



## WWC eCaST QUICK REFERENCE GUIDE

### INDEX:

- Troubleshooting Common Screening Errors.....pg. 1
- Guidance on Short Term Follow Up.....pg. 4
- Guidance on Referring a Client into WWC.....pg. 5
- Billing: Billing Reports and Billing Symbols Key.....pg. 6
- Clinical Guidance on Concordance and Rare Cases.....pg. 9

### TROUBLESHOOTING COMMON SCREENING ERRORS:

WWC eCaST Screening Errors Guide

SCREENING ERROR	HOW TO REVIEW AND CORRECT THE ERROR	ADDITIONAL INFO
<b>Client legal presence not verified and documented</b>	<p>When you click on the red exclamation point, it will take you to that patient’s cycle, but you can’t fix this from there.</p> <p>--Go to the patient’s Profile. Under the Enrollment section, click the edit button on her current enrollment date. The first question is legal presence.</p> <p>--The default is “<input type="checkbox"/> No”. Once you actually check the box, the ‘no’ will change to a ‘yes’ and it will look like “<input checked="" type="checkbox"/> yes”</p>	



<p><b>All procedures must meet coverage rules</b></p>	<p>Click on your red exclamation point. It will take you to the Cycles area. Confirm that there is a green check mark next to ALL procedures.</p> <p>--If there is <u>not</u> a green check mark, confirm that you entered in a result for that procedure and entered the correct date of service</p> <p>--Confirm that you have a final diagnosis entered (if the patient has reached a final diagnosis) Click the Save button on the bottom of the cycles section.</p> <p>If the procedure info is correct but it is still showing the same error, most likely your patient received a pap/HPV test before she was due according to WWC protocols. If your clinician determined that a pap was due, it is most likely because this patient reported a previous abnormal.</p> <p>--check the patient’s previous eCaST cycles to confirm that her previous pap was closed correctly as needing short term follow up or a pap in 1 or 2 years.</p> <p>--on her current cycle, check the <b>Medical History</b> tab to confirm that her “current pap reason” is “previous abnormal pap test” or “short term follow up”.</p> <p>If the pap is still showing as not covered and your clinician believes it should be covered, we will need approval from the WWC Nurse Consultant for that procedure. You can email the WWC Nurse Consultant directly with an explanation as to why it should be covered, or reach out to the Services Grant and Administration Manager for assistance.</p> <p>--if the pap was done in error (ie: patient reported to PPRM her last pap was in 2008 but there’s a record in eCaST of one being done in 2012 that she didn’t report; clinician error not understanding WWC rules, etc) then you must:</p> <ul style="list-style-type: none"> <li>• Enter the pap into eCaST with a funding source of “other” or “self pay”</li> <li>• Remove the WWC adjustment in NextGen from the pap test and address the patient balance. Subsidize the balance if possible as this was a PPRM error.</li> </ul>	<p>WWC will only cover a pap test every 3 years or a co-test every 5 years. <b>UNLESS</b> the patient has had a previous abnormal pap or is in follow up after a previous colpo or LEEP procedure.</p> <p>If you have questions about why a service does not meet the coverage rules please contact the Services Grant and Administration Manager</p>
<p><b>Additional diagnostics required. Case is clinically incomplete</b></p>	<p>Pull the patient’s chart to confirm that you have entered all procedures into eCaST. Then check the last procedure entered in eCaST – does this patient truly need additional diagnostic work up after this procedure?</p> <p>--If <b>yes</b>, then this person <u>should</u> stay on your report.</p> <p>--If <b>no</b>:</p> <ul style="list-style-type: none"> <li>• If only had screening services: check the <b>Follow Up</b> section. Change the follow up plan to be whatever is correct for the patient (ie: follow routine screening for breast, follow ASCCP guidelines for cervical)</li> <li>• If had diagnostic services: check the <b>Final Diagnosis</b> tab and confirm that you have entered in a final diagnosis.</li> </ul>	<p>If the patient is truly pending more services she should stay on your report. Once the patient goes for her diagnostics and you enter in a <b>Final Diagnosis</b> this case will fall off your report.</p>



<p><b>Pending, Screenings not Complete</b></p>	<p>Pull the patient’s chart to confirm that all services have been entered into eCaST. Check the last procedure entered – does this patient truly need additional screening services?        --If <b>yes</b>, then this person <u>should</u> stay on your report.        --If <b>no</b>, then check the <b>Follow Up</b> section. Change the follow up plan to be whatever is correct for the patient (ie: follow routine screening for breast, follow ASCCP guidelines for cervical)        • If your <b>Follow Up</b> still says “further immediate follow up required” then the patient is being flagged as incomplete. You need to change the <b>Follow Up</b> to reflect the care she needs after her initial round of screenings.</p>	<p>This error is most common for women over age 50 that were given a screening mammo referral.</p>
<p><b>Screening Ineligible. Previous paid screening in fiscal year</b></p>	<p>This is almost always an administrative error due to the way that WWC processes payments. Generally these can be ignored.        HOWEVER – you need to confirm that there was no data entry error or accidental duplicate cycle created to trigger this error.        --Go to the “All Clinical Cycles” list for your patient. Confirm that you don’t have any duplicate cycles for the same date of service. Request that WWC delete the duplicate cycle if there is one.        -- View the most recent cycle or the cycle that had the error. Confirm that you don’t have duplicate procedures entered on the same cycle. Delete the duplicate procedure if you accidentally entered two.        --If it’s a CBE that is coming up not covered and it’s the patient’s <u>second</u> CBE this fiscal year then check the patient’s chart.        • Is it a short term follow up (repeat CBE) after a previous abnormal? → Make sure it was entered on a new short term follow up cycle instead of a screening cycle. The “Screening ineligible” error will remain if it was short term f/u.        • Did the patient present to the health center with NEW symptoms? → Make sure you checked the “self-reported breast symptoms” box in her <b>Medical History</b> tab. WWC will cover a new CBE anytime the patient reports new symptoms and the error will be removed once you check the box for new symptoms.         Once you’ve confirmed you didn’t create an accidental duplicate or forget to check the new symptoms box, you can hide the error and ignore.</p>	<p>You can click the “Hide Administrative Errors” link by your Screenings Errors list to hide all these errors.</p>
<p><b>Client Income is over 250% FPL</b></p>	<p>Go to her Profile and edit the current enrollment. Confirm that you entered in her monthly income and household size correctly (and didn’t enter in her <u>annual</u> income instead of monthly!)        --If her reported income puts her over 250% FPL you can always call the patient first to confirm that she gave you the correct information about her household size and income. You can also cross reference with what she</p>	<p>You must enter in a whole number (no decimals) for the monthly income or eCaST will not accept the value.</p>



	<p>reported on her PPRM patient demographic form.</p> <p>--If she is truly not eligible you must:</p> <ul style="list-style-type: none"> <li>• Email the WWC Data Specialist and request that she be deleted from the eCaST system.</li> <li>• Work with your manager to determine if you can subsidize the cost of PPRM-provided services (ie: pap, Well Woman visit). If not, you will need to collect payment from the patient.</li> <li>• Call the patient as soon as possible to let her know that the referrals we gave her are NOT covered by the program as she is not eligible.</li> </ul> <p>**if the patient <u>already</u> used her WWC referrals but is truly ineligible, contact the Services Grant and Administration Manager. We may have another funding source we can use for those outside services.</p>	<p>This error is most common if you enter the <u>annual</u> income instead of the monthly income.</p>
--	---	---

For further, in depth training on how to navigate the Screening Errors Table, please view the video at the following link:

[https://www.youtube.com/watch?v=wjbQ76lYss4&list=PL\\_Cgs10\\_ePS3pDdJ6PD9S\\_zO9vzWOqr9E&index=10](https://www.youtube.com/watch?v=wjbQ76lYss4&list=PL_Cgs10_ePS3pDdJ6PD9S_zO9vzWOqr9E&index=10)

## **GUIDANCE ON SHORT TERM FOLLOW UP:**

### **Short Term Follow Up: When to Enter? Immediate Follow Up vs Scheduled Wait**

Short term follow-up is confusing, primarily because the CDC's definition of case completion doesn't quite match case completion in the field. There has been no change from old to new eCaST in this definition, and this has always been the most common/recurring issue identified through the bi-annual data clean-up project (Datapalooza).

The best way to assess whether additional procedures should go on the same screening or a new screening as short term follow up, is to ask the following: Does the client need immediate follow up? Or, does the client need a scheduled wait before additional diagnostics are provided?

**If** the answer is immediate follow-up then the case is not closed quite yet and additional diagnostics should go on the same screening.

**If** the answer is scheduled wait, meaning that you currently know the client does not have cancer but want to check in 1, 3, 6 or however many months, then the current screening is closed and procedures following the scheduled wait should go on a new screening as short term follow up.



It can provide helpful context to know why the CDC makes this determination -- Remember that the CDC grades each abnormal case on time from a client's first abnormal to her final procedure. They want to know if it took more than 60 days to answer the question, "Does this client have cancer?" When you have a scheduled wait, it means you know the answer is "No" for now and want to check later. It is unfair, therefore, for the CDC to include the scheduled wait as part of the timeliness assessment.

Note that there are two features of new eCaST to make where to enter short term follow-up more intuitive:

- 1) Cases closed with a final diagnosis status of "short term follow-up" become read-only within two weeks of the final diagnosis date. This means you are blocked from entering short term follow-up procedures on the original screening in error;
- 2) A short term follow-up pathway is available (and used to have some seriously awkward kinks that have now been worked out!) to make entry of diagnostic procedures easier.

If you have any questions or concerns about short term follow up after reviewing this info sheet and viewing the training video, please contact WWC Data Coordinator Nick Roth ([nicholas.roth@state.co.us](mailto:nicholas.roth@state.co.us))

For further, in depth training, please view the video at the following link: <https://www.youtube.com/watch?v=56CMhKxliV4>

---

## **GUIDANCE ON REFERRING A CLIENT INTO WWC:**

Referring a client into WWC for diagnostics is a unique type of referral:

- A WWC diagnostic referral occurs when a client has screening procedures paid using non-WWC funds and is subsequently enrolled in WWC for coverage of her diagnostic work-up.
- When referring a client in for WWC diagnostics, select "Referred in for Diagnostic Evaluation" in the Current Pap Reason or Current Mammogram Reason field in the Medical History Section.
- Enter all screen procedures. Note that they must be non-WWC funded. If your organization is requesting reimbursement for screening procedures, change the Current Mam/Pap reason from "Referred in for Diagnostic Evaluation" to a more appropriate selection.
- After entering the screening procedures funded by a source other than WWC, enter the WWC-funded diagnostic procedures.
- Entering a Final Diagnosis is required for all clients referred into WWC for diagnostics



---

## **BILLING: BILLING REPORTS and BILLING SYMBOL KEY:**

### **Guidance on How to Run Billing Reports:**

**Grant Activity Statement :** the example below demonstrates the correct running November Grant Activity Statement. If running this report results in a blank report, you either did not have any clients billed for that particular month OR you may have incorrectly entered data to generate the report. Be certain to pay attention to the fiscal year field!

You are viewing the **Grant Activity Statement** report.

Fiscal Year:

Contract Type:

Agency:

Start Date:

End Date:

Show PHI:



**Budget Tracking Report** : the example below demonstrates how to correctly run the Budget Tracking Report if the current date were 11/20/2014. If running this report results in a blank report, you either did not have any clients billed for that particular month OR you may have incorrectly entered data to generate the report. Be certain to pay attention to the fiscal year field!

You are viewing the **Budget Tracking** report.

Fiscal Year: 2015 ▼



Start Date: 6/30/2014

^^ ^^ Please click the disk icon a

End Date: 11/1/2014

% Fiscal Year: 54.17

Agency: Awesome Test Agency ▼

Contract Type: WWC ▼

Run Report

Update in progress...



**When Does the Bill Run Occur Every Month? Why Isn't It Always on the 15<sup>th</sup>?:**

We try to do the Bill Run on or as close to the 15<sup>th</sup> of the month as possible. Weekends, holidays and/or system development can cause the Bill Run day to vary slightly. For this reason, when running the Grant Activity Statement, we recommend using the first day and last day of the month as your report running dates.

**Billing Symbols Key:**

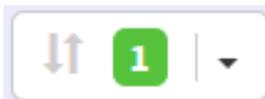
You may have noticed the dollar sign, the down/up arrows, or the double dashes in your screenings page. Each of these symbols has a very specific definition in regard to the status of billing for each individual screening:



The dollar symbol indicates this screening is complete and has already been paid out in a prior bill run.



The double dashes indicates this screening is complete, has not been paid out as of yet, and will pay out on the next bill run.



The down/up symbol indicates this screening has already paid out on a prior bill run, however, there have been changes made to the screening that may affect future billing- either additional pay out for additional services or procedures, or potentially taking money back if services or procedures have been decreased in the screening.



For further, in depth training on running billing reports, please click the following link:

[https://www.youtube.com/watch?v=98KjbqUYq9w&list=PL\\_Cgs1O\\_ePS3pDdJ6PD9S\\_zO9vzWOqr9E&index=9](https://www.youtube.com/watch?v=98KjbqUYq9w&list=PL_Cgs1O_ePS3pDdJ6PD9S_zO9vzWOqr9E&index=9)

For further, in depth training on the Bundled Payment System, please click the following link:

[https://www.youtube.com/watch?v=9mXzNgSTuwY&list=PL\\_Cgs1O\\_ePS3pDdJ6PD9S\\_zO9vzWOqr9E&index=8](https://www.youtube.com/watch?v=9mXzNgSTuwY&list=PL_Cgs1O_ePS3pDdJ6PD9S_zO9vzWOqr9E&index=8)

---

## **CLINICAL GUIDANCE on CONCORDANCE and RARE CASES:**

### **Abnormal CBE, Normal Mammogram:**

In the event the client has an abnormal CBE and then a normal mammogram, it is required to contact our nurse consultant Angie Fellers Lemire for review (be sure to send the client ID # for review and no PHI, please!): [angela.fellerslemire@state.co.us](mailto:angela.fellerslemire@state.co.us)

### **What if a Client Needs an MRI?:**

In the event the client is in need on a MRI, it is required to contact our nurse consultant Angie Fellers Lemire for review (be sure to send the client ID # for review and no PHI, please!): [angela.fellerslemire@state.co.us](mailto:angela.fellerslemire@state.co.us)

### **What if a Client Needs a Second Cervical Diagnostic Procedure?:**

In the event the client is in need of a second cervical diagnostic procedure, it is required to contact our nurse consultant Angie Fellers Lemire for review (be sure to send the client ID # for review and no PHI, please!): [angela.fellerslemire@state.co.us](mailto:angela.fellerslemire@state.co.us)

For further, in depth training on all things clinical, please click the following link:

[https://www.youtube.com/watch?v=LtEm\\_Yn3jnE&list=PL\\_Cgs1O\\_ePS0jce-OcFui97-MOZXkD2-J&index=1](https://www.youtube.com/watch?v=LtEm_Yn3jnE&list=PL_Cgs1O_ePS0jce-OcFui97-MOZXkD2-J&index=1)