

WISEWOMAN

Post-Award Meeting

March 9, 2015



Introductions



Steve

Michelle

Flora

Lynda

Emily



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Department of Public
Health & Environment

Introductions

- ▶ What agency do you work for?
- ▶ What is/will be your WISEWOMAN role(s)?



Goals of Meeting

- ▶ Agencies understand WISEWOMAN contractual requirements
- ▶ Agencies understand requirements of WISEWOMAN program
- ▶ Agencies are ready to implement WISEWOMAN screening and follow-up services

Agenda Review

- ▶ Contract Review
- ▶ Background
- ▶ Eligibility and Enrollment
- ▶ Clinical Services / Case Management
- ▶ Healthy Behavior Support Options
- ▶ Data Collection and Documentation in eCaST
- ▶ Quality Assurance / Quality Improvement
- ▶ Subcontracting
- ▶ Bundled Payment System
- ▶ Program Evaluation



Contract Review

Alice Hayes



Contractor Orientation

▶ Contract Basics

- Basic Expectations
 - Read your contract
 - Reference your contract regularly
 - Know what is expected of you
 - Both program and fiscal staff should have access
 - We are here to help if you have questions

Contractor Orientation

▶ Contract Basics

- Applicable Federal Regulations
 - [2 CFR, Part 225 \(formerly OMB Circular A-87\)](#) Cost Principles for State, Local and Indian Tribal Governments
 - [2 CFR, Part 601 \(formerly OMB Circular A-102\)](#) Uniform Administrative Requirements for Grants and Agreements with State and Local Governments (Common Rule)
 - [OMB Circular A-133](#) Audits of States, Local Governments and Non-Profit Organizations Fourth level



Contractor Orientation

▶ Contract Basics

◦ Applicable Federal Laws

- Hatch Act - Prohibits use of federal funds for partisan political purposes of any kind (5 U.S.C. 1501-1508 and Public Law 95-454, Section 4728)
- Davis-Bacon Act - Fair wages in accordance with local market conditions for laborers and mechanics employed by contractors and subcontractors (40 U.S.C. 276A – 276A-5)
- Nondiscrimination on basis of race, color, national origin, age or disability (42 U.S.C. 6101 et seq., 42 U.S.C. 2000d and U.S.C. 794)

Contractor Orientation

- ▶ Contract Basics

- Applicable Federal Laws

- ▶ Americans with Disabilities Act

- ▶ Uniform Relocation Assistance and Real Property Acquisition Act

Contractor Orientation

▶ Contract Basics

- Applicable Federal Laws

- ▶ Federal Acquisition Streamlining Act of 1994

- Prohibits use of federal money to lobby the legislative body of a political subdivision of a State
- Section 2101, Public Law 103-355

- ▶ Health Insurance Portability and Accountability Act of 1996 (HIPAA) – mandatory compliance if applicable 42 U.S.C. 1320d – 1320d-8



Contractor Orientation

▶ Contract Basics

◦ Annual Audit Requirements

- ▶ If agency expends >\$500,000 in federal funds in a fiscal year, A-133 audit is required
- ▶ If agency expends >\$500,000 in State funds in a fiscal year
 - Submit a copy of audit report to State Internal Audit Office within 30 calendar days of receipt, or 9 months of end of fiscal year (whichever is earlier)
 - Take corrective action within 6 months of report to address any noncompliance



Contractor Orientation

- ▶ Standard Contract Language
 - Special Provisions – Addresses required Colorado State Controller approval, fund availability, governmental immunity, compliance with law, prohibition of software piracy, conflict of interest, and exclusive employment of individuals who are lawfully present in the U.S. and authorized to work in the U.S.

Contractor Orientation

▶ Special and Additional Provisions

◦ Special Provisions

- The contract is not valid until it is signed by the State Controller or designee. You will receive notification from the Contracting Unit when the contract has been executed and informed as of what date you may begin working.
- The financial obligation of the State payable beyond the current fiscal year is contingent upon the availability of funds



Contractor Orientation

▶ Special and Additional Provisions

◦ Special Provisions

- Each Contractor that the State enters into an agreement with will perform its duties as an independent contractor and not as an employee of the State. Neither Contractor nor any agent or employee of the Contractor shall be deemed to be an agent or employee of the State.
- Contractor shall comply with all applicable federal and State laws, rules, and regulations in effect or hereafter established, including unfair employment practices.



Contractor Orientation

▶ Special and Additional Provisions

◦ Special Provisions

- The State or other public funds payable under this contract shall not be used for the acquisition, operation, or maintenance of computer software in violation of federal copyright laws and applicable licensing.
- The contractor attests that he/she has no interest in the service or property described in this contract and shall not acquire any interest that would conflict in any way with the performance of Contractor's services and shall not employ anyone having such interest.



Contractor Orientation

▶ Special and Additional Provisions

◦ Special Provisions

- The State Controller may withhold payment on this contract to offset debts the Contractor owes to other State Agencies for child support, unpaid taxes and accrued interest, unpaid student loans, required payments to the Unemployment Compensation Fund, and other unpaid debts to the State as a result of final agency determination or judicial action.

Contractor Orientation

▶ Special and Additional Provisions

◦ Special Provisions

- The Contractor, if a natural person 18 years of age or older, hereby swears and affirms that he or she is a citizen of the U.S. or otherwise lawfully present in the U.S., shall comply with the provisions of CRS §24-76.5-101 et seq., and has produced one form of identification required by CRS §24-76.5-103 prior to the effective date of this contract.



Contractor Orientation

▶ Special and Additional Provisions

◦ Additional Provisions

- This Contract contains federal funds (see Catalog of Federal Domestic Assistance (CFDA) number 93.094)
- Notwithstanding the terms contained in General Provisions, Section 27, Annual Audit, for the purpose of this Contract, the Contractor is a Vendor as defined by the Office of Management and Budget (OMB) Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations)



Contractor Orientation

▶ Special and Additional Provisions

◦ Additional Provisions

- Health Insurance Portability and Accountability Act (HIPAA) Business Associate Determination. The State has determined that this Contract does not constitute a Business Associate relationship under HIPAA.



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Background

Emily Kinsella



Background

- ▶ Background
- ▶ CDC's Long Term Objectives
- ▶ WISEWOMAN Purpose and Mission
- ▶ Colorado WISEWOMAN Overview
- ▶ Colorado Department of Public Health and Environment
- ▶ WISEWOMAN Beneficiaries
- ▶ Contract Details
- ▶ Map
- ▶ Resources



Background

WISEWOMAN is an acronym!

Well Integrated Screening and Evaluation
for WOMen Across the Nation



Background

- ▶ Congress authorized WISEWOMAN in 1993
- ▶ 19 states and 2 tribal organizations
- ▶ Colorado's 4 year grant started July 1, 2013
- ▶ 11 agencies funded in Colorado
 - Denver Health
 - High Plains Community Health Center
 - Kit Carson County Health & Human Services
 - Metro Community Provider Network
 - Mt. San Rafael Hospital
 - Peak Vista Community Health Center
 - Pueblo Community Health Center
 - Salud Family Health Centers
 - Spanish Peaks Regional Health Center
 - St. Joseph Hospital
 - Weld County Department of Public Health & Environment



CDC's Long-term Objectives

- ▶ Develop systems that **monitor, improve, and sustain the cardiovascular health** of the population served.
- ▶ **Collect, analyze, report, and use high quality program data** and information to plan, monitor progress, perform evaluation, track outcomes, and improve program effectiveness.
- ▶ Partner with organizations to **support physical activity, healthy food choices, smoking cessation, and elimination of exposure to second-hand smoke.**
- ▶ Support clinical systems of care to **improve access to and delivery of cardiovascular disease preventive health services,** with an emphasis on control of hypertension.



CDC's Long-term Objectives, cont.

- ▶ **Leverage existing resources** provided through chronic disease programs, community-based organizations, and the health care system **to reduce cardiovascular risk factors in the population served;**
 - risk factors of focus include high blood pressure, diabetes, cholesterol, overweight/obese, and smoking.
- ▶ Implement **evidence-based clinical preventive services and utilize evidence-based community resources** to improve cardiovascular health in the population served.
- ▶ Build or strengthen community-clinical linkages to **increase access to community-based lifestyle programs and services** that promote self-management of healthy behaviors and/or chronic disease in the population served.



WISEWOMAN Purpose and Mission

Provide cardiovascular screenings, risk reduction counseling, referrals, lifestyle programs and other healthy behavior support options to improve control of hypertension and other cardiovascular disease risk factors.

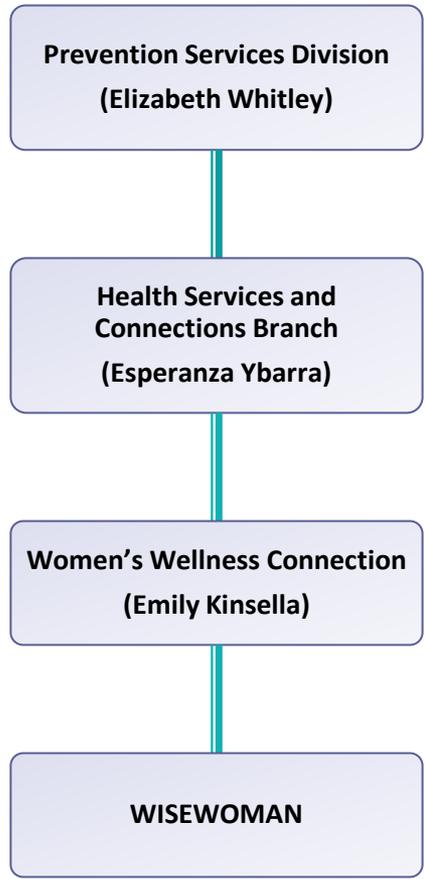


Colorado WISEWOMAN Overview

- ▶ WISEWOMAN provides Women's Wellness Connection (WWC) participants with access to additional preventive health services:
 - cardiovascular screening services
 - health risk assessments
 - risk reduction counseling
 - referrals to health care providers for medical evaluation and management of condition(s)
 - follow up for uncontrolled hypertension
 - link participants to free or low cost medication resources
 - referrals to or provision of lifestyle programs (DPP), health coaching and other healthy behavior support options



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WISEWOMAN Beneficiaries

- ▶ Women residing in Colorado who are:
 - uninsured or underinsured
 - enrolled in the Women's Wellness Connection program
 - meet the same age, income and lawful presence requirements of both programs

- ▶ Target populations include women of diverse ethnic backgrounds, women living in geographically isolated and medically underserved areas and women who have a high burden of cardiovascular disease.

Contract Details

- ▶ **Project Period:**

Year 1 Start: January 1, 2014 through August 31, 2017

Year 2 Start: March 2, 2015 (or date of execution)
through August 31, 2017

- ▶ **Period for Clinical Service Delivery:**

Date of execution through June 30 the first year, then
July 1 through June 30 annually through 2017

- ▶ Budget determined on an annual basis

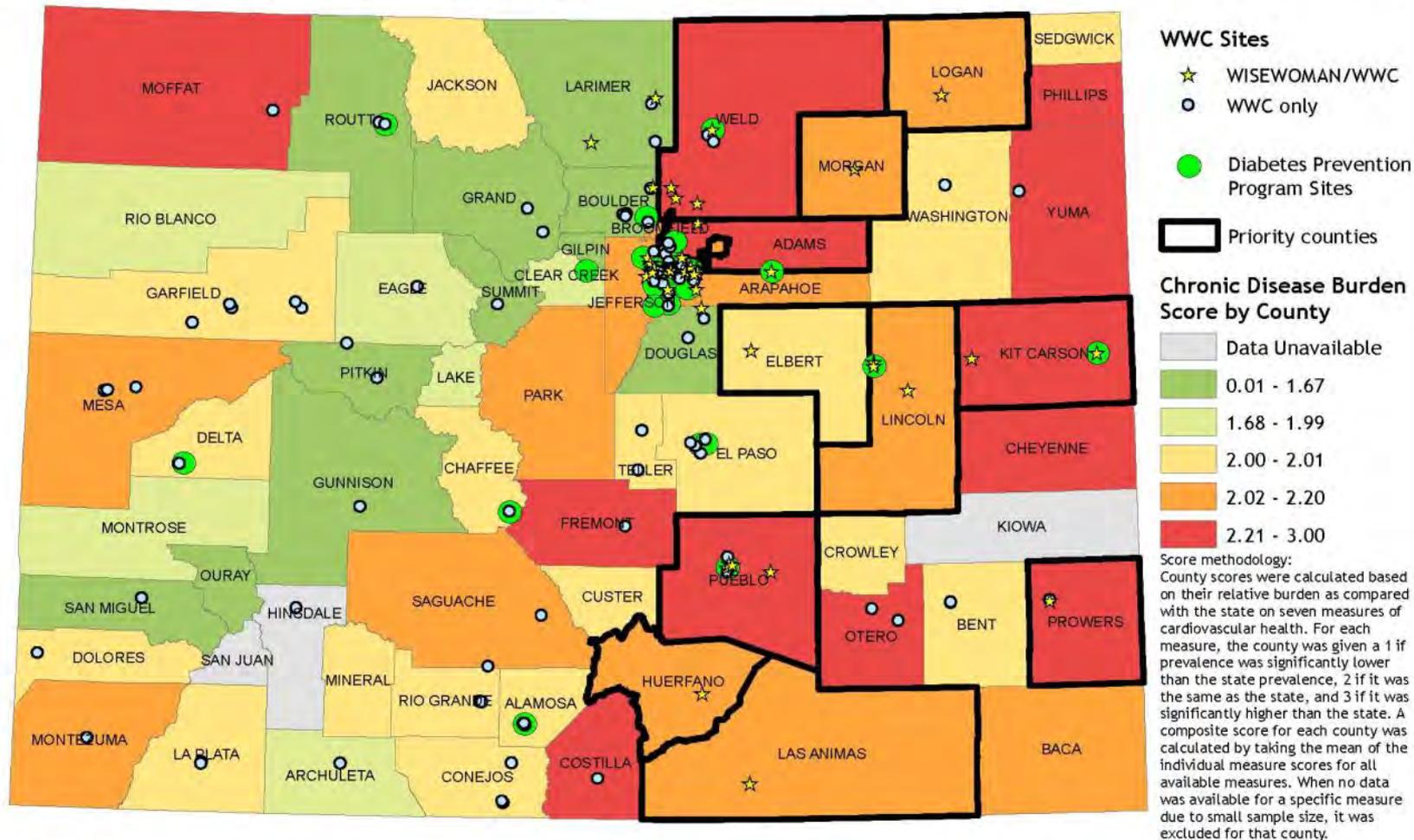




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WISEWOMAN Cardiovascular Health and Resources in Colorado



Behavior Risk Factor Surveillance System Data for 2011-2013 was provided by county among adults aged 18+ for the following measures: High cholesterol awareness, diagnosed diabetes, high blood pressure awareness, overweight or obese, physically inactive, currently smoke cigarettes, and exposed to smoking in home

Last Updated January 2015 - Public Health Informatics Program, CDPHE

Resources

- ▶ CDPHE WISEWOMAN [Website](#)
- ▶ Statement of Work
- ▶ CDC WISEWOMAN [Website](#)

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Eligibility and Enrollment

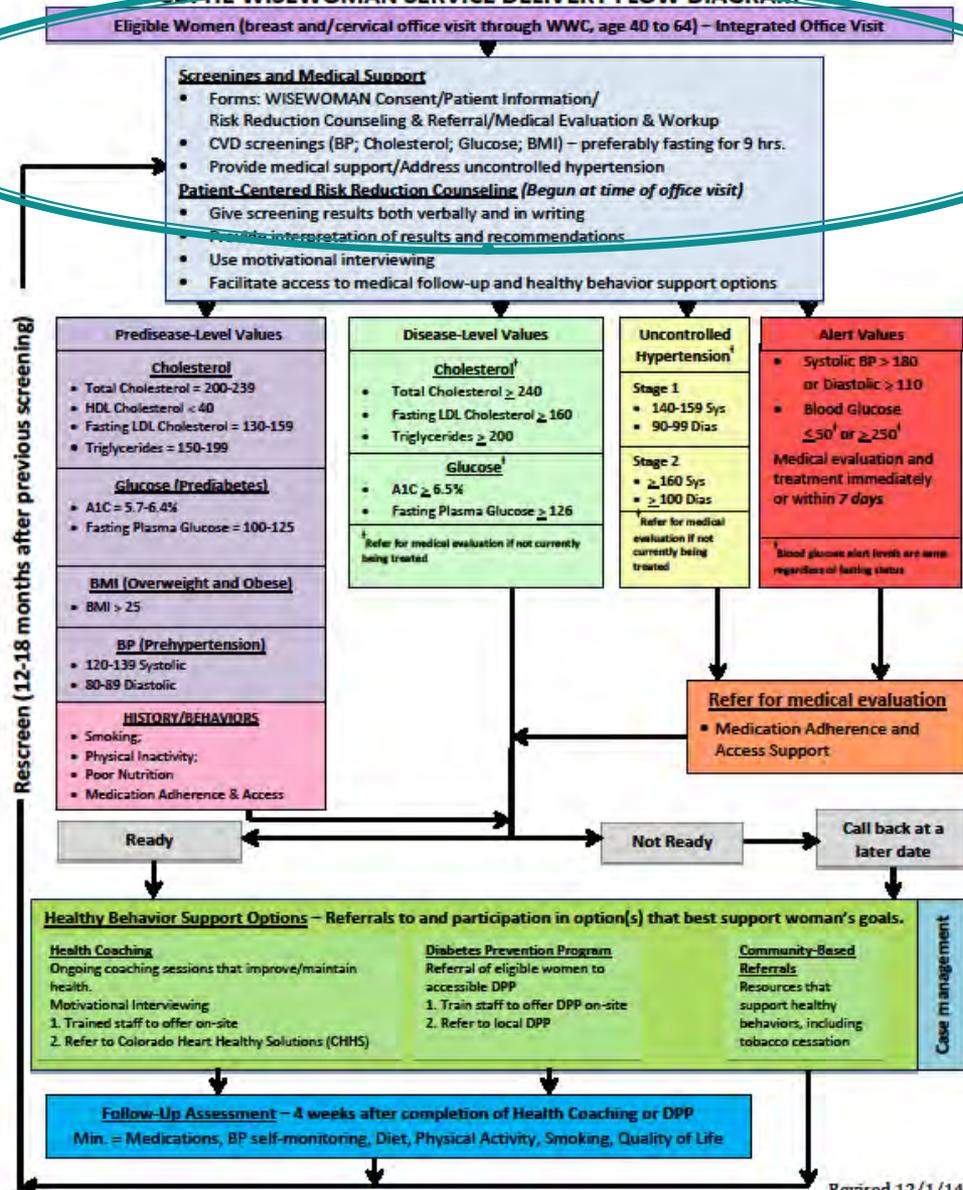
Flora Kulwa Martinez



Eligibility and Enrollment

- ▶ Requirements for WISEWOMAN client participation
- ▶ Enrollment in WISEWOMAN
- ▶ Integrated Office Visit
- ▶ Combined WWC/WISEWOMAN Consent Form
- ▶ Overview of Health Risk Assessments

CDPHE WISEWOMAN SERVICE DELIVERY FLOW DIAGRAM



WISEWOMAN Eligibility

To be eligible for WISEWOMAN, women must meet the WWC eligibility criteria :

- ▶ Be 40-64 years of age;
- ▶ Be 250% or less of the Federal Poverty Level;
- ▶ Be lawfully present in the United States;
- ▶ Have no health insurance or be underinsured;
- ▶ Have no Medicare or Medicaid coverage*

*See next slide



Medicaid /Medicare and WISEWOMAN

- ▶ If client gains Medicaid within the same year of WISEWOMAN participation, then the client is eligible for the entire year.
- ▶ Medicare exclusion: Clients cannot participate in WISEWOMAN if they are enrolled in Medicare Part B. Clients who are eligible in Medicare Part A or Part B but cannot afford the premium, are considered under-insured and would then qualify for WISEWOMAN only if they are between the ages of 40-64.

Enrollment

- ▶ WISEWOMAN clients must also be enrolled in WWC
 - Record created in eCaST prior to entering WISEWOMAN data.
- ▶ Agencies should develop plans to recruit WWC clients into WISEWOMAN.
- ▶ Recruitment plans should reflect the following WISEWOMAN objectives:
 - Serve as many eligible women as possible by using the most efficient means.
 - Reach groups/populations that are at disproportionate risk for cardiovascular disease.



Integrated Office Visit

- ▶ Initial WISEWOMAN screening office visit must occur at the same visit as the woman's annual (WWC) office visit.*
- ▶ WISEWOMAN funds cannot be used to pay for the integrated office visit. This visit is paid for by WWC.
- ▶ WISEWOMAN will pay for the cardiovascular laboratory tests, risk reduction counseling, and other WISEWOMAN-associated administrative fees that are incurred during the integrated office visit.

*Typical exception is 10% of clients. Initial implementation exception for first year of implementation: March 2015 contract start agencies may enroll from existing WWC clients enrolled from July 1, 2014 through execution date of contract.



Client Consent

- ▶ Agencies must have a process in place to obtain a woman's consent to participate in the WISEWOMAN Program.
- ▶ Agencies must use the consent form provided by CDPHE.
- ▶ For efficiency, the consents for WISEWOMAN and WWC program have been combined.
- ▶ The form can be found on the [WISEWOMAN website](#).



Health Risk Assessments

- ▶ Agencies must comply with the following requirements:
 - Conduct cardiovascular health risk assessments for each WISEWOMAN client during screening visits, using the Patient Information form.
 - Ensure completion of assessments for all clients prior to risk reduction counseling.
 - Ensure that the assessments and results are delivered in a culturally competent manner.
 - All clients receive assessment form in language which they comprehend, or a trained translator completes the form with the client
 - Clients with lower literacy levels are assisted in completing the Patient Information form.



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Health Risk Assessments

- ▶ Agencies must use the WISEWOMAN Patient Information form to complete the health risk assessment. This form can be found on the [WISEWOMAN website](#).
- ▶ If assessments are completed prior to the screening office visit, the information must be available to the clinician/counselor and incorporated into risk reduction counseling.
- ▶ Screening results must be provided to the client verbally and in writing.



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BREAK (10 min.)





WISEWOMAN

Well-Integrated Screening and Evaluation for Women Across the Nation

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of Public Health
and Environment

Clinical Services/Case Management

Michelle Lynch



Clinical Services/Case Management

- ▶ Screening and Diagnostic Services
- ▶ Patient Information Form
- ▶ Predisease-Level Values
- ▶ Disease-Level Values
- ▶ Uncontrolled Hypertension
- ▶ Medication Counseling
- ▶ Alert Values
- ▶ Medical Evaluation and Workup
- ▶ Risk Reduction Counseling

Screening and Diagnostic Services

- ▶ The clinical screening component assesses the presence of chronic disease risk factors and must include the following assessment values:
 - Blood Pressure
 - Fasting Laboratory Tests:
 - Cholesterol
 - Glucose
 - Body Mass Index (BMI)
 - Tobacco Use Assessment



Patient Information Form

CLINICIAN INSTRUCTIONS: OFFICE USE ONLY.



Clinical Measurement Results

Height (inches)	Weight (pounds)	Waist circumference (inches)	Hip circumference (inches)
-----------------	-----------------	------------------------------	----------------------------

Blood Pressure	1 st Reading	2 nd Reading	BP Date (office visit date)
	____/____	____/____	____/____/____

Cholesterol	Fasting Status (at least 9 hrs.)	Total Cholesterol mg/dL (fasting or nonfasting)	HDL cholesterol mg/dL (fasting or nonfasting)	LDL Cholesterol mg/dL (fasting)	Triglycerides mg/dL (fasting only)	Cholesterol Measurement Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No					____/____/____

Glucose	Glucose/A1c Measurement Date	Glucose (fasting)	A1C Percentage
	____/____/____		



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Predisease-Level Values

- ▶ Cholesterol
 - ▶ TC = 200-239
 - ▶ HDL = < 40
 - ▶ LDL = 130-159
 - ▶ TG = 150-199
- ▶ Prediabetes
 - ▶ A1C = 5.7-6.4%
 - ▶ FPG = 100-125
- ▶ Overweight and Obese
 - ▶ BMI > 25

Rescreen (12-18 months after previous screening)

Predisease-Level Values
<p>Cholesterol</p> <ul style="list-style-type: none">• Total Cholesterol = 200-239• HDL Cholesterol < 40• Fasting LDL Cholesterol = 130-159• Triglycerides = 150-199
<p>Glucose (Prediabetes)</p> <ul style="list-style-type: none">• A1C = 5.7-6.4%• Fasting Plasma Glucose = 100-125
<p>BMI (Overweight and Obese)</p> <ul style="list-style-type: none">• BMI > 25
<p>BP (Prehypertension)</p> <ul style="list-style-type: none">• 120-139 Systolic• 80-89 Diastolic
<p>HISTORY/BEHAVIORS</p> <ul style="list-style-type: none">• Smoking;• physical inactivity;• poor nutrition



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Predisease-Level Values

- ▶ Prehypertension
 - ▶ 120-139 Systolic
 - ▶ 80-89 Diastolic
- ▶ History/Behaviors
 - ▶ Smoking
 - ▶ Physical Inactivity
 - ▶ Poor Nutrition

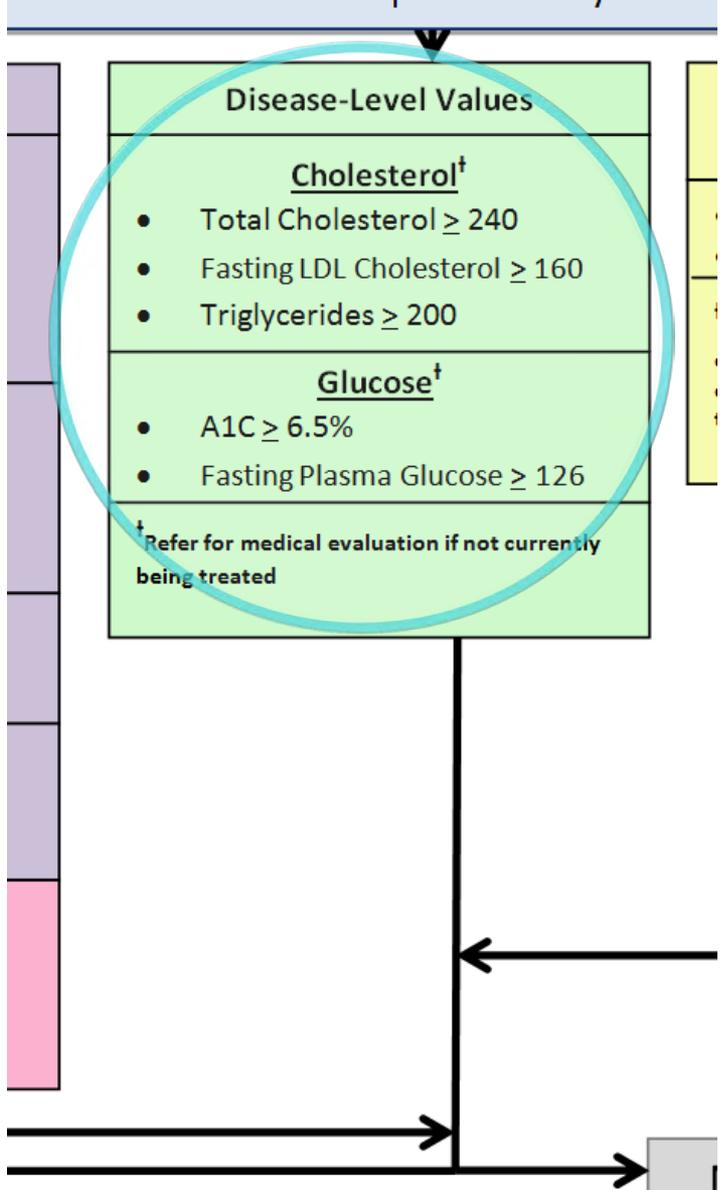
Rescreen (12-18 months after previous screening)

Predisease-Level Values
<u>Cholesterol</u> <ul style="list-style-type: none">• Total Cholesterol = 200-239• HDL Cholesterol < 40• Fasting LDL Cholesterol = 130-159• Triglycerides = 150-199
<u>Glucose (Prediabetes)</u> <ul style="list-style-type: none">• A1C = 5.7-6.4%• Fasting Plasma Glucose = 100-125
<u>BMI (Overweight and Obese)</u> <ul style="list-style-type: none">• BMI > 25
<u>BP (Prehypertension)</u> <ul style="list-style-type: none">• 120-139 Systolic• 80-89 Diastolic
<u>HISTORY/BEHAVIORS</u> <ul style="list-style-type: none">• Smoking;• physical inactivity;• poor nutrition

Disease-Level Values

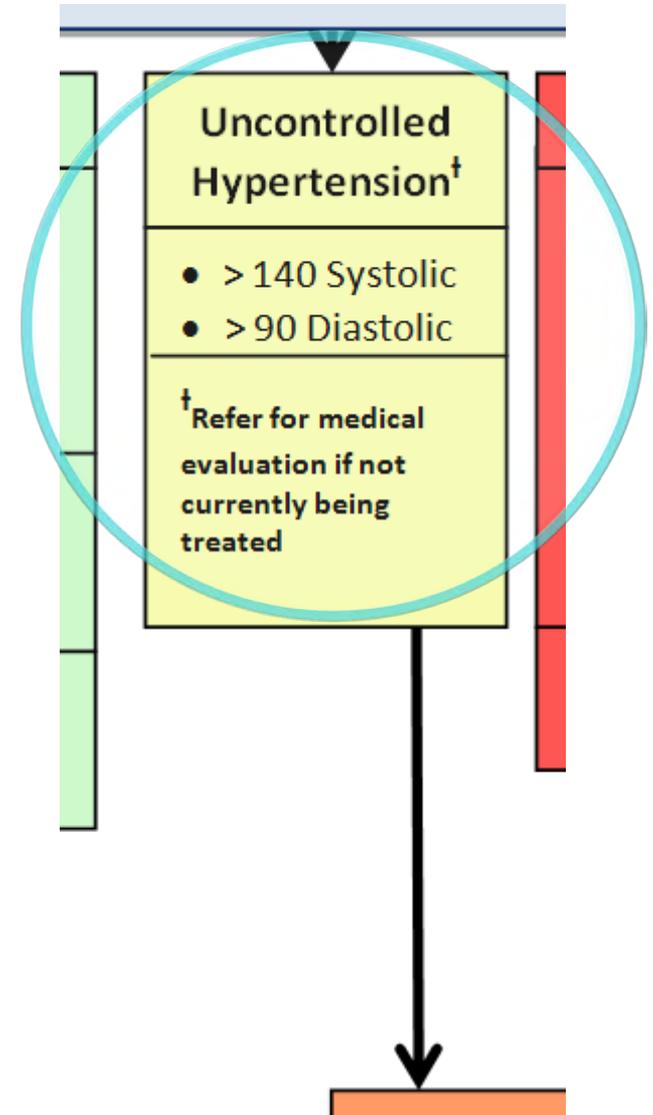
- ▶ Cholesterol[†]
 - ▶ TC \geq 240
 - ▶ LDL \geq 160
 - ▶ TG \geq 200
- ▶ Glucose[†]
 - ▶ A1C \geq 6.5%
 - ▶ FPG \geq 126

[†]Refer for medical evaluation if not currently being treated



Uncontrolled Hypertension

- ▶ > 140 Systolic
- ▶ > 90 Diastolic
- ▶ All women with uncontrolled hypertension must receive:
 - Case Management
 - **Medication Counseling**



Medication Counseling

- ▶ Patient-Centered Focus
- ▶ Motivational Interviewing
 - ▶ Identify Barriers to Access and Adherence
- ▶ May Be Delivered By
 - ▶ Provider/Clinical Staff
 - ▶ Non-Clinical Staff
 - ▶ Pharmacist
- ▶ Also Applies to Alert Values



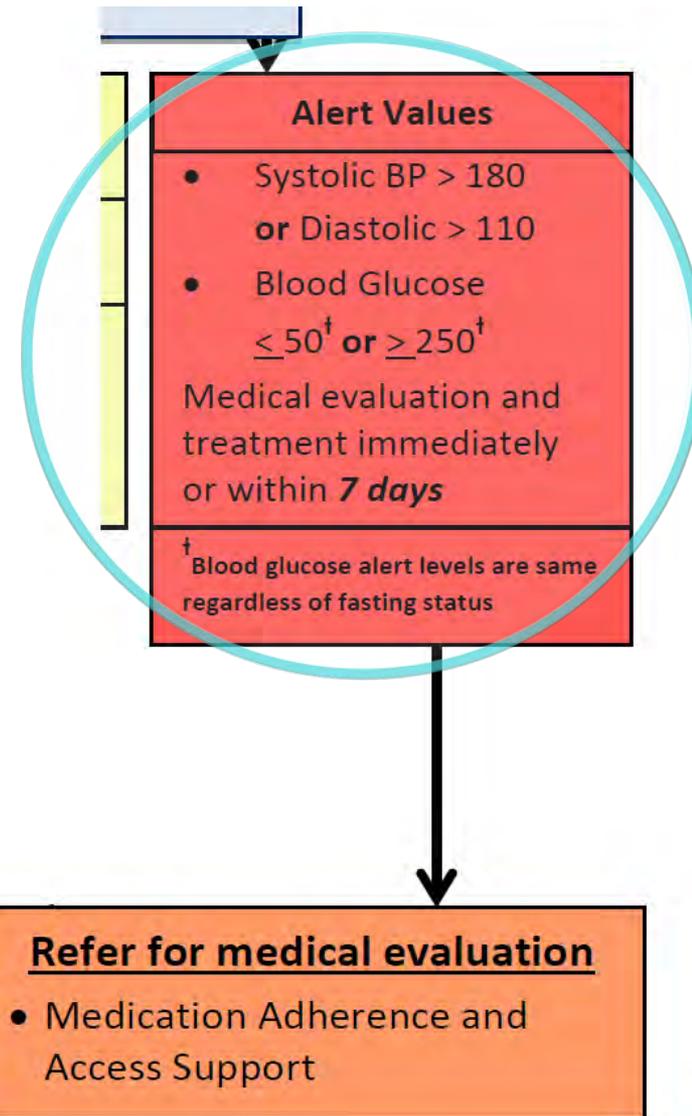
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Alert Values

- ▶ Blood Pressure
 - ▶ >180 Systolic
 - ▶ >110 Diastolic
- ▶ Glucose (fasting or non-fasting)
 - ▶ < 50
 - ▶ > 250

Requires Immediate Attention

- ▶ Follow-up Required within **7 days**



Medical Evaluation & Workup

CLINICIAN INSTRUCTIONS: Please fill in each part below.



Medical Evaluation — Workup (Instructions: Required within 7 days for clients with Alert Values)

Blood Pressure

Alert Values

Systolic BP > 180 or Diastolic > 110

Uncontrolled Hypertension

≥ 140 Systolic or ≥ 90 Diastolic

Diagnostic workup is Complete

Date: __/__/__

- Medication Counseling was provided*
**required for follow-up of uncontrolled hypertension*
- Medication prescribed
- Medication changed
- Referred for Medication Therapy Management (MTM)
- Referred for Chronic disease self-management (CDSMP)

OR

Diagnostic Workup is not Complete

Date: __/__/__

- Follow-up — Workup by alternate provider
- Client refused workup
- Client lost to follow-up

Diabetes

Alert Values

Blood Glucose ≤ 50 or ≥ 250

Diagnostic workup is Complete

Date: __/__/__

- Medication Counseling was provided
- Medication changed
- Medication prescribed
- Referred for Medication Therapy Management (MTM)
- Referred for Diabetes Self-Management Education (DSME)

OR

Diagnostic Workup is not Complete

Date: __/__/__

- Follow-up — Workup by alternate provider
- Client refused workup
- Client lost to follow-up

Tobacco Use Assessment

- ▶ CDC requires all WWC grantees to assess all enrolled clients for tobacco use status and promote cessation services
- ▶ WISEWOMAN Tobacco Policy mirrors that of WWC
- ▶ Ask, Advise, Refer is the recommended assessment tool



Risk Reduction Counseling

- ▶ Provide Screening Results†
 - Verbally and in Writing
- ▶ Client CVD Risk vs. Other Women Her Age
- ▶ Motivational Interviewing
 - Assess Readiness for Change
 - Collaboratively Identify Priority Area
 - Facilitate Access to Healthy Behavior Support Options

† If laboratory results are not available at the time of the screening visit, agencies must provide counseling based on available information. Agencies must complete risk reduction counseling when laboratory results are available. This can be provided by phone or in-person and a written copy sent to the client.

Medication Adherence

- ▶ Improving control of hypertension (HTN) is a major focus of the WISEWOMAN program
- ▶ Most people with HTN require medication to control and maintain their blood pressure
- ▶ Clients presenting with uncontrolled HTN may choose to prioritize medication adherence as a behavioral change focal point



Medication Adherence



AMERICAN COLLEGE of CARDIOLOGY

MED ADHERENCE



Nearly **3 out of 4** Americans admit that they **do not** always take their medication as directed

This **problem** causes...



1/3

of medicine-related **hospitalizations**

Nearly

125,000

deaths in the U.S. each year

Number of Americans **affected by a chronic condition** requiring **medication therapy**

is expected to grow



from **133 million**



to **157 million** by 2020



Almost

\$300 billion

in **avoidable costs** to the health care system annually

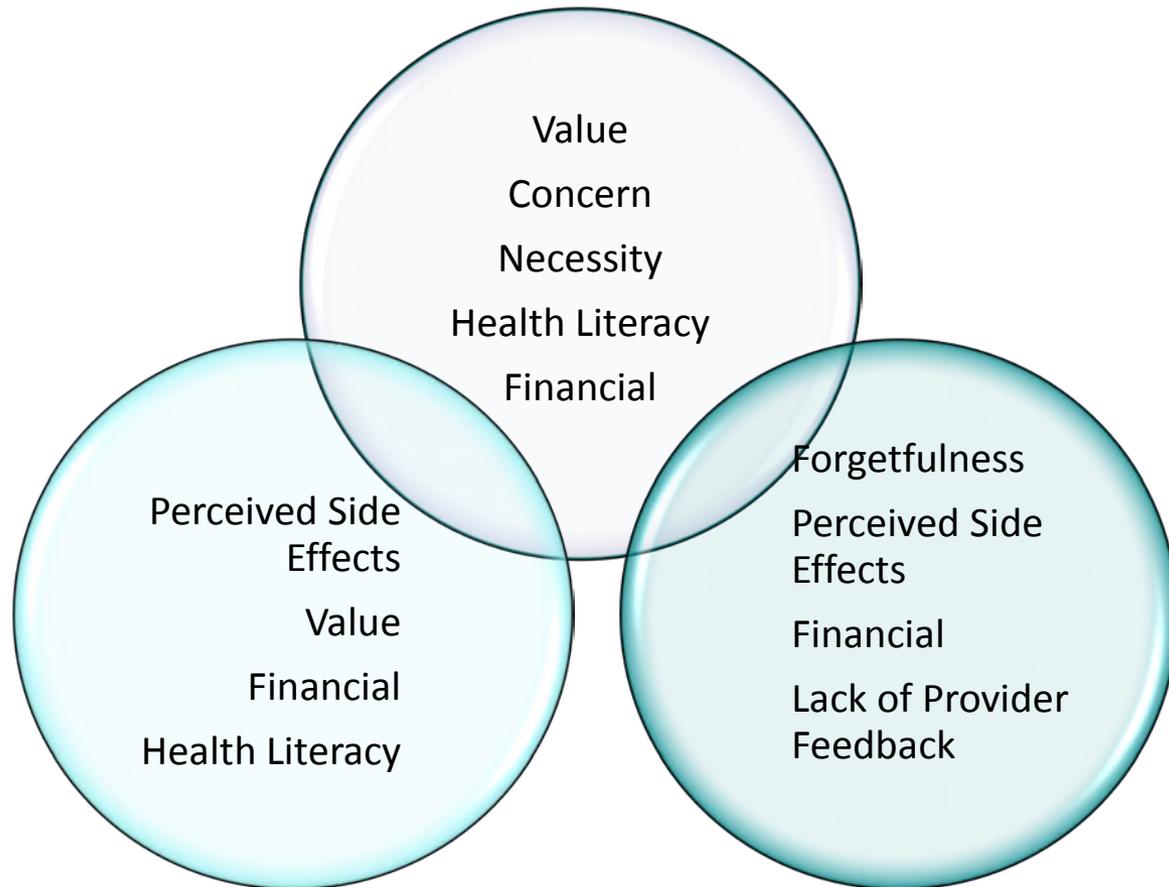
Source: www.scriptyourfuture.org



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Common Barriers to Adherence



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Promising Solutions

- ▶ B-SMART Checklist
- ▶ Morisky Medication Adherence Scale
- ▶ Medication Therapy Management



Motivational Interviewing



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Motivational Interviewing



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Healthy Behavior Support Options

Michelle Lynch



Healthy Behavior Support Options

- ▶ Diabetes Prevention Program (DPP)
- ▶ Health Coaching
- ▶ Other Lifestyle Programs
- ▶ Community-Based Referrals
- ▶ Case Management
- ▶ Lost to Follow-Up



Risk Reduction Counseling & Referral



Tobacco Cessation (Quitline)

▶ Date of referral to tobacco cessation resource ___/___/___

▶ Type of tobacco cessation resource Quit line Community-based tobacco program Other tobacco cessation resources

▶ Tobacco cessation activity completed Yes—Completed tobacco cessation activity No—Partially completed tobacco cessation activity
 No—Refused tobacco cessation activity when reached No—Could not reach to conduct tobacco cessation activity

Lifestyle Program (LSP)/Health Coaching (HC)

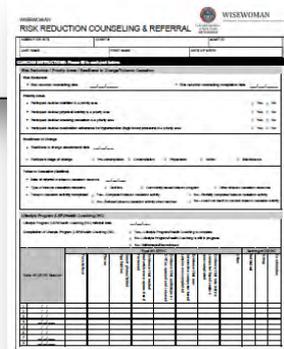
Lifestyle Program (LSP)/Health Coaching (HC) referral date ___/___/___

Completion of Lifestyle Program (LSP)/Health Coaching (HC) Yes—Lifestyle Program/Health Coaching is complete
 No—Lifestyle Program/Health Coaching is still in progress
 No—Withdrawal/Discontinued

Date of LSP/HC Session	Type of LSP/HC							Setting of LSP/HC			
	Face-to-face	Phone	Smart phone/tablet Application	Evidence that mailed materials were opened and reviewed	Evidence that audiotape or DVD as opened and reviewed	Evidence that non-interactive computer-based session was completed	Evidence that interactive computer-based session was completed	Other	Individual	Group	Combination



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Healthy Behavior Support Options

There are three Healthy Behavior Support Options categories:

- ▶ Lifestyle Programs
 - Diabetes Prevention Program (DPP) 
- ▶ Health Coaching 
- ▶ Community-Based Referrals 

Diabetes Prevention Program (DPP)

- ▶ Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program for preventing type 2 diabetes
- ▶ DPP can be offered in-house or referred out to an established program
 - There are over 20 recognized DPP programs in CO
- ▶ DPP course completion takes about a year

Diabetes Prevention Program (DPP)

- ▶ The DPP is based on randomized control clinical research trials led by NIH & CDC
- 5% to 7% body weight loss and increased physical activity to 150 minutes/wk reduced risk of developing type 2 diabetes by 58%
- 10-year follow up study showed reduced diabetes incidence of 34% in the lifestyle group



CDC: Diabetes Prevention Recognition Program (DPRP)

- Assure the **fidelity**, consistency, and broad dissemination of the DPP
- Maintain a **national registry** of recognized programs
- Provide **technical assistance**

National Diabetes Prevention Program COMPONENTS



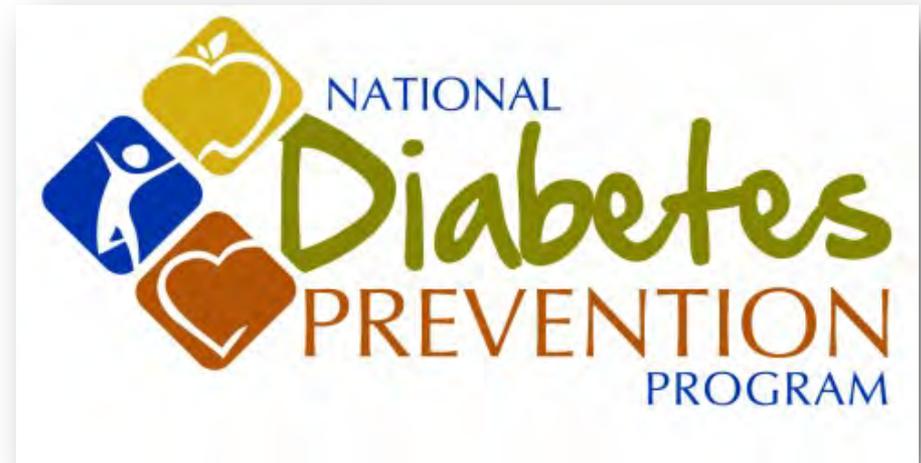
Complete the Application

- Complete and submit the [DPRP Application form.](#)
- Only **one** application is required **per organization.**
- The application is **free.**



DPP Program Elements

- ▶ Facilitated by trained Lifestyle Coaches in community organizations, clinics or worksites
 - Includes 16 weekly sessions followed by six monthly sessions



DPP Program Elements

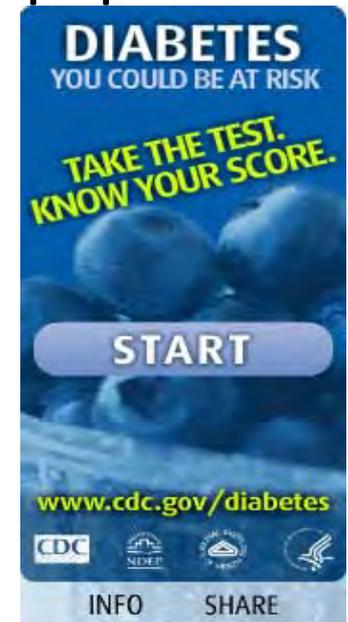
- ▶ **Nutrition** information/food diary
- ▶ Reading food labels
- ▶ Dealing with **stress** without overeating
- ▶ Increasing **physical activity**



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DPP Eligibility Criteria

- ▶ **18 years of age** or older and have a **BMI of 24 or greater**
- ▶ A minimum of **50%** of participants must have a **diagnosis** of prediabetes or a history of GDM
- ▶ 50% of participants must score **9 or higher** on a paper and pencil risk test



Health Coaching

- ▶ Health coaching is a client-led and client-tailored healthy behavior support option
- ▶ Health coaching can be done in individual or group settings
- ▶ Delivery methods are client-tailored and may include a combination of in-person and telephonic options

Elements and Eligibility

- ▶ Health coaching is available to **ALL WISEWOMAN** clients who indicate a desire and readiness to change, regardless of clinical presentation
- ▶ Priority area(s) determined collaboratively with client
- ▶ Motivational Interviewing techniques utilized to elicit and strengthen motivation for behavior change



Dosage and Delivery

- ▶ Clients should be encouraged to set initial session within 2 weeks of referral
- ▶ **Minimum** number of sessions required for program completion is **3**
- ▶ **Maximum** number of billable sessions is **8**
- ▶ Sessions should be 20-60 minutes in length
- ▶ Sessions should be staggered at intervals that consider client preference and maximize support of self-efficacy

Health Coaching vs. Risk Reduction Counseling

- ▶ **Must** be distinct and separate from Risk Reduction Counseling
- ▶ May be delivered:
 - Same day
 - Different day
 - Dependant on client availability and readiness to change

Health Coaching vs. Risk Reduction Counseling

- ▶ A health coaching session can be delivered immediately following Risk Reduction Counseling
 - If client commits to completion of at least three health coaching sessions, agency reports as health coaching
 - If client is not interested in continuing -
 - Agency reports visit as **(enhanced) risk reduction counseling**
 - Document on form and in eCaST

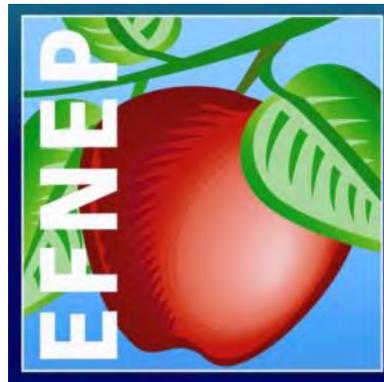
Health Coaching as Interim Support

- ▶ A health coaching session can also be offered as interim support **prior** to DPP class offering



Other Lifestyle Programs

- ▶ Taking Off Pounds Sensibly (TOPS)
- ▶ Expanded Food and Nutrition Education Program (EFNEP)
- ▶ Cooking Matters



Community-Based Referrals

- ▶ Supplement other Healthy Behavior Support Options
- ▶ Offer Additional Support for Specific Challenges
- ▶ Resources Should Be Low or No-Cost



Community-Based Referrals

- ▶ Smokers Should be Referred to the [CO QuitLine](http://www.coquitline.org) if they are ready to quit.

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QuitLineTM
Be tobacco free

1.800.QUIT.NOW

(1-800-784-8669) / www.coquitline.org



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Community-Based Referrals

▶ Additional Resources:

▶ Physical Activity

▶ Nutrition

- [Supplemental Nutrition Assistance Program \(SNAP\)](#)

▶ Mental Health

- [National Suicide Prevention Lifeline](#) 1- 800-273-TALK



Case Management/Patient Navigation

- ▶ Short Term, Intensive Service
 - Ensure Timely, Appropriate Medical Care
 - Assist Client Understanding
 - Facilitate Medication Access
 - Identify/ Reduce Barriers to Care



Follow-up Assessment

- ▶ Provide an opportunity to assess short-term health outcomes in women who participate in health coaching or DPP
- ▶ Occur within 4 weeks of client's final health coaching or DPP session
- ▶ Conducted using the [Follow-up Assessment form](#)

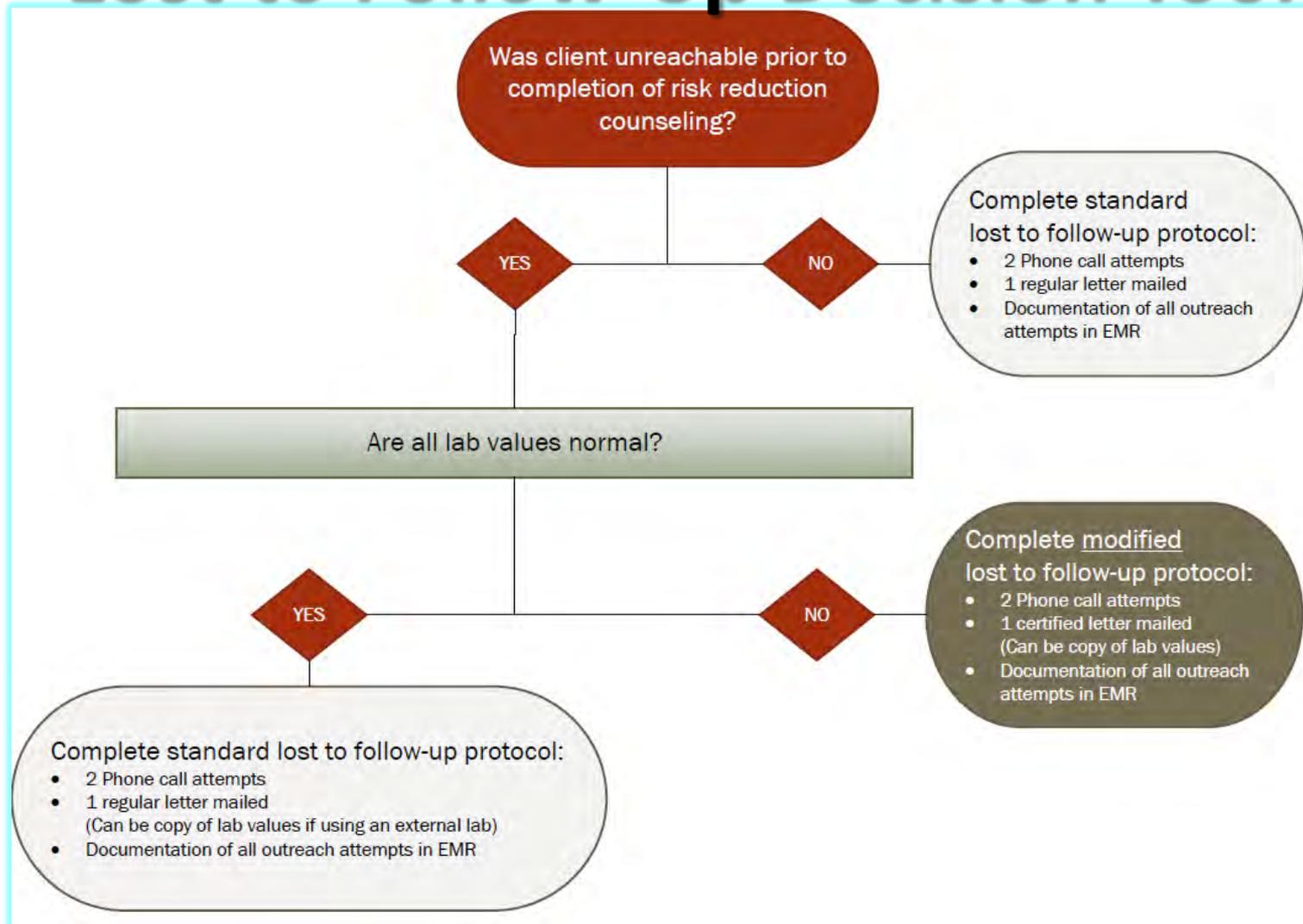


Lost to Follow-Up Policy



- ▶ 3 Contact Attempts Must Be Made
- OR-
- ▶ Verbal or Written Refusal of Care Obtained
- ▶ All contact attempts must be documented in medical record

Lost to Follow-Up Decision Tool



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LUNCH (1 hr.)



Data Entry and Documentation in eCaST

Steven Bromby



Clinical Documentation and eCaST

- ▶ Importance of Data Collection
 - ▶ Why DO We Collect Data?
 - ▶ Forms
- ▶ eCaST Cardiovascular Module
 - ▶ What IS eCaST?
 - ▶ eCaST System Module
 - ▶ DATA-CON 2015
 - ▶ eCaST Users
 - ▶ eCaST Communications

Why DO We Collect Data?

- ▶ The Centers for Disease Control and Prevention (CDC) uses WISEWOMAN data to...
 - Demonstrate to Congress the continued need for funding
 - Assess need for funds in CO & CO's ability to provide quality services
 - Monitor quality and types of services at state and national levels through benchmarks

Data Forms

- ▶ WISEWOMAN Forms encompass all CDC required data elements
 - ▶ Contractors may not substitute client chart or health record for any WISEWOMAN forms
 - ▶ Retain WISEWOMAN forms in client records

What Forms Do I Need?

- ▶ Forms Include:

- WISEWOMAN Consent Form
- Patient Information Form (supplements Client Profile Form)
- Risk Reduction Counseling & Referral
- Medical Evaluation & Workup
- Follow-up Assessment



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Forms are Fine, but eCaST is Web-based



- ▶ Since the release of the WISEWOMAN cardiovascular module
 - ▶ Gauging Interest in Tablet Implementation
 - ▶ Data Entry and Reports





So... What IS eCaST?



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So... What is eCaST?

- ▶ Stands for “Electronic Cancer Surveillance and Tracking” data collection and reporting system
- ▶ A public health surveillance tool (not an electronic health record)
- ▶ First released in 2005; built and maintained by CDPHE
- ▶ Data system where agencies must enter all WISEWOMAN services



So... What is eCaST?

- ▶ Contains breast, cervical, colorectal, and now cardiovascular screenings
 - Women's Wellness Connection
 - Colorectal cancer screening programs (CRCCP & CCSP)
 - WISEWOMAN
- ▶ YOU will use eCaST to:
 - Summarize services provided through WISEWOMAN (reports)
 - Manage client care
 - Track service delivery reimbursement
 - Manage screening budgets



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“Where’s the thing we got paid for?”

- ▶ eCaST Billing System
 - ▶ Reimbursement for services is based on data entry (invoices generated from eCaST – same as WWC)
 - ▶ Data Errors = Loss of Money
 - ▶ eCaST reports and TA can help minimize risk of bad data and loss of money
 - ▶ Budget Tracking
 - ▶ Grant Activity Statement
 - ▶ Screening Case Management
 - ▶ Clients Referred for Healthy Behavior Sessions
 - ▶ Screenings with Errors

How do CDPHE staff use eCaST?

- ▶ For program management
- ▶ To monitor quality and types of services
- ▶ To monitor service delivery budgets
- ▶ To compile cardiovascular surveillance data on population served
- ▶ To demonstrate continued need for funding (WMDEs)
- ▶ To submit required client-level data to CDC
- ▶ Reported in April & October on past 18 months

Gaining Access to eCaST WISEWOMAN

- ▶ All eCaST users must attend an eCaST WWC/WISEWOMAN training before they will be granted access to the cardiovascular module
- ▶ Request eCaST access through the eCaST website
- ▶ The agency should report any changes to staff members responsible for WISEWOMAN data entry to WISEWOMAN program within 15 days of the change
- ▶ Unless otherwise approved, WISEWOMAN data personnel must train new staff members before they are given access to eCaST

eCaST Communications

- ▶ Some of the reasons you will hear from us:
 - Review a client's information;
 - Data entry issues and trends;
 - Changes to the system;
 - DATA-CON 2015 or other data projects;
- ▶ HIPAA
 - Always, always, always... use the eCaST ID

DATA-CON 2015 (Data Quality)

- ▶ Agencies are required to participate in a data cleanup project before each biannual data submission to the CDC.
 - Occurs in March and September;
 - Review all cases failing CDC set benchmarks and cases with data entry issues.



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Time for a Demonstration?



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Quality Assurance/Quality Improvement

Flora Kulwa Martinez



New Contractor Checklist

- ▶ WISEWOMAN Colorado website
 - Manual
 - Consent and other forms
- ▶ Staff roles and responsibilities
- ▶ Subcontractors
 - Diabetes Prevention Program
 - Medical evaluation and follow-up
 - Laboratory services
- ▶ Training/professional development
- ▶ Policies and processes



Training/Professional Development

- ▶ Post Award Meeting!
- ▶ Motivational Interviewing
- ▶ Cardiovascular disease screening guidelines
- ▶ Diabetes Prevention Program
- ▶ Health Coaching
- ▶ eCaST



CDC Performance Measures

- ▶ Meet or exceed 95% of its CDPHE approved screening goal.
- ▶ Deliver **risk reduction counseling to 100% of women** screened.
- ▶ Follow-up with **100% of women with abnormal blood pressure values**.
- ▶ Ensure **that 80% of women referred** to the Diabetes Prevention Program or health coaching **participate** in the program.
- ▶ Ensure that **60% of women who participate** in the Diabetes Prevention Program or health coaching **complete** the program.

Start-up/Orientation Site Visits

- ▶ Conducted with each agency on an individual basis.
- ▶ Opportunity for state and agency WISEWOMAN teams to meet face-to-face.
- ▶ WISEWOMAN agency receives technical assistance and discusses processes and procedures for implementing WISEWOMAN program at that organization.

All Agencies Calls

- ▶ Occur monthly on 3rd Tuesday of every month
- ▶ Forum for all WISEWOMAN service delivery contractors to meet via conference call or webinar
- ▶ Opportunity to share and gather information
- ▶ Topics of discussion include technical assistance and training in various areas:
 - Clinical
 - Data
 - Fiscal



Agency Check-in Calls

- ▶ Initially occur on a monthly basis and change to an as-needed basis.
- ▶ Conducted with each agency on an individual basis.
- ▶ Opportunity for state WISEWOMAN team to provide technical assistance.
- ▶ Opportunity for agency WISEWOMAN team to ask questions, resolve issues, voice concerns and share progress.

Quality Assurance/Quality Improvement-In Progress

- ▶ Still to come....
 - Site visits
 - Progress reports
 - Include progress on state performance measures
 - Risk assessments

State Performance Measures

- ▶ Have not yet determined or implemented state performance measures
- ▶ May implement measures in the future such as
 - Timeliness of follow-up for uncontrolled hypertension
 - Timeliness of data entry
 - Budget/Spending

Contract Monitoring System

- ▶ Colorado database;
- ▶ Agencies notified three times per fiscal year regarding their performance;
 - Categories include: deliverables/requirements, timeliness, quality, price/budget, and business relations/customer service
- ▶ Agencies will be able to run reports in eCaST to monitor their own performance.

Resolution of Non-Compliance

- ▶ Agency notified in writing;
- ▶ Agencies are placed on a performance improvement plan (PIP) if failing to meet contract requirements.
- ▶ Agency / State collaborates to return to contract compliance.

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Subcontracting

Flora Kulwa Martinez

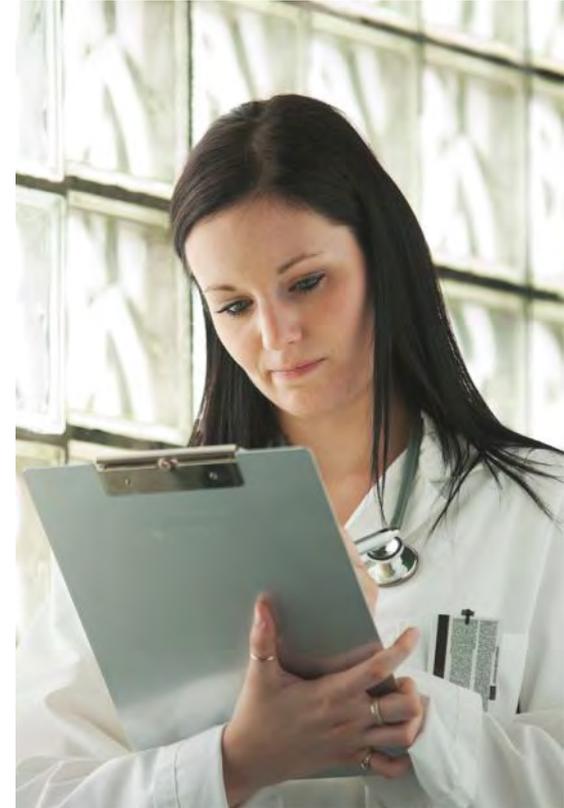


What is a Subcontract?

- ▶ A written agreement between a WISEWOMAN contractor and an off-site facility.

WISEWOMAN Subcontracted Services

- ▶ DPP
- ▶ Medical evaluation/follow-up
- ▶ Laboratory Services



WISEWOMAN Subcontracting Requirements

- ▶ It is each WISEWOMAN agency's responsibility to ensure that the subcontracts or memoranda of understanding (MOUs) are reviewed by its legal counsel.
- ▶ Subcontracts should be signed by both parties, outline specific roles and responsibilities, and ensure that all financial obligations are defined and other terms/conditions included.
- ▶ At a minimum, the following elements should be incorporated into an agreement:
 - General description of the project, including an outline of the specific roles and responsibilities
 - Deliverables (specific services to be provided)
 - Signatures of both parties
- ▶ Notify WISEWOMAN of all subcontractors within 15 days of contract execution or for change in subcontractor



Value of Subcontracts

- ▶ Establishes an agreement for certain services to be provided at certain costs;
- ▶ Establishes expectations for partnership.

Agency Responsibilities

- ▶ The WISEWOMAN agency:
 - Pays the subcontractor for services provided to WISEWOMAN clients;
 - Provides case management and follow-up to ensure the client received the services;
 - Ensures the client is not charged for subcontracted services (DPP, medical evaluation and follow-up, laboratory services);
 - Enters data into eCaST.

Data Feedback Loop

- ▶ If services (i.e. DPP), are provided by referral, the WISEWOMAN agency is responsible for establishing a “data feedback loop” with the sub-contractor in order to get the data required by the CDC for WISEWOMAN minimum data elements (MDEs).
 - Risk Reduction Counseling and Referral Form
 - Enter in eCaST

Resources

- ▶ Manual: Subcontracting
- ▶ [WISWOMAN Website](#)

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BREAK (10 min.)



Bundled Payment System

Steven Bromby



Agency Reimbursement

- ▶ How does WISEWOMAN reimburse?
- ▶ What does WISEWOMAN reimburse?
- ▶ Levels and Payment Examples
- ▶ Adjustments Redux
- ▶ Reimbursement Process
- ▶ DEMO? (If there's time)

How Does WISEWOMAN Reimburse?

- ▶ Reimburse via the Bundled Payment System (BPS):
 - Outcome-based payment structure implemented for WWC in 2010
- ▶ Why BPS?
 - WWC lost federal funding due to poor performance on CDC clinical benchmarks and not fully expending budget;
 - Positive impact on women

What Does WISEWOMAN Reimburse?

- ▶ Payment per cardiovascular screening, increasing payment based on interventions completed.
 - Bundled services based on WISEWOMAN-approved flow chart;
 - Includes payment for DPP fees or health coaching, case management, barrier reduction/incentives and administrative overhead.
- ▶ WISEWOMAN agencies agree to accept these fees as payment in full.
 - May not charge the client for WISEWOMAN services.

What does WISEWOMAN Reimburse?

Level	Definition of Level	Reimbursement
W1	<p>Screening services. Results are normal and require no further action.</p> <p>**If a client is lost to follow-up before risk reduction counseling can be completed, agencies may request reimbursement at a level I. Please email WISWOMAN program staff for administrative approval in these cases or with any questions.</p>	<p>\$155</p> <p>Integrated office visit is paid separately by WWC (not included here). Reimbursement includes risk assessment, laboratory tests, risk reduction counseling**, patient navigation, administrative fee and a follow up medical visit, if needed.</p>
W2	<p>Completion of 1 to 3 Diabetes Prevention Program (DPP) sessions OR Completion of 1 Health Coaching session</p>	<p>\$210</p> <p>\$155 services from level 1 + \$55 for:</p> <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W3	<p>Completion of 4 to 6 Diabetes Prevention Program (DPP) sessions OR Completion of 2 Health Coaching sessions</p>	<p>\$265</p> <p>\$210 services from level 2 + \$55 for:</p> <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee

❖ *WWC/WISEWOMAN Consent form and WWC Patient Information Form where demographics are collected must also be filled out.*

- ▶ Client Comes in for Office Visit.
- ▶ Completes Patient Information Form
- ▶ Client Receives
 - CVD Screenings
- ▶ Client has healthy levels for BP cholesterol and glucose, but her BMI is 28 and she is a smoker
 - Client receives risk reduction counseling and would like to quit smoking
- ▶ Client is referred to the QuitLine and the Health Educator would like to see the client for 3 health coaching sessions.

Level I

WISEWOMAN
PATIENT INFORMATION

AGENCY OR SITE COUNTY COUNTY ID
LAST NAME FIRST NAME DATE OF BIRTH

PATIENT RESTRICTIONS Please fill in each part below

BACKGROUND
What is the highest level of education completed? < High School Graduate or Equivalent Some College or Higher Bachelor's Degree Master's Degree Doctoral Degree
What is your primary language spoken at home? English Spanish Vietnamese Chinese Other Language _____
Do you speak English well enough to fill out this form? Yes No Not Sure

QUALITY OF LIFE
Do you have high cholesterol? Yes No Not Sure
Do you take medication to lower your cholesterol? Yes No Not Sure
If Yes, do you take the medication as prescribed? Yes No Not Sure
If No, why not? (e.g., not taking because of side effects, cost, or not knowing how to take it) _____
Do you have high blood pressure? Yes No Not Sure
Do you take medication to lower your blood pressure? Yes No Not Sure
If Yes, do you take the medication as prescribed? Yes No Not Sure
If No, why not? (e.g., not taking because of side effects, cost, or not knowing how to take it) _____
Do you measure your blood pressure at home or using another certified source? Yes No Not Sure
If Yes, how often do you measure your blood pressure at home or using another certified source? _____
If No, how often do you measure your blood pressure at home or using another certified source? _____
Do you regularly check blood pressure readings with a health care provider for feedback? Yes No Not Sure

DIET & PHYSICAL ACTIVITY
Do you eat a healthy diet? (at least 4-5 servings of fruits and vegetables daily) Yes No Not Sure
How many vegetables do you eat in an average day? _____
Do you eat 3 servings or more of them every day? Yes No Not Sure
Do you eat 3 ounces or more of whole grains daily? Yes No Not Sure
Do you drink less than 16 ounces (480 mL) of sugary drinks or beverages with added sugars weekly? Yes No Not Sure
Do you avoid 100% fruit or vegetable juices? Yes No Not Sure
How often do you exercise or engage in physical activity? Never Sometimes Often

WISEWOMAN
PATIENT INFORMATION — PAGE 2

AGENCY OR SITE COUNTY COUNTY ID
LAST NAME FIRST NAME DATE OF BIRTH

PATIENT RESTRICTIONS (continued) Please fill in each part below

QUALITY OF LIFE
Do you smoke? (cigarettes, pipes, or cigars smoked based on any form) Current Smoker Quit (1-12 months ago) Quit (more than 12 months) Never Smoked
About how many weeks a day, on average, do you smoke based on any form? _____
About how many weeks a day, on average, do you smoke with another person who is smoking? _____
Thinking about your physical health, when would you prefer to live? Now 1-5 years 6-10 years 11-15 years 16-20 years 21-25 years 26-30 years 31-35 years 36-40 years 41-45 years 46-50 years 51-55 years 56-60 years 61-65 years 66-70 years 71-75 years 76-80 years 81-85 years 86-90 years 91-95 years 96-100 years Don't know

CLINICAL RESTRICTIONS (CETS) USE ONLY
Clinical Measurement Results

Weight (pounds)	Weight (kilograms)	Body Mass Index (BMI)	BMI (kilograms/meter squared)
_____	_____	_____	_____

Blood Pressure

Diastolic (mmHg)	Systolic (mmHg)	Diastolic (mmHg)	Systolic (mmHg)
_____	_____	_____	_____

Cholesterol

LDL Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	Total Cholesterol (mg/dL)
_____	_____	_____

Glucose

Fasting Blood Glucose (mg/dL)	HbA1c (%)
_____	_____

Blood Pressure

Diastolic (mmHg)	Systolic (mmHg)	Diastolic (mmHg)	Systolic (mmHg)
_____	_____	_____	_____

Cholesterol

LDL Cholesterol (mg/dL)	HDL Cholesterol (mg/dL)	Total Cholesterol (mg/dL)
_____	_____	_____

Glucose

Fasting Blood Glucose (mg/dL)	HbA1c (%)
_____	_____



Level I

- ▶ Client Comes in for Office Visit.
- ▶ Completes Patient Information Form
- ▶ Client Receives
 - CVD Screenings
- ▶ Client has healthy levels for BP cholesterol and glucose, but her BMI is 28 and she is a smoker
 - Client receives risk reduction counseling and would like to quit smoking
- ▶ Client is referred to the QuitLine and the Health Educator would like to see the client for 3 health coaching sessions.



STOP! Ready for Reimbursement

- ▶ Request Reimbursement as the client navigates through the program
 - Different from WWC, because the case does not need to be “closed”
 - Reimbursement is automatically calculated and disbursed based on data entry

Questions on Level I Reimbursement?

Level	Definition of Level	Reimbursement
W1	<p>Screening services. Results are normal and require no further action.</p> <p>**If a client is lost to follow-up before risk reduction counseling can be completed, agencies may request reimbursement at a level I. Please email WISWOMAN program staff for administrative approval in these cases or with any questions.</p>	<p>\$155</p> <p>Integrated office visit is paid separately by WWC (not included here). Reimbursement includes risk assessment, laboratory tests, risk reduction counseling**, patient navigation, administrative fee and a follow up medical visit, if needed.</p>
W2	<p>Completion of 1 to 3 Diabetes Prevention Program (DPP) sessions OR Completion of 1 Health Coaching session</p>	<p>\$210</p> <p>\$155 services from level 1 + \$55 for:</p> <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W3	<p>Completion of 4 to 6 Diabetes Prevention Program (DPP) sessions OR Completion of 2 Health Coaching sessions</p>	<p>\$265</p> <p>\$210 services from level 2 + \$55 for:</p> <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee

What About Level II Reimbursement?

Level	Definition of Level	Reimbursement
W1	<p>Screening services. Results are normal and require no further action.</p> <p>**If a client is lost to follow-up before risk reduction counseling can be completed, agencies may request reimbursement at a level I. Please email WISWOMAN program staff for administrative approval in these cases or with any questions.</p>	<p>\$155</p> <p>Integrated office visit is paid separately by WWC (not included here). Reimbursement includes risk assessment, laboratory tests, risk reduction counseling**, patient navigation, administrative fee and a follow up medical visit, if needed.</p>
W2	<p>Completion of 1 to 3 Diabetes Prevention Program (DPP) sessions OR Completion of 1 Health Coaching session</p>	<p>\$210</p> <p>\$155 services from level 1 + \$55 for:</p> <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W3	<p>Completion of 4 to 6 Diabetes Prevention Program (DPP) sessions OR Completion of 2 Health Coaching sessions</p>	<p>\$265</p> <p>\$210 services from level 2 + \$55 for:</p> <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee

WISEWOMAN PAYS YOU AS YOU GO

- ▶ Unlike the WWC BPS that pays at case close...
- ▶ The WISEWOMAN BPS pays as you go!
 - Bundled services based on WISEWOMAN-approved flow chart



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What does WISEWOMAN Reimburse?

Level	Definition of Level	Reimbursement
W4	Completion of 7 or 8 Diabetes Prevention Program (DPP) sessions OR Completion of 3 Health Coaching sessions	\$320 \$265 services from level 3 + \$55 for: <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W5	Completion of 9 Diabetes Prevention Program (DPP) sessions OR Completion of 4 Health Coaching sessions	\$375 \$320 services from level 4 + \$55 for: <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W6	Completion of 10 to 12 Diabetes Prevention Program (DPP) sessions OR Completion of 5 Health Coaching session	\$430 \$375 services from level 5 + \$55 for: <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee

What does WISEWOMAN Reimburse?

Level	Definition of Level	Reimbursement
W7	Completion of 13 to 15 Diabetes Prevention Program (DPP) sessions OR Completion of 6 Health Coaching session	\$485 \$430 services from level 6 + \$55 for: <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W8	Completion of 16 to 18 Diabetes Prevention Program (DPP) sessions OR Completion of 7 Health Coaching session	\$540 \$485 services from level 7 + \$55 for: <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee
W9	Completion of 19 to 21 Diabetes Prevention Program (DPP) sessions OR Completion of 8 Health Coaching session	\$595 \$540 services from level 8 + \$55 for: <ul style="list-style-type: none"> • DPP fees OR health coaching costs, • case management, • barrier reduction/incentives, • administration fee

What does WISEWOMAN Reimburse?

Level	Definition of Level	Reimbursement
W10	Completion of 22 Diabetes Prevention Program (DPP) sessions	\$635 \$595 services from level 9 + \$40 for: <ul style="list-style-type: none">• DPP fees,• case management,• barrier reduction/incentives,• administration fee



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Reimbursement Process

- ▶ Grant activity statement is generated automatically on the 15th day of every month.
 - Or next business day if the 15th day is on a weekend or state holiday;
 - There will be no bill on 7/15 for Fiscal Year 2015.
- ▶ Final grant activity statement is generated 30 days after end of each fiscal year.

Reimbursement Process

- ▶ Reimbursement is generated through eCaST after:
 - All errors identified through eCaST have been resolved;
 - Data indicate clinical services are ready for level reimbursement;
 - You are provided with the tools to track these cases!
- ▶ Contractors may not submit for payment in any other way. MUST be approved through eCaST.

Reimbursement Process

- ▶ WISEWOMAN staff will notify contractors when statement is ready via eCaST.
- ▶ Reimbursement checks are produced and mailed directly from the State Controller's office, not CDPHE
- ▶ Each check received will include a payment voucher number. This number is also listed on each grant activity statement.
 - You DON'T have to submit invoices
 - All reimbursement is generated through eCaST!

Tracking Spending and Billing

- ▶ The Grant Activity Statement lists each client counted for reimbursement and the level of reimbursement. This statement can be viewed in eCaST.
 - This report provides information on bills processed, not necessarily data entered, within a given month.
- ▶ Agency fiscal staff may be granted access to eCaST OR data entry staff may run these reports for fiscal staff once they are available within eCaST.

Time for a Demonstration?



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Program Evaluation

Flora Kulwa Martinez



Program Evaluation

- ▶ Purpose: evaluate effectiveness of the program in Colorado
- ▶ Areas of evaluation:
 - Efforts to address uncontrolled hypertension
 - Impact of the DPP and health coaching to WISEWOMAN clients in Colorado
 - Demonstrating significant value of WISEWOMAN in Colorado
- ▶ Agency role in evaluation plan implementation:
 - Information collected during site visits and health coaching collaborative calls
 - Invitation to complete periodic online surveys and participate in focus groups. Visit the [WISEWOMAN website](#) for more information



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Conclusion

Emily Kinsella



Conclusion

- ▶ Questions/ Resources



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- Michelle Lynch/303-692-2519/michelle.lynch@state.co.us

▶ Data and eCaST Questions

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Thank you!

