Factors that indicate a higher risk of developing cancer compared to the general population.

HIPPA - Health Insurance Portability and Accountability Act

HIPPA is a federal law enacted in 1996 that requires national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

HPV - Human Papillomavirus

A sexually transmitted virus that can cause precancerous lesions of the cervix and cervical cancer. It is also responsible for warts and other abnormal cell growth. Certain types of HPV (HPV-16, HPV-18) have a much higher risk of promoting cancer development.

HPV Testing

A laboratory test in which cells are tested for DNA or RNA from certain types of HPV that are known to cause cervical cancer. At least 70% of all cervical carcinoma cells that have been studied are infected with HPV-16 or HPV-18. This test is used as a way to determine which clients need close follow-up. An HPV test used alone for cervical cancer screening is called primary HPV testing. An HPV test done at the same time as a Pap test is called co-testing.

HSIL - High-grade Squamous Intraepithelial Lesion

Pap test result showing a large number of pre-cancerous cells that look very different from normal cells on the surface of the cervix. It may also be called moderate to severe dysplasia.

Hysterectomy

Procedure for excising the uterus.

Inflammatory Breast Cancer

A type of infiltrating, or invasive, cancer that causes the skin of the affected breast to become red and swollen.

In Situ

Confined to the site of origin without invasion of neighboring tissues.

Invasive Cancer

Cancer that has spread to surrounding tissue.

Invasive Ductal Carcinoma

Invasive breast cancer that starts in the duct and can break through ductal walls and spread to the fatty tissue of the breast.

Invasive Lobular Carcinoma

Invasive breast cancer that starts in the milk-producing glands and can spread to other parts of the body.

LCIS - Lobular Carcinoma in Situ

LCIS is not considered to be cancer but can increase the risk of developing an invasive breast cancer in either breast later on. Close follow-up is important. In LCIS, abnormal cells that look like cancer cells are growing in the lobules, but do not invade through the wall of the lobules.

LEEP - Loop Electrosurgical Excision Procedure

Technique for removing portions of the cervix with an electrified thin wire loop. It is usually performed for both diagnosis and treatment of pre-malignant and benign cervical problems.

Lost to Follow-up

A client should be noted as "lost to follow-up" only under exceptional and very limited circumstances, for example when all tracking and case management efforts have been attempted and exhausted. All verbal and written attempts to reach the client must be documented in the client's medical record, including notification letters and attempts to locate the client through other contacts. Lack of case management does not constitute a "lost to follow-up" designation. The coordinating agency should notify the WWWW Case Management Coordinator of all cases with abnormal findings prior to designating them "lost to follow-up".

LSIL - Low-grade Squamous Intraepithelial Lesion

Pap test result that includes slightly abnormal cells found on the surface of the cervix caused by certain types of HPV. It may also be called mild dysplasia.

Lumpectomy

Procedure to remove a lump, usually from the body or breast.

Malignant

Tending to become progressively worse. Cancerous.

Mammogram

Special imaging examination of the breast using x-rays.

MDE - Minimum Data Elements

CDC's set of standardized data elements used to collect demographic and clinical information on women screened with NBCCEDP funds.

Metastases

Spread of a disease from the organ or tissue of origin to another part of the body.

MQSA - Mammography Quality Standards Act of 1992

National quality standards for mammography equipment and services.

MRI - Magnetic Resonance Imaging

Special imaging technique used to image internal structures of the body, particularly the soft tissues.

NBCCEDP - National Breast and Cervical Cancer Early Detection Program

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which established CDC's National Breast and Cervical Cancer Early Detection Program. The NBCCEDP provides screening services including clinical breast examinations, mammograms, pelvic examinations, Pap tests, and other specified diagnostic tests for breast and cervical cancer for clients who meet eligibility criteria.

Needle Biopsy

The removal of tissue with a needle from an area that looks suspicious on a mammogram but cannot be felt.

Needle Localization

Also called needle-localized biopsy. A procedure using very thin needles or guide wires to mark the location of an abnormal area of tissue to be surgically removed using an imaging device when a doctor cannot feel the mass of abnormal tissue.

Pap Test - Papanicolaou Test

Microscopic examination of cells collected from the cervix. It is used to detect changes that may be cancerous or lead to cancer, and can show non-cancerous conditions, such as infection or inflammation.

Refusal of Follow-up

Client refusal of services and/or follow-up should be carefully documented to ensure the client has been informed of the potential consequences of their decision. All verbal and written case management contacts must be documented, including notification letters.

Screening Mammogram

Mammogram performed to detect the presence of a breast abnormality in its initial stage and to serve as a baseline film to which future screening or diagnostic mammograms may be compared.

Staging System

Determines the extent of a cancer within the body. If the cancer has spread, the stage describes how far it has spread from the original site to other body parts.

Status of Treatment

A client that is referred for treatment is not sufficient confirmation that treatment has been started. A client should be classified as having started treatment when the program has confirmed that a plan for treatment of the cancer or a precancerous lesion has been developed and started, and financial plans for the payment of treatment have been established. Status of treatment is an important outcome measure for the NBCCEDP.

Stereotactic Biopsy

Procedure that uses a computer and a three-dimensional scanning device to find a tumor site and guide the removal of tissue for examination under a microscope by a pathologist.

Squamous Cell Carcinoma

Cancer that begins in squamous cells. Squamous cells are thin, flat cells that look like fish scales, and are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the lining of the respiratory and digestive tracts.

Surgical Biopsy

There are two types of surgical biopsy. An incisional biopsy is the removal of a sample of a lump or suspicious area. An excisional biopsy is the removal of the entire lump of suspicious area and healthy tissue around the edges.

Tomosynthesis

Mammogram that produces a three-dimensional image of the breast by using several low dose x-rays obtained at different angles.

Treatment Date

For WWWP purposes, the date when treatment began and refers to the client's actual start of therapy.

Tumor

Also called neoplasm. An abnormal mass of tissue that results from excessive cell division. Tumors may be benign (non-cancerous) or malignant (cancerous).

Tumor Margins

The area of tissue surrounding a tumor when it is removed by surgery.

Ultrasound

Type of imaging technique that uses high-frequency sound waves.

WWWMA - Wisconsin Well Woman Medicaid

A component of the WI Medicaid Program that pays for treatment of breast cancer, cervical cancer, or a precancerous condition of the cervix for WWWP clients diagnosed as a result of a WWWP covered screening. WWWMA provides full benefit Medicaid coverage if the client meets additional specified criteria.

WIC - Women, Infants and Children Program

The U.S. Department of Agriculture program that provides nutrition education, specified health screening and food vouchers for eligible women and young children.

WWWP - Wisconsin Well Woman Program

Wisconsin's component of the CDC's National Breast and Cervical Cancer Early Detection Program.

WWWP Coordinating Agency

WWWP agencies and its staff who provide client outreach, recruitment, enrollment, case management and provider support at the city, multi-county, or tribal level for the WWWP under an agreement with the WI DHS.

WWWP Health Care Providers

The clinics and health systems that provide WWWP screening and diagnostic services under a provider participation agreement with the WI DHS. There are four types of providers in the WWWP provider network: health systems, Federally Qualified Health Centers, rural health clinics, and outpatient hospital clinics.

Appendix 1 – WWWP At-A-Glance

For an at-a-glance look at the background, covered services, and eligibility criteria of the Wisconsin Well Woman Program (WWWP), see WWWP At-A-Glance [P-00276](#).

Appendix 2 - WWWP Income Eligibility Guidelines

For the most recent Wisconsin Well Woman Program (WWWP) income eligibility guidelines, see WWWP Income Eligibility Guidelines [P-43029](#).

Appendix 3 - WWWP Enrollment Information

For information on the Wisconsin Well Woman Program (WWWP) enrollment form submission process, see [ForwardHealth Update No. 2008-171](#).

Appendix 4 - Sample WWWP Provider Participation Agreement

For a sample of the Wisconsin Well Woman Program (WWWP) Provider Participation Agreement, see WWWP Provider Participation Agreement [F-44725](#).

Appendix 5 - WWWP Covered Services and Reimbursement

The Wisconsin Well Woman Program (WWWP) covers specific screening and diagnostic procedures related to breast and cervical cancer screening. See the documents below for a complete list of covered services and reimbursement rates.

- WWWP Covered Breast and Cervical Cancer Screening Services Appendix 5 [P-43028-app-5](#)
- WWWP Reimbursement Rates [P-00513a](#)
- WWWP Procedure Code Quick Reference [P-43029a](#)
- Reporting Instructions for Ductograms and Galactograms [P-01173](#)

Appendix 6 - WWWP Reporting Forms and Claims Submission Procedures

The following Wisconsin Well Woman Program (WWWP) reporting forms, per services received, must be completed and submitted to the ForwardHealth Portal in order for claims to be paid:

- WWWP Breast and Cervical Cancer Screening Activity Report Form (ARF) [F-44723](#)
 - [F-44723i](#) Instructions
- WWWP Breast Cancer Diagnostic and Follow-up Report Form (DRF) [F-44724](#)
 - [F-44724i](#) Instructions
- WWWP Cervical Cancer Diagnostic and Follow-up Report Form (DRF) [F-44729](#)
 - [F-44729i](#) Instructions

For information on submitting claims in ForwardHealth for reimbursement of WWWP services, see the [Wisconsin Well Woman Program Online Handbook](#) by ForwardHealth.

Appendix 7 - Clinical Guidelines and Protocols

For published screening recommendations, clinical guidelines and protocols for the management of breast and cervical cancer screening from nationally recognized and credible organizations, see Clinical Guidelines and Protocols [P-43028-app-7](#).

Appendix 8 - WWWP to WWWMA Process for WWWP Coordinating Agencies

The document, WWWP to WWWMA Process for WWWP Coordinating Agencies [P-43028-app-8](#), has been developed as a desktop reference for Wisconsin Well Woman Program (WWWP) coordinators. It provides an overview of how to help eligible WWWP clients apply for Wisconsin Well Woman Medicaid (WWWMA) for treatment. This is not meant to replace the Division of Medicaid Services Eligibility Handbooks, Medicaid provider updates or operations memos.

Appendix 9 - Client Assistance Resources

For more information on cancer related information, resources, referral services, and support services, see Client Assistance Resources [P-43028-app-9](#).