



Care for Yourself

Health Care Provider Guide



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October 2012

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INTRODUCTION

Thank you for being part of the Iowa *Care for Yourself* (IA *CFY*) Program. The Health Care Provider Guide is to help participating health care professionals understand program requirements and provide screening services to program-eligible women.

PROGRAM STRUCTURE

The IA *CFY* Program has 26 local programs that provide supervision of service delivery for participants in all counties of Iowa. Local Boards of Health identify an agency to manage their area's IA *CFY* Program.

IA *CFY* Program services emphasize:

- Breast, cervical and cardiovascular¹ risk screening for the target population
- Reaching women never or rarely screened for cervical cancer
- Reducing over-screening for cervical cancer
- Case management for participants requiring diagnostic services, breast or cervical cancer treatment or follow-up of an alert value of heart disease risk factor screening
- Personalized interventions that start changes to women's lifestyle by setting small behavioral change goals
- Local community-based resources to support and improve lifestyle behavior, and
- Rescreening services to women on an annual basis, if eligible.

ELIGIBILITY

The Iowa *Care for Yourself* Program provides services for women:

- Age 40 to 64 years
- Under age 40 with breast cancer symptoms
- Over age 64 without Medicare Part B coverage
- Household income less than 250% of the poverty level for household size set by the federal government. Check the *Care for Yourself* Program website for current Income Guidelines
- No health insurance or insurance that does not cover the services provided by the program, and
- Insurance deductibles or co-payments that prevent routine breast and cervical cancer screenings.

*Insurance coverage does not exclude an eligible woman. Insurance plans can include a deductible, co-pay or waiver stating that treatment for breast or cervical cancer will not be paid. If a woman does have insurance coverage for any or all services and meets age and income guidelines she is eligible. **Claims for services are to be submitted to the participant's insurance company for payment before submission to IA *CFY* Program.***

The *Care for Yourself* Program **does not** provide services for:

- Men
- Women with Medicare Part B
- Women age 39 and younger unless they have symptoms of breast cancer
- Cardiovascular risk factor screening services for women age 39 and younger or age 65 and older.

¹ Centers for Disease Control and Prevention's Division for Heart Disease and Stroke Prevention use the terms cardiovascular and heart disease and stroke interchangeably. For consistency, this document will use cardiovascular throughout.

HEALTH CARE PROVIDER ROLES

To be a participating provider for the IA *CFY* Program:

- Individual health care professionals must be licensed or certified to practice in the state in which they serve program participants.
- Must follow the applicable evidence-based guideline:

Screening and Management	Guideline to follow
Diabetes	<i>American Diabetes Association (ADA) Standards of Medical Care in Diabetes – 2012</i>
High Blood Pressure	<i>Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC-7)</i>
High Blood Cholesterol	<i>National Heart Lung and Blood Institute – Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III [ATP-3])</i>
Uterine Cervical Abnormalities	<i>American Society of Colposcopy and Cervical Pathology (ASCCP) 2006 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities</i>

- Laboratories must have current Clinical Laboratories Improvement Act (CLIA) certification. Reporting of Pap test results are to use the current The Bethesda System of Pap test classification.
- Mammography facilities must be certified by the US Food and Drug Administration-approved certifying body under the Mammography Quality Standards Act (MQSA) of 1992. The American College of Radiology (ACR) Breast Imaging Lexicon is to be used to report the interpretation of mammography examinations.
- Complete and return to Iowa Department of Public Health (IDPH) the:
 - IA *CFY* Program Cooperative Agreement
 - Application for Provider Status
 - Copy of facility W-9, and
 - CLIA certificate, if applicable.
- Provide appropriate screening, diagnostic and treatment services according to IA *CFY* Program policies and protocol.
- In confidential manner, report test/exam results and recommended follow-up to the local program coordinator immediately upon receipt of the results.
- Submit claims for reimbursement of IA *CFY* Program covered services follow the local IA *CFY* Program process for claims submission.
- Accept IA *CFY* Program reimbursement at Medicare Part B rates as payment in full for services. Participant is not to be billed for *CFY* Program-covered services. The most recent listing of Medicare Part B rates for the *CFY* Program can be found at www.idph.state.ia.us/CFY.

By signing the Cooperative Agreement, you agree to follow procedures and policies described in the Cooperative Agreement and Health Care Provider Guide.

Note: The participant may be billed for services not covered by IA CFY Program. The participant must be made aware before the service is provided that the procedure will not be covered by the IA CFY Program and that the cost will be her responsibility.

Please direct questions to staff at the local program or the state IA CFY Program Health Services Coordinator.

SERVICES

The IA CFY Program encourages women to obtain regular screening services.

SCREENING SERVICES

IOWA CARE FOR YOURSELF (CFY) PROGRAM SCREENING SERVICES AVAILABLE					
Age	BLOOD GLUCOSE ¹ , LIPIDS	BLOOD PRESSURE ² , HEIGHT, WEIGHT	CLINICAL BREAST EXAM (CBE)	MAMMOGRAM	PELVIC/PAP ³
Under 40 ⁴		ONLY if reporting symptoms of breast cancer	ONLY if reporting symptoms of breast cancer	If CBE is abnormal	ONLY if reporting symptoms of breast cancer
40 – 49	Annually		<u>Asymptomatic</u> Annually <u>Symptomatic</u> As needed	<u>Asymptomatic</u> See Note ⁴ <u>Symptomatic</u> As indicated ⁴	<u>Asymptomatic</u> Per CFY protocol <u>Symptomatic</u> As indicated
50 – 64	Annually		<u>Asymptomatic</u> Annually <u>Symptomatic</u> As needed	<u>Asymptomatic</u> Annually <u>Symptomatic</u> As indicated	<u>Asymptomatic</u> Per CFY protocol <u>Symptomatic</u> As indicated
Over 64		IA Care for Yourself Program services are not available if a woman has Medicare Part B. Women over age 64, who do not have Medicare Part B and meet income guidelines, are eligible to receive services as above for 50 – 64 year old.			

¹For a woman not diagnosed with diabetes, a fasting blood glucose may be done. For a woman diagnosed with diabetes, a glycated hemoglobin test (HbA1c) may be done to monitor blood glucose control.

²Two blood pressures must be taken at least two minutes apart and recorded annually.

³IA CFY Program services are not available for cervical cancer screening in women with hysterectomies, unless the hysterectomy was performed due to cervical cancer or neoplasia. If a woman does not know if she has a cervix, a pelvic will be provided for initial physical examination to determine if a woman has a cervix. If the cervix is intact, services may be reimbursed for cervical cancer screening according to IA CFY Program protocol.

⁴Susan G. Komen Foundation funding may be available to help pay for non-invasive breast services to underserved women and men who do not meet the eligibility requirements for IA CFY Program services.

FOLLOW-UP SERVICES

The health care provider and the local program staff share responsibility for contacting IA CFY Program women to assure appropriate follow-up has been completed.

Algorithm for Breast Cancer Screening Follow-up Adequacy*

If the CBE Result is	And The Mammogram Result is	Then The Following Diagnostic Procedures Required For Adequacy
<ul style="list-style-type: none"> • Normal/Benign (including fibrocystic, lumpiness, or nodularity) 	<ul style="list-style-type: none"> • Negative • Benign • Probably Benign (<i>Short term follow-up indicated</i>) 	<ul style="list-style-type: none"> • No work-up required. • If work-up is planned at least one diagnostic procedure must be done, and a final diagnosis recorded.
<ul style="list-style-type: none"> • Abnormal (suspicious for cancer) 	<ul style="list-style-type: none"> • Negative • Benign • Probably Benign – (<i>Short term follow-up indicated</i>) • Assessment Incomplete 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Surgical Consult for repeat breast exam • Ultrasound • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration <p><i>Note: A mammogram or additional mammogram views <u>only</u> are not considered adequate.</i></p>
<ul style="list-style-type: none"> • Abnormal (suspicious for cancer) 	<ul style="list-style-type: none"> • Suspicious Abnormality • Highly Suggestive of Malignancy 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
<ul style="list-style-type: none"> • Normal/Benign (including fibrocystic, lumpiness, or nodularity) 	<ul style="list-style-type: none"> • Suspicious Abnormality 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Surgical Consult for repeat breast exam • Ultrasound • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
<ul style="list-style-type: none"> • Normal (including fibrocystic, lumpiness, or nodularity) • Abnormal (suspicious for cancer) 	<ul style="list-style-type: none"> • Highly Suggestive of malignancy 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
<ul style="list-style-type: none"> • Normal/Benign (including fibrocystic, lumpiness, or nodularity) 	<ul style="list-style-type: none"> • Assessment Incomplete 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Additional mammography views • Ultrasound

To meet timeliness of follow-up care goals set by CDC, the participant must be:

- From screening (clinical breast exam or mammogram) to diagnosis in ≤ 60 days;
- From diagnosis to start of treatment in ≤ 60 days.

Clinical interventions based on clinical guidelines endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology, and the National Cancer Institute.

* This algorithm is inappropriate as a tool for clinical decision-making for individual women or to determine whether individual providers are performing according to accepted national practices.

Algorithm for Cervical Cancer Screening Follow-up Adequacy*

NOTE: Pap Specimen Adequacy must be “Satisfactory” for Pap Test results to be recorded.

If Papanicolaou (Pap) Test Result Is	Then Diagnostic Procedures Required For Adequacy
1. Negative for Intraepithelial Lesion or Malignancy	<ul style="list-style-type: none"> • No work-up required.
2. ASC-US (Atypical Squamous Cells – Undetermined Significance)	<ul style="list-style-type: none"> • No work-up required but then six month follow-up required. • If HPV test done and negative, follow-up in one year required. • If work-up is planned, colposcopy must be done and a final diagnosis recorded.
3. Low Grade SIL encompassing: <ul style="list-style-type: none"> • HPV • Mild Dysplasia/CIN 1 	One or more of the following: <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy
4. ASC-H (Atypical Squamous Cells – Cannot exclude High Grade Squamous Intraepithelial Lesion [SIL])	One or more of the following: <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy
5. High Grade SIL encompassing (with features suspicious for invasion): <ul style="list-style-type: none"> • Moderate & Severe Dysplasia • CIS/CIN 2 & CIN 3 	One or more of the following: <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy • Loop Electrode Excision Procedure # • Conization #
6. Squamous Cell Carcinoma	One or more of the following: <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy
7. Abnormal Glandular Cells including: <ul style="list-style-type: none"> • AGUS (Atypical Glandular cells of Undetermined Significance) • Endocervical adenocarcinoma • Endocervical adenocarcinoma in situ • Endometrial adenocarcinoma • Extrauterine adenocarcinoma • Adenocarcinoma, NOS 	One or more of the following: <ul style="list-style-type: none"> • Colposcopy • Colposcopy with biopsy • Cold knife Conization # • Endometrial Biopsy #

Must be preauthorized with IA CFY Program staff.

To meet timeliness of follow-up care goals set by CDC, the participant must be:

- From screening (Pap) to diagnosis in ≤ 90 days;
- From diagnosis to start of treatment in ≤ 90 days.

Clinical interventions based on the American Society for Colposcopy and Cervical Pathology’s 2006 Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.

* This algorithm is inappropriate as a tool for clinical decision making for all women or to determine if individual providers are performing according to accepted national practices.

Algorithm for Cardiovascular Risk Screening Follow-up Adequacy

Result	Test	Note	Follow-Up Procedures Required For Adequacy
Normal Values	<p>Blood Pressure Systolic < 120 mmHg and Diastolic < 80 mmHg</p> <p>Total Cholesterol < 200 mg/dL HDL 40-59 mg/dL; ≥60 mg/dL desirable LDL <100 mg/dL optimal Triglycerides <150 mg/dL optimal</p> <p>Blood Glucose If fasting < 100 mg/dL <i>NOTE: Normal is >51 to 99 mg/dL or < 100 mg/dL; Prediabetes is 100-125 mg/dL</i> Non-fasting < 200 mg/dL (without symptoms)</p> <p>HbA1c <5.7%</p>	<p><i>Two blood pressure measurements, separated by at least two minutes, are required. The two measurements are averaged to determine necessary action.</i></p> <p><i>Must result from a 9-hr fasting lipid panel that includes total, HDL, LDL cholesterol and triglycerides.</i></p> <p><i>Must result from 9-hr fasting blood glucose.</i></p>	No follow-up required. Recheck in one year.
Abnormal Values	<p>Blood Pressure Systolic 120 – ≥160 mmHg or Diastolic 80 - ≥100 mmHg</p> <p>Total Cholesterol 200 – 399 mg/dL HDL < 40 mg/dL LDL 100 – 189 mg/dL Triglycerides 150 – 499 mg/dL</p> <p>Blood Glucose If fasting 100 – ≥126 mg/dL If non-fasting (plus symptoms) ≥200 mg/dL</p> <p>HgA1c 5.7% - 6.4% Prediabetes/at risk</p>	<p><i>Two blood pressure measurements, separated by at least two minutes, are required. The two measurements are averaged to determine necessary action.</i></p> <p><i>Must result from a 9-hr fasting lipid panel that includes total, HDL, LDL cholesterol and triglycerides.</i></p> <p><i>Must result from 9-hr fasting blood glucose.</i></p>	<p>IA Care for Yourself Program does not provide payment for a follow-up diagnostic office visit for an abnormal value.</p> <p><u><i>A visit may be scheduled at the discretion of the health care provider but the IA Care for Yourself Program does not provide payment for the visit and the woman will be responsible for the charges.</i></u></p>
Alert Values	<p>Blood Pressure Systolic > 180 mmHg &/or Diastolic > 110 mmHg</p> <p>Total Cholesterol > 400 mg/dL</p> <p>Blood Glucose (fasting or non-fasting) ≤ 50 mg/dL ≥ 275 mg/dL</p>	<p><i>Two blood pressure measurements, separated by at least two minutes, are required. The two measurements are averaged to determine necessary action.</i></p> <p><i>Must result from a 9-hr fasting lipid panel that includes total, HDL, LDL cholesterol and triglycerides.</i></p> <p><i>Must result from 9-hr fasting blood glucose.</i></p>	<p>Diagnostic follow-up required within one week of receiving values.</p> <p>IA Care for Yourself Program will pay for the follow-up diagnostic office visit for review of the results and to determine appropriate plan for treatment.</p> <p><u><i>No follow-up diagnostic lab work will be paid for by the IA Care for Yourself Program; if follow-up lab work is done the woman will be responsible for the charges.</i></u></p>

To meet the timeliness of follow-up goal set by CDC, the participant with an alert value result must be treated within 7 days.

CFY screening measurement recommendations are based on national guideline standards set by the National Heart, Lung and Blood Institute (NHLBI), American Diabetes Association (ADA), and Centers for Disease Control and Prevention (CDC).

1. **Short-term Follow-up (STFU)**

- STFU is defined as repeat of an exam (CBE, mammogram or Pap test) in ≤ 9 months after the initial exam. This follow-up may be recommended by the health care provider or current IA CFY Program protocol.
- STFU is needed for the following results:
 - **CBE Result** – based on health care provider recommendation
 - **Mammogram Result** – BIRADS Category III (Probably Benign)
 - **Pap test Result** – Atypical Squamous Cells – Undetermined Significance (ASC-US) if Reflex HPV testing is not done

2. **Diagnostic Follow-up**

- Diagnostic follow-up is defined as examinations after abnormal screening results to determine a specific diagnosis as recommended by the health care provider or current IA CFY Program protocol.
- Eligibility for Diagnostic Services
 - To be eligible for IA CFY Program diagnostic services, a woman must:
 - ✓ Have received screening services through the program with documented abnormal results.
 - OR**
 - ✓ Be over the age of 40, program eligible and referred to the IA CFY Program with documentation of an abnormal result from recent clinical breast exam, mammogram or Pap test.
 - To be eligible for IA CFY Program cardiovascular follow-up visit, a woman must have received screening services through the program with alert value results.
- Diagnostic testing is required for the following conditions.
 - **CBE Result** – Abnormality – ***Suspicious for cancer*** (i.e., discrete mass (cystic or solid)), bloody or serous nipple discharge, skin dimpling or retraction, nipple areolar scaliness). ***A normal mammogram does not mean an abnormal CBE can be ignored. Further action must be taken. A diagnostic procedure(s) and final diagnosis must be reported.***²
 - **Mammogram Results** – BIRADS
 - ✓ Category IV – Suspicious abnormality
 - ✓ Category V – Highly suggestive of malignancy
 - ✓ Category 0 – Assessment Incomplete – need additional imaging evaluation
 - **Pap test Results** – diagnostic follow-up should be done following the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines for all cervical cytological results except Negative.

² Follow diagnostic options for an abnormal CBE endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology or the National Cancer Institute.

The IA CFY Program provides limited reimbursement for the following diagnostic services.

Breast Diagnostics:	Cervical Diagnostics:
<ul style="list-style-type: none"> • Surgical Consultation Visit for repeat CBE • Mammogram • Biopsy/Lumpectomy • Ultrasound • Fine needle/cyst aspiration • Pathology Consult during surgery • Anesthesia time 	<ul style="list-style-type: none"> • Surgical Consultation • Colposcopy (with/without biopsy) • Pathology fees <p>If <u>procedure is preauthorized</u> by IA CFY Program:</p> <ul style="list-style-type: none"> • LEEP or conization • Endometrial biopsy (for AGC Pap results only)

3. For an **alert value** cardiovascular-related blood pressure or lab work (lipids and glucose), the health care provider will:

- Contact the local program coordinator ***immediately*** of alert value results.
- Schedule a follow-up office assessment visit ***immediately or within one week*** to review initial screening results and further confirm the alert finding with additional testing and determine treatment.

OR

- Refer the participant to a specialist for a visit to be done ***immediately or within one week*** for further medical evaluation and treatment.
- Assist the participant in locating appropriate free or low-cost medication, as needed.

The CFY program will pay **one** follow-up office visit for alert value results to review results and determine appropriate treatment.

No follow-up diagnostic lab work will be paid for by the IA Care for Yourself Program; if follow-up lab work is done the woman will be responsible for the charges.

Screening and Mgmt:	Guideline to follow
Diabetes	<i>American Diabetes Association (ADA) Standards of Medical Care in Diabetes – 2012</i>
High Blood Pressure	<i>Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC-7)</i>
High Blood Cholesterol	<i>National Heart Lung and Blood Institute – Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III [ATP-3])</i>

4. For an **abnormal value** cardiovascular related blood pressure or lab work (lipids and glucose), the health care provider will provide follow-up care using national guidelines and within local standard of practice:

- Schedule a follow-up diagnostic visit at the discretion of the health care provider to review initial screening results, confirm the abnormal finding with additional testing and determine treatment.

OR

- Refer the participant to a specialist for further medical evaluation and treatment.
- Help the participant access appropriate free or low-cost medication, as needed.

The CFY Program does not cover payment for follow-up office visits or diagnostic testing for cardiovascular test results in the abnormal range. The woman will be responsible for the charges. Please make cost and payment arrangements with the woman.

CASE MANAGEMENT SERVICES

Each participant who requires follow-up, diagnostic services or treatment will receive case management services from local IA CFY Program staff to help assure appropriate and timely follow-up care. A needs assessment and plan of action (if applicable) will be developed with the local IA CFY Program coordinator and participant. Please contact local program staff to help facilitate a participant's services.

PAYMENT FOR BREAST AND CERVICAL CANCER TREATMENT

Eligibility for Referral to the IA Breast and Cervical Cancer Treatment (BCCT) Option of Medicaid

The federal Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) of 2000 became effective in Iowa on July 1, 2001. The Iowa Department of Human Services (DHS) administers the BCCT optional category of Medicaid.

To be eligible for referral to the IA BCCT Medicaid, a woman must:

- Eligible for, enrolled in and received services through any National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

OR

Receive mammography services paid with Susan G. Komen for the Cure® Foundation funds (breast cancer)

- No creditable insurance for treatment of a pre-cancerous or cancerous breast or cervical condition

AND

- Diagnosed with a pre-cancerous or cancerous breast or cervical condition

Responsibilities of Health Care Providers

1. Validate that the IA CFY Program enrolled/referred woman is diagnosed with a pre-cancerous or cancerous breast or cervical condition(s).
2. Notify local IA CFY Program staff of the diagnosis at the same time the woman is notified.

AND

3. Send a copy of the report with the breast or cervical cancer or pre-cancer diagnosis to the local IA CFY Program staff at the same time as the notification.

****Steps 2 and 3 facilitate participant referral for treatment coverage under the BCCT option of Medicaid. The quicker these steps are accomplished the quicker the woman can start breast or cervical cancer treatment.**

4. Provide Department of Human Services (DHS) staff with appropriate participant information upon request.

Local IA *CFY* Program staff, once notified, will assist the woman to access the BCCT option of Medicaid by providing necessary documentation of eligibility to DHS staff. DHS staff will make the final determination of eligibility.

A woman enrolled in the BCCT option of Medicaid will receive full Medicaid benefits for the duration of the breast or cervical pre-cancer or cancer treatment period.

For questions or additional information contact:

<p>Medicaid Program Manager Iowa Department of Human Services (515) 725-2015</p>
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OR

<p>IA <i>CFY</i> Program Health Services Coordinator Iowa Department of Public Health (515) 242-6200</p>
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REIMBURSEMENT SERVICES

The IA *CFY* Program contracts with Provider Claim Systems (PCS), a division of North Iowa Community Action Organization, to process claims and reimburse health care providers for covered services.

Reimbursable Services

Refer to the provider section on the *CFY* website regarding reimbursement services and payment schedule. Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates.

Medicare and IA *CFY* Program reimbursement rates are updated annually. Updated information is available to IA *CFY*-Program participating health care providers and their billing agencies on the *Care for Yourself* website found at <http://www.idph.state.ia.us/CFY/>.

A woman enrolled in the IA *CFY* Program should not be billed for:

- Any IA *CFY* Program covered service, and
- Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

An IA *CFY* Program participant may be billed for services not covered by the program.

Claim Forms

Original HCFA 1500 and UB 92 forms must be used to submit claims. The following information is needed to process claims:

- Participant's complete name and address,
- Participant's birth date,
- Date of service,
- CPT codes for services provided,
- ICD-9 (Diagnostic) code,
- Charges for services,
- Facility name, address and Tax ID number,
- If insurance is involved, complete:
 - For the HCFA 1500 – Boxes 28 (Total Charge), 29 (Amount Paid) and 30 (Balance Due)
 - For the UB 92 – Boxes 54 (Prior Payments) and 55 (Estimated Amount Due)

The IA CFY Program is the payer of last resort. If a participant has insurance, claims must be submitted first to the insurance company and an Explanation of Benefits (EOB) obtained. **Do not submit the EOB to PCS.** If reimbursement is received from an insurance company, it is the responsibility of the health care provider's billing agency to enter on the claim form the amount of reimbursement received. The program will reimburse, including co-pay and deductibles, up to the rate on the Reimbursement Schedule for the Date of Service.

Claims Submission

Please follow the process outlined by the local IA CFY Program representative responsible for the woman receiving services. There are two ways to submit claim forms.

1. Submit the original claim form to the local program as requested.

OR

2. Submit the original claim form to:

**Provider Claim Systems
PO Box 1608
Mason City, IA 50402-1608**

Allow approximately 2 - 3 weeks from the time PCS receives the claim for reimbursement. PCS will send a remittance notice with the reimbursement check to identify claims being paid to the provider or why reimbursement was denied.

Questions

Questions about claims should be directed to PCS at (800) 547-6789, the local IA CFY Program staff or the Health Services Coordinator at (515) 242-6200.

ADDITIONAL IA CFY PROGRAM COMPONENTS

Database

The IA CFY Program maintains a database of participating health care providers. The database is used to assist with participant referral and coordinate claims payment.

- **Notify the IA CFY Program of any of the following:**
 - Changes in professional staff
 - Change of laboratory or mammography facility to which you refer participants
 - Change of location (the location at which a participating provider sees participants must have a signed *Cooperative Agreement* to allow the provider to participate in the IA CFY Program)
 - Change in professional status, licensing, certification, tax ID number, etc.

A Provider Application and Provider Update Application can be found at <http://www.idph.state.ia.us/CFY>. If you have questions, please contact the Health Services Coordinator at (515) 242-6200.

Professional Education

Another component of the IA CFY Program is professional education. Self-study packets, videos or CD ROMs are periodically offered to IA CFY Program health professionals.

Program Orientation/Training

State and local IA CFY Program staff are available to provide orientation/training for health care facilities staff. Contact your local IA CFY Program coordinator or call (515) 281-5616.

Program changes and updates are sent to participating providers annually or as needed but also can be found on the website <http://www.idph.state.ia.us/CFY>.

Medical Advisory Task Force

A Medical Advisory Task Force assists the *IA CFY* Program with program policy and guideline development. Members represent various program specialties. Please contact the program if you are interested in becoming a member of this group at (515) 281-5616.