

SOUTH CAROLINA WISEWOMAN PROGRAM



2021

Provider Manual



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WISEWOMAN Program

Background

The national WISEWOMAN (**W**ell-**I**ntegrated **S**creening and **E**valuation for **W**OMen **A**cross the **N**ation) Program is located at and funded by the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, within the Division for Heart Disease and Stroke Prevention. This program expands services provided by the National Breast and Cervical Cancer Early Detection Program, known as South Carolina's Best Chance Network (BCN) by screening for heart disease, and stroke risk factors, and referring for medical evaluation, and lifestyle interventions for many low-income, un/underinsured women ages 40–64 years.

There are currently 30 programs funded nationally. The current funding cycle ends September 29, 2023. SC DHEC is accountable to the CDC for the appropriate use of these funds. More information can be found on the CDC WISEWOMAN website below:

<https://www.cdc.gov/wisewoman/index.htm>

Mission

To provide low-income, un/under insured 40 to 64-year-old women with the knowledge, skills and opportunities to improve their diet, physical activity and other lifestyle habits to prevent, delay or control cardiovascular and other chronic diseases.

WISEWOMAN Eligibility

- MUST BE ENROLLED AS A BCN PATIENT
- Woman between the ages of 40 and 64
- No health insurance or have hospitalization coverage only
- Income is at or below 250% below federal poverty level

Screening Services

The program offers currently enrolled BCN participants, ages 40 to 64, the following:

- CVD risk factor screenings to determine risk factors.
- Risk reduction counseling to help participants understand their risks.

- Healthy Behavior Support Services (HBSS) such as Health Coaching (HC) to support and help participants discover healthy lifestyle behaviors to prevent, minimize, or delay the onset of chronic disease.
- Follow up medical visit 4 to 6 weeks upon the completion of HC or HBSS.

The program includes a baseline-screening visit followed by a rescreening visit in 12-18 months, a medical follow-up is allowed and will be reimbursed on participants with alert or disease level values and/or at the provider's discretion. In addition, a medical visit 4 to 6 weeks following Health coaching/Healthy behavior support services is encouraged. This visit should repeat a blood pressure value, counseling on smoking cessation if applicable, and receive a weight measurement at a minimum.

WISEWOMAN participants will be asked to fast for their baseline and re-screening lab tests. If an individual presents to the clinic who is not fasting, this will be noted on page two of the South Carolina WISEWOMAN Risk Assessment & Clinical Data form (appendix b). All women presenting to the clinic for breast and cervical cancer screening through BCN and who are between the ages of 40 and 64 years should be offered WISEWOMAN screening services.

At the baseline screening, patients will also be required to read and sign the WW Consent Form before receiving WW services (appendix a).

Integrated Office Visit for NBCCEDP and WISEWOMAN

CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), or South Carolina Best Chance Network (BCN) offers an established framework that provides the opportunity to target other chronic diseases among women, including heart disease. Authorization of the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is an extension of the BCN to expand the preventive services being offered to women served. The intent of the WISEWOMAN is to provide chronic disease risk factor screening and health education interventions to women enrolled in the BCN, in effort to lower their risk of heart disease and stroke.

All office visits for WISEWOMAN screenings are expected to be integrated into the BCN screening office visit whenever possible. The CDC's NBCCEDP and WISEWOMAN programs have developed joint policies to provide guidance for this integrated office visit. The intent and benefit of coupling the two programs is to create a stronger link to ensure that as many women aged 40-64 as possible who are enrolled in the NBCCEDP also receive appropriate cardiovascular disease risk assessment and risk reduction in states that have both BCN and WISEWOMAN programs.

WISEWOMAN Integrated Screening Services

The following WISEWOMAN clinical screening services are expected to be integrated into the BCN screening exam office visit for new and established women aged 40-64:

- Blood Pressure Measurement (must record two systolic and two diastolic measurements)
- Height and Weight Measurement to calculate Body Mass Index
- Smoking Assessment and referral for cessation (also expected as part of the NBCCEDP office visits)

Integrated Office Visits

Integrated office visits should occur for women aged 40-64 who are enrolled in the BCN. Both programs must appropriately reimburse for screening visits and services using the following guidance:

- BCN funds should be used to reimburse for the integrated office visit. WISEWOMAN funds should not be used to pay for these office visits unless they have received CDC approval to conduct non-integrated office visits.
- WISEWOMAN funds should be used to reimburse providers for the costs associated with measuring cholesterol, lipids, glucose, HgA1C, or any other applicable labs.
- When rescreening for BCN and WISEWOMAN coincide, then this should be an integrated office visit, with reimbursement for the office visit using BCN funds. Any non-integrated rescreening or diagnostic office visits for WISEWOMAN services should be paid for with WISEWOMAN funds.

Risk Reduction Counseling

Patient-centered risk reduction counseling (RRC) is a major component of the WISEWOMAN (WW) Program. Skillfully provided, it can help WW participants become effective and informed managers of their health and health care. Studies indicate that patients who are engaged and actively participate in their own care have better health outcomes.

Requirements:

- **Provide RRC to every WW participant, face-to-face at the time of her screening visit, based on available information.**

During RRC:

- Discuss the participant's screening and health risk assessment results. If laboratory results are unavailable at the screening visit, complete RRC when the results become available. This can be done by phone—and a written copy of the lab results sent to the participant—or during a re-visit for abnormal or alert values.
- Provide screening results, interpretation of the results and recommendations in accordance with national guidelines. This information must be provided both verbally and in writing.
- Assure the patient understands her CVD risk as compared to other women her age.
- Consider the patient's language, health literacy and cultural background in the interaction.

- Use motivational interviewing techniques and skills.
- Collaboratively identify priority goals and strategies to support them (e.g., health coaching, lifestyle programs, Quitline, community resources and other healthy behavior support options).
- Assess the patient's stage of change/readiness to make behavior changes.
- If ready to change, facilitate access to healthy behavior support option(s).
- If not interested or ready to change, obtain her permission to check back later (e.g., when you call to discuss blood work, 2-3 months, anytime the patient is called).
 - If patient decides she is ready before being contacted by the provider, please have the health coach navigate her to her selected HBSS/HC.
- Arrange follow-up for alert blood pressure. This may include appropriate, (non-DHEC) case management for uncontrolled hypertension and diabetes.

WISEWOMAN Lab Work

Lab Tests Covered by WW at Screening/Annual Exam (For reimbursement rates please see the fee schedule, (appendix e):

- **Lipid panel**
- **Total cholesterol**
- **HDL cholesterol**
- **Glucose; quantitative**
- **Glucose; reagent strip**
- **Glucose, tolerance test**
- **Hemoglobin, glycosylated (A1C)**
- **Basic metabolic panel**

It is preferred that the patient be fasting for blood work, however, non-fasting LDL values are acceptable for most patients. If a patient has a history of high cholesterol, is taking medication for cholesterol or recently had a high fat meal then blood work should be done while patient is fasting.

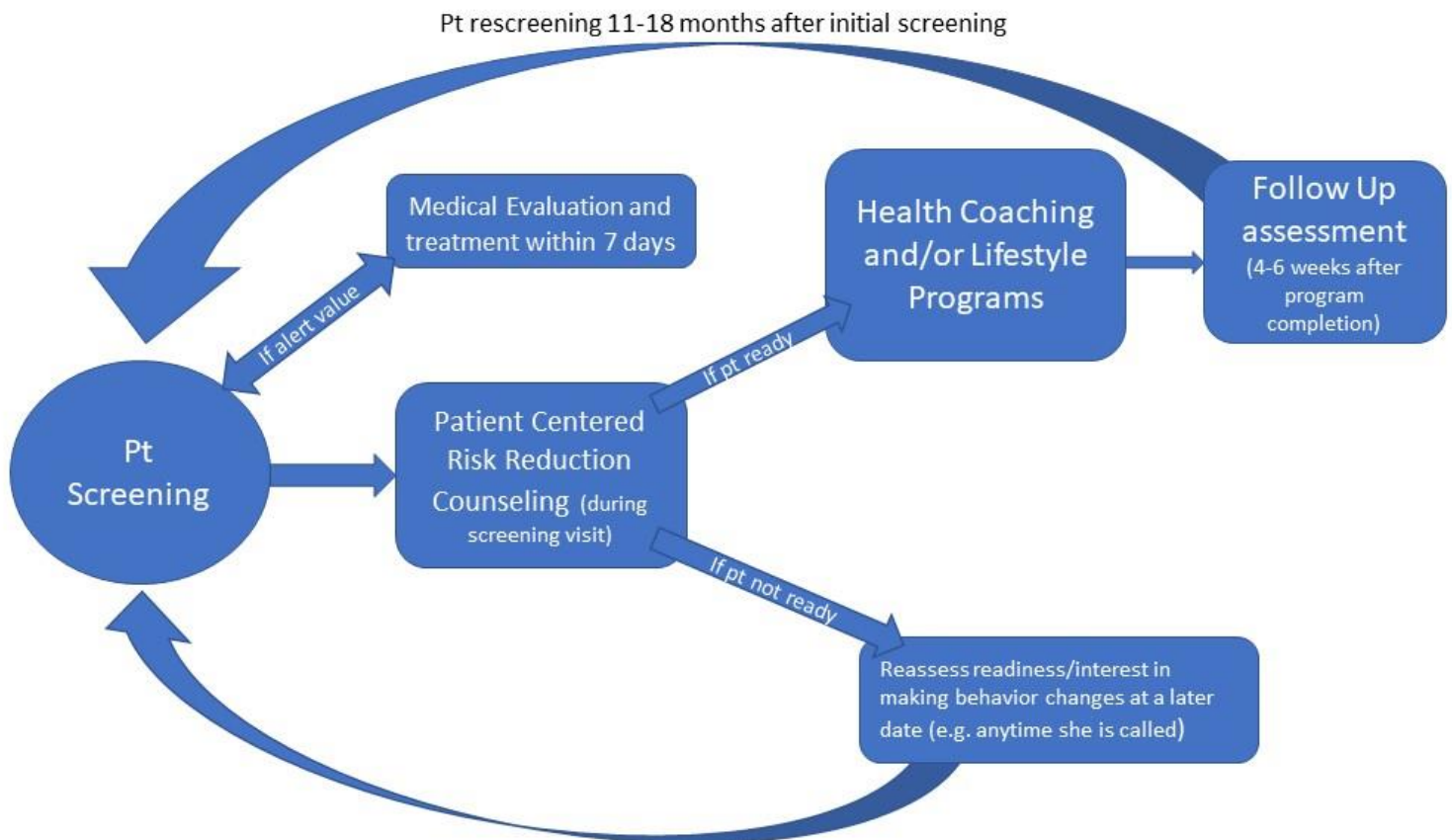
*** Remember to indicate fasting status on the Risk Assessment and Clinical Data form.*

*** If your healthcare center's own employee does the venipuncture for the blood tests, then please check this on the billing sheet of the Risk Assessment and Clinical Data Form or the HBSS Follow Up Form (appendix d), depending on the type of appointment.*

Lab Work Reminders

- For a patient to participate in WW, she must have cholesterol tests performed at one of the following times, glucose tests are optional but encouraged for high risk patients:
 - Within 30 days before BCN/WW annual exam (ordered by BCN/WW facility - lab work would not be covered by WW in this instance)
 - The day of BCN/WW annual exam (fasting preferred or non-fasting)
 - Within 30 days after BCN/WW annual exam (fasting required)
- If patient refuses blood work, WW visit will NOT be payable.
- If patient has non-fasting total cholesterol test performed on the day of her WW annual exam and total cholesterol is ≥ 240 , she may return to the clinic for a lab visit to do a fasting lipid panel.

WISEWOMAN Program Service Flow



Alert/Disease Level Values

Women with abnormal screening results must have appropriate medical evaluation in accordance with national guidelines and WISEWOMAN Program guidelines, which are:

All women with ALERT values* must receive:

- Medical evaluation and treatment (workup) immediately or within 7 days of the alert measurement, in accordance with national standards of care and the judgment of the medical director
- In-house case management to assist them with accessing indicated medical care

An Alert Value for hypertension is a blood pressure > 180 systolic or > 120 diastolic

The workup status must be documented on the patient's Risk Assessment and Clinical Data Form, Page 2, Blood Pressure Alert.

Once patient has been treated for their alert value they can continue in the WISEWOMAN program and be referred to Health Coaching and/or a Lifestyle Program to support long term risk reduction activities should they choose to participate.

All women with abnormal/disease level blood pressure or laboratory results must be referred for medical evaluation if not currently being treated.

If the disease-level values were first discovered at the WW exam (i.e., not a pre-existing condition), the WW program will pay for a re-visit to counsel the patient within 30 days from the WW annual exam. (A separate WW Risk Assessment and Clinical Data Form needs to be submitted for the re-visit date.)

Abnormal/Disease Levels are:

- ^ Blood pressure \geq 140 systolic or \geq 90 diastolic
- Total cholesterol \geq 240, fasting or non-fasting
- LDL-cholesterol \geq 160, fasting 9+ hours
- Triglycerides \geq 200, fasting 9+ hours
- Blood glucose \geq 126, fasting 8+ hours
- A1C \geq 6.5%, non-fasting

All women with uncontrolled hypertension must receive in-house case management and other appropriate follow-up.

Health Coaching

Health Coach Minimum Skills and Abilities

At a minimum, the health coach (HC) will have skills and abilities to:

- Effectively conduct individual and group coaching sessions
- Identify and actively address the patient's behavioral, emotional, situational, and cognitive barriers to change
- Guide the patient in making positive behavior changes for better health outcomes by building her skills in decision-making, problem-solving, goal setting and planning

- Identify and connect the patient with local community resources that could help her achieve self-management goals and improve health (e.g., food/nutrition, physical activity/exercise, tobacco use cessation, weight management, diabetes education, medication assistance, mental health services, job training, translation services, violence prevention/treatment services, transportation services, faith-based programs) – when appropriate and in coordination with the healthcare center’s case management staff/patient navigators

Health Coaching Expectations

To be effective, the health coach is expected to:

- Consider the patient’s preferences, culture, age, abilities, learning style and life circumstances when helping her set goals and make changes.
- Use a patient-centered, collaborative approach to enable the patient to take responsibility for her health and well-being.
 - Support her in developing her own goals and action steps.
 - Partner with her to identify potential barriers and solutions to help achieve goals.
- Be available and responsive to the patient throughout her health-coaching cycle to maximize the benefits she can receive from the services.

Health Coach Training

In addition to participating in their site’s WW provider orientation/training session, all health coaches must complete training on Motivational Interviewing and Med-IT database use. (Note: Health coaches cannot provide health coaching until they complete these trainings).

Trainings will be provided regularly in a virtual format. Some will be prerecorded and can be completed at the provider’s convenience and repeated as necessary.

General Health Coaching Protocol

The health coach should use information from the patient’s screening/risk reduction counseling visit to help the patient establish and achieve her goals toward improved health. Health Coaches should encourage participants to get involved with available HBSS whenever possible.

The HC intervention is considered complete after three (3) sessions within six (6) months. However, the patient may receive additional health coaching, for a maximum of six (6) sessions over the same time period, six months. These additional sessions can be scheduled, documented, and reimbursed the same way as the initial three.

The initial session can be immediately following the WW clinical and risk reduction counseling visit. (However, it does not take the place of risk reduction counseling.)

After the third and/or final HC session, the health coach should encourage the patient to return for her annual BCN/WW re-screening visit—and schedule this appointment, if possible.

Ideally, health coaches will reach out to WW participants that selected an HBSS (If they did not select HC) within 4 weeks of initial referral. This is to be sure the participant has started their selected program and/or see if they would like to try another HBSS if they are unhappy with their current HBSS. The goal of this is to help eliminate some of the participants dropping off once starting their support services.

Within 4-6 weeks of HC completion, the health coach must schedule the participants HBSS follow-up to assess the patient's progress and reinforce her health goals. This is different than the re-screening visit and will utilize the HBSS follow up form (See appendix d).

Health Coach Strategy: Ask Me 3

Ask Me 3 is a health literacy program designed by the Institute for Healthcare Improvement, aimed at increasing patient involvement with their care team, health decisions and increasing health communication. It teaches patients to become more actively engaged by encouraging them to ask 3 specific and strategic questions at their clinical visit. It is not a required component to health coaching; however, it could be a useful tool for supporting long term patient engagement with the WW program, helping WISEWOMAN participants feel more empowered throughout their health care journey.

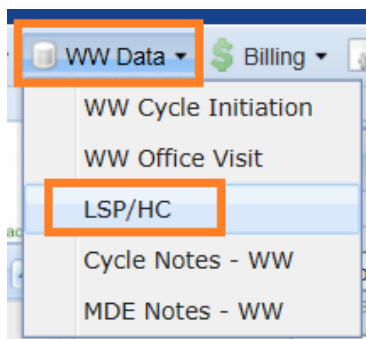
If health coaches are interested in utilizing Ask Me 3, they can visit ihi.org/AskMe3 for free materials.

Documenting and Data Entry of Health Coach Sessions

IMPORTANT:

DO NOT DOCUMENT ATTEMPTED PHONE CALLS, MISSED APPOINTMENTS, LETTERS MAILED, ETC. DOING THIS CREATES ERRORS IN THE LSP/HC RECORD AND REQUIRES CLEANING UP THE DATA BEFORE IT IS SUBMITTED TO THE CDC. (YOU MAY WANT TO KEEP YOUR OWN NON-MED-IT LOG/SYSTEM OF INTERACTIONS WITH PATIENTS FOR THESE TYPES OF ACTIVITIES.)

WW Data → LSP/HC



IMPORTANT!

Be sure to fill in all fields in the LSP/HC Session section. Do not leave a field blank.

LSP/HC FORM

Provider: Displays the provider who is responsible for the client.

Completed By: Select the individual who conducted the LSP or HC session.

LSP/HC Date: The date the LSP or HC session occurred.

LSP/HC Received Date: The date the HC session is being entered by the health coach.

LSP/HC ID: The name of the LSP or HC program the client attended.

Program Completion: Select whether or not the client has completed the LSP/HC sessions:

Yes- Lifestyle Program/Health Coaching is Complete: Client has completed the LSP/HC.

“Complete” means the client had at least 3 sessions within 6 months. Her third and all subsequent sessions (up to 6 sessions are reimbursable) must be marked as “complete.”

No- Lifestyle Program/Health Coaching is Still in Progress: Client’s LSP/HC is still in progress.

No- Withdrawal/Discontinued: Client has withdrawn from or discontinued the LSP/HC or was “lost to follow-up.”

Weight: Optional field to record patient’s weight.

Blood Pressure: Optional field to record patient’s blood pressure.

Activity Outcome:

PN Activity: Select a description of the type of session conducted.

PN Outcome: Select the outcome of the session.

Notes: Briefly document what was discussed, client's goals/progress with goals, plans to continue with HC (or not), etc. (Notes are not included in the WW data submitted to the Centers for Disease Control & Prevention but may be used for WW evaluation and quality improvement purposes.)

LSP/HC Session (Cycle # 1)

Provider: Fairfield Medical Associates-WW

Completed By: Brittney Gist

* LSP/HC Date: 03/17/2021

LSP/HC Received Date: 03/17/2021

* LSP/HC ID: SCWW Health Coaching

Program Completion: No - Lifestyle Program/Health Coaching is still in progress

Weight

Measurement: 135 Pounds

Blood Pressure

Measurement: 130 / 80 mm Hg

Activity Outcome

PN Activity: Patient - Telephone Call

PN Outcome: Completed

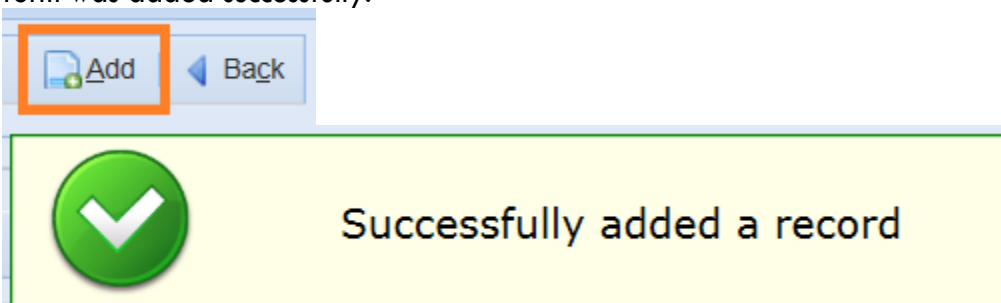
Notes

Note Templates: Select one

Notes: This section is useful for details about the session.

ADDING THE WW LSP/HC FORM

Once you have entered in all the data for the LSP/HC, select the [Add] button found in the top or bottom section of the LSP/HC Form. Med-IT® will display a message alerting the user that the form was added successfully.



QUICK CLAIM ENTRY

Go to the very bottom of the LSP/HC screen to the Quick Claim Entry area. Enter the bill items described as follows:

Account #: Leave blank.

CPT Code: Appropriate CPT code for session

Type of Service: WISEWOMAN

Payment Type: Global

Billed: Amount that the WW provider would normally bill for this service (used to calculate the funding match for CDC reporting)

[Add] Button: Click this to add the quick claim.

Quick Claim Entry

Add Bill Items

Account #:

CPT Code: 98960 - Individual education

Type of Service: WiseWoman

Payment Type: Global \$50.00

Billed \$: 50.00

Other \$:

The following will display in the list of bill items once you click the [Add] button:

List of Bill Items

i You can double-click on a Bill Item below to go to the Claim.

Account #	CPT Code	Billed	Payment Type	Status
	98960	50.00	GO	Pending

Click on Update. If you miss this step, your information will not be saved.

ADDING A SECOND SESSION AND CLAIM (for two HC sessions on the same date of service)

To add the second LSP/HC, click the Back button above the Quick Claim area.

A grid showing the LSP/HC session(s) for the current time period will be displayed. Click the [Add] button found in the top right hand corner of the grid.

List of LSP/HC Sessions for Cycle # 1

LSP/HC Date	LSP/HC	Session Type	Session Setting	Session Completion
07/15/2015	SCWW Health Coaching	Face-to-Face	Group	No - Lifestyle Program/Health Coaching is still in progress

You will be redirected to the LSP/HC form for data entry. Enter the second session in this screen and click [Add] to save the session.

Add

Provider: WW Provider

Completed By: Health Coach

* LSP/HC Date: 07/15/2015

LSP/HC Received Date: 07/15/2015

LSP/HC ID: SCWW Health Coaching

Session Time: 60 minutes

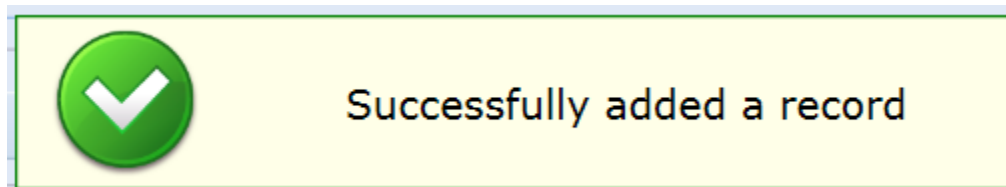
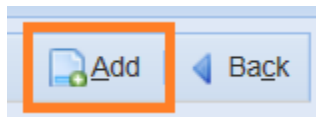
Session Type: Face-to-Face

Session Setting: Group

Session Completion: No - Lifestyle Program/Health Coaching is still in progress

Notes: Tahoma

This is the second LSP/HC session for the 2-hour group session.



QUICK CLAIM ENTRY

Go to the very bottom of the LSP/HC screen to the Quick Claim Entry area. Enter the bill items described as follows:

Account #: Leave blank.

CPT Code: Appropriate CPT code for session

Type of Service: WISEWOMAN

Payment Type: Global

Billed: Amount that the WW provider would normally bill for this service (used to calculate match for CDC reporting)

[Add] Button: Click this to add the quick claim
Finally, Click on Update.

Healthy Behavior Support Services

All HBSS offered through the WISEWOMAN program are CDC approved and evidence-based programs. Please contact the Program Director if there is a program you'd like included.

National Diabetes Prevention Program (NDPP)

NDPP, or in South Carolina "In It Together" is an evidence-based diabetes prevention program. The goals are to prevent Type II diabetes and to educate pre-diabetic and high-risk women. It provides ongoing education and support for participants and requires a yearlong commitment. Sessions are now offered virtually as well as in person.

Interested patients should be referred to the NDPP's Lifestyle coaches directly through the IDPP referral form (appendix f) or by finding a local program at initttogethersc.org. Lifestyle coaches will run cohorts in groups of 15 participants and meet virtually or in person.

- Sessions will be weekly for the first 6 months and monthly for the last 6 months
 - Participants will complete a maximum of 16 core sessions in the first 6 months
 - Participants will complete a maximum of 6 post core sessions in the last 6 months
 - At least 9 core sessions and 3 post core sessions must be attended for HBSS completion

To be sure the patient is referred back to the provider for appropriate follow up care and to inform the provider of the participants completion or progress the DPP lifestyle coaches will use the Bi-directional feedback form (appendix g).

Y-USA Blood Pressure Self-Monitoring Program (YUSA-BPSM)

Participants with high blood pressure that have not had a cardiac event in the past year, have atrial fibrillation or arrhythmia, are eligible for this program and will be identified during the WISEWOMAN baseline screening and risk reduction counseling. These participants will:

- Enter a 4-month program
 - Meet with a Heart Ambassador twice a month
 - Attend a Nutrition session once a month, attending at least 3 and totaling no more than 4 sessions
 - Be provided a blood pressure cuff
 - Take and record their blood pressure at least twice a month in provided notebook

This program provides one on one coaching and guidance through taking and understanding blood pressure and focuses on educating the participant on dietary factors contributing to

hypertension. Upon completion of this program a progress letter will be sent to the provider so that the provider can schedule the HBSS follow up.

For more information on referring patients into this program, please watch this 30 minute orientation video: https://www.youtube.com/watch?v=TX_cBuwy4pY&feature=youtu.be

Walk with Ease and Health Coaching

Walk with Ease (WWE) is an evidence based physical activity program ideal for individuals who are new to physical activity or need support and guidance on overcoming challenges that can interfere with an active program. It provides practical advice and strategies on how to walk safely and comfortably.

This is a 6-week program is offered in a group setting utilizing a guidebook that is provided at no cost to the participants. Participants will be taken through the program by a certified Walk with Ease coach who provides ongoing support and assistance to participants for the entirety of the program. The group sessions meet weekly and are each 2 hours in length.

The other component of this program is Health Coaching. At a minimum participant will have 3 health coaching sessions, following a every other week schedule, to monitor their progress through WWE. At most participants can have weekly health coaching in addition to the WWE group sessions, for no more than 6 health coaching sessions. Once the participant completes the program, the health coach will schedule their HBSS follow up appointment no sooner than 12 weeks post baseline screening.

Evidence shows that participants are most successful when they engage in at least 8 WWE sessions, so for WISEWOMAN completion of this program the participant will need to complete

- At least 5 of the weekly group sessions
- At least 3 self-guided walks, confirmed by their health coach
- At least 3 health coaching sessions

Referrals to this program are dependent on which county the participants live as the program is managed through SNAP-Ed. Please see Appendix i for a map illustrating which agency manages the Walk with Ease program by county.

For DHEC referrals, please have participants contact:

Farrah Wigand
wigandfa@dhec.sc.gov
(803) 898-3197

For Clemson Referrals: Each clinic will individually set up referral pathways and locations for the WWE program. Clemson will be running WISEWOMAN specific WWE programs. Please reach out to Kasey Volpe, Program Director, to facilitate this planning at volpekm@dhec.sc.gov.

Eating Smart Being Active

Any participants that are interested in learning how to shop, prepare, and cook healthier food are eligible for this nutrition focused program that is delivered through EFNEP (Expanded Food and Nutrition Education Program). Eating Smart, Being Active has 9 core classes with a pre and post survey which includes a 24-hour food recall, for a total of 11 potential sessions. Sessions 2-9 have a small physical activity component. The core sessions are usually conducted weekly but can be flexible depending on the group and individual needs. Sessions will be led by Nutrition educators and groups are kept to less than 20 participants.

For completion, participants must attend at least 6 core sessions and complete 1 survey session with the 24 hour food recall.

More information on this evidence based nutrition program can be found here:
<http://eatingsmartbeingactive.colostate.edu/eating-smart-%e2%80%a2-being-active/about/description/>

To refer participant please send their contact information to your county's Nutrition Educator below. The educator will then follow up with the participant regarding session timing and logistics. Once the participant has completed this program, the nutrition educator will send them and the provider a certificate of completion. At this point the provider should schedule the HBSS follow up.

If your WISEWOMAN participant would like attend sessions in a different county then listed below, please refer to appendix j for the full list of educators.

Greenwood and Saluda Counties:

Gina Gilbert
gmgilbe@clemson.edu

Anderson County:

Carol Salley
Salley3@clemson.edu

Kershaw County and Fairfield County (virtually):

Sharneece Gary
sgary@clemson.edu

Tobacco Cessation



ENROLLMENT *Easy as 1-2-3*

NO MATTER YOUR CHOICE OF TECHNOLOGY - OLD OR NEW -
THE SC TOBACCO QUITLINE IS HERE FOR YOU!

We now have multiple ways of enrollment. It's as easy as 1-2-3.



Telephone Enrollment

Call 1-800-QUIT-NOW (toll-free anywhere in the U.S.).
1-800-784-8669 will link S.C. callers to the S.C. Tobacco Quitline.



Web Enrollment

Connect at <http://www.quitnow.net/southcarolina>
Enroll online to get started today.



Text Enrollment - Text2Enroll

Text "Ready" to 200-400.
Receive a text message prompt for your contact information and
a registration specialist will reach back out to you.

The South Carolina Tobacco Quitline 800-QUIT-NOW is a state funded program of the S.C. Department of Health and Environmental Control offering full-scale tobacco treatment services provided at no cost to all South Carolina residents.

For Participant eligibility requirements and participation options for the SC Tobacco Quitline, please refer to appendix h.

It is highly encouraged that a health coach assists the participant with enrolling and then follow up to schedule a HBSS follow up appointment depending on how many sessions and/or medication the participants opts to utilize.

Follow up Services

Follow-up Assessment

To evaluate short-term progress and to facilitate goal adjustments as needed, participants are encouraged to return to clinic for a follow-up visit with the provider. This visit should occur 4 to 6 weeks following completion of HC and/or HBSS. The provider should use the HBSS follow up form at this visit and capture the health metrics listed on the form.

Re-screening visit

Re-screening should take place 11-18 months after baseline screening. This visit will use the Risk Assessment and Clinical Data form and it should be filled out as completely as possible

Follow Up Reporting

Once the appropriate form is completed depending on the type of follow up visit, the form along with the necessary lab work should be sent to DHEC for processing. Please see the "Reimbursement and Billing" section in this manual for more details.

Data Collection

WISEWOMAN has 59 mandatory reporting requirements and data elements that are required by the CDC for each participant. The data collected from the WISEWOMAN forms provides evidence to the funding agencies that monies used by WISEWOMAN programs are used to:

- Ensure participants receive cardiovascular disease screening tests in conjunction with BCN screenings.
- Ensure participants with alert values and disease-level values are followed according to CDC guidelines.
- Ensure the program is reaching the in-need segment of the population.
- Evaluate the effectiveness of the WISEWOMAN Program.
- Ensure the availability of high-quality data for program planning as well as quality assurance of the program.

Data Collection Methods

Data is collected from patient medical reports (pathology, etc.), and SC DHEC data collection forms.

Data is input into Med-IT, a HIPAA secure website by Providers and DHEC staff.

General Information Concerning All Forms:

- All forms should be complete and accurate.
- The original forms will be sent to billing and data collection with an invoice by the 15th of each month.
- Copies of all forms must be kept in the medical record.
- The results of the lab tests should be carefully recorded so that participants receive adequate follow-up and providers receive proper payment.
- The WISEWOMAN Consent Form must be signed before any services are rendered, and the signed document must be maintained in the patient's medical record.

South Carolina WISEWOMAN program uses several data collection forms for data reporting.

- South Carolina WISEWOMAN Risk Assessment & Clinical Data Collection Form
- South Carolina WISEWOMAN HBSS Form
- South Carolina WISEWOMAN Follow-Up HBSS Form

South Carolina WISEWOMAN Risk Assessment & Clinical Data Form

This form should be completed on all WISEWOMAN patients at the initial office visit or integrated office visit and the re-screening visit. The first page of the form can be completed by the participant. The second page of the form is to be completed by the provider conducting the risk assessment screening and risk reduction counseling. Upon completion of HC and at the follow up visit, participants are asked to complete the first page on this form again.

The purpose of the Baseline/Risk Reduction Form:

- To provide documentation of the patient history, health assessment information, baseline lab and clinical values, and risk reduction counseling information.
- To serve as documentation for billing.
- To track patients regarding medication compliance and lifestyle programs.

South Carolina HBSS Form

This form is to be completed whenever there is any contact between the participant and the WISEWOMAN health coach. The forms can be entered into Med-IT directly by the health coach or will be sent to the DHEC monthly.

The purpose of this form is to:

- Collect patient participation in healthy behavior support services.
- Track completed sessions.
- Provide documentation of patient referrals to community resources.

South Carolina HBSS Follow up Form

This form is to be completed during a medical visit 4-6 weeks after HC/HBSS completion. The follow-up visit will not be reimbursed until this form is completed in its entirety and received by the DHEC office.

The purpose of this form is to:

- Document clinic measurements after completion of HBSS to capture if there has been change from baseline

Reimbursement and Billing

WISEWOMAN Reimbursement Policies

Reimbursable New or Annual WW Visit

1. Must be done on same date of service as Best Chance Network annual exam.
2. This visit is reimbursable, even if a patient has a known cardiovascular condition.
3. WW screening blood work includes total cholesterol, HDL cholesterol and blood glucose or A1C.
 - a. If blood work was done at your facility/laboratory within 30 days prior to the screening visit, you may use lab values from that blood draw to complete the WW Risk Assessment and Clinical Data Form.
 - b. If blood work was done more than 30 days ago and the patient wants to participate in WW, a blood draw must be done at the annual visit or within 30 days of the visit.

Reimbursable WW Office Re-visit

1. Patient has a new abnormality/diagnosis identified at WW screening and needs to be counseled.
2. A WW Risk assessment and clinical data form must be submitted for the re-visit.
 - a. This form must be a separate one, not the same one completed for the screening visit.
 - b. The box for billing code W9213: Revisit for counseling for abnormal or alert value(s), must be checked.
 - c. The lab report must be attached when applicable.

Non-reimbursable WW Office Re-visit

1. A patient with abnormal lab values for a condition of which she is aware and for which she is receiving ongoing treatment.
 - a. For example, if a WW patient is a known diabetic and the WW lab work (A1C) for that known condition is abnormal, WW will not reimburse a counseling visit, since this is viewed as “ongoing treatment.”
2. If diagnosis can be made based on results of the new/annual WW screening, then additional lab work will not be payable.
 - a. For example, if a patient can be diagnosed with hyperlipidemia based on the original fasting blood work, WW will not reimburse an additional blood draw to test lipids again.

3. Re-visit for fasting blood work (Lab visit only. Lab fees are reimbursable to the testing lab.)
 - a. This may occur if the patient was not fasting at annual exam and did not receive a blood draw within 30 days of screening visit.
 - b. This may occur if the patient had non-fasting blood work done at annual exam and results were abnormal. The provider may have the patient return to do a fasting blood draw.

Health Coaching Reimbursement

DHEC will reimburse the contracted WW provider on a fee-for-service basis for the provision of the following health coaching (HC) services for each WW HC participant:

- Each HC session, up to a maximum of six sessions within the patient's 11- 18-month screening cycle/before her re-screening visit.
- "HC completion" means the patient participated in at least three HC sessions within six months. However, the patient may receive additional health coaching, for a maximum of six sessions.
 - Once health coaching is complete, the patient needs to be seen for an HC/HBSS follow up with proper documentation per the HBSS follow up form.

Health Coaching services are payable only upon receipt by DHEC of completed health coaching data and/or forms.

The health coach must document each HC session as follows:

- Enter the patient health coaching data directly into DHEC's online data system, Med-IT.
- Data entry should be done within one week of providing the service.
- Online form submission is eligible for a small reimbursement

WISEWOMAN Billing

WW program funding is dependent upon the quality of services provided and accurate reporting of those services. Incomplete information may result in denial of a claim and a future decrease in funding to the program and your site.

Mail or fax your WW Risk Assessment and Clinical Data, HBSS follow up forms and lab reports to DHEC for billing at:

Fax: (803) 898- 1255

Mail: SC DHEC BCN
P.O. Box 1987
Columbia, SC 29202

For payment of WW forms:

- **Mail your forms within 30 days of the WW date of service.**
 - Reimbursement will be issued within 60 days of submission of complete and accurate forms.
 - Each patient must have an active prior authorization (PA) code.

Form Submission Reminders:

- You do not need to wait for BCN forms to be complete to send WW forms.
 - Make sure forms are complete and have your provider information.
 - All requests for payment of services provided between each September 30th through September 29th of the Contract period must be received by DHEC WW by October 29th of that same Contract year. Payment requests received after October 29th of each year will be returned unpaid. Patients cannot be billed for any unpaid requests received by DHEC WW after October 29th of each contract year.

Health Coaching Submission

Once a health coaching session is completed and documented on the HBSS Form, your site's Med-IT user should enter the session into Med-IT within 7 days.

To get status of payment information, log onto the Med-IT data system or contact your Regional Provider Coordinator. If you need a Med-IT user ID, call your Regional Provider Coordinator.

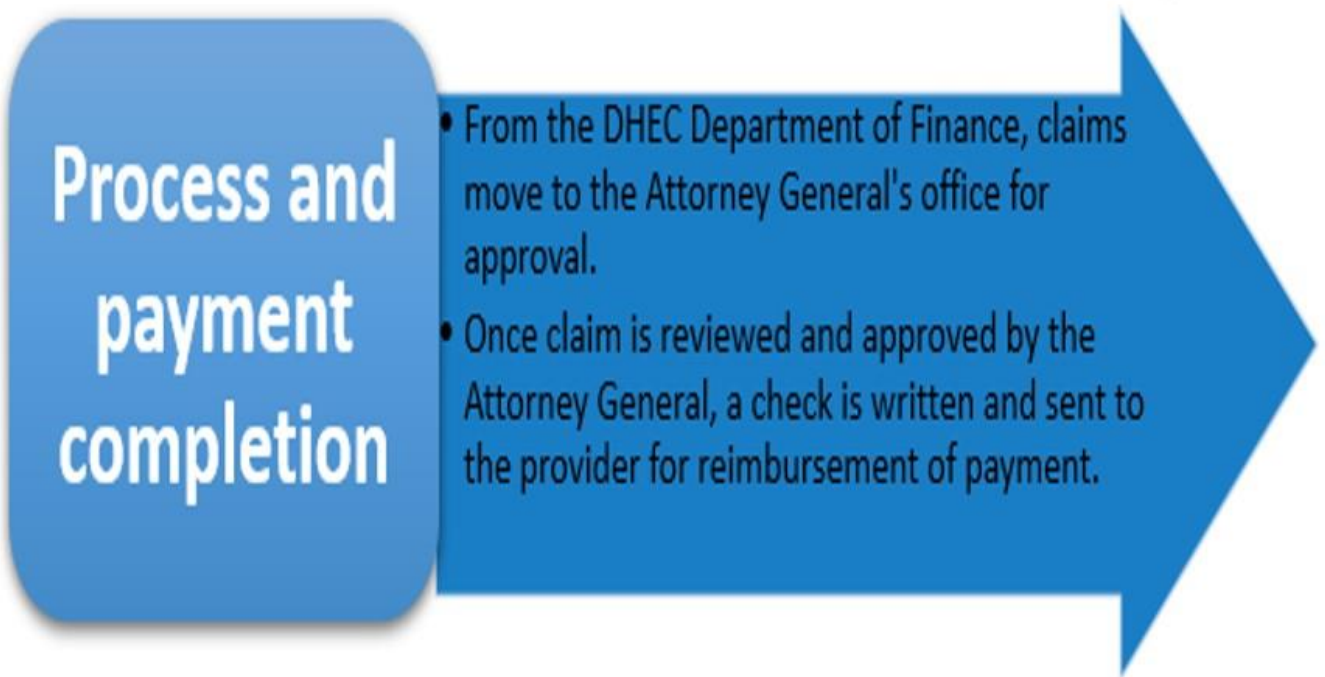
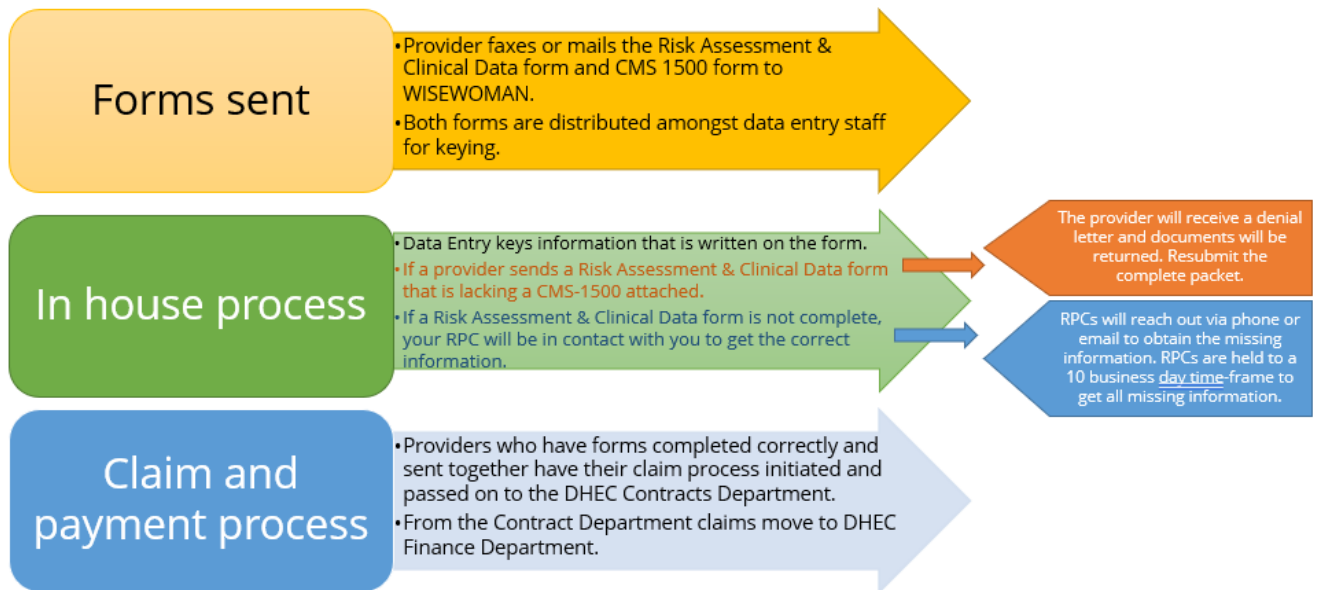
For billing questions, contact:

Genevieve Gamble, BCN Billing Supervisor

Phone: (803) 898-1496

Fax: (803) 898-1255

Email: gamblegp@dhec.sc.gov (Patient information must not be included in the email unless submitted in a secure, encrypted format.)



Quality Assurance

The purposes of the WISEWOMAN (WW) quality assurance (QA) component are to assure that Best Chance Network (BCN) patients are offered and receive appropriate, quality cardiovascular screening services and that program funds are utilized as required by the program. QA staff at the South Carolina Department of Health and Environmental Control (DHEC) will determine if the patient care received through the BCN/WW providers meets acceptable standards of care.

QA staff will conduct WW clinical records audits in conjunction with BCN audits. The BCN processes established for planning, scheduling, conducting and reporting will be adhered to for WW audits. The following audit criteria will be used to assess and evaluate the WW program's clinical activity:

Service Provision:

- BCN services were provided during the WW screening office visit (BCN-WW integrated office visit).
- Clinical services provided reflect use of WW policy in place at the time the screening was provided.
- Screening tests were completed according to WW guidelines.
- Abnormal results received appropriate follow-up within 30 days of test results.
- For alert results, patient received a workup within 7 days of the alert results.
- Referrals to case management, health coaching or lifestyle program, community resources and/or tobacco cessation were made according to WW guidelines.

Documentation:

- A copy of the signed WW Consent form is in the patient's medical record.
- A copy of the WW Risk Assessment and Clinical Data Form is in the patient's medical record.
- WW Risk Assessment and Clinical Data Form was completed correctly and in accord with documentation in the patient's medical record.
- WW Risk Assessment and Clinical Data & Billing Form was submitted to DHEC within 30 days of the office visit.
- Health history, assessments, plan of care, referrals and referral follow-up actions were documented in the patient's medical record.
- Patient was notified of screening test results verbally.
- Patient was notified of screening test results in writing.
- Patient was scheduled to return or returned in 11-18 months for annual screening.
- Missed appointments or refusal of WW follow-up services were documented in the patient's record.

Appendices



Consentimiento para participar en el South Carolina Programa WISEWOMAN

El programa WISEWOMAN me ayudará a identificar los riesgos de tener una enfermedad cardiovascular (ECV, también conocida como enfermedad cardíaca), tener un ataque al corazón, un derrame cerebral o diabetes. El programa WISEWOMAN trabajará conmigo para realizar cambios saludables que reducirán mi riesgo de contraer estas enfermedades. Para ser elegible para WISEWOMAN, debo tener entre 40 y 64 años de edad y el ingreso familiar debe ser menor o igual al 250% del Nivel Federal de Pobreza.

El Programa WISEWOMAN:

- Medirá mi estatura, peso y presión arterial.
- Tomará una pequeña muestra de sangre con una tira para medir el azúcar en la sangre (glucosa) y el colesterol (colesterol total y colesterol HDL). La punción en el dedo puede doler brevemente, pero no debe causarle mucha incomodidad.
- Me hará preguntas acerca de mi historial de salud, el historial de salud de mi familia y mi estilo de vida. Estas preguntas ayudarán a determinar mi riesgo de tener diabetes o tener un ataque cardíaco o un derrame cerebral.
- Usará mis medidas físicas y la información que proporcione para monitorear y evaluar el programa.
- Me referirá al Programa de navegación para el control del cáncer cervical y de seno de South Carolina, Best Chance Network, si no estoy al día con mis exámenes de detección de cáncer cervical o de seno. Ese programa me ayudará a actualizarme en los servicios de detección de cáncer.

Resultado de pruebas

- Entiendo que los resultados de las pruebas no son un diagnóstico de una enfermedad.
- Si alguno de mis resultados no es normal, WISEWOMAN me referirá para una evaluación médica.
- Si es necesario, WISEWOMAN también me puede recomendar para análisis de sangre para el colesterol y la diabetes. El análisis de sangre utilizará una aguja para extraer la sangre de una vena de mi brazo. Puede ser incómodo cuando la aguja entra en la vena. La incomodidad no debe durar mucho tiempo.

Cambios de estilo de vida

- Tendré la oportunidad de trabajar para dar pequeños pasos para mejorar mi salud.
- Si deseo, puedo trabajar con un asesor de salud para establecer una pequeña meta saludable que sea interesante para mí.
- Puedo elegir participar en un programa comunitario como el Programa de Prevención de la Diabetes o autocontrol de la presión arterial y WISEWOMAN pagará algunos o todos los costos.
- Toda mi información se mantendrá en privado y no se compartirá con ninguna persona que no sea parte del programa WISEWOMAN a menos que yo lo autorice por escrito.

¿Quién pagará por los servicios de WISEWOMAN?

INICIALES _____

- Si no tengo seguro médico, el programa WISEWOMAN pagará por los servicios mencionados anteriormente siempre y cuando sea elegible para WISEWOMAN, y siempre que vea a un proveedor de atención médica participante. Si estoy asegurada, WISEWOMAN pagará los servicios que no están cubiertos por mi seguro.
- Tendré que pagar por cualquier otra cita médica de seguimiento, exámenes de seguimiento y cualquier medicamento recetado por mi proveedor.
- Si no puedo pagar el medicamento, es posible que pueda solicitar ayuda a los Programas de asistencia para medicamentos recetados para que me ayuden a pagar la medicina.

Entiendo completamente la información en esta forma y acepto participar en el Programa WISEWOMAN. También entiendo que tengo el derecho de rechazar estos servicios en cualquier momento. Si tiene preguntas, comuníquese al 1-800-450-4611.

Firma del participante

Fecha

Firma del testigo

Fecha


Nombre del participante

Nombre del testigo

Firma del tutor (si procede)

Nombre del tutor o (si procede)

b. WW Risk Assessment and Clinical Data Form

 South Carolina WISEWOMAN Risk Assessment & Clinical Data Form			
Provider Name _____		PA Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Date _____	First Name _____	Last Name _____	DOB: _____
Address _____		City: _____	State: _____ Zip Code: _____
Education: 1 2 3 4 5 6 7 8 9 10 11 12, College 1 2 3 4		Don't Want to Answer _____	High School Diploma/GED: Yes _____ No _____
Race: Unknown _____ White _____ Black/AA _____		Native Hawaiian/Pacific Islander _____ American Indian/Alaska Native _____	
Other Race: _____		If Applicable, Second Race: _____	
Hispanic Origin: Yes _____ No _____		Language: English _____ Spanish _____ Other: _____ Phone: (____) _____	
Hypertension	1. Do you have hypertension (high blood pressure) Yes _____, No _____, Don't Know/Not Sure _____		
	2. Was medication prescribed to lower your blood pressure? Yes _____, No _____		
	3. Do you measure your blood pressure at home or using other calibrated sources? Yes _____, No -Was Not Told _____, No-Doesn't know how _____, No-Doesn't have equipment _____, N/A _____		
	4. How often do you measure your blood pressure at home or using other calibrated sources? Multiple times per day _____, Daily _____, Few Times Per Week _____, Weekly _____, Monthly _____		
	5. During the past 7 days, on how many days did you take medication to lower your blood pressure? Number of Days _____, None _____		
	6. Do you regularly share blood pressure readings with a health care provider for feedback? Yes _____, No _____		
Cholesterol	7. Do you have high cholesterol? Yes _____, No _____, Don't Know/Not Sure _____		
	8. Was medication (Statin) prescribed to lower your cholesterol? Yes _____, No _____		
	9. Was medication (other than Statin) prescribed to lower your cholesterol? Yes _____, No _____		
	10. During the past 7 days, on how many days did you take prescribed medications to lower your cholesterol? Number of Days _____, None _____		
Diabetes	11. Do you have diabetes? Yes _____, No _____, Don't Know/Not Sure _____		
	12. Was medication prescribed to lower your blood sugar? Yes _____, No _____		
	13. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar? Number of Days _____, None _____		
Heart Health	14. Have you had a stroke/TIA? Yes _____, No _____, Don't Know/Not Sure _____		
	15. Have you had a heart attack? Yes _____, No _____, Don't Know/Not Sure _____		
	16. Have you had heart disease? Yes _____, No _____, Don't Know/Not Sure _____		
	17. Have you had heart failure? Yes _____, No _____, Don't Know/Not Sure _____		
	18. Have you had vascular disease? Yes _____, No _____, Don't Know/Not Sure _____		
	19. Have you had congenital heart disease? Yes _____, No _____, Don't Know/Not Sure _____		

Health Assessment

20. Are you taking aspirin daily to help prevent a heart attack or stroke? Yes _____, No _____	
21. How many cups of fruits and vegetables do you eat in an average day? Number of cups _____, None _____	
22. Do you eat fish at least two times a week? Yes _____, No _____	
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains? Less than Half _____, About Half _____, More than Half _____	
24. Do you drink less than 36 ounces (450 calories) of sugared sweetened beverages weekly? Yes _____, No _____	
25. Are you currently watching or reducing your sodium or salt intake? Yes _____, No _____	
26. How many minutes of physical activity (exercise) do you get in a week? Number of minutes _____, None _____	
27. Do you smoke? Include cigarettes, pipes, or cigars (smoked tobacco in any form) Current Smoker _____, Quit (1-12 months ago) _____, Quit (more than 12 months ago) _____, Never Smoked _____	
28. Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things? Not at all _____, Several days _____, More than half _____, Nearly every day _____	
29. Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? Not at all _____, Several days _____, More than half _____, Nearly every day _____	
30. In the past 7 days, how often do you have a drink containing alcohol? Number of Days _____, None _____	
31. How many alcoholic drinks, on average, do you consume during a day you drink? Number _____, None _____	

For Clinical Staff Only:		Screening Date: _____	
Patient: _____		PA Code: _____	
Height : _____ in	Weight: _____ lbs	BMI: _____	Waist: _____ in. Is Patient Fasting? Yes <input type="checkbox"/> No <input type="checkbox"/>
Measurements Tab			
1 st BP Reading:	_____ / _____ mm Hg		
2 nd BP Reading:	_____ / _____ mm Hg		
Average BP Reading:	_____ / _____ mm Hg		
Blood Pressure Alert			
*Alert BP: Systolic >180 OR Diastolic > 120 mm Hg Alert Action: Requires immediate medical evaluation			
Medically Necessary <input type="checkbox"/>	BP Alert Date: _____	BP Alert Follow-Up Date: _____	
Not Medically Necessary <input type="checkbox"/>	Medically Necessary Follow-Up Appt Declined <input type="checkbox"/>	Refused Work-up <input type="checkbox"/>	
Blood Work Tab			
Cholesterol			
Total Cholesterol-Fasting or Non-Fasting	_____ mg/dl		
HDL Cholesterol-Fasting or Non-Fasting	_____ mg/dl		
LDL Cholesterol-Fasting Only	_____ mg/dl		
Triglycerides-Fasting Only	_____ mg/dl		
Blood Glucose			
*Alert Fasting Glucose: ≤ 50 OR ≥250 mg/dl			
Blood Glucose-Fasting		A1c Percentage:	
Test Result: _____ mg/dl	% Test Result: _____		
Why No Test: _____	Why No Test: _____		
Risk Reduction Counseling Session:	Start Date: _____	Completion Date: _____	
Lifestyle Program/Health Coaching Referral Date: _____ If Not Referred, Why: _____			
Has staff reviewed patient's hypertension medication adherence plan?	Yes	No	Not Applicable
Did patient receive home blood pressure monitor for Stage 2 Hypertension?	Yes	No	Not Applicable
Adjusted Medication Plan			
Was patient prescribed a new medication for hypertension today?	Yes	No	Not Applicable
Was patient prescribed a new medication for cholesterol today?	Yes	No	Not Applicable
Was patient prescribed a new medication for diabetes today?	Yes	No	Not Applicable
Form Completed By: _____		Date Completed: _____	

Certification: The person signing accepts the following: I certify under penalty of perjury that the information I have provided as an authorized, contracted provider for WISEWOMAN (WW) medical services has been obtained and verified. I understand the information I provide will be used to determine the patient's eligibility for WISEWOMAN (WW) medical services. I understand that as a contracted provider of these services, SC Department of Health and Environmental Control (SC DHEC) can audit or request any eligibility or supporting documents, to verify that the patient meets the eligibility requirements.

c. HBSS Form



South Carolina WISEWOMAN Healthy Behavior Support Services Form

Date _____

Last Name	First Name	Middle Initial	Med-IT ID
Email	Telephone	DOB	

Program Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Health Coaching (HC) | <input type="checkbox"/> HC & Digital Weight Watchers | <input type="checkbox"/> Diabetes Prevention Prog (DPP) |
| <input type="checkbox"/> Take Off Pounds Sensibly (TOPS) | <input type="checkbox"/> Cooking Matters (CM) | <input type="checkbox"/> (In-Person) Weight Watchers |
| <input type="checkbox"/> Entrepreneurial Gardening (EG) | <input type="checkbox"/> Tobacco Quit Line | <input type="checkbox"/> Community-Based Tobacco Program |

Type:

- Face to Face Telephone Email Text/SMS Video Chat

Length of Session: _____ (minutes)

HEALTH COACHING SESSION: Session #: _____

Community Referral(s) Made:

- | | | |
|--|--|--|
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Housing | <input type="checkbox"/> Medication Assistance |
| <input type="checkbox"/> Food | <input type="checkbox"/> Clothing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Chemical Dependency |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other: _____ | |

Blood Pressure Tracking: Self-report From Provider

BP: ____ / ____ Date: ____ / ____ / ____

Notes:

Reason for Contact (Other—Specify main reason): _____


ATTEMPT TO CONTACT CLIENT

Time of Attempt _____
 No Answer Left Message Unable to Talk Number Disconnected Wrong Number

Health Coach (print name) _____ Date _____

Certification: The person signing accepts the following: I certify under penalty of perjury that the information I have provided as an authorized, contracted provider for WISEWOMAN (WW) medical services has been obtained and verified. I understand the information I provide will be used to determine the patient's eligibility for WISEWOMAN (WW) medical services. I understand that as a contracted provider of these services, SC Department of Health and Environmental Control (SC DHEC) can audit or request any eligibility or supporting documents, to verify that the patient meets the eligibility requirements.

d.HBSS Follow up form

 South Carolina WISEWOMAN Healthy Behavior Support Services Follow-Up Form				
<u>Follow-Up After HBSS Clinical Measurements:</u>			Follow-Up After HBSS Date: _____	
Patient: _____			PA Code: _____	
Height : _____ in	Weight: _____ lbs	BMI: _____	Waist: _____ in.	Is Patient Fasting? Yes <input type="checkbox"/> No <input type="checkbox"/>
Measurements Tab				
1 st BP Reading:		_____ / _____ mm Hg		
2 nd BP Reading:		_____ / _____ mm Hg		
Average BP Reading:		_____ / _____ mm Hg		
Blood Pressure Alert				
*Alert BP: Systolic >180 OR Diastolic > 120 mm Hg Alert Action: Requires immediate medical evaluation				
Medically Necessary <input type="checkbox"/> BP Alert Date: _____ BP Alert Follow-Up Date: _____				
Not Medically Necessary <input type="checkbox"/>				
Medically Necessary Follow-Up Appointment Declined <input type="checkbox"/>				
Client Refused Work-up <input type="checkbox"/>				
Blood Work Tab				
Cholesterol				
Total Cholesterol-Fasting or Non-Fasting		_____ mg/dl		
HDL Cholesterol-Fasting or Non-Fasting		_____ mg/dl		
LDL Cholesterol-Fasting Only		_____ mg/dl		
Triglycerides-Fasting Only		_____ mg/dl		
Blood Glucose				
*Alert Fasting Glucose: ≤ 50 OR ≥250 mg/dl				
Blood Glucose-Fasting			A1c Percentage:	
Test Result: _____ mg/dl			% Test Result: _____	
Why No Test: _____			Why No Test: _____	

Form Completed By: _____ Date Completed: _____

Certification: The person signing accepts the following: I certify under penalty of perjury that the information I have provided as an authorized, contracted provider for WISEWOMAN (WW) medical services has been obtained and verified. I understand the information I provide will be used to determine the patient's eligibility for WISEWOMAN (WW) medical services. I understand that as a contracted provider of these services, SC Department of Health and Environmental Control (SC DHEC) can audit or request any eligibility or supporting documents, to verify that the patient meets the eligibility requirements.

e. Fee Schedule

South Carolina WISEWOMAN (WW)	Effective March 1, 2021	
2021 Allowable Procedures, Relevant CPT [®] Codes, and Medicare Reimbursement Rates	CPT Code	Rate
Preventive Medicine Services-Office Visits (codes can be submitted in addition to Best Chance Network (BCN) office visit code)		
Administration and interpretation of health risk assessment instruments: 1) WW Clinical and Billing Form and 2) WW Patient Health Assessment Form	99420	\$ 20.00
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual: 30 minutes. Use this code if the patient does not have any new abnormal screening value(s).	99402	\$ 40.00
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual: 45 minutes. Follow-up for NEW abnormal or alert WW screening value(s) completed on same day as screening exam.	99403	\$ 60.00
WW office re-visit for counseling for NEW abnormal or alert screening value(s). Use this code when the counseling was not performed on the same day as screening exam.	W9213	\$ 70.00
Preventive Medicine Tobacco Use Cessation: Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	99406	\$ 14.85
Online submission of Health Coaching data into Med-IT	9942L	\$ 5.00
Preventive Medicine Tobacco Use Cessation: Smoking and tobacco use cessation counseling visit; greater than 10 minutes	99407	\$ 27.55
Other Preventive Services, Telephone & Internet Services	CPT Code	Rate
Telephone evaluation and management service; 5–10 minutes of medical discussion	99441	\$ 53.37
Telephone evaluation and management service; 11-20 minutes of medical discussion	99442	\$ 87.41
Telephone evaluation and management service; 21-30 minutes of medical discussion	99443	\$ 124.20
Online evaluation and management service using the Internet or similar electronic communications network	99444	\$ 40.00
Laboratory Tests	CPT Code	Rate
Routine venipuncture	36415	\$ 3.00
Lipid Panel	80061	\$ 13.39
Cholesterol, total	82465	\$ 4.35
HDL Cholesterol	83718	\$ 8.19
Tests to Assess Glucose & Diabetes	CPT Code	Rate
Glucose; quantitative	82947	\$ 3.93
Glucose; blood, reagent strip	82948	\$ 5.04
Glucose tolerance test	82951	\$ 12.87
Hemoglobin, glycated (A1c)	83036	\$ 9.71
Basic Metabolic Panel (Chem 6)	80048	\$ 8.46

Nutrition Services	CPT Code	Rate
Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97802	\$ 35.68
Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes	97803	\$ 30.68
Group (two or more individuals), each 30 minutes	97804	\$ 16.21
Education and Training for Patient Self-Management; Face to Face	CPT Code	Rate
Individual — Education and training for patient self-management each 30 minutes; individual patient	98960	\$ 50.00
Group - Education and training for patient self-management each 30 minutes; 2–4 patients	98961	\$ 50.00
Group - Education and training for patient self-management each 30 minutes; 5-8 patients	98962	\$ 50.00
Telephone Services & Other Non-Face-to-Face Services	CPT Code	Rate
Telephone assessment and management service to an established patient: 5–10 minutes of medical discussion	98966	\$ 13.30
Telephone assessment and management service to an established patient: 11-20 minutes of medical discussion-	98967	\$ 25.66
Telephone assessment and management service to an established patient: 21-30 minutes of medical discussion	98968	\$ 37.78
Online assessment and management service using the internet or similar electronic communications network	98969	\$ 15.00
Online submission of Health Coaching data to Med- IT	9942L	\$ 5.00

f. NDPP referral Form



In It Together Diabetes Prevention Referral Form

Health Care Provider Information

Practice Name: Click or tap here to enter text.

Total Number of adults (ages 18-75) served within your practice: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Provider Name: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

To Complete This Form, Send It To:

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Phone: Click or tap here to enter text.

I am recommending

Click or tap here to enter text.

(First name, middle initial, & last name)

to enroll in the National Diabetes Prevention Program lifestyle change program based on the following eligibility criteria:

18 years or older

BMI 24 kg/m² (22 if Asian)

Diagnosis of prediabetes or GDM based on (check one or more):

2-hour glucose (range 140 - 199 m g/dl)

Fasting blood glucose (range 100-125mg/dl)

HbA1c (range 5.7-6.4)

Previous GDM (may be self-reported)



g. NDPP Bi-directional feedback form



This form allows NDPP lifestyle coaches to report back to referring providers regarding their patient's progress in the National Diabetes Prevention Program. The lifestyle coach should use this form to report back to providers at the 3 milestone periods: when the participant enrolls in the program, when the participant completes core sessions, and when the participant completes post-core sessions.

Bi-Directional Feedback Form

NDPP Provider Information:

National Diabetes Prevention Program Name: Click or tap here to enter text.

NDPP Lifestyle Coach: Click or tap here to enter text.

Referring Provider Name: Click or tap here to enter text.

Name of Provider's Practice: Click or tap here to enter text.

Enrolled

- Starting weight: ____ lbs. on Click or tap to enter a date.

Completed ____ Core Sessions (range 1-16)

- Weight: ____ lbs. on Click or tap to enter a date.
- ____ % Weight loss since Click or tap to enter a date.
- ____ Average physical activity minutes since Click or tap to enter a date.

Completed ____ Post-Core Sessions (range 1-6)

- Weight: ____ lbs. on Click or tap to enter a date.
- ____ % Weight loss since Click or tap to enter a date.
- ____ Average physical activity minutes since Click or tap to enter a date.

Comments: Click or tap here to enter text.

h. SC Tobacco Quitline Eligibility



S.C. Tobacco Quitline 1-800-QUIT-NOW Participant Eligibility

TOBACCO COUNSELING (with a Quit Coach)

Each coaching call is customized to the individual's needs and preferences. Participants are offered the treatment program that can give them the best outcome. If a caller only wants one call with a Quit Coach, we will honor this.

	Single Call 1 session	Multi-Call 5 sessions (C-5)	Youth Support Program [^] 5 sessions (C-5)	Behavioral Health [^] 7 sessions (C-7)	Pregnant/Postpartum [^] 10 sessions (C-10)
Uninsured	✓	✓		✓	
Underinsured*	✓	✓		✓	
Medicare	✓	✓		✓	
Medicaid	✓	✓		✓	
Pregnant/Postpartum	✓	✓		✓	✓
Youth <18 yrs.	✓	✓		✓	
Court-referred Youth			✓	✓	

* Underinsured: defined as having a commercial health plan benefit that does not cover behavioral counseling for tobacco cessation.
[^] These programs have specialized counseling protocols that are tailored to meet the participant's unique needs.

MEDICATION (with or without a Quit Coach)

Most participants are eligible for some dosing level of nicotine replacement therapy to help them quit.

	NRT Patch 4-wk shipments (12 weeks total)	NRT Gum 4-wk shipments (12 weeks total)	NRT Lozenge 4-wk shipments (12 weeks total)	NRT Combo 4-wk shipments (12 weeks total)	NRT Starter Kit 2 weeks of product
Uninsured	✓	✓	✓	✓	
Underinsured*	✓	✓	✓	✓	
Medicare	✓	✓	✓	✓	
Behavioral Health	N/A	N/A	N/A	✓	
Medicaid [^]	Not eligible	Not eligible	Not eligible	Not eligible	✓
Individual Services+	Not eligible	Not eligible	Not eligible	Not eligible	✓
Pregnant/Postpartum	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Youth ≤18 yrs.	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Court-referred Youth	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

* Underinsured: defined as having a commercial health plan benefit that does not cover all 7 FDA approved medications for tobacco cessation.
[^] Medicaid participants are sent a 2-week starter kit of NRT, then must see their Medicaid provider for continued medication that is covered by SC Healthy Connections Medicaid with no copay or out-of-pocket expense, and without prior authorization for their provider.
+ Participant does not have to be enrolled in counseling if they choose to receive just a 2-week starter kit of NRT through the Individual Services Program. If they need more NRT, they must enroll in counseling to receive a full 12-week supply.

ADDITIONAL INFORMATION ON MEDICATION

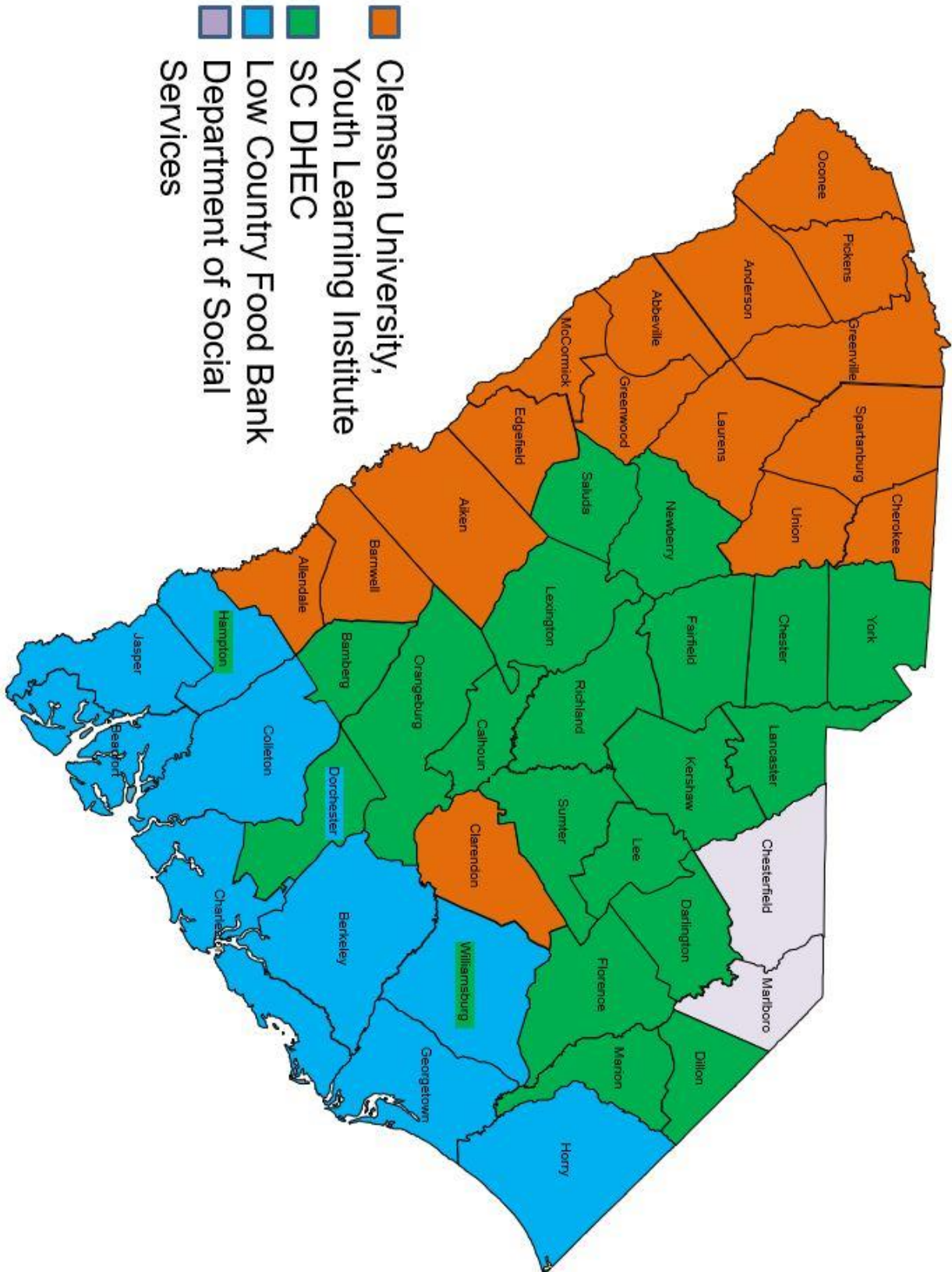
Eligibility Criteria	Weeks Per Quit Attempt	Limit Per Year	Combo Therapy Note
All Eligible Callers (based on eligibility criteria listed above)	12 weeks in 4x4x4 shipments	Typically 4 rounds of 12-wk dosing each quit attempt.	Participants also are offered combination therapy of patch/gum or patch/lozenge.

ENROLLING WITH THE S.C. TOBACCO QUITLINE

Phone: 1-800-QUIT-NOW (800-784-8669) ENGLISH Phone: 1-855-DEJELO-YA (855-335-3569) SPANISH TTY: 1-877-777-6534 DEAF/HARD OF HEARING	Online: http://quitnow.net/southcarolina (toggle to Español for Spanish)
Hours of service: 24 hours a day, 7 days a week. Closed on: Independence Day, Thanksgiving Day, ½ day Christmas Eve, Christmas Day, ½ day New Year's Eve. Callers with SC area codes are connected with the SC Tobacco Quitline.	

For more information visit <https://www.scdhec.gov/health/tobacco-quitline/im-ready-quit>

i. Agencies for Walk with Ease referrals



j. Eating Smart Nutritional Educators per county

EFNEP Staff Contact List

Under the general supervision of an EFNEP Specialist, the EFNEP Nutrition Educator provides intensive nutrition education (one-on-one and in groups) to limited resource audiences, which can include children, youth, adults, and families.

Name	Address	Contact Information	Program Type
Akendra Jackson Nutrition Educator	Berkley County 1003 Highway 52 Room 110 PO Box 6122 Moncks Corner, SC 29461	P: 843-719-4140 x111 E: akendrb@clemson.edu	Adult Youth
Amairani Correa Nutrition Educator	Greenwood County 105 North University Street P.O. Box 246 Greenwood, SC 29648	P: 864-223-3264 E: acorrea@clemson.edu	Adult Youth
Carol Ducker Salley Nutrition Educator	Anderson County 135 Old Cherry Road Clemson, SC 29634-0123	P: 864-367-1370 E: salley3@clemson.edu	Adult Youth
Catina Williams Nutrition Educator	Chesterfield <u>County</u> 101 Main Street Chesterfield County Courthouse Annex Chesterfield, SC 29709	P: 843-623-2134 E: catinaw@clemson.edu	Adult Youth

Name	Address	Contact Information	Program Type
Christy Beasley Nutrition Educator	Darlington County 300 Russell Street Room 222 Darlington, SC 29532	P: 843-393-0484 E: clbeasl@clemson.edu	Adult Youth
Christine Patrick FCS Agent/Nutrition Educator	Bamberg County 847 Calhoun St. P O Box 299 Bamberg, SC 29003	P: 803-245-2661 Ext 112 E: patric2@clemson.edu	Adult Youth
Dianna Richardson Nutrition Educator	Aiken County: 1555 Richland Avenue East Suite 500 Aiken, SC 29801	P: 803-508- 7740 E: diannar@clemson.edu	Adult Youth
Evelyn Santana Nutrition Educator	Cherokee County 1100 W. Floyd Baker Blvd. Suite C Gaffney, SC 29341	P: 864-489-3141 E: easanta@clemson.edu	Adult Youth
Geneva Green Nutrition Educator	Anderson County: 313 Towers St Anderson, SC 29624	P: 864-337-1624 E: ggreen@clemson.edu	Adult Youth
Gina Gilbert Nutrition Educator	Saluda County 201 East Church St. Saluda, SC 29138	P: 864-445-8117 E: gmgilobe@clemson.edu	Adult Youth
Myrtis Cusack Nutrition Educator	Florence County 2685 South Irby Street Suite K Florence, SC 29505	P: 843-661-4800 x117 E: MCUSACK@clemson.edu	Adult *Part-time Staff

Name	Address	Contact Information	Program Type
Sharmayne Moses Nutrition Educator	Williamsburg <u>County</u>	P: 843-355-6105	Adult Youth
	9 Courthouse Sq. PO Box 700 Kingstree, SC 29566	E: sharmam@clemson.edu	
Wanda Vandroff Nutrition Educator	Marion County	P: 843-423-8285	Adult Youth
	Beeson Building, Airport Court 206 Airport Court, Suite C Mullins, SC 29574	E: wvandro@clemson.edu	
Kadalynn Morton Nutrition Educator	Pickens County	P: 864-878-1394	Adult Youth
	222 West Main St Pickens, SC 29671		
Ashley Walker Nutrition Educator	Beaufort County	P: 843-473-6021	Adult Youth
	18 John Galt Road Beaufort, SC 29906		
Jevencia Hill Nutrition Educator	Ham12ton County	P: 803-943-3427	Adult Youth
	12 Walnut St. E Hampton, SC 29924		

Name	Address	Contact Information	Program Type
Bailee Jordan Nutrition Educator	Horry County	P: 843-365-6715	Adult Youth
	1949 Industrial Park Rd. Conway, SC 29526		
Jazmine Myers Nutrition Educator	Sumter County	P: 803-773-5561	Adult Youth
	115 N. Harvin St. 5th Floor Sumter, SC 29150		
Sheila Funderburk Nutrition Educator	Marlboro County	P: 843-479-6851	Adult Youth
	Ag. Building 709 S. Parsonage St. Ext. Bennettsville, SC 29512		
Sharneece Gary Nutrition Educator	Kershaw County	P: 803-432-9071	Adult Youth
	632 W. DeKalb St. Camden, SC 29020		
Gigail Petty Nutrition Educator	Union County	P: 864-427-6259	Adult Youth
	120 Kirby St. Union, SC 29379		