

WISEWOMAN Clinical & Compensation Procedures

For

Contract Type WW

Cardiovascular Screening Services

With

The SC Department of Health and Environmental Control

Effective June 30, 2012

Cardiovascular Screening Services

- I. SCOPE OF SERVICES: Contractor shall provide cardiovascular health screening services to at least 80% of pre-authorized Best Chance Network (BCN) patients who meet the following criteria:**
- A. Patient Eligibility:** The Contractor shall provide cardiovascular health screening services to women **47-64 years of age** who meet Best Chance Network eligibility guidelines and are enrolled in the Best Chance Network program with DHEC WW services offered during a scheduled appointment for an initial or annual visit for breast and/or cervical screening services.
- B. Services:** The Contractor will provide screening tests and related services based on the DHEC WW Fee for Service Schedule.
1. **Screening/Rescreening:**
 - a. Screening services, which include measurements of blood pressure, fasting and non-fasting total and HDL-cholesterol (If patients are fasting, a lipoprotein panel may be used, which includes LDL-cholesterol and triglycerides.), blood sugar, body mass index and/or waist circumference, will be provided by staff as stated in **Section C** of these Clinical & Compensation Procedures. These services must be provided according to the appropriate protocols contained in the DHEC WW Program Manual. Patients must sign Consent to Participate in cardiovascular screening and lifestyle intervention (form provided by DHEC) before screening is conducted. Any refusals by patients to have these services should be documented in patient record.
 - b. All patients participating in DHEC WW services must complete a WISEWOMAN health history at the initial and annual rescreening visits. Assistance may be given to the client for completion of the form.
 - c. Refer patients for fasting blood work, evaluation and/or treatment, as appropriate, using the protocols contained in the DHEC WW Program Manual,
 - d. Provide documentation in the patient record of a minimum of one attempt to reschedule missed appointments for rescreening or on-site evaluation.
 - e. Establish/maintain an effective annual rescreening reminder system that notifies enrolled women 47-64 of their need to return for rescreening, facilitates adherence to assure continuity of care, and documents patient notification to return for annual evaluation 10-18 months after screening visit.
 2. **Counseling and Referral for LifeStyle Education Intervention (LSI):** Assure through patient counseling that women receiving DHEC WW services are aware and understand the importance of following cardiovascular screening guidelines, including rescreening and annual evaluation. Provide test results verbally and in writing and refer for LSI during the office visit.
 3. **Referral and Follow up of all Abnormal Findings:**
 - a. Disclose to patient that DHEC WW may not cover the cost of all charges associated with follow-up care, following instructions as stated in paragraph 4. under section B. of III. Compensation – Method of Payment.
 - b. Ensure that each patient with abnormal findings receives appropriate in-house referral for fasting blood cholesterol, fasting blood glucose or evaluation and treatment, if indicated.

- c. Provide documentation in the clinical record of a minimum of two attempts to reschedule missed appointments for follow up of abnormal findings.

C. Staff:

1. Have a medical supervisor/director to ensure that staff providing contracted services are competent and proficient in cardiovascular screening/follow-up services and related patient education and counseling, including the 5A Behavioral Counseling framework and, to ensure that professional credentials are current.
2. Ensure availability of a physician, resident, certified nurse practitioner, physician's assistant, clinical nurse faculty and/or clinical specialist who is proficient in cardiovascular screening procedures, current standards of care and national clinical care guidelines.
3. Contractor agrees to release staff to whom responsibility for contract compliance and accountability is assigned to attend a 1.5 hour WW program orientation conducted by DHEC staff and/or Service Coordination Staff. Provision of DHEC WW services is not to commence without completion of training by staff.
4. Assure that staff who are to perform DHEC WW screening participate in professional continuing education and training to update skills in cardiovascular screening and prevention practices as offered by DHEC and other approved agencies.

D. Facility:

1. Have a clinic operation which ensures the availability and accessibility of screening and follow-up services.
2. Maintain a clinical record on each patient which contains documentation of cardiovascular patient and family history, screening measurements and clinical findings; patient counseling; referrals and follow-up information, if any, laboratory and reports from other providers as appropriate; appointments/reappointments; and annual evaluation notification.
3. Maintain a copy of each DHEC WW reporting/billing form in the patients' record.
4. Participate in clinical record audits and/or comprehensive program reviews to meet quality assurance requirements of DHEC.
5. Contractor is to only utilize laboratories currently under contract with the SC DHEC Best Chance Network and whose contract includes WW lab tests. See the list of Laboratories Receiving WISEWOMAN Specimens from DHEC WW Contractors.
6. Provide the reports specified as follows which are necessary for DHEC to compile cardiovascular data and reports to the Centers for Disease Control and Prevention (CDC). Submit to DHEC for each patient served a DHEC WW reporting/billing form with a copy of the laboratory reports attached within **30** days of the date of service.
7. Will review periodic service verification reports to be generated by DHEC. These reports will be provided to the Contractor by Service Coordination Staff if DHEC WW has received laboratory bills with a provider name identified as being associated with ~~your~~ Contractor's facility and for which DHEC has no corresponding clinical service information. This will involve verification of related patient services and providing necessary clinical data, referring provider facility information, service dates, and/or

accompanying reports as appropriate as per instructions included in the service verification report referred to in item 8 under F on the following page.

8. The Contractor will return service verification reports, with appropriate information, to DHEC by the date indicated on said reports.

E. SERVICE COORDINATION STAFF shall:

1. Provide on-going DHEC WW orientation, training and consultation.
2. Reinforce DHEC WW policies and procedures.

F. DHEC WW shall:

1. Provide updates for the DHEC WW Program Manual no less frequently than annually.
2. Provide DHEC WW contract monitoring and feedback.
3. Provide quarterly DHEC WW expenditure reports to Contractor
4. Conduct on-site clinical record audits and/or comprehensive program reviews as determined on a sampling basis by DHEC WW staff.
5. Process and enter data from DHEC WW reporting/billing forms.
6. Provide case management services utilizing local Home Health Services medical social work staff.
7. Schedule and provide individual and/or group lifestyle educational intervention sessions and materials/resources for cardiovascular risk factor reduction to at least 75% of screened DHEC WW patients.
8. Generate periodic service verification reports. These reports will reflect outstanding clinical data on laboratory services that have already been reimbursed. (eg: bills have been reimbursed by DHEC, but the DHEC WW reporting/billing form providing the laboratory date, results and corresponding follow-up has not been received at DHEC.)

The purpose of these reports is three-fold:

- i. Ensure financial accountability of federal funds.
- ii. Ensure accurate and complete provision of services reported to Centers for Disease Control and Prevention (CDC).
- iii. Facilitate financial monitoring for Contractors and DHEC.
 - a. Assure appropriate reimbursement for contracted services.
 - b. Assure timely submission of forms to DHEC to reflect payments made.

II. TIME OF PERFORMANCE: Reference the DHEC WW Contract for Type WW, Cardiovascular Screening Services. Provision of services is not to commence without completion of training as referred to in item 3. under paragraph C. Staff, on the previous page.

III. COMPENSATION - METHOD OF PAYMENT:

- A. The Contractor will determine the patient's financial eligibility based on family income at or below 200% of poverty as per the most recent Income Eligibility Guidelines. These guidelines will be updated each WW fiscal year to reflect current federal poverty guidelines and a copy of the same provided to the Contractor by DHEC.

- B. Payment for services will be rendered according to the breakdown of services and unit charges as described on the DHEC WW Fee for Service Schedule in accordance with Centers for Disease Control & Prevention (CDC) guidelines and Medicare's South Carolina Part B par fee schedule for the current fiscal year of SC DHEC. The DHEC WW Fee for Service Schedule that changes at the beginning of each fiscal year will be updated to reflect the new South Carolina Medicare Par B Par Fee Schedule for the current calendar year. A copy of these updated changes will be provided to the Contractor by DHEC prior to July 15th of each fiscal year.
1. The Contractor must have a fully executed contract in place with DHEC for DHEC WW and Best Chance Network services.
 2. Payment for laboratory services will be made directly by DHEC WW only to laboratories named on the list of Laboratories Receiving Specimens from DHEC WW Contractors only for Allowable Laboratory Services covered under DHEC WW. Payment for services rendered by laboratories not under contract with the Best Chance Network for WW services or for services not listed on the DHEC WW Allowable Laboratory Services will be the responsibility of the Contractor unless the patient has agreed to pay for these services and has documentation of the same.
 3. WW will not cover the cost of cardiovascular screening services unless these are provided in conjunction with a Best Chance Network New Patient or Annual Rescreening breast and cervical examination.
 4. Payment for cardiovascular follow-up services, payable under DHEC WW, will be made directly by DHEC WW only to providers under contract with DHEC WW. See Allowable DHEC WW Follow-Up Services and DHEC WW Provider List.
 5. **The Contractor may not provide non-covered services to the patient or refer her for non-covered services without full explanation and disclosure to the patient that said services will not be paid for by DHEC WW, and must have the patient sign a Cost Explanation Form. The patient must be informed of her financial responsibility to pay for services not covered by DHEC WW before these services are provided. The original, signed Cost Explanation Form must be kept in the patient's medical file and a copy given to the patient. Failure to make this disclosure or inability of Contractor to provide DHEC WW with a copy of the signed disclosure form will result in the Contractor being liable for payment of non-covered services.**
- C. The Contractor will submit requests for payment only on patients who have been issued prior authorization for services by the Best Chance Network for DHEC WW services.
- D. The Contractor shall submit completed DHEC WW billing/reporting forms within **30 days** of the date of service along with appropriate laboratory reports. **The prior authorization code issued by DHEC WW must be provided on the top, right-hand corner of all billing/reporting forms submitted.** If the DHEC WW billing/reporting form is not submitted to DHEC WW within 30 days of the date of service, if no bill for cardiovascular screening laboratory services has been received by DHEC WW, and if no Best Chance Network reporting billing form for breast and cervical cancer screening services has been received, the prior authorization code previously issued will be inactivated. The Contractor must contact the DHEC Best Chance Network for issuance of a new prior authorization code or to advise DHEC WW if they did not perform a clinical breast examination (CBE) and pelvic examination on the patient as originally scheduled.

- E. Contractor will be liable for payment of any covered laboratory services provided for a DHEC WW patient if the Contractor has not obtained a prior authorization code and/or has not submitted a completed DHEC WW billing/reporting form for a patient on which cardiovascular screening services have been and a Best Chance Network billing/reporting form on which a CBE and pelvic examination have been performed. WW cannot pay for laboratory services unless we can verify that the woman is eligible for, enrolled in, and issued a prior authorization code by the DHEC Best Chance Network.
- F. DHEC will issue reimbursement within 60 days of receipt of complete and accurate DHEC WW billing/reporting forms.
 - 1. A reimbursement face sheet showing services provided and payment due to the Contractor will be generated by DHEC WW from the billing/reporting forms received.
 - 2. A request for payment will be submitted to DHEC Finance for payment to the Contractor.
 - 3. The reimbursement face sheet will be submitted to the Contractor with payment from DHEC.
- G. The Contractor agrees to accept payment of allowable charges as payment in full based on DHEC WW covered services included on the DHEC WW Fee for Service Schedule and *will not bill the patient for the balance.*
- H. All requests for payment of services provided between each June 30 through June 29 of the Contract period must be received by DHEC WW by July 29 following that year. **Payment requests received after July 29 of each year will be returned unpaid. Patients cannot be billed for any unpaid requests received by DHEC WW after July 29 of each contract year.**

**WISEWOMAN
FEE FOR SERVICE SCHEDULE**

CONTRACTUAL SERVICES 06/30/2012 through 06/29/2013	CPT CODES	ALLOWABLE CHARGES
C O U N S E L I N G & A S S E S S M E N T – CPT Codes 99420, 99402 and 99213 billable <u>ONCE</u> per screening year		
<ul style="list-style-type: none"> • <u>Administration & Interpretation of Health Risk Assessment Instrument</u> (WW Clinical & Billing Form: DHEC 1091, Section B) • This is required once a year in conjunction with the BCN/WW annual exam. • WW Clinical & Billing Form: DHEC 1091 must be completed and submitted to receive reimbursement. • Lab report must be attached to receive reimbursement. 	99420	10.00
<ul style="list-style-type: none"> • <u>Preventative Medicine Counseling -Individual counseling-30 minutes (5A Framework)</u> • To be done at provider's discretion. • If this is completed, must be initiated on the same date of service as BCN/WW annual exam in addition to CPT code 99420. • Counseling may be completed by nursing staff, provider and/or on-site health educator. • Counseling of lifestyle modifications/goals must be recorded in patient's medical record. • Check services box on WW Clinical & Billing Form: DHEC 1091, Section A that patient was counseled using the 5A's. 	99402	33.00
<ul style="list-style-type: none"> • <u>Revisit for Counseling</u> • Reimbursable only for patients with ALERT or abnormal values identified on WW tests. • Counseling outside of the following guidelines will not be reimbursed: <ul style="list-style-type: none"> • For ALERT values, counseling must occur within 7 days of reported ALERT value. • For abnormal values, counseling must occur within 30 days of reported abnormal value. 	99213	66.12
C A R D I O V A S C U L A R L A B O R A T O R Y S E R V I C E S		
• Collection of venous blood by venipuncture	36415	3.00
• Lipid Panel (only to be performed if patient is fasting)	80061	13.88
• Cholesterol, serum or whole blood, total	82465	6.16
• Glucose; quantitative, blood (except reagent strip)	82947	5.56
• Glucose; blood, reagent strip	82948	4.48
• Oral Glucose Tolerance Test (OGTT)	82951	18.23
• Hemoglobin; glycosylated (A1C)	83036	13.75
• Lipoprotein, direct measurement (HDL cholesterol)	83718	11.60

New/Annual Visit (99420 and 99402) must include:

- WW Clinical & Billing Form: DHEC 1091
- Attach WW lab report

Revisit (99213) must include:

- WW Clinical & Billing Form: DHEC 1091
- Attach WW lab report when applicable

Reminders:

- If patient refuses any part of the clinical screening / blood work **without tangible justification**, payment for the office visit may be denied.
- Future WW funding is dependent upon the completeness and quality of the data submitted.

LABORATORY RECEIVING SPECIMENS FROM DHEC WW CONTRACTORS

Laboratory Corporation of America Holdings, PO Box 2230, Burlington, North Carolina 27216-2230



**BEST CHANCE NETWORK [DHEC WISEWOMAN (WW)]
CARDIOVASCULAR SCREENING SERVICES
COST EXPLANATION FORM**

The SC Department of Health and Environmental Control (DHEC) offers you the opportunity to take part in the WISEWOMAN program, which is funded by a grant from CDC. This program provides **Best Chance Network (BCN) women ages 47-64** the choice of receiving a heart and stroke screening to reduce the risk for heart disease, stroke and other chronic diseases and provide lifestyle education.

DHEC WW Agrees to pay for the following:

- Office Visit(s) for Cardiovascular Screening including: measurements of blood pressures, cholesterol, blood sugar, body mass index and waist circumference; and referral for lifestyle education.
- Lab Charges associated with the above referenced tests (i.e., lipid panel, A1C, lipoprotein, etc.)

Charges not paid by DHEC WW:

- All other charges for lab tests, x-rays or procedures not listed above, including the following: medication or pharmacy, treatment, hospitalization or facility fees, EKGS and other diagnostic tests, IV solution.

Client Agrees:

- I agree to provide some personal and family medical history and health behaviors.
- I agree to have my height, weight, waist measurement (optional), blood pressure, cholesterol and glucose measured.
- I agree to return for an office visit if additional follow-up tests are needed.
- I understand that my screening provider is required to refer me for medical follow-up if my screening exams and/or screening tests are not normal.
- I agree to keep scheduled appointments and call ahead of time to reschedule if needed.
- I understand that I will be referred for lifestyle education after my screening is completed to help me make healthier food choices, be fit and live well.
- I understand that physical activity approval may be needed from a health care provider before I begin a physical activity program.
- I agree to return in 10-18 months to be screened again for BCN and WW to learn if there are any changes in my risk for cancer, heart disease or stroke and if this program is making a difference for me.
- I understand that my protected health care information will only be shared with appropriate staff in DHEC and other agencies as required by the CDC (the federal funding source), DHEC and state law.
- I also understand that heart and stroke screening services are optional and I may drop out at any time.
- I have read or had the above read to me and understand the information above.
- I am between the ages of 47 and 64 and agree to participate in both the WISEWOMAN screening tests and lifestyle education sessions.

IF I NEED TO BE REFERRED FOR FOLLOW-UP OF ABNORMAL TEST FINDINGS, I UNDERSTAND THAT I WILL NEED TO ASK THE FOLLOW-UP DOCTOR TO TELL ME IF THE TESTS OR PROCEDURES THAT ARE NEEDED ARE COVERED BY DHEC WW.

I understand that it will be my responsibility to meet with the billing office/financial counselor at the doctor's office or hospital to arrange a payment plan for the charges that DHEC WW cannot pay.

I also understand that if I choose to go to a non-DHEC WW [provider for follow-up of abnormal test results, that none of the services they provide will be paid by WW.

I have read or had the above read to me and understand the information above. If you agree with the above, please sign and date:

Client Signature: _____ Date ____/____/____

Witness of Signature: _____ Date ____/____/____