Care for Yourself

Health Care Provider Guide

Iowa Department of Public Health
Chronic Disease Prevention & Management
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
(515) 281-5616
www.idph.state.ia.us/CFY

CFY Program Services for Eligible Women

Services Included:

An office visit that includes appropriate/recommended breast and cervical cancer screening:

- Two blood pressure measurements
- Height, Weight, Body Mass Index (BMI)
- Clinical breast exam
- Pelvic exam
- Pap test as eligible and recommended by provider
- Mammography as recommended by provider
- Breast and/or cervical diagnostic services as recommended by provider
- Tobacco cessation referral
- Referral for precancer and cancer treatment as recommended by provider

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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 27 local programs that provide navigation and supervision of service delivery for participants in all counties of Iowa. Local Boards of Health identify a lead agency to manage their area's IA *CFY* Program.

IA *CFY* Program services emphasize:

- Breast and cervical cancer 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, and
- Rescreening services to women on an annual basis, if eligible.

ELIGIBILITY

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

- Age 40 and over
- Under age 40 with breast cancer symptoms
- Household income at or 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, insurance that does not cover the services provided by the program, or unable to pay insurance deductibles or co-payments.

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 may be 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

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 evidence-based guideline for uterine cervical abnormalities published by the *American Society of Colposcopy and Cervical Pathology (ASCCP). 2012 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities* can be found at www.asccp.org/Consensus2012.
- 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 for breast and cervical cancer services
  - Application for Provider Status
  - Copy of facility W-9, and
  - CLIA certificate, if applicable.

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

- 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. As a public health surveillance and intervention program according to PUBLIC LAW 104—191, SEC 1178(b) the Iowa *Care for Yourself* Program is exempt from HIPAA regulations.
- Submit claims for reimbursement of IA *CFY* Program covered services following the local IA *CFY* Program process for claims submission in a timely manner.
- 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.

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 IA CFY Program will not cover the procedure and the cost will be her responsibility.

SERVICES

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

SCREENING SERVICES

Age	Iowa *Care For Yourself* (*CFY*) Program Screening Services			
	B/P, Height, Weight	**Clinical Breast Exam (CBE)**	**Mammogram[2]**	**Pelvic/Pap[3]**
Under 40	ONLY if reporting symptoms of breast cancer[4]	ONLY if reporting symptoms of breast cancer	If CBE is abnormal	ONLY if reporting symptoms of breast cancer
40 – 49	Annually	Asymptomatic Annually Symptomatic As needed	Asymptomatic Annually Symptomatic As indicated	Asymptomatic Per *CFY* protocol Symptomatic As indicated
50 – 64	Annually	Asymptomatic Annually Symptomatic As needed	Asymptomatic Annually Symptomatic As indicated	Asymptomatic Per *CFY* protocol Symptomatic As indicated
Over 64	Women over age 64, who do not have Medicare Part B and meet income guidelines, are to receive services as above for 50 – 64 year old.			

[2] An alternate resource, such as Susan G Komen for the Cure® funds, should pay for mammograms for women under 50 years of age.
[3] IA *CFY* Program services are not available for cervical cancer screening in women with hysterectomies, unless the hysterectomy was done 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.
[4] Examples of breast cancer symptoms are breast skin dimpling or retraction, palpable mass or nipple discharge, inversion or scaliness or an abnormal CBE.

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.

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 $\leq$ 60 days;
- From diagnosis to start of treatment in $\leq$ 60 days.

Algorithm for Breast Cancer Screening Follow-up Adequacy[5]

If the CBE Result is	And The Mammogram Result is	Then The Following Diagnostic Procedures Required For Adequacy[6]
• **Normal/Benign** (including fibrocystic, lumpiness, or nodularity)	• **Negative** • **Benign** • **Probably Benign** *(Short term follow-up indicated)*	• No work-up required. • If work-up is planned at least one diagnostic procedure must be done, and a final diagnosis recorded.
• **Abnormal** (suspicious for cancer)	• **Negative** • **Benign** • **Probably Benign –** *(Short term follow-up indicated)* • **Assessment Incomplete**	**One or more** of the following: • Surgical Consult for repeat breast exam • Ultrasound • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration ***Note:*** *A mammogram or additional mammogram views only are not considered adequate.*
• **Abnormal** (suspicious for cancer)	• **Suspicious Abnormality** • **Highly Suggestive of Malignancy**	**One or more** of the following: • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
• **Normal/Benign** (including fibrocystic, lumpiness, or nodularity)	• **Suspicious Abnormality**	**One or more** of the following: • Surgical Consult for repeat breast exam • Ultrasound • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
• **Normal** (including fibrocystic, lumpiness, or nodularity) • **Abnormal** (suspicious for cancer)	• **Highly Suggestive of malignancy**	**One or more** of the following: • Biopsy/Lumpectomy • Fine Needle/Cyst Aspiration
• **Normal/Benign** (including fibrocystic, lumpiness, or nodularity)	• **Assessment Incomplete**	**One or more** of the following: • Additional mammography views • Ultrasound

[5] This algorithm is inappropriate as a tool for clinical decision-making for each woman or to determine whether a provider is performing according to accepted national practices.

[6] 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.

Algorithm for Cervical Cancer Screening Follow-up Adequacy[7]

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.

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[8]
1. Negative for Intraepithelial Lesion or Malignancy	• No work-up required.
2. ASC-US (Atypical Squamous Cells – Undetermined Significance)	• No work-up required but follow-up in one year required. • If HPV test negative, follow-up in one year required. • If HPV test positive, **one or more** of the following must be done and a final diagnosis recorded: – Colposcopy – Colposcopy with biopsy • If work-up is planned, **colposcopy** must be done and a final diagnosis recorded.
3. Low Grade SIL encompassing: • **HPV** • **Mild Dysplasia/CIN 1**	**One or more** of the following must be done and a final diagnosis recorded: • Colposcopy • Colposcopy with biopsy
4. ASC-H (Atypical Squamous Cells – Cannot exclude High Grade Squamous Intraepithelial Lesion [SIL])	**One or more** of the following must be done and a final diagnosis recorded: • Colposcopy • Colposcopy with biopsy
5. High Grade SIL encompassing (with features suspicious for invasion)**:** • **Moderate & Severe Dysplasia** • **CIS/CIN 2 & CIN 3**	**One or more** of the following must be done and a final diagnosis recorded: • Colposcopy • Colposcopy with biopsy • Loop Electrode Excision Procedure * • Conization *
6. Squamous Cell Carcinoma	**One or more** of the following must be done and a final diagnosis recorded: • Colposcopy • Colposcopy with biopsy
7. Abnormal Glandular Cells including: • **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 must be done and a final diagnosis recorded: • Colposcopy • Colposcopy with biopsy • Cold knife Conization * • Endometrial Biopsy *

***** Must be preauthorized with IA CFY Program staff.

[7] 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.

[8] Clinical interventions based on the American Society for Colposcopy and Cervical Pathology's 2012 Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.

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. The health care provider or current IA CFY Program protocol may recommend short-term follow-up.

- According to 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

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.
- 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.*[9]
  - ***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. www.asccp.org/Consensus2012.

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

Breast Diagnostics:	
• Surgical Consultation Visit for repeat CBE • Mammogram • Biopsy/Lumpectomy • Ultrasound	• Fine needle/stereotactic/cyst aspiration biopsy • Pathology Consult during surgery • Anesthesia time

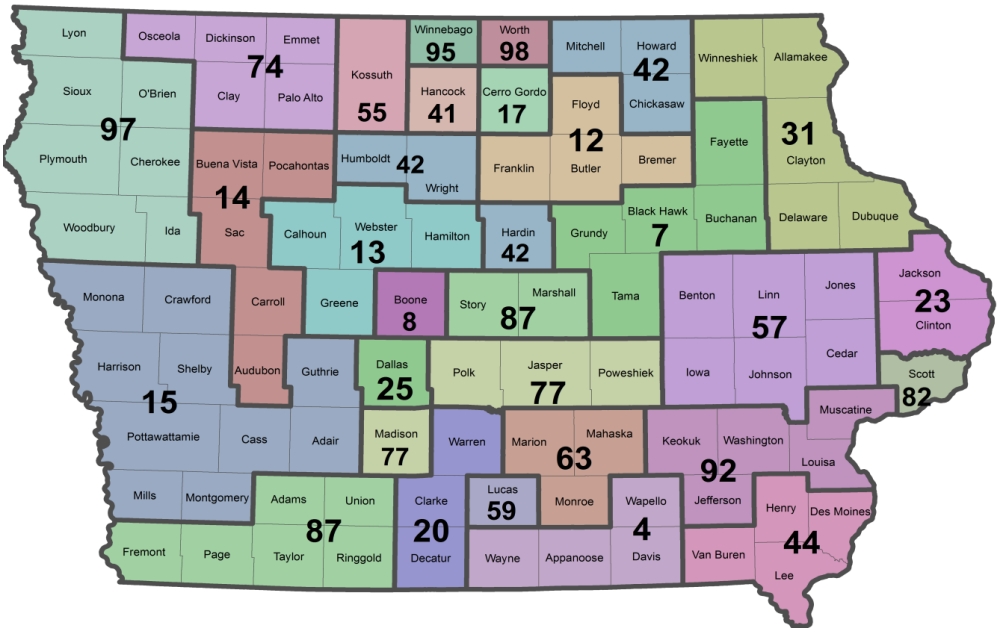
Cervical Diagnostics:	
• Surgical Consultation • Colposcopy (with/without biopsy) • Pathology fees	If procedure is preauthorized by IA *CFY* Program: • LEEP or conization • Endometrial biopsy (for AGC Pap results **only**)

[9] 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.

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. The local IA *CFY* Program coordinator and participant will develop a needs assessment and plan of action (if applicable). Please contact local *CFY* Program staff to help facilitate a participant's services.

Iowa *Care for Yourself* Service Area Map
June 29, 2013 - June 30, 2014



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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.

CLAIM FORMS

Originals of the HCFA 1500 and the UB 04 are the only accepted forms to submit claims for payment. The following information must be included for a claim to be processed:
• Participant name and address
• Participant ID number
• Participant Birth date
• Date of service
• CPT code for each approved service(s) provided
• Charge for service
• Facility name, address, Tax ID number and NPI number
• Billing name, address and NPI number
• If insurance is involved, complete the following:
  ◦ For the HCFA 1500, Boxes 28 (Total Charge), 29 (Amount Paid), & 30 (Balance Due)
  ◦ For the UB 04, Boxes 54 (Prior Payments) and 55 (Est. Amount Due)
  ◦ **Submit the Explanation of Benefits (EOB) from an insurance company**

Claims Reimbursement Report

Iowa *Care for Yourself* Program is the payer of last resort. An Explanation of Benefits (EOB) must be obtained from an insurance company when appropriate. **Submit the EOB to Provider Claim Systems**. PCS will reimburse for co-pay and deductibles up to the amount indicated on the Iowa *Care for Yourself* Reimbursement Schedule.

When claims payment is made, PCS will enclose a list of participating patient/clients with the payment. The list will include the woman's name, date of birth, date of service, the CPT code, and amount paid. **A woman may not be billed for *Care for Yourself* Program-covered services**. An IA *CFY* Program participant may be billed for services not covered by the program.

HEALTH CARE PROVIDER RESPONSIBILITIES

- Enroll as a provider of health care services for the *Care for Yourself* Program.
- Verify that the woman is enrolled in the Iowa *Care for Yourself* Program.
- Report all data as requested by the *Care for Yourself* Program Coordinator. As a public health surveillance and intervention program according to PUBLIC LAW 104—191, SEC 1178(b) the Iowa *Care for Yourself* Program is exempt from HIPAA regulations.

QUESTIONS

Questions about your claims should be directed to Provider Claim Systems at **(800) 547-6789** or the local *Care for Yourself* coordinator.

Questions about your Cooperative Agreement should be directed to the Iowa Department of Public Health, *Care for Yourself* at **1-866-339-7909**.

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.

The Provider Application Packet and Provider Update form can be found at http://www.idph.state.ia.us/CFY. Questions about your Application or Update form should be directed to the Iowa *Care for Yourself* Program at **1-866-339-7909**.

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.

Professional Education

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 can be found on the website http://www.idph.state.ia.us/CFY.

Quality Assurance And Quality Improvement

Quality assurance and improvement are integral components of the IA *CFY* Program and contribute to program success. The purpose of quality assurance and improvement is to:

- Ensure the quality of services delivered through the program
- Monitor performance and identify opportunities for improvement
- Plan effective strategies for improving services

Program requirements and monitoring activities include:

- Professional Licensure and Accreditation – health facilities and professionals must be currently licensed or accredited to practice
- Reporting standards for radiological, laboratory and pathology – reports must be reported according to national standards
- Standards for adequacy of follow-up – data reports track appropriate and timely diagnostic, short-term and rescreening services
- Case Management services – local program staff evaluate needs, implement plans and refer participants who need diagnostic services and/or are diagnosed with cancer
- Accurate data and documentation – Minimum Data Elements (MDE) are reported to CDC semi-annually
- Evaluations – reports are completed routinely and as needed to assess how well IA *CFY* Program is meeting CDC-set goals
- Adherence to CDC policies and guidelines

PAYMENT FOR BREAST AND CERVICAL CANCER TREATMENT

Effective July 1, 2013, Eligibility for Referral to the IA Breast and Cervical Cancer Treatment (BCCT) Option of Medicaid

1. An individual is eligible for the Breast and Cervical Cancer Prevention and Treatment Act option of Medicaid if the individual:
   a. Is not covered by a mandatory category of Medicaid
   b. Has not reached age 65
   c. Was eligible, enrolled and received services under the National Breast and Cervical Cancer Early Detection Program (BCCEDP)
   d. Had breast or cervical cancer screenings or related diagnostic services provided or funded by:
      i. family planning centers
      ii. community health centers
      iii. non-profit organizations
   e. Does not have creditable insurance coverage for breast or cervical cancer treatment
2. The individual must meet the income eligibility requirements established by the Iowa *Care for Yourself* Program.
3. The individual must be diagnosed with a precancerous/cancerous breast or cervical condition and require treatment for the cancer.

Responsibilities of Health Care Providers

1. Notify IA *CFY* Program staff of the diagnosis at the same time the individual is notified.
2. Validate that the enrolled/referred individual is diagnosed with pre-cancerous or cancerous breast or cervical condition(s).
3. Send a copy of the pathology report with the breast or cervical diagnosis to the IA *CFY* Program staff at the same time as the notification.

******* *Steps 1 and 3 facilitate participant referral for treatment coverage under the BCCT option of Medicaid. The quicker these steps are accomplished the quicker an individual without creditable insurance can start breast or cervical cancer treatment.*

AND

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

Once IA *CFY* Program staff are notified they will assist the eligible individual to access the BCCT option of Medicaid by providing DHS staff necessary documentation. DHS staff are responsible for making the final determination of eligibility.

An individual 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:

Medicaid Program Manager
Iowa Department of Human Services
(515) 281-4521

OR

IA *CFY* Program
Health Services Coordinator
Iowa Department of Public Health
(515) 242-6200