



# MBCIS\*WISEWOMAN Data User's Manual

December 2020

for MDE **Version 18.2**

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## Key Terms -WISEWOMAN

Cooking Matters (CM)	A program offered in WISEWOMAN. It takes 4 or more sessions to complete Cooking Matters.
Digital Weight Watchers	Access to a Weight Watchers app paired with health coaching. An HBSS offered by the WISEWOMAN Program.
DPP	Diabetes Prevention Program. An HBSS offered in WISEWOMAN. DPP is considered complete after 9 classes.
Enrollment Cycle	All client program data starting at enrollment date. This includes health intake, setting a small step, participating in Health Coaching or another HBSS and completion of an Outcome Evaluation at follow up.
Entrepreneurial Gardening (EG)	A gardening assistance program available at some WISEWOMAN agencies.
Follow up Screening	WISEWOMAN services taking place 3 to 11 months after a Baseline or Returning screening. Follow up screening consists of answering some of the Health Intake questions again, additional screening, risk reduction counseling and an outcome evaluation.
Health Coaching (HC)	This HBSS is considered complete at 5 sessions. Up to 11 additional health coaching sessions are permitted and may be reimbursed.
Health Coaching Plus	Term used by CDC when a woman completes Health Coaching but also participates in another activity offered by the WISEWOMAN program, e.g. Entrepreneurial Gardening.
Health Intake	A questionnaire covering healthy behavior and health history. The full questionnaire is completed at the start of a new cycle. Only the healthy behavior questions are completed repeated at follow up.
Healthy behavior support services (HBSS)	Term used by CDC for evidence-based interventions, practices, or programs that have peer-reviewed, documented evidence of effectiveness helping people make and maintain healthy changes.
Lifestyle Program	Plain language term for HBSS (see previous definition)
LWA	Local WISEWOMAN Agency
My Health Information pamphlet	Used for Risk Reduction Counseling (RRC). Defines and identifies the participant's BMI, blood pressure, total cholesterol, HDL cholesterol, LDL, Triglycerides, Hemoglobin A1c, and other risk factors.
Outcome Evaluation	A summary of the WISEWOMAN participant's experiences with the program done at during the follow up screening.
Participant Agreement	A WISEWOMAN form capturing a participant's willingness to set a small step and agree to health coaching or a different HBSS.
Readiness to change (RTC)	A participant's subjective estimate (from 1 to 10) of her desire/willingness to make healthy changes.
Risk Reduction Counseling (RRC)	Assessing the participant's current risk factors and advising the participant about the meaning of their risk factors and the importance of taking small steps toward better health.
Self-Efficacy	An optional WISEWOMAN participant survey related to hypertension.
TOPS	A weight loss program serving as a lifestyle program in WISEWOMAN. Twelve sessions are needed for completion (more are allowed).

## Key Terms – Database/Financial

Baseline Cycle	A participant's first Enrollment Cycle in MBCIS*WISEWOMAN during the current grant period.
Data Validation	Built-in programming in a database that ensures data is entered correctly or limits the potential for data entry errors.
Discoverer Viewer	A reporting tool that uses the data from MBCIS*WISEWOMAN.
Follow up Cycle	Data collected during Follow up Screening distinguished from the Baseline/Returning Cycle. "Follow up Cycle" and "Follow up Screening" are roughly equivalent. The former term may be used in the context of data entry in MBCIS*WISEWOMAN.
Health Improvement Bundle	(S9445). Includes patient education, completion of LSP contacts, and collection of required data from follow up screening.
Improved Outcomes	(S0316). Participant improvement in health metrics during an enrollment cycle (i.e. from baseline/returning screening to follow up screening).
Inactive Client	A client status used when participant will not return to the WISEWOMAN program.
MBCIS	The name of the database holding breast and cervical cancer screenings, colorectal cancer screenings, patient navigation data and WISEWOMAN data. MBCIS stands for "Michigan Breast and Cervical Cancer Information System."
MBCIS*WISEWOMAN	When only the WISEWOMAN part of the database system is applicable, MBCIS*WISEWOMAN is used instead of the more general MBCIS.
MI Login	An online security system that allows access to state applications, such as MBCIS*WISEWOMAN within MBCIS.
MDEs or WISEWOMAN MDEs	<i>Minimum Data Elements</i> . CDC requires Michigan WISEWOMAN to submit current WISEWOMAN data to CDC twice a year (April 1 & December 1). Most of what is collected in MBCIS*WISEWOMAN is sent to CDC in our MDE file.
"Other" Contact	Any contact a navigator has with a participant that is too brief to be considered health coaching. Tracking these in MBCIS*WISEWOMAN is optional.
Referrals tab	The tab in MBCIS*WISEWOMAN holding data requested after a screening visit. (See also Visit Type).
Returning Cycle	Any screening that starts a new Enrollment Cycle in MBCIS*WISEWOMAN years after the Baseline Cycle.
Screening Bundle	(99450). Includes program enrollment, consent, screening, health intake, risk reduction counseling, and readiness to change assessment and goal setting.
Screening tab	Tab in MBCIS*WISEWOMAN where screening visit data, such as BP measurements, are stored.
Visit Type (or Service Type)	A category on the Referrals tab in MBCIS*WISEWOMAN where different types of services (Lab work, Medical Evaluation, data from PCP, can be selected for data entry.

## Table of Contents

Introduction to MBCIS*WISEWOMAN	1
1. Access to MBCIS*WISEWOMAN	3
2. Paper Form Prep for Data Entry	3
3. Data Entry in MBCIS*WISEWOMAN	4
A. MBCIS*WISEWOMAN Home Page	5
B. Find Client	5
B1. LWA Table	7
4. Baseline Data Entry by Program Form	8
A. WISEWOMAN Enrollment Form	9
WISEWOMAN Client tab	10
WISEWOMAN Client Enrollments tab	12
B. Health Intake questionnaire (3-page form)	13
WISEWOMAN Health Intake 1 tab	14
C. Health Intake page 2	15
WISEWOMAN Health Intake 2 tab	16
D. Health Intake page 3	17
WISEWOMAN Health Intake 3 & 4 tabs	18
E. WISEWOMAN Screening Form	19
WISEWOMAN Screening tab	20
F. WISEWOMAN Referral for Medical Evaluation	21
WISEWOMAN Referrals tab	22
G. Lab work documentation	23
WISEWOMAN Referrals tab	24
H. Data from Primary Care Provider/Other	25
WISEWOMAN Referrals tab	26
I. WISEWOMAN Case Management Form	27
WISEWOMAN Case Management tab	28
J. Readiness to Change form	29
K. WISEWOMAN Participant Agreement form	30
WISEWOMAN Participant Agreement tab	31
L. WISEWOMAN Contact Form	32
WISEWOMAN Contact tab (5 <sup>th</sup> or later HC contact)	33
WISEWOMAN Contact tab (HC complete)	34
M. More on the “Minimum Contacts Met?” Checkbox	35
N. WISEWOMAN Contact Form (HC & DWW example)	36
WISEWOMAN Contact tab (HC & DWW example, part 1)	37
WISEWOMAN Contact tab (HC & DWW example, part 2)	38
O. Other Contacts (Use not required)	39

5. Follow up Data Entry by Program Form	40
A. Add Follow up Cycle	41
<a href="#">WISEWOMAN Client Enrollments tab</a>	41
B. Follow-Up/Outcome Evaluation form (p.1)	42
<a href="#">WISEWOMAN Health Intake tabs 1 &amp; 2 tabs (Follow up)</a>	43
C. Follow-Up/Outcome Evaluation form (p.2)	44
<a href="#">WISEWOMAN Health Intake 3 tab (Follow up cycle)</a>	45
D. Follow-Up Screening form (p. 3)	46
<a href="#">WISEWOMAN Follow up Screening tab</a>	47
E. Follow-Up/Outcome Evaluation form (p.4)	48
F. Follow-Up/Outcome Evaluation form (p.4 top)	49
<a href="#">WISEWOMAN Outcome Evaluation (top)</a>	49
G. Follow-Up/Outcome Evaluation form (p.3 bottom)	50
<a href="#">WISEWOMAN Outcome Evaluation (bottom)</a>	50
H. Outcome Tracking tab (View Only)	51
<a href="#">WISEWOMAN Outcome Tracking with Key</a>	52
6. Billing and Reimbursement	53
FY2021 Unit Cost Reimbursement Rate Schedule	54
<a href="#">WISEWOMAN Authorized Services tab</a>	55
7. Self-Efficacy tab	56

## **APPENDIX**

How MBCIS*WISEWOMAN Tabs Line up with Paper Forms	57
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# Introduction to MBCIS\*WISEWOMAN

The WISEWOMAN portion of the Michigan Breast and Cervical Cancer Control Navigation Program (BC3NP) originated in 2008 and is herein referred to as **MBCIS\*WISEWOMAN**. This updated manual captures database changes through October 2020.

## Enrollment Cycles

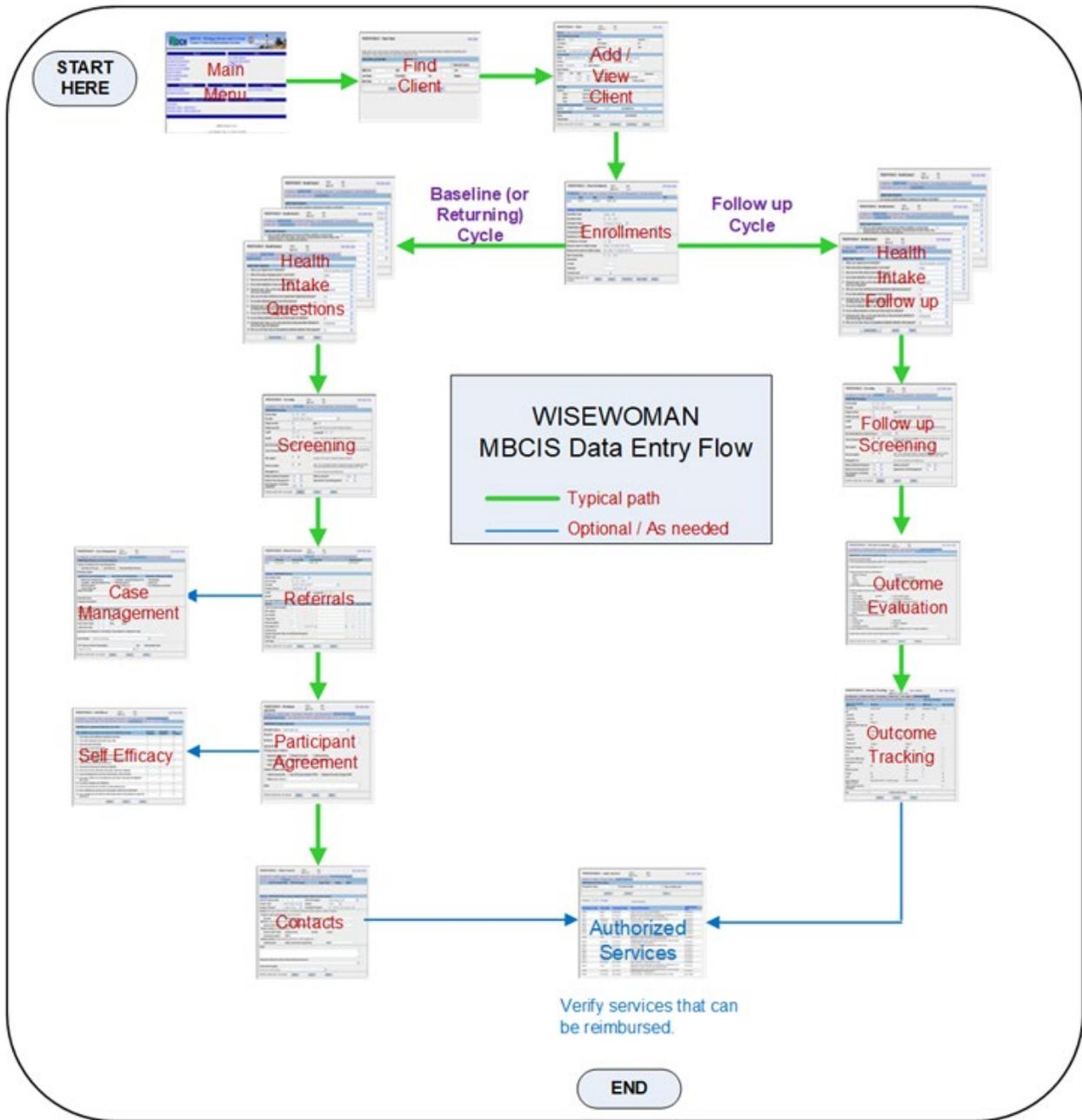
Like BC3NP, we can describe the flow of services for WISEWOMAN in terms of an “enrollment cycle.” However, WISEWOMAN cycles are not the same. In WISEWOMAN, the first enrollment cycle a woman has is called her “Baseline” cycle (or screening). Any subsequent cycle the woman has in the future will be called a “Returning” cycle. Ideally, a “Baseline” or “Returning” cycle will also include a “Follow-up” visit (cycle). Details about follow-up cycles are covered in section 8 of this manual.

Women participating in a Baseline or Returning cycle in WISEWOMAN will first be asked to complete *Health Intake* questions. They will receive screening tests for elevated blood pressure, cholesterol, or blood sugar. Based on screening results, a woman may be sent for *medical evaluation (diagnostic follow-up)*. Extremely high values for blood pressure may result in alert values that require immediate follow up. *Case management* services for an alert blood pressure are expected.

In WISEWOMAN all women are expected to provide their *Readiness to Change (RTC)* on a scale of 1 to 10 and to receive *Risk Reduction Counseling*. Those women ready to make healthy changes will create a goal recorded as a *small step* and a *plan*. Women may participate in *health coaching (HC)* or in *Healthy behavior support services (HBSS)* such as Weight Watchers, Cooking Matters, DPP (Diabetes Prevention Program) or Taking Off Pounds Sensibly (TOPS). Agency *contacts* with WISEWOMAN clients will be tracked in the database. When a follow up-cycle takes place, *outcome evaluation* information will summarize the woman’s progress toward achieving goals. Women are encouraged to return to the program 11 or 12 months after their most recent enrollment date.

## System Overview

A high-level summary of WISEWOMAN data entry into the MBCIS\*WISEWOMAN application is shown below. Green arrows show the primary paths, but data entry will vary from participant to participant. For example, there may be extra data entry for medical referrals, contacts, or case management. “Follow up cycles” are required to occur 3 to 11 months after the “Baseline” or “Returning” cycles (right side of picture). Whether a cycle is Baseline, Returning, or Follow-up is designated on the “Enrollments” tab.



# 1. Access to MBCIS\*WISEWOMAN

Before entering client data into MBCIS\*WISEWOMAN, you must have access to MBCIS through MI Login. Instructions for that part of the process are located here:

<https://www.michigancancer.org/bcccp/PDFs/Manuals/MBCISAccessInstructions.pdf>

Tory Doney ([doneyt@michigan.gov](mailto:doneyt@michigan.gov)) is the primary contact for MBCIS access issues. Mike Carr ([carrm7@michigan.gov](mailto:carrm7@michigan.gov)) is the primary contact for WISEWOMAN data issues related to anything covered in the rest of this manual.

## 2. Paper Form Prep for Data Entry

Before entering client data into MBCIS\*WISEWOMAN you will want to arrange your forms and documentation to match data entry order in the system.

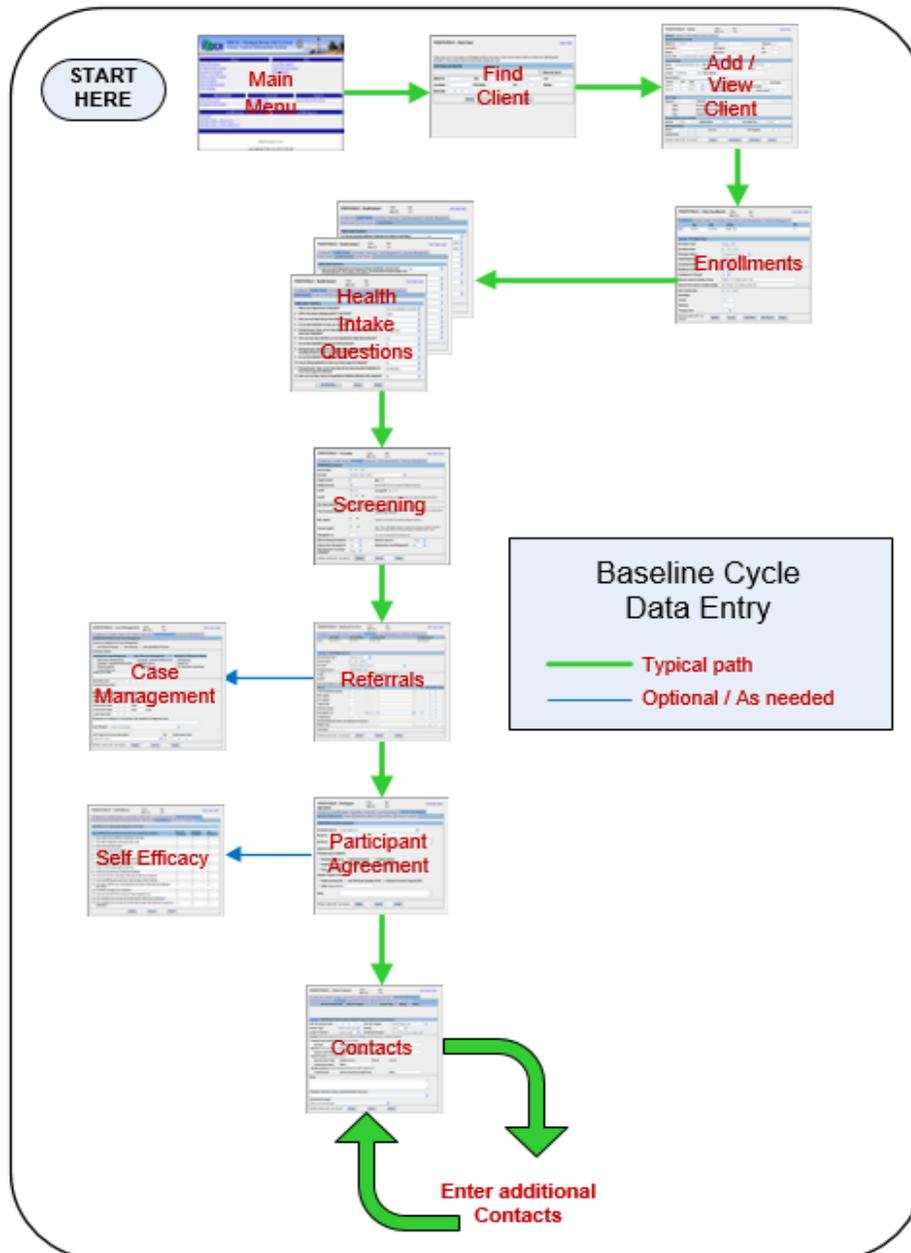
The current version of all WISEWOMAN screening forms are located here:

[http://www.miwisewoman.org/forms\\_wisewoman.html](http://www.miwisewoman.org/forms_wisewoman.html)

	Forms/Paperwork	Location in MBCIS*WISEWOMAN
1	Consent to Participate	(no data entry)
2	Enrollment Form	Client Enrollments and Enrollments tabs
3	Health Intake Questions	Health Intake tabs (3 separate tabs)
4	Screening Form	Screening tab
5	Copy of “My Health Information; Taking Control of BP”	If you have this, it is not needed for data entry.
6	<i>Copy of any lab work results from provider</i>	Referrals tab
7	Referral for Medical Evaluation Form	Referrals tab
8	<i>Any other related diagnostic services</i>	Referrals tab
9	Case Management Form	Case Management tab
10	Readiness Ruler value	Participant Agreement
11	Participant Agreement Form	Participant Agreement
12	Contact Form(s)	Contact tab. Usually one contact form per contact
13	Other forms: TOPS Membership Agreement/Renewal; Self Efficacy Survey; DPP Agreement (optional)	Some other forms are associated with the program but either do not require data entry or are rarely encountered.
<b>For Follow Up Cycles Only</b>		
1	Follow-Up/Outcome Evaluation Form	Health Intake tab, Follow-Up Screening tab, and Outcome Evaluation tab

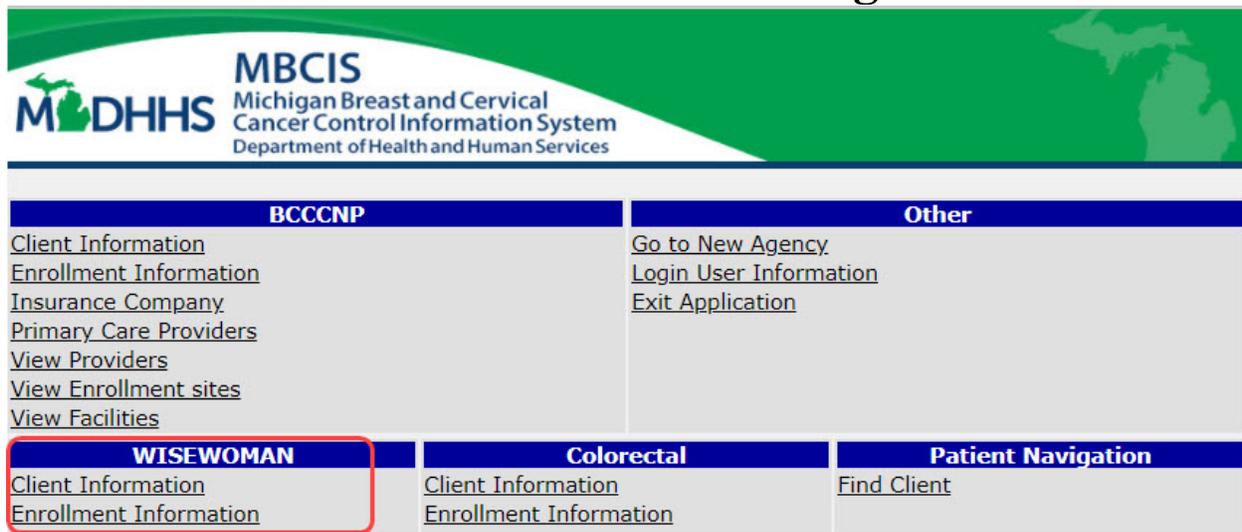
### 3. Data Entry in MBCIS\*WISEWOMAN

In the pages that follow, data entry for a Baseline WISEWOMAN cycle will be shown as one would enter data in the system from paper forms. Data will be shown for our fictional participant, Nanny McPhee. An overview of Baseline data entry flow is shown below.



When a participant comes back to the WISEWOMAN program for a subsequent annual cycle, that cycle is called a "Returning" cycle. Data entry for Baseline and Returning cycles is the same.

## A. MBCIS\*WISEWOMAN Home Page



BCCCNP		Other	
<a href="#">Client Information</a>	<a href="#">Enrollment Information</a>	<a href="#">Go to New Agency</a>	<a href="#">Login User Information</a>
<a href="#">Insurance Company</a>	<a href="#">Primary Care Providers</a>	<a href="#">Exit Application</a>	
<a href="#">View Providers</a>	<a href="#">View Enrollment sites</a>		
<a href="#">View Facilities</a>			

WISEWOMAN	Colorectal	Patient Navigation
<a href="#">Client Information</a>	<a href="#">Client Information</a>	<a href="#">Find Client</a>
<a href="#">Enrollment Information</a>	<a href="#">Enrollment Information</a>	

### Overview of the Home Page

Once a user has signed on and selected the MICHIGAN BREAST AND CERVICAL CANCER CONTROL INFORMATION SYSTEM application, the MBCIS home page will be displayed.

The MBCIS roles assigned to you determine what you see on the home page. If you only have access to the WISEWOMAN role, you will only see the sections circled in red above.

### WISEWOMAN Section

Both the Client Information link and Enrollment Information link take you to the Find Client screen. **The difference is where you land after selecting a client.**

[Client Information](#) takes you to the Client tab.

[Enrollment Information](#) takes you to the Client Enrollments tab.

Note: If you are adding a new participant, you will end up on the Client tab regardless of the link used to bring up Find Client.

## B. Find Client



(no copyright infringement intended)

**We have a new WISEWOMAN participant named “Nanny McPhee.”**

**First, we need to make sure she is not already in MBCIS with a Statewide Search.** Typically, it is safest to use SSN if you have that available (not shown).

## Here is a Statewide search by last name:

**WISEWOMAN - Find Client** [Help](#) | [Home](#)

Please enter one or more pieces of information on the screen below. Then click the search button to retrieve the matching client information. Please always search for client before adding new client.

**Client Name and Identifier**  **Statewide Search**

MBCIS ID  SSN  Client ID  LCA

Last Name  First Name  M.I.  Maiden

Birth Date  -  -

Previous  Next

Search Results

	MBCIS ID	Client ID	Last Name	First Name	M.I.	Enrollment Site	Birth Date	SSN
<a href="#">Modify</a>	29747		MCPHEE			BEAUMONT TROY CLINIC		
<a href="#">Modify</a>	24652		MCPHEE			XX TUSCOLA CO HLTH DEPT		
<a href="#">Modify</a>	23829		MCPHEE			MERCY WOMENS CENTER		
<a href="#">Modify</a>	45616		MCPHEE			DHD #4		
<a href="#">Modify</a>	77449		MCPHEE			WOMENS CARE/BAY DIAGNOSTIC		
<a href="#">Modify</a>	182166		MCPHEE			HURON CO HD		
<a href="#">Modify</a>	12960		MCPHEE			HURON VALLEY-SINAI CLINIC		
<a href="#">Modify</a>	35724		MCPHEE			GENESEE HEALTH PLAN		
<a href="#">Modify</a>	37762		MCPHEE			CRISTO REY HEALTH CTR		
<a href="#">Modify</a>	4920		MCPHEE			KARMANOS CANCER INSTITUTE		
<a href="#">Modify</a>	6104		MCPHEE			XX BEDHD - CHARLOTTE		
<a href="#">Modify</a>	17981		MCPHEE			WOMENS CARE/BAY DIAGNOSTIC		

If your participant is not found in MBCIS, you can add her to the database by clicking on the “Add” button

**WISEWOMAN - Find Client** [Help](#) | [Home](#)

Please enter one or more pieces of information on the screen below. Then click the search button to retrieve the matching client information. Please always search for client before adding new client.

**Client Name and Identifier**  **Statewide Search**

MBCIS ID  SSN  Client ID  LCA

Last Name  First Name  M.I.  Maiden

Birth Date  -  -

No Search Results Found - Please change your search criteria and try again

**TIP: If you know your participant is already in MBCIS, you can shorten the list of results that come up by entering your LCA (LWA) number in the upper right.**

**WISEWOMAN - Find Client** [Help](#) | [Home](#)

Please enter one or more pieces of information on the screen below. Then click the search button to retrieve the matching client information. Please always search for client before adding new client.

Client Name and Identifier							
							<input checked="" type="checkbox"/> Statewide Search
MBCIS ID	<input type="text"/>	SSN	<input type="text"/>	Client ID	<input type="text"/>	LCA	<input type="text" value="1215"/>
Last Name	<input type="text" value="MCPHEE"/>	First Name	<input type="text" value="N"/>	M.I.	<input type="text"/>	Maiden	<input type="text"/>
Birth Date	<input type="text"/> - <input type="text"/> - <input type="text"/>						
<input type="button" value="Search"/> <input type="button" value="Add"/> <input type="button" value="Cancel"/> <input type="button" value="Clear"/>							

Previous 1-1 of 1 Next Search Results

	MBCIS ID	Client ID	Last Name	First Name	M.I.	Enrollment Site	Birth Date	SSN
<a href="#">Modify</a>	319325		MCPHEE	NANNY	O	GENESEE HEALTH PLAN	07-08-1970	765-43-2109

**If you do not already know it, here's your MBCIS\*WISEWOMAN LWA number:**

**B1. LWA Table**

Agency Name	LWA	Agency Name	LWA
Northwest MI	4	Genesee Health Plan	1215
PHDM	10	Wayne Co. Healthy Comm	1256
DHD #10	17	Burnstein Clinic	1259
Lenawee	18	WSU – Wayne State University	1260
Catherine's Health Ctr.	216	Nat. Kidney Foundation MI	1261
		The Wellness Plan	1265



# A. WISEWOMAN Enrollment Form

		<b>WISEWOMAN Enrollment Form</b>	
Enrollment/Clinic Site: <u>Genesee Health Plan</u>		Enrollment Date: <u>10/1/2020</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</span>	
CLIENT CONTACT INFORMATION – Please write neatly so we can read it			
Agency / Clinic ID #		MBCIS #:	<u>319325</u>
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span> * Legal Last Name	<u>McPhee</u>	* Legal First Name	<u>Nanny</u> M.I. <u>0</u>
Preferred Name		Maiden Name	<u>Wilson</u>
* Date of Birth	<u>7/6/1970</u>	Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other _____
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> Street Address	<u>1026 E Kearsley St</u>	Apt. #	
City	<u>Flint</u>	*State	<u>MI</u> Zip Code <u>48503</u>
* County	<u>Genesee</u>	Preferred Language	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>
Social Security # (SSN is used for billing/payment only):	<u>765-43-2109</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span>		
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4</span> * Phone Number	<u>(810) 232-7111</u> Ext.	* <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other	
Alt Phone #	<u>(810) 257-3253</u> Ext.	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other	
Email Address	<u>mcphee70@gmail.com</u>		
COMMENTS ~ <i>for agency or clinic use</i>			
*RACE & ETHNICITY <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5</span>	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer Not to Answer ~ select all that apply ~		
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Arab/Middle Eastern <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown/Did not Answer <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other _____			
* HOUSEHOLD MEMBERS & INCOME (Must be completed for program eligibility)			
* Client Yearly Income	<u>30,000</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7</span>	* Number of people that the client's yearly income supports (including client)	<u>8</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8</span>
PROVIDER (PRIMARY CARE) INFORMATION			
Do you have a regular Primary Care Provider (doctor/nurse practitioner/clinic)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If Yes – Please fill out information below			
Provider Name:		Provider Address:	
May we send results of your tests to your Primary Care Provider(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">8</span>	INSURANCE INFORMATION (bring ALL cards with you) – Please fax copy of card to program & retain in patient medical record		
<input checked="" type="checkbox"/> No Insurance	<input checked="" type="checkbox"/> Referred to HMP/Medicaid Expansion	<input type="checkbox"/> Referred to ACA Marketplace Insurance	
Insurance Name:			
Contract #:		Group #:	
		Insurance Deductible Amt:	\$
ADDITIONAL QUESTIONS (Optional)			
HOW DID YOU LEARN OF THE PROGRAM? <input type="checkbox"/> Primary Care Doctor <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Family/Friend <input type="checkbox"/> 2-1-1 Website <input type="checkbox"/> Google/Other web search <input type="checkbox"/> Other _____			
Enrolled in Entrepreneurial Gardening? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">9</span>			

Items with red numbered steps are entered in the Client tab.  
 Items with blue numbered steps are entered in the Client Enrollments tab.

# WISEWOMAN Client tab

**WISEWOMAN - Client** Client : NANNY MCPHEE Status : ACTIVE [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Clients** | **Auth. Services**

**Client Identification Details**

MBCIS ID	319325	SSN	765-43-2109	Client ID	
Last Name*	MCPHEE <b>1</b>	First Name*	NANNY	M.I.	O
Maiden	WILSON	Birth Date*	07 - 06 - 1970	Age	50
Gender*	Female			Program Enrolled	WISEWOMAN
Enroll. Site	1215. GENESEE HEALTH PLAN				

**Contact Details**

Street <b>2</b>	1026 E KEARSLEY	Apt		City	FLINT
PO Box		State*	MI	Zip Code*	48503
County*	GENESEE-MI				
Pref. Language	English	<b>3</b>			

Add Phone*	Type*	Ext.	Ok to Text	Delete
810-232-7111	Cell	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>
810-257-3253	Work		<input type="checkbox"/>	<input type="checkbox"/>

Email Address: MCPHEE70@GMAIL.COM

Comments:

**Race Flags\***

Hispanic\* No **5**

<input checked="" type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Unknown/Did not Answer
<input type="checkbox"/> Asian	<input type="checkbox"/> Arab/Arab American	

**Programs (Most recent activity)**

BCCNP	
Patient Navigation	
WISEWOMAN	FY2021
COLORECTAL	

All fields marked with \* are required

If the participant already has data in MBCIS\*WISEWOMAN, check the Contact Details section to make sure the address or phone number information has not changed. If it has, you can update the data as needed.



# WISEWOMAN Enrollment Form

WISEWOMAN

Enrollment/Clinic Site:

Genesee Health Plan

Enrollment Date:

10/1/2020

CLIENT CONTACT INFORMATION – Please write neatly so we can read it					
Agency / Clinic ID #		MBCIS #:	319325		
<b>1</b> * Legal Last Name	McPhee	* Legal First Name	Nanny	M.I.	0
Preferred Name		Maiden Name	Wilson		
* Date of Birth	7/6/1970	Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other _____		
<b>2</b> Street Address	1026 E Kearsley St	Apt. #		PO Box	
City	Flint	*State	MI	Zip Code	48503
* County	Genesee	Preferred Language	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____ <b>3</b>		
Social Security # (SSN is used for billing/payment only):		765-43-2109			
<b>4</b> * Phone Number	(810) 232-7111 Ext.	* <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other <b>10</b>			
Alt Phone #	(810) 257-3253 Ext.	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text <input type="checkbox"/> Other			
Email Address	mcphee70@gmail.com				
COMMENTS ~ for agency or clinic use					
* RACE & ETHNICITY <b>5</b> ~ select all that apply ~ Are you Hispanic or Latino? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer Not to Answer					
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Arab/Middle Eastern <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown/Did not Answer <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other _____					
* HOUSEHOLD MEMBERS & INCOME (Must be completed for program eligibility)					
* Client Yearly Income	30,000 <b>7</b>	* Number of people that the client's yearly income supports (including client)		8	
PROVIDER (PRIMARY CARE) INFORMATION					
Do you have a regular Primary Care Provider (doctor/nurse practitioner/clinic)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If Yes – Please fill out information below					
Provider Name:		Provider Address:			
May we send results of your tests to your Primary Care Provider(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No _____					
<b>8</b> INSURANCE INFORMATION (bring ALL cards with you) - Please fax copy of card to program & retain in patient medical record					
<input checked="" type="checkbox"/> No Insurance		<input checked="" type="checkbox"/> Referred to HMP/Medicaid Expansion		<input type="checkbox"/> Referred to ACA Marketplace Insurance	
Insurance Name:					
Contract #:		Group #:		Insurance Deductible Amt:	\$
ADDITIONAL QUESTIONS (Optional)					
HOW DID YOU LEARN OF THE PROGRAM? <input type="checkbox"/> Primary Care Doctor <input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Family/Friend <input type="checkbox"/> 2-1-1 Website <input type="checkbox"/> Google/Other web search <input type="checkbox"/> Other _____					
Enrolled in Entrepreneurial Gardening? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>9</b>					

10/2019

Items with red numbered steps are entered in the Client tab.

Items with blue numbered steps are entered in the Client Enrollments tab.

## WISEWOMAN Client Enrollments tab

**WISEWOMAN - Client Enrollments** Client : NANNY MCPHEE Age : 50 [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | Health Intake | Screening | Referrals | Case Mgmt | Outcome Mgmt

	Type	Date	Facility	Wise Choices ?
<a href="#">Modify</a>	Returning	10-01-2020	GENESEE HEALTH PLAN	No
<a href="#">Modify</a>	Baseline	11-01-2018	GENESEE HEALTH PLAN	No

**Add New Enrollment Cycle**

Enrollment Type\*  6

Enrollment Date\*  -  -  6

Participant Status\*

WISEWOMAN Agency\*

Screening Facility\*

Household

Income\*  7

Members\*

Poverty Level  %

Insurance Status  8

Entrepreneurial Gardener (EG)  9

All fields marked with \* are required

If the participant is new, there will be no data present on this tab. Set Enrollment Type to “Baseline” and enter the rest of the required data.

If the participant already has a Baseline cycle present, then you will add a new enrollment cycle by selecting Follow up or Returning, as circumstances warrant.

## B. Health Intake questionnaire (3-page form)



WISEWOMAN

### Health Intake

Date \_\_\_\_\_

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only) <span style="font-size: 1.2em; font-family: cursive;">319325</span>
-----------	------------	----------------	---

**Education**

1. What is your highest level of education?

Less than 9<sup>th</sup> grade  
  Some high school  
  High school graduate or equivalent  
  Some college  
 College graduate  
 Don't know

**Cholesterol**

2. Have you ever been told you have high cholesterol?

Yes  
 No  
 Don't know

3. Do you take **statins** to lower your cholesterol?

Yes  
 No  
 Don't know  
 Not applicable

4. Do you take **other medication** to lower your cholesterol?

Yes  
 No  
 Don't know  
 Not applicable

5. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your cholesterol? 7 days  
 Don't know  
 Not applicable

**Blood Pressure**

6. Have you ever been told that you have hypertension (high blood pressure)?

Yes  
 No  
 Don't know

7. Do you take medication to lower your blood pressure?

Yes  
 No  
 Don't know  
 Not applicable

8. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your blood pressure? \_\_\_\_\_ days  
 Don't know  
 Not applicable

**Blood Sugar (Diabetes)**

9. Do you have diabetes? (either Type 1 or Type 2)

Yes  
 No  
 Don't know

10. Are you taking medication to lower your blood sugar (for diabetes)?

Yes  
 No  
 Don't know  
 Not applicable

11. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? \_\_\_\_\_ days  
 Don't know  
 Not applicable

12. Have you ever been told you had gestational diabetes (diabetes while pregnant)?

Yes  
 No  
 Don't know

Page 1 of 3  
10/2020

As you will see in the next graphic, the tabs in MBCIS\*WISEWOMAN for the Health Intake questions mimic the paper forms almost exactly.

# WISEWOMAN Health Intake 1 tab

WISEWOMAN - Health Intake1 Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**Health Intake1** | Health Intake2 | Health Intake3 | Health Intake4

**Health Intake1 Questions**

1. What is your highest level of education?	College graduate
2. Have you ever been told you have high cholesterol?	Yes
3. Do you take statins to lower your cholesterol?	Yes
4. Do you take other medication to lower your cholesterol?	No
5. During the past 7 days, on how many days did you take prescribed medication to lower your cholesterol?	7 Days
6. Have you ever been told that you have hypertension (high blood pressure)?	No
7. Do you take medication to lower your blood pressure?	No
8. During the past 7 days, on how many days did you take prescribed medication to lower your blood pressure?	Not Applicable
9. Do you have diabetes? (either Type 1 or Type 2)	No
10. Are you taking medication to lower your blood sugar (for diabetes)?	No
11. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)?	Not Applicable
12. Have you ever been told you had gestational diabetes (diabetes while pregnant)?	No

**Data Entry tip:** In addition to using the mouse to select a response from a list of values, you can type the first letter of the response and the answer will automatically be populated. You may have to cycle through a few responses if more than one response starts with the same letter.

## C. Health Intake page 2

### Health Intake

Date \_\_\_\_\_

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)
			319325

#### Heart Health

13. Have you been diagnosed as having any of the following conditions: coronary heart disease/chest pain, heart attack, heart failure, stroke/transient ischemic attack (TIA), vascular disease, or congenital heart defects?
- Stroke / TIA    
 Heart attack    
 Coronary heart disease    
 Heart failure    
 Vascular disease (peripheral artery disease)    
 Congenital heart disease and defects
14. Are you taking aspirin daily to prevent a heart attack or stroke?
- Yes    
 No    
 Don't know
15. Has your father, brother, or son had a stroke or heart attack before age 55?
- Yes    
 No    
 Don't know
16. Has your mother, sister, or daughter had a stroke or heart attack before age 65?
- Yes    
 No    
 Don't know
17. Has either of your parents, your brother or sister, or your child ever been told that he or she has diabetes?
- Yes    
 No    
 Don't know

#### BP Measurement

18. Do you measure your blood pressure at home or using other calibrated sources (like a machine at a pharmacy)?
- Yes    
 No – I was never told to measure my blood pressure    
 No – I don't know how to measure my blood pressure    
 No – I don't have equipment to measure blood pressure    
 No – I have equipment, but I don't use it    
 I don't have high blood pressure
19. How often do you measure your blood pressure at home or using other calibrated sources?
- Multiple times per day    
 Daily    
 A few times per week    
 Weekly    
 Monthly    
 Don't know    
 Not applicable
20. Do you regularly share blood pressure readings with a health care provider for feedback?
- Yes    
 No    
 Don't know    
 Not Applicable

#### Lifestyle

21. How many cups of fruits and vegetables do you eat in an average day (round to the nearest whole number)?
- 2 cups. *Includes fresh, canned or frozen fruits and vegetables.*
22. Do you eat fish at least two times a week?
- (Examples: tuna, salmon, perch, walleye that has been baked, broiled, or grilled, and *not fried*)
- Yes    
 No
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?
- (Examples: brown rice, whole wheat bread, oatmeal, all bran cereal)
- Less than half    
 About half    
 More than half

# WISEWOMAN Health Intake 2 tab

WISEWOMAN - Health Intake2

Client : NANNY MCPHEE Type : Returning

[Print](#) | [Help](#) | [Home](#)

MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

Health Intake1 | **Health Intake2** | Health Intake3 | Health Intake4

## Health Intake2 Questions

13. Have you been diagnosed as having any of these conditions:

- Stroke/ TIA
- Heart attack
- Coronary Heart Disease
- Heart failure
- Vascular disease (peripheral artery disease)
- Congenital heart disease and defects

Check the box of any item marked on the paper form

14. Are you taking aspirin daily to prevent a heart attack or stroke?

No

15. Has your father, brother, or son had a stroke or heart attack before age 55?

Yes

16. Has your mother, sister, or daughter had a stroke or heart attack before age 65?

No

17. Has either of your parents, your brother or sister, or your child ever been told that he or she has diabetes?

No

18. Do you measure your blood pressure at home?

No - Was never told to measure

19. How often do you measure your blood pressure at home?

Not Applicable

20. Do you regularly share blood pressure readings with a health care provider for feedback?

Not Applicable

21. How many cups of fruits and vegetables do you eat in an average day?

2 Cups

22. Do you eat fish at least two times a week?

No

23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?

About half

Save/Continue

Cancel

Delete

## D. Health Intake page 3

### Health Intake

Date \_\_\_\_\_

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)
			319325

24. Do you drink less than 36 ounces (450 calories) of beverages containing added sugars weekly?  
(Examples: pop or soda, energy drinks, Kool-Aid, flavored coffee) (1 can of pop = 12 ounces)

Yes  No

25. Are you currently watching or reducing your sodium or salt intake?

Yes  No

26. In the past 7 days, how often did you have a drink containing alcohol? 0 days

27. On average, how many alcoholic drinks do you consume during a day you drink? 0 drinks

28. How many minutes of physical activity (exercise) do you get in a week? 5 hours 0 minutes

#### Smoking Status

29. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)

Current Smoker  Quit (1-12 months ago)  Quit (More than 12 months ago)  Never smoked

30. Do you use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco), bidis, hookah, electronic cigarettes.

Yes  Quit (1-12 months ago)  Quit (More than 12 months ago)  Not using

31. Do you want to quit using tobacco products?

No  I'm thinking about quitting  Yes, I want to quit  I quit recently  I do not use tobacco

#### Health Status

32. Over the past 2 weeks, how often have you had little interest or pleasure in doing things?

Not at all  Several days  More than half  Nearly every day

33. Over the past 2 weeks, how often have you been feeling down, depressed, or hopeless?

Not at all  Several days  More than half  Nearly every day

#### Food Access

34. Within the past 12 months, we (my household) worried whether our food would run out before we got money to buy more?

Often  Sometimes  Never  Don't know / Refused

35. Within the past 12 months the food we (my household) bought just did last, and we did not have enough money to get more.

Often  Sometimes  Never  Don't know / Refused

There is a new Health Intake Tab 4 for the two Food Access questions

## WISEWOMAN Health Intake 3 tab

**WISEWOMAN - Health Intake3** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

Health Intake1 | Health Intake2 | **Health Intake3** | Health Intake4

**Health Intake3 Questions**

24. Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly? Yes

25. Are you currently watching or reducing your sodium or salt intake? Yes

26. In the past 7 days, how often did you have a drink containing alcohol? 0 Days

27. On average, how many alcoholic drinks do you consume during a day you drink? 0 Drinks

28. How much physical activity (exercise) do you get in a week? 5 hours 0 minutes

29. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form) Never Smoked

30. Do you use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco), bidis, hookah, electronic cigarettes. Not using

31. Do you want to quit using tobacco products? I do not use tobacco

32. Over the past 2 weeks, how often have you had little interest or pleasure in doing things? Not at all

33. Over the past 2 weeks, how often have you been feeling down, depressed, or hopeless? Not at all

## WISEWOMAN Health Intake 4 tab

**WISEWOMAN - Health Intake4** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

Health Intake1 | Health Intake2 | Health Intake3 | **Health Intake4**

**Health Intake4 Questions**

34. Within the past 12 months, we (my household) worried whether our food would run out before we got money to buy more. Sometimes

35. Within the past 12 months, the food we (my household) bought just didn't last and we didn't have money to get more. Never

# E. WISEWOMAN Screening Form



WISEWOMAN

## WISEWOMAN Screening Form

Screening Date 10/1/2020 <sup>1</sup>

Last Name <u>McPhee</u>	First Name	Middle Initial	Birth Date	MBCIS ID <u>319325</u>
Screening Site <u>Hurley Med Ctr</u> <sup>2</sup>				

NOTE: \* ASTERISK INDICATES A REQUIRED RESULT VALUE

Clinical Measurement	Result	Categories and Protocols for Medical Referral
Height (inches)*	<u>67</u>	BMI <u>19.6</u> <input type="checkbox"/> <b>Obese:</b> BMI $\geq 30$ Consider at risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> <b>Overweight:</b> BMI 25.0-29.9 No referral for Medical Evaluation <input checked="" type="checkbox"/> <b>Normal:</b> BMI 18.5-24.9 No referral for Medical Evaluation <input type="checkbox"/> <b>Underweight:</b> BMI $< 18.5$ No referral for Medical Evaluation
Weight (pounds)* <sup>3</sup>	<u>125</u>	
Waist Circum. (inches)* <i>Enter measurement value or check reason missing</i>	<sup>4</sup>	<input type="checkbox"/> <b>Low to moderate risk:</b> $\leq 35$ inches No referral for Medical Evaluation <input type="checkbox"/> <b>High risk:</b> $> 35$ inches Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> <b>Unable to obtain</b> <input type="checkbox"/> <b>Client Refused</b> <input checked="" type="checkbox"/> <b>Measurement not performed</b>
1 <sup>st</sup> Blood Pressure (BP)* <sup>5</sup>	<u>112 / 88</u>	<input checked="" type="checkbox"/> <b>* Alert:</b> $> 180$ (systolic) and/or $> 110$ (diastolic) (AVCM*) Refer for Medical Evaluation <b>immediately or within 1 week</b> depending on clinical situation and complications <input type="checkbox"/> <b>Stage 2 Hypertension:</b> 160-180 (systolic) and/or 100-110 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> <b>Stage 1 Hypertension:</b> 140-159 (systolic) and/or 90-99 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input checked="" type="checkbox"/> <b>Prehypertension:</b> 120-139 (systolic) and/or 80-89 (diastolic) No referral for Medical Evaluation <input type="checkbox"/> <b>Normal:</b> $< 120$ (systolic) and $< 80$ (diastolic) No referral for Medical Evaluation
2 <sup>nd</sup> BP*	<u>120 / 88</u>	
Average BP (determine category with this number)	<u>116 / 88</u>	
* Fasting Status: Has Client fasted for at least 9 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total Cholesterol (mg/dL)* <sup>6</sup>	<u>200</u>	<input type="checkbox"/> <b>High:</b> $\geq 240$ mg/dL Refer for Fasting Lipid Profile and Medical Evaluation <b>if not currently being treated for high cholesterol</b> <input checked="" type="checkbox"/> <b>Borderline High:</b> 200-239 mg/dL Refer for Fasting Lipid Profile <b>if not currently being treated for high cholesterol</b> (If LDL from fasting lipid profile is $\geq 160$ , refer for Medical Evaluation) <input type="checkbox"/> <b>Normal:</b> $< 200$ mg/dL No referral for Fasting Lipid Profile or Medical Evaluation
HDL (mg/dL)*	<u>42</u>	<input type="checkbox"/> <b>Undesirable:</b> $< 40$ mg/dL Refer for fasting Lipid Profile <b>if not currently being treated for high cholesterol</b> (If LDL from fasting lipid profile is $\geq 160$ , refer for Medical Evaluation) <input checked="" type="checkbox"/> <b>Desirable:</b> 40-59 mg/dL No referral for Medical Evaluation <input type="checkbox"/> <b>Very Desirable:</b> $\geq 60$ mg/dL No referral for Medical Evaluation
LDL Cholesterol (mg/dL) * <sup>7</sup>	<u>166</u>	<input checked="" type="checkbox"/> <b>High</b> $\geq 160$ Refer for Medical Evaluation <input type="checkbox"/> <b>Borderline High:</b> 130-159 <input type="checkbox"/> <b>Normal:</b> $< 100 - 129$ No referral for Medical Evaluation <input type="checkbox"/> <b>Very High:</b> $\geq 500$ Refer for medical evaluation <input type="checkbox"/> <b>High:</b> 200-499 Refer for medical evaluation (If value is $\geq 400$ and patient is not fasting, refer for a fasting lipid panel) <input checked="" type="checkbox"/> <b>Borderline:</b> 150-199 No referral for medical evaluation <input type="checkbox"/> <b>Normal:</b> $< 150$ No referral for medical evaluation
Triglycerides (mg/dL)*	<u>160</u>	
Hemoglobin A1c** <sup>8</sup>	<u>5.1</u>	<input type="checkbox"/> <b>Elevated:</b> $> 7\%$ Refer to provider treating diabetes. If not currently seeing a provider, refer for Medical Evaluation <input checked="" type="checkbox"/> <b>Desirable:</b> $\leq 7\%$ No referral for Medical Evaluation
Fasting Glucose (mg/dL)**		<input type="checkbox"/> <b>* Alert:</b> $\geq 250$ mg/dL <input type="checkbox"/> <b>Diabetes:</b> 126-249 mg/dL <input type="checkbox"/> <b>Pre-diabetes:</b> 100-125 mg/dl Fasting <input type="checkbox"/> <b>Desirable:</b> 70-99 mg/dl Fasting

\*AVCM: Alert Value Case Management

\*\*NOTE: For blood glucose either an A1c value OR a Fasting Glucose value should be recorded. Do not enter a non-fasting value.

<sup>9</sup> Client referred for Medical Evaluation?  Yes  No <sup>10</sup> Risk Reduction Counseling Complete? (Required)  Yes  No  
 Client referred for follow-up lab work?  Yes  No Alert Value Case Management (AVCM) Required?  Yes  No

Reason for refused referral \_\_\_\_\_

Signature of Staff Member Conducting Screening *Monte...*

10/2020

# WISEWOMAN Screening tab

**WISEWOMAN - Screening** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments | Health Intake | **Screening** | Referrals | Case Mgmt | Outcome Mgmt

**WISEWOMAN Screening**

Service Date\* 10 - 01 - 2020 **1**

Provider\* **2** HURLEY MED CTR - B TOWFIQ MD

Height (inches)\* **3** 67 **BMI** 19.58

Weight (pounds)\* **3** 125 Normal: BMI 18.5-24.9 No referral for Medical Evaluation

Waist(inches)\* **4** Measurement not performed or

1st BP\* 112 / 88 **Average BP** 116 / 88

2nd BP **5** 120 / 88 or Prehypertension: 120-139 (systolic) and/or 80-89 (diastolic) No referral for Medical Evaluation  
Select Reason Missing

Has Client fasted for at least 9 hours ?\* Yes (Fasting)

Total Cholesterol (mg/dL)\* 200 or **6** Borderline High: 200-239 mg/dL Refer for Fasting Lipid Profile if not currently being treated for high cholesterol  
Select Reason Missi

HDL (mg/dL)\* 42 or **6** Desirable: 40-59 mg/dL No referral for Medical Evaluation  
Select Reason Missi

LDL (mg/dL)\* 166 or **7** High: >= 160 mg/dL Fasting Lipid Profile if not currently being treated for high cholesterol  
Select Reason Missi

Triglyceride (mg/dL)\* 160 or **7** Borderline High: 150-199 mg/dL No referral for Medical Evaluation  
Select Reason Missi

Hemoglobin A1c 5.1 **8**

Glucose (mg/dL) or **8**  
Select Reason Missi

Referral Medical Evaluation? No **9** Risk Reduction Counseling completed?\* Yes **10**

Referral Labwork? No **9** Alert Case Management? No **10**

Comments

Pay  Authorization Date 10 - 01 - 2020  
Note. This is the payment for completed Screening bundle (Screening, Risk Reduction Counseling).

All fields marked with \* are required

The 3 responses to capture “reason missing” for waist measurement and subsequent screening measures are:

- Unable to Obtain
- Client refused
- Measurement not performed

Note: Waist Measurement includes a 4<sup>th</sup> reason missing

- Not checked on screening form (Omitted)

**Reason missing fields are required if a measurement is missing.** The exception is A1c and Glucose. These last two measures count as a single field. Thus, if either A1c or Glucose (Fasting) is entered, a reason missing is not required.

# F. WISEWOMAN Referral for Medical Evaluation



## WISEWOMAN Referral for Medical Evaluation

Client Name Nanny McPhee Birth Date 7/6/70 MBCIS # 319325

Referred to Barbara Mercer Phone # 810-342-5686 Fax # 810-342-5600

**2** Referred by Genesee Health Plan Phone # \_\_\_\_\_

Reason(s) for Referral:  Elevated BLOOD PRESSURE  Elevated TOTAL CHOLESTEROL 200+  
 Elevated GLUCOSE  Undesirable HDL CHOLESTEROL \_\_\_\_\_

Client Medical Evaluation Appointment Date: 11 / 1 / 2020 **1**

Notes to Provider: Pt. needs fasting cholesterol  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

Date of Medical Evaluation 11 / 1 / 2020 BP on Date of Evaluation 144 / 82 **3**

**4** Medical Evaluation RESULTS and PLAN OF CARE. (Include any medications prescribed or changes to medications.)

Medication 20 mg pravastatin daily

Other treatment \_\_\_\_\_

11/1/2020  
 Signature of Health Care Provider Date

**5** Check the box of the Office Visit CPT Code for which you plan to bill. Please check ONE box only.  
 Diagnosis Codes (ICD-10) can be found online at [www.MiWISEWOMAN.org](http://www.MiWISEWOMAN.org)

New	<input type="checkbox"/> 99201	<input type="checkbox"/> 99202	<input type="checkbox"/> 99203	<input type="checkbox"/> 99204	<input type="checkbox"/> 99386	<input type="checkbox"/> 99387
Established	<input type="checkbox"/> 99211	<input checked="" type="checkbox"/> 99212	<input type="checkbox"/> 99213	<input type="checkbox"/> 99214	<input type="checkbox"/> 99396	<input type="checkbox"/> 99397

Providers must have a current Memorandum of Agreement (MOA) with the WISEWOMAN program for services to be paid with WISEWOMAN program funds. Patients may choose to see a non-participating provider; however, those services will be the responsibility of the patient and should not be billed to the WISEWOMAN program.

\*\* Patient acknowledgement of fees for use of a non-WISEWOMAN provider: \_\_\_\_\_

RETURN REPORT BY FAX: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

# WISEWOMAN Referrals tab

**WISEWOMAN - Referral Services** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments | Health Intake | Screening | **Referrals** | Case Mgmt | Outcome Mgmt

Visit Type	Service Date	Screening Site	Funding Source
Lab Work	11-16-2020	GENESEE HEALTH PLAN	WISEWOMAN

[Add New](#) WISEWOMAN Service

Service/Visit Type\*  **1**

Service Date\*  -  -

Provider\*  **2**

Funding Source\*

1st BP  /  Average BP  /

2nd BP  /  **3**

Has Client fasted for at least 9 hours ?

Service	CPT Code	Pay	Authorization Date
Total Cholesterol (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
HDL (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
LDL (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Triglyceride <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Glucose (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Hemoglobin A1c <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Venipuncture <input type="text" value="Select"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Specify Diagnostic Office Visit (Medical Evaluation) **5**

Patient Type     -  -

Visit Notes **4**

All fields marked with \* are required

When using the Referral for Medical Evaluation form, or your agency’s version of it, you will click “Add New” service as shown by the arrow in the graphic. You will then select Medical Evaluation as the type of service.

**To be paid for a service, there must be an Authorization Date present. Checking the ok to pay box generates an Authorization Date (when authorization is permitted). The “Auth date” is a required part of the payment process.**

## G. Lab work documentation

 Barbara Mercer, M.D. <sup>2</sup>

### LIPID PANEL - Details

#### Study Result

#### Narrative

Fasting patient

#### Component Results

Component	Your Value	Standard Range	Flag
HDL Cholesterol	31 mg/dL <sup>3</sup>	>39 mg/dL	L
Total Cholesterol	205 mg/dL	See Below mg/dL	
Age Range			
<19	110 - 170		
19+	<200		
Triglycerides	122 mg/dL <sup>4</sup>	<150 mg/dL	
Cholesterol/HDL Ratio	4.9	Male <5.1 Female <4.5	H
LDL Cholesterol, Calculated	150 mg/dL	<130 mg/dL	
Hemoglobin A1C	5.4 % <sup>5</sup>	4.0 - 6.0 %	

#### General Information

##### Collected:

11/15/2020 8:28 AM <sup>1</sup>

##### Resulted:

11/15/2020 10:42 AM

##### Result Status:

Final result

Yes, this is a fictional lab report. I do not know what lab work reports will look like on your end.

# WISEWOMAN Referrals tab

**WISEWOMAN - Referral Services** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
 MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

	Visit Type	Service Date	Screening Site	Funding Source
<a href="#">Modify</a>	Lab Work	11-15-2020	GENESEE HEALTH PLAN	WISEWOMAN
<a href="#">Modify</a>	Medical Evaluation	11-11-2020	GENESEE HEALTH PLAN	WISEWOMAN

**Add New WISEWOMAN Service**

Service/Visit Type\*

Service Date\*  -  -  **1**

Provider\*  **2**

Funding Source\*

1st BP  /  Average BP  /

2nd BP  /

Has Client fasted for at least 9 hours ?

Service	CPT Code	Pay	Authorization Date
Total Cholesterol (mg/dL) <input type="text" value="205"/> <b>3</b>	80061 LIPID PANEL (TC, HDL, TRIGLYCERIDES) <input type="text"/>	<input checked="" type="checkbox"/>	<input type="text" value="11"/> - <input type="text" value="23"/> - <input type="text" value="2020"/>
HDL (mg/dL) <input type="text" value="31"/>	Select CPT Code <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
LDL (mg/dL) <input type="text" value="150"/>	Select CPT Code <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Triglyceride <input type="text" value="122"/> <b>4</b>	Select CPT Code <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Glucose (mg/dL) <input type="text"/>	Select CPT Code <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Hemoglobin A1c <input type="text" value="5.4"/> <b>5</b>	83036 HEMOGLOBIN A1C (HBA1C) <input type="text"/>	<input checked="" type="checkbox"/>	<input type="text" value="11"/> - <input type="text" value="27"/> - <input type="text" value="2020"/>
Venipuncture <input type="text" value="Yes"/>	36415 VENIPUNCTURE <input type="text"/>	<input checked="" type="checkbox"/>	<input type="text" value="11"/> - <input type="text" value="23"/> - <input type="text" value="2020"/>
Specify Diagnostic Office Visit (Medical Evaluation)			
Patient Type <input type="text" value="Select"/>	Select CPT Code <input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Visit Notes

All fields marked with \* are required

**When the Referrals tab is used for data obtained from a visit to a medical lab, you can check Pay boxes for payment, as applicable.**

**When cholesterol and glucose measurements are done as part of the WISEWOMAN Screening visit, data is entered on the Screening tab as shown above (see p. 20).**

## H. Data from Primary Care Provider/Other

An update to MBCIS\*WISEWOMAN was made to give you a specific place to capture WISEWOMAN screening data that took place at the participant's PCP around the time of her WISEWOMAN screening.

Language in the WISEWOMAN Program Manual indicates that measurements assessed by the participant's primary care physician within 30 days prior to intake appointment (i.e. a Baseline or Returning screening) can be used for the program so that you do not have to do a reassessment.

You will need to get a copy of the clinical results from the PCP for data entry. The date of service at the PCP should be within 30 days of the WISEWOMAN appointment. If not, the measures should be taken again at the WISEWOMAN appointment.

### **IMPORTANT PCP DATA ENTRY NOTES:**

1. As shown in the graphic on the opposite page, you will select the Service Type "From PCP/Other" on the Referrals tab to enter the data.
2. PC Provider name is not tracked. You can name the PCP in the Visit Notes at the bottom of the tab, if desired.
3. Funding source is set to Other and cannot be changed. (You cannot be reimbursed for services provided elsewhere.)
4. The important part for data entry is to enter the values for the screening metrics in the correct fields. Selecting CPT code information can be done but is not required. You do not need to check the pay box. The system will let you do this, but that information is not saved and services when Service Type = "From PCP/Other" will not be processed for payment.

# WISEWOMAN Referrals tab

## WISEWOMAN - Referral Services

Client : NANNY MCPHEE Type : Returning

[Print](#) | [Help](#) | [Home](#)

MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments	Health Intake	Screening	Referrals	Case Mgmt	Outcome Mgmt
Visit Type	Service Date	Screening Site	Funding Source		
<a href="#">Modify</a> From PCP/Other	10-27-2020	GENESEE HEALTH PLAN	Other		
<a href="#">Modify</a> Lab Work	11-15-2020	GENESEE HEALTH PLAN	WISEWOMAN		
<a href="#">Modify</a> Medical Evaluation	11-11-2020	GENESEE HEALTH PLAN	WISEWOMAN		

### Add New WISEWOMAN Service

Service/Visit Type\*

Service Date\*  -  -

Provider\*

Funding Source\*

1st BP  /       Average BP  /

2nd BP  /

Has Client fasted for at least 9 hours ?

Use of "From PCP/Other" Service Type disallows data entry for Provider and sets Funding Source to "Other."

Service	CPT Code	Pay	Authorization Date
Total Cholesterol (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
HDL (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
LDL (mg/dL) <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Triglyceride <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Glucose (mg/dL) <input type="text" value="93"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Hemoglobin A1c <input type="text"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Venipuncture <input type="text" value="Select"/>	<input type="text" value="Select CPT Code"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Specify Diagnostic Office Visit (Medical Evaluation)

Patient Type     -  -

10 - 27 - 2020

Visit Notes

All fields marked with \* are required

Note: Nothing will pay from data entry in the Service area because Funding Source = Other

# I. WISEWOMAN Case Management Form

Our WISEWOMAN Participant, Nanny McPhee, does not have any alert values, so for now we will switch to "Jane Doe," who had a BP alert value. The case management form illustrates a case where the participant was lost to follow up.



## WISEWOMAN Case Management Form

Agency Name		MBCIS ID	
Last Name <u>Doc</u>	First Name <u>Jane</u>	Middle Initial	Birth Date <u>4/25/1963</u>

**1** Reason for Case Management:  Alert Blood Pressure  Alert Glucose

Participant Status:

**Alert Value Case Management**

Complete – Attended Medical Evaluation

Refused referral (document below)

Lost to Follow-up (document below)

Noncompliant (document below)

Not Applicable

**3** Resolution Date: 10/24/2020 (Date participant Attended Medical Evaluation, Refused, or was determined to be Lost to Follow-up)

Treatment Prescribed:

**4** Medication

**Attempts to Contact:**

1. Phone Call: Date: 10/5/20 Time: 9:30

2. Phone Call: Date: 10/12/20 Time: 4:05

3. Phone Call: Date: 10/23/20 Time: 2:15

4. Letter Sent: Date: 10/24/20 *If no response after 2 weeks, consider Lost to Follow-up*

Written explanation for Refused, Noncompliant, or for Alert Value not meeting 7-day deadline for Medical Evaluation

**6** Participant claimed her blood pressure was not as high as the results recorded. She called it "fake news." Could not be reached.

**7** Case Manager Signature: *[Signature]* Date: 10/24/2020

This form must be completed and faxed within 5 business days AFTER Resolution Date to:

ATTN: WISEWOMAN Program  
Fax: 517-763-0290

10/2020

# WISEWOMAN Case Management tab

Data entry for Jane Doe in MBCIS\*WISEWOMAN would look like this.

**WISEWOMAN - Case Management** Client : JANE DOE Type : Baseline [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : LCA :

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**WISEWOMAN Case Management**

Reason for Case Management  
 Alert Blood Pressure  ~~Alert Glucose~~ **1** Note: "Alert Glucose" is still shown on the Case Management tab but is not currently being used.

Participant Status  
 Pending Case Management Results

**Alert Value Case Management**

Complete - Attended Medical Eval.  
 Refused referral  
 Lost to Follow-up **2**  
 Noncompliant  
 Not Applicable

Resolution date 10 - 24 - 2020 **3**

Treatment Prescribed **4**  
MEDICATION

**Documentation - Alert Value Case Management Only**

Attempts to Contact

Phone Call 1: Date 10 - 05 - 2020 Time 09:30 hh:mi  
Phone Call 2: Date 10 - 12 - 2020 Time 04:05 hh:mi **5**  
Phone Call 3: Date 10 - 23 - 2020 Time 02:15 hh:mi  
Letter Sent: Date 10 - 24 - 2020

Explanation for Refused or not meeting 7 day deadline for Medical Evaluation **6**  
PARTICIPANT CLAIMS BP MEASUREMENTS WERE OFF--COULD NOT CONTACT

Case Manager **7**  
Select Case Manager

CPT Code and Service Description **Pay** Authorization Date  
99429 - ALERT VALUE CASE MANAGEMENTMANAGEMENT  10 - 27 - 2020

All fields marked with \* are required

**NOTE:** An alert value must be present, or data cannot be entered on this tab.

If a non-alert value has been treated as an alert in the clinic, or if for some reason there was an alert but the system does not show an alert and won't let you enter data, please contact the WISEWOMAN Program Manager or another WISEWOMAN team member for assistance.

# J. Readiness to Change form

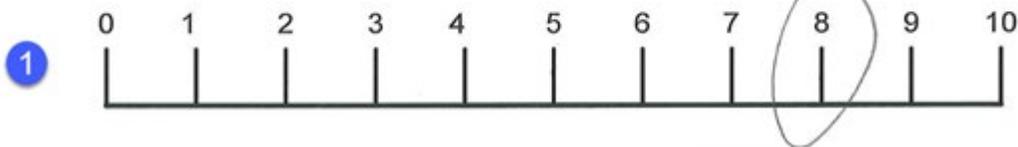


Name N. McPhee  
MBCIS # \_\_\_\_\_  
Date 10/11/2020  
Screening Site: \_\_\_\_\_

## How Ready Are You?

Below, mark where you are on this line that measures how ready you are to take a small step towards a healthier lifestyle.

0 = not ready to change  
5 = might be willing to change  
10 = really ready to change



2

*Use at rescreen only for participants who indicate an increase in their readiness to change*

What has changed in your life that makes you more ready to make a healthy behavior change?  
Watching all these kids every day is exhausting

Source: adultmedication.com

The Readiness to Change Value and any accompanying text are entered at the top of the Participant Agreement tab (shown next).

# K. WISEWOMAN Participant Agreement form



## WISEWOMAN Participant Agreement

\* Name: Nanny McPhee Phone: 232-7111

\*Date of Agreement: 10/1/2020 \*Readiness to Change (0-10) 8

Reasons ready / not ready: motivated by unsightly wants

\*My Health Coach is: Melisa Shafer **4** Phone: \_\_\_\_\_

\*My small step is (something I can be successful at doing in the next two months): \_\_\_\_\_

**5** Eat healthier to lower my cholesterol

\*My plan is No Twinkies, HoHos, Ding Dongs, Sno-Balls, Raspberry Zingers etc.

Who will help me? me

Where will I do it? home **6**

When will I do it? 24/7

What do I need to be successful? eat healthy alternatives

**7** Things that may keep me from completing my small step:

- |   |  |
|---|--|
| <input type="checkbox"/> None                                   | <input checked="" type="checkbox"/> Access to healthy food     |
| <input type="checkbox"/> Caregiver / caregiver Responsibilities | <input type="checkbox"/> Cost of medications                   |
| <input type="checkbox"/> Cost or Place to Exercise              | <input type="checkbox"/> Health Education                      |
| <input type="checkbox"/> Transportation                         | <input type="checkbox"/> Language / Translation                |
| <input checked="" type="checkbox"/> Time / Schedule             | <input checked="" type="checkbox"/> Other: <u>the children</u> |

**8** I was given the following to help me achieve my goals:

- |  |   |
|--|---|
| <input type="checkbox"/> Blood Pressure Monitor – Model/Serial No: _____ | <input checked="" type="checkbox"/> Market Fresh Vouchers |
| <input checked="" type="checkbox"/> Gym Membership                       | <input type="checkbox"/> Quit Kit                         |
| <input type="checkbox"/> Referral to the Tobacco Quitline                | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Transportation Assistance                       |   |

**9** On a scale of 0-10, how confident are you that you can be successful in making your small step?  
8 (0 = not confident at all, 10 = really confident)

Notes: **10** call after 3 pm weekdays

\*Participant signature: Nanny McPhee \*Date: 10/1/2020 **3**

Participant email: mcPhee70@gmail.com

Next appointment (or best time to call) see ↑

Health Coach Signature: [Signature] Date: 10/1/2020

\*Items with an asterisk are required

10/2020

# WISEWOMAN Participant Agreement tab

**Note:** Small step and Plan are required fields for all WISEWOMAN participants, regardless of Readiness to Change value. CDC wants all participants to participate in Health Coaching or a lifestyle program. However, if the woman does not want to set a goal, you can write "No Goal" in the small step and plan fields.

**WISEWOMAN - Participant Agreement** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

Participant Agreement | Contact | Self Efficacy | Outcome Eval. | Outcome Tracking

**WISEWOMAN Readiness to Change**

Agreement Date\* 10 - 01 - 2020 **3**

Readiness to Change\* **1** 8.0

Reasons ready / not ready I WILL SHOW THOSE KIDS I AM NO OLD DOG **2**

**WISEWOMAN Participant Agreement**

My Health Coach is\* SHAFER, MELISA **4**

My small step is\* **5** EAT HEALTHIER TO LOWER CHOLESTEROL

My Plan is\* **6** GIVE UP THE TWINKIES, HO HOS, DING DONGS, SNO-BALLS, RASPBERRY ZINGERS, SUSY QS, DONUTS AND CUPCAKES, SO HELP ME!

Who will help me? ME

Where will i do it? HOME

When will i do it? 24 / 7

What do i need to be successful? EAT HEALTHY ALTERNATIVES

**Barriers Identified\*** **7**

None  Access to healthy food

Caregiver/caregiver Responsibility  Cost of medications

Cost or Place to Exercise  Health Education

Transportation  Language/Translation

Time/ Schedule  Other THE CHILDREN

Participant given the following **8**

BP Monitor; Model/Serial No. \_\_\_\_\_

Gym Membership  Market Fresh Vouchers

Referral to Quitline  Quit Kit

Transportation Assistance  Other \_\_\_\_\_

How confident in making small step (1-10 scale)? 8.0 **9**

Notes **10** HOW DOES SHE STAY SO THIN WITH A DIET LIKE THAT???

All fields marked with \* are required

# L. WISEWOMAN Contact Form (Health Coaching example)



## WISEWOMAN Contact Form

1

Date 11/1/2020

Last Name <u>McPhee</u>	First Name <u>Nanny</u>	Middle Initial	MBCIS ID <u>319325</u>
Email	Telephone	DOB	

2 **Program Type:**

- Health Coaching (HC)       HC & Digital Weight Watchers       Diabetes Prevention Prog (DPP)  
 Take Off Pounds Sensibly (TOPS)       Cooking Matters (CM)       (In-Person) Weight Watchers  
 Entrepreneurial Gardening (EG)       Not Ready       Other—Specify main reason below

3 **Type:**

- Face to Face       Telephone       Email       Text/SMS       Video Chat

4 **Length of Session:** 30 (minutes)

**HEALTH COACHING SESSION:** Session #: 5 (minimum is 5)

5 **Community Referral(s) Made:**

- Utility Bills       Housing       Medication Assistance  
 Food       Clothing       Transportation  
 Domestic Violence       Mental Health       Chemical Dependency  
 Employment       Other: \_\_\_\_\_

6 **Blood Pressure Tracking:**  Self-report       From Provider

BP: 144 / 82      Date: \_\_\_/\_\_\_/\_\_\_

7 **Notes:**

Nanny is concerned about her BP running a little high. During our conversation I realized she has been taking her BP shortly after drinking hot tea! I asked her to try taking her BP before drinking the tea.

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

8 Health Coach (print name) Melissa Shafer      Date 11/1/2020

10/2020

For the first contact in a cycle, enter the required data fields (marked with \*) and click "submit" to save the data.

--For all subsequent contacts, you must click the [Add New](#) contact button first.

## WISEWOMAN Contact tab (5<sup>th</sup> or later HC contact)

**WISEWOMAN - Client Contacts** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**Participant Agreement** | **Contact** | **Self Efficacy** | **Outcome Eval.** | **Outcome Tracking**

	LSP/ HC Session Date	LSP/ HC Program	Contact Type	OE Contact ?
<a href="#">Modify</a>	10-02-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-24-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-06-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-23-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	11-01-2020	Health Coaching (HC)	Telephone	Y

[Add New](#) WISEWOMAN Client Contact (Lifestyle Program/ Health Coaching Session)

LSP/ HC Session Date **1** 11 - 01 - 2020 LSP/ HC Program\* **2** Health Coaching (HC)

Contact Type\*  **3** Length of Session\*  **4**

Minimum contacts met?  Participant has 5 or more HC, 9 or more DPP, 12 or more TOPS, or 4 or more Cooking Matters contacts.

Pay  Authorization Date  -  -

Note: This area is only for payment of individual Health Coaching Contacts beyond the minimum of 5. Payment for Health Improvement Bundle is authorized on the Outcome Evaluation tab.

Community Referrals **5**

Utility Bills  Housing  Medication Assistance  
 Food  Clothing  Transportation  
 Domestic Violence  Mental Health  Chemical Dependency  
 Employment  Other:

Blood Pressure Tracking **6**

Self Report  From Provider BP  /  BP Date  -  -

Notes **7**

NANNY IS CONCERNED ABOUT HER BP RUNNING A LITTLE HIGH. DURING OUR CONVERSATION I REALIZED SHE HAS BEEN TAKING HER BP SHORTLY AFTER DRINKING HOT TEA. I ASKED HER TO TRY TAKING HER BP WHILE THE TEA IS BREWING!

Reason for Contact

Health Coach  **8**

All fields marked with \* are required

**Tip: As is the case with enrollment cycles, the active contact is the one highlighted in yellow.**

# WISEWOMAN Contact tab (HC complete)

Once 5 or more health coaching contacts have been entered, you can designate a 5<sup>th</sup> or subsequent health coaching contact as the one completing the minimum contact requirement.

That contact will be marked as the "OE" contact, which allows a follow up cycle with outcome evaluation to take place. This process also allows extra health coaching contacts to be submitted for payment.

**WISEWOMAN - Client Contacts** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**Participant Agreement** | **Contact** | **Self Efficacy** | **Outcome Eval.** | **Outcome Tracking**

	LSP/ HC Session Date	LSP/ HC Program	Contact Type	OE Contact ?
<a href="#">Modify</a>	10-02-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-24-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-06-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-23-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	11-01-2020	Health Coaching (HC)	Telephone	Y

**Add New WISEWOMAN Client Contact (Lifestyle Program Health Coaching Session)**

LSP/ HC Session Date\* 04 - 01 - 2020 LSP/ HC Program\* Health Coaching (HC)

Contact Type\* Telephone  Length of Session\* 15 minutes

Minimum contacts met?  **10** Participant has 5 or more HC, 9 or more DPP, 12 or more TOPS, or 4 or more Cooking Matters contacts.

Pay  Authorization Date

Note: This area is only for payment of individual Health Coaching Contacts beyond the minimum of 5. Payment for Health Improvement Bundle is authorized on the Outcome Evaluation tab.

**Community Referrals**

Utility Bills  Housing  Medication Assistance  
 Food  Clothing  Transportation  
 Domestic Violence  Mental Health  Chemical Dependency  
 Employment  Other:

Once Health Coaching is considered complete, indicate that in the database by checking the "Minimum contacts met?" checkbox (step 10).

**Blood Pressure Tracking**

Self Report  From Provider BP 144 / 82 BP Date 04 - 01 - 2020

**Notes**

NANNY IS CONCERNED ABOUT HER BP RUNNING A LITTLE HIGH. DURING OUR CONVERSATION I REALIZED SHE HAS BEEN TAKING HER BP SHORTLY AFTER DRINKING HOT TEA. I ASKED HER TO TRY TAKING HER BP WHILE THE TEA IS BREWING!

Reason for Contact

Health Coach

All fields marked with \* are required **9**

## **M. More on the “Minimum Contacts Met?” Checkbox**

Once the “Minimum contacts met?” box is checked, the first 5 Health Coaching contact dates are locked and cannot be edited or deleted from MBCIS\*WISEWOMAN. .

In lieu of Health Coaching, a participant may complete a different lifestyle program. Completing a different program also allows the “Minimum contacts met?” box to be checked.

### **Indicate lifestyle program completion at the following contacts:**

4<sup>th</sup> or subsequent Cooking Matters contact

5<sup>th</sup> or subsequent Health Coaching & Digital Weight Watchers contact

9<sup>th</sup> or subsequent DPP contact

12<sup>th</sup> or subsequent Weight Watchers contact.

12<sup>th</sup> or subsequent TOPS contact.

# N. WISEWOMAN Contact Form

## Health Coaching & Digital Weight Watchers example



### WISEWOMAN Contact Form

1  
 Date 11/15/2020

Last Name <u>McPhee</u>	First Name <u>Nanny</u>	Middle Initial	MBCIS ID <u>319325</u>
Email	Telephone	DOB	

**2 Program Type:**

<input checked="" 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"/> Not Ready	<input type="checkbox"/> Other—Specify main reason below

**3 Type:**

Face to Face     Telephone     Email     Text/SMS     Video Chat

**4 Length of Session:** 30 (minutes)

**HEALTH COACHING SESSION: Session #:** 6 (minimum is 5)

**5 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: _____	

**6 Blood Pressure Tracking:**  Self-report     From Provider

BP: \_\_\_/\_\_\_    Date: \_\_\_/\_\_\_/\_\_\_

**7 Notes:** Nanny wanted to try the digital Weight Watchers program. I had to help her download the app. (She's old school)

---

---

---

---

---

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

**8 Health Coach (print name)** Melisa Shafer    Date \_\_\_\_\_

10/2020

# WISEWOMAN Contact tab

## Health Coaching & Digital Weight Watchers example, Part 1

**WISEWOMAN - Client Contacts** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**Participant Agreement** | **Contact** | **Self Efficacy** | **Outcome Eval.** | **Outcome Tracking**

	LSP/ HC Session Date	LSP/ HC Program	Contact Type	OE Contact ?
<a href="#">Modify</a>	10-02-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-24-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-06-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-23-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	11-01-2020	Health Coaching (HC)	Telephone	Y
<a href="#">Modify</a>	11-03-2020	Other--Specify main reason	Face-to-Face	N
<a href="#">Modify</a>	11-15-2020	HC and Digital WW (HCDWW)	Face-to-Face	N

**Add New WISEWOMAN Client Contact (Lifestyle Program/ Health Coaching Session)**

LSP/ HC Session Date **1** 11 - 15 - 2020 LSP/ HC Program\* **2** HC and Digital WW (HCDWW)

Contact Type\*  Face-to-Face **3** Length of Session\*  30 minutes **4**

Minimum contacts met?  Participant has 5 or more HC, 9 or more DPP, 12 or more TOPS, or 4 or more Cooking Matters contacts.

Pay  Authorization Date  -  -

Note: This area is only for payment of individual Health Coaching Contacts beyond the minimum of 5. Payment for Health Improvement Bundle is authorized on the Outcome Evaluation tab.

**Community Referrals** **5**

Utility Bills  Housing  Medication Assistance  
 Food  Clothing  Transportation  
 Domestic Violence  Mental Health  Chemical Dependency  
 Employment  Other:

**Blood Pressure Tracking** **6**

Self Report  From Provider BP  /  BP Date  -  -

**Notes** **7**

NANNY WANTED TO TRY THE DIGITAL WEIGHT WATCHERS PROGRAM. I HAD TO HELP HER FIND AND DOWNLOAD THE APP.

Reason for Contact  Select Main Reason

Health Coach  SHAFER, MELISA **8**

All fields marked with \* are required **9**

# WISEWOMAN Contact tab

## Health Coaching & Digital Weight Watchers example, Part 2

**Important:** Because this contact is "extra" health coaching, this service can be separately paid. After submitting the contact data (step 9 above), click the Pay box shown below and submit the data again to trigger the reimbursement process.

**WISEWOMAN - Client Contacts** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
 MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

[Enrollments](#) | [Health Intake](#) | [Screening](#) | [Referrals](#) | [Case Mgmt](#) | [Outcome Mgmt](#)  
[Participant Agreement](#) | [Contact](#) | [Self Efficacy](#) | [Outcome Eval.](#) | [Outcome Tracking](#)

	LSP/ HC Session Date	LSP/ HC Program	Contact Type	OE Contact ?
<a href="#">Modify</a>	10-02-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-24-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-06-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-23-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	11-01-2020	Health Coaching (HC)	Telephone	Y
<a href="#">Modify</a>	11-03-2020	Other--Specify main reason	Face-to-Face	N
<a href="#">Modify</a>	11-15-2020	HC and Digital WW (HCDWW)	Face-to-Face	N

**Add New WISEWOMAN Client Contact (Lifestyle Program/ Health Coaching Session)**

LSP/ HC Session Date\* 11 - 15 - 2020 LSP/ HC Program\* HC and Digital WW (HCDWW) v  
 Contact Type\* Face-to-Face v Length of Session\* 30 minutes v  
 Minimum contacts met?  Participant has 5 or more HC, 9 or more DPP, 12 or more TOPS, or 4 or more Cooking Matters contacts

**Pay**  **10** Authorization Date 11 - 22 - 2020  
 Note. This area is only for payment of individual Health Coaching Contacts beyond the minimum of 5. Payment for Health Improvement Bundle is authorized on the Outcome Evaluation tab.

**Community Referrals**

Utility Bills     Housing     Medication Assistance  
 Food     Clothing     Transportation  
 Domestic Violence     Mental Health     Chemical Dependency  
 Employment     Other:

**Blood Pressure Tracking**

Self Report     From Provider BP  /  BP Date  -  -

**Notes**

NANNY WANTED TO TRY THE DIGITAL WEIGHT WATCHERS PROGRAM. I HAD TO HELP HER FIND AND DOWNLOAD THE APP.

Reason for Contact Select Main Reason v

Health Coach **11** SHAFER, MELISA v

All fields marked with \* are required

## O. Other Contacts (Use not required)

The functionality of what used to be the “Other Contact” tab has been incorporated into the Contact tab.

If you have a brief WISEWOMAN-related contact with a participant that did not involve health coaching, you can record that contact by selecting “Other-Specify main reason” as the Program type.

**WISEWOMAN - Client Contacts** Client : NANNY MCPHEE Type : Returning [Print](#) | [Help](#) | [Home](#)  
 MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments | Health Intake | Screening | Referrals | Case Mgmt | Outcome Mgmt

Participant Agreement | Contact | Self Efficacy | Outcome Eval. | Outcome Tracking

	LSP/ HC Session Date	LSP/ HC Program	Contact Type	OE Contact ?
<a href="#">Modify</a>	10-02-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-24-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-06-2020	Health Coaching (HC)	Face-to-Face	N
<a href="#">Modify</a>	10-23-2020	Health Coaching (HC)	Face-to-Face	N

**Add New WISEWOMAN Client Contact (Lifestyle Program/ Health Coaching Session)**

LSP/ HC Session Date\* 10 - 30 - 2020 LSP/ HC Program\* **Select Program Type**

Contact Type\* Select Contact Type Length of Session\* **Select Program Type**

Minimum contacts met?  Participant has 5 or more HC, 9 or more Matters contacts.

Pay  Authorization Date

Note: This area is only for payment of individual Health Coaching Contacts beyond the minimum of 5 on the Outcome Evaluation tab.

Community Referrals

Utility Bills  Housing  Medication Assistance

**Select Program Type**

- Select Program Type
- Health Coaching (HC)
- HC and Digital WW (HCDWW)
- Diabetes Prevention Program (DPP)
- Take Off Pounds Sensibly (TOPS)
- Cooking Matters (CM)
- Weight Watchers (WW)
- Entrepreneurial Gardening (EG)
- Not Ready
- Other—Specify main reason**

Doing this opens a “Reason for Contact” dropdown list below the notes field with 10 possible reasons for the other contact. If none of those fit, you can select “Other” and add a text description.

**Notes**

**Reason for Contact** Select Main Reason

**Health Coach** Select Health Coach

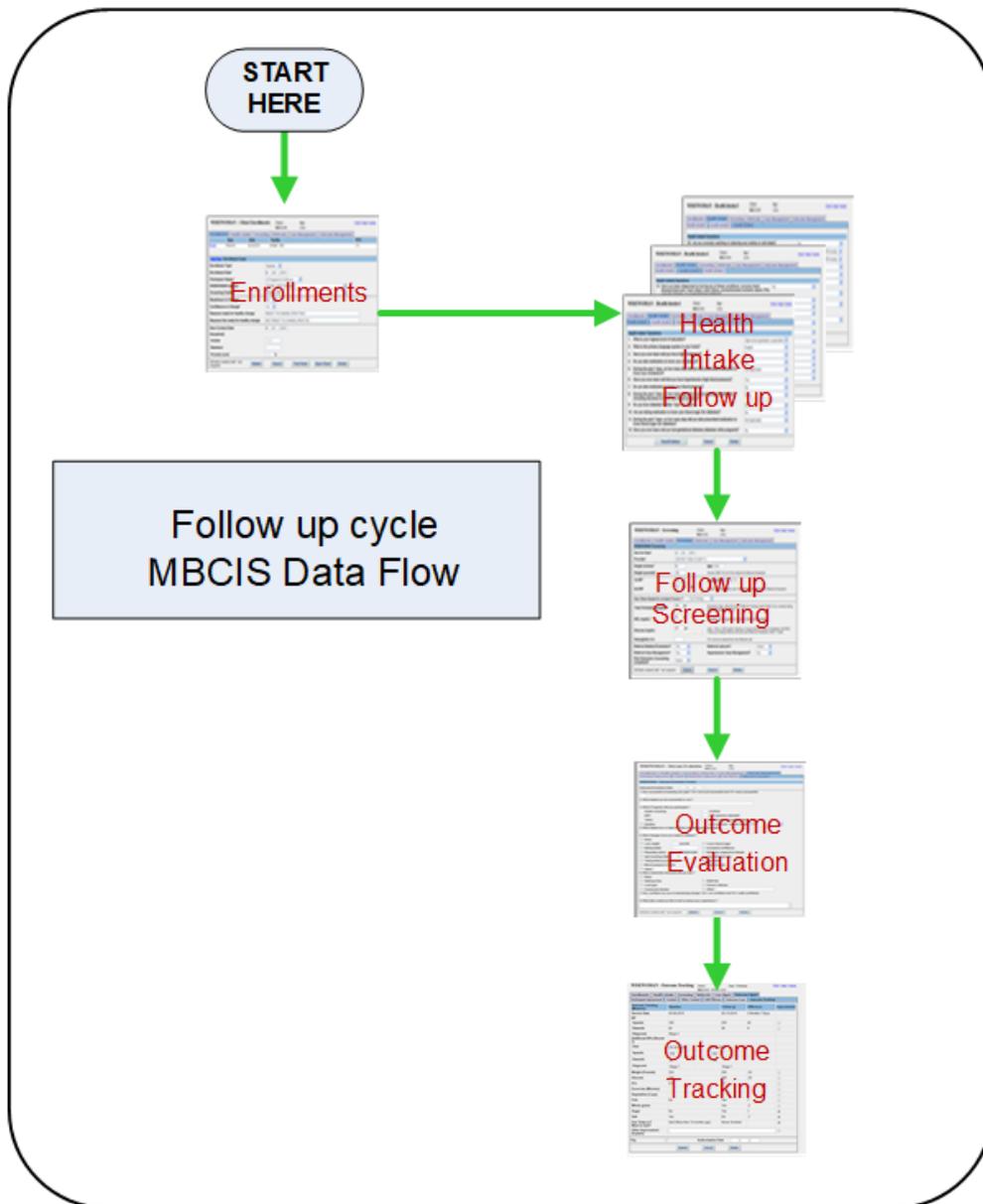
All fields marked with required

**Select Main Reason**

- GOAL related issue discussed (nutrition, weight, exercise, quitting smoking)
- GENERAL SUPPORT (checking how the woman is doing)
- INFORMATION shared (recipe, health education, community resources)
- CLASS attended with participant (SNAP Ed, DPP, TOPS)
- PROGRAMMING REMINDERS - WISEWOMAN planned event/activity
- MARKET FRESH coupons
- PROBLEM HELP (stress, getting a bill paid, navigating the system)
- LAB RESULTS or other MEDICAL information discussed
- NON-CONTACT (left phone message or sent text, email, or mail)
- CANNOT REACH PARTICIPANT (moved, phone disconnected)
- Other (describe)

## 5. Follow up Data Entry by Program Form

In the pages that follow, data entry for a Follow up WISEWOMAN cycle will be shown as one would enter data in the system from the program's paper forms. Data will be shown for our fictional participant, Nanny McPhee. An overview of Follow up data entry flow is shown below.



# A. Add Follow up Cycle

## WISEWOMAN Client Enrollments tab

**WISEWOMAN - Client Enrollments** Client : NANNY MCPHEE Age : 50 [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments	Health Intake	Screening	Referrals	Case Mgmt	Outcome Mgmt
Type	Date	Facility	Wise Choices ?		
<a href="#">Modify</a>	Followup	01-02-2021	GENESEE HEALTH PLAN No		
<a href="#">Modify</a>	Returning	01-01-2020	GENESEE HEALTH PLAN No		
<a href="#">Modify</a>	Baseline	11-01-2018	GENESEE HEALTH PLAN No		

**Add New** Enrollment Cycle

Enrollment Type\*

Followup Date\*  -  -

Participant Status\*

WISEWOMAN Agency\*

Screening Facility\*

Household

Income\*

Members\*

Poverty Level  %

Insurance Status

Entrepreneurial Gardener (EG)

All fields marked with \* are required

Income value and family members value are populated from the Returning cycle data

The graphic shows the Follow up cycle after it has already been saved. To add a Follow up cycle, you will need to start with the "Add New" link (see arrow).

## B. Follow-Up/Outcome Evaluation form (p. 1)



**WISEWOMAN Follow-Up/ Outcome Evaluation**

Date 1/2/2021

Last Name <u>McPhee</u>	First Name <u>Nanny</u>	Middle Initial	MBCIS ID
Email	Telephone	DOB	

**Follow-Up Health Intake**

**Cholesterol**

3. Do you take **statins** to lower your cholesterol?  
 Yes     No     Don't know     Not applicable

4. Do you take **other medication** to lower your cholesterol?  
 Yes     No     Don't know     Not applicable

5. During the past 7 days, on how many days did you take prescribed medication to lower (including diuretics) your cholesterol? 7 days     Don't know     Not applicable

**Blood Pressure**

7. Do you take medication to lower your blood pressure?  
 Yes     No     Don't know     Not applicable

8. During the past 7 days, on how many days did you take prescribed medication (including diuretics) to lower your blood pressure? \_\_\_\_\_ days     Don't Know     Not Applicable

**Blood Sugar (Diabetes)**

10. Are you taking medication to lower your blood sugar (for diabetes)?  
 Yes     No     Don't know     Not applicable

11. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? \_\_\_\_\_ days     Don't know     Not applicable

**BP Measurement**

14. Are you taking aspirin daily to prevent a heart attack or stroke?  
 Yes     No     Don't know     Not applicable

18. Do you measure your blood pressure at home or using other calibrated sources (like a machine at a pharmacy)?  
 Yes     No – I was never told to measure my blood pressure     No – I don't know how to measure my blood pressure     No – I don't have equipment to measure blood pressure     No – I have equipment, but I don't use it     I don't have high blood pressure

19. How often do you measure your blood pressure at home or using other calibrated sources?  
 Multiple times per day     Daily     A few times per week     Weekly     Monthly     Don't know     Not applicable

20. Do you regularly share blood pressure readings with a health care provider for feedback?  
 Yes     No     Don't know     Not Applicable

Health Coach Melisa Shafer

Page 1 of 4  
10/2020

Health history questions area not repeated at Follow up. Note the skipped numerals above.

# WISEWOMAN Health Intake tabs 1&2 (Follow up)

**WISEWOMAN - Health Intake1** Client : NANNY MCPHEE Type : Followup [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments | **Health Intake** | Screening | Referrals | Case Mgmt | Outcome Mgmt

Health Intake1 | Health Intake2 | Health Intake3 | Health Intake4

**Health Intake1 Questions**

1. What is your highest level of education?
2. Have you ever been told you have high cholesterol?
3. Do you take statins to lower your cholesterol? **Start** →
4. Do you take other medication to lower your cholesterol? →
5. During the past 7 days, on how many days did you take prescribed medication to lower your cholesterol? →
6. Have you ever been told that you have hypertension (high blood pressure)?
7. Do you take medication to lower your blood pressure? →
8. During the past 7 days, on how many days did you take prescribed medication to lower your blood pressure? →
9. Do you have diabetes? (either Type 1 or Type 2)
10. Are you taking medication to lower your blood sugar (for diabetes)? →
11. During the past 7 days, on how many days did you take prescribed medication to lower blood sugar (for diabetes)? →
12. Have you ever been told you had gestational diabetes (diabetes while pregnant)?

Health history items are grayed out because they are skipped at follow up.

**Health Intake2 Questions**

13. Have you been diagnosed as having any of these conditions:
  - Stroke/ TIA
  - Heart attack
  - Coronary Heart Disease
  - Heart failure
  - Vascular disease (peripheral artery disease)
  - Congenital heart disease and defects
14. Are you taking aspirin daily to prevent a heart attack or stroke? **Continue** →
15. Has your father, brother, or son had a stroke or heart attack before age 55?
16. Has your mother, sister, or daughter had a stroke or heart attack before age 65?
17. Has either of your parents, your brother or sister, or your child ever been told that he or she has diabetes?
18. Do you measure your blood pressure at home? →
19. How often do you measure your blood pressure at home? →
20. Do you regularly share blood pressure readings with a health care provider for feedback? →  (Next Page Paper Form)
21. How many cups of fruits and vegetables do you eat in an average day? →
22. Do you eat fish at least two times a week? →
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains? →

# C. Follow-Up/Outcome Evaluation form (p. 2)



## WISEWOMAN Follow-Up/ Outcome Evaluation

### Lifestyle

21. How many cups of fruits and vegetables do you eat in an average day (round to the nearest whole number)?  
3 cups. *Includes fresh, canned or frozen fruits and vegetables.*
22. Do you eat fish at least two times a week?  
(Examples: tuna, salmon, perch, walleye that has been baked, broiled, or grilled, and *not fried*)  
 Yes  No
23. Thinking about all the servings of grain products you eat in a typical day, how many are whole grains?  
(Examples: brown rice, whole wheat bread, oatmeal, all bran cereal)  
 Less than half  About half  More than half
24. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly?  
(Examples: pop or soda, energy drinks, Kool-Aid, flavored coffee) (1 can of pop = 12 ounces)  
 Yes  No
25. Are you currently watching or reducing your sodium or salt intake?  
 Yes  No
26. In the past 7 days, how often did you have a drink containing alcohol? 0 days
27. On average, how many alcoholic drinks do you consume during a day you drink? 0 drinks
28. How many minutes of physical activity (exercise) do you get in a week? 6 hours 0 minutes

### Smoking Status

29. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)  
 Current Smoker  Quit (1-12 months ago)  Quit (More than 12 months ago)  Never smoked
30. Do you use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco), bidis, hookah, electronic cigarettes.  
 Yes  Quit (1-12 months ago)  Quit (More than 12 months ago)  Not using
31. Do you want to quit using tobacco products?  
 No  I'm thinking about quitting  Yes, I want to quit  I quit recently  I do not use tobacco

### Health Status

32. Over the past 2 weeks, how often have you had little interest or pleasure in doing things?  
 Not at all  Several days  More than half  Nearly every day
33. Over the past 2 weeks, how often have you been feeling down, depressed, or hopeless?  
 Not at all  Several days  More than half  Nearly every day

Health Coach

Meliza Shafer

Page 2 of 4  
10/2020

# WISEWOMAN Health Intake 3 tab (Follow up cycle)

**WISEWOMAN - Health Intake3** Client : NANNY MCPHEE Type : Followup [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**Health Intake1** | **Health Intake2** | **Health Intake3** | **Health Intake4**

**Health Intake3 Questions**

24. Do you drink less than 36 ounces (450 calories) of sugar sweetened beverages weekly? Yes

25. Are you currently watching or reducing your sodium or salt intake? Yes

26. In the past 7 days, how often did you have a drink containing alcohol? 0 Days

27. On average, how many alcoholic drinks do you consume during a day you drink? 0 Drinks

28. How much physical activity (exercise) do you get in a week? 6 hours 0 minutes

29. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form) Never Smoked

30. Do you use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable tobacco), bidis, hookah, electronic cigarettes. Not using

31. Do you want to quit using tobacco products? I do not use tobacco

32. Over the past 2 weeks, how often have you had little interest or pleasure in doing things? Several days

33. Over the past 2 weeks, how often have you been feeling down, depressed, or hopeless? Not at all

No skipped items during Follow up on this tab.

**WISEWOMAN - Health Intake4** Client : NANNY MCPHEE Type : Followup [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Enrollments** | **Health Intake** | **Screening** | **Referrals** | **Case Mgmt** | **Outcome Mgmt**

**Health Intake1** | **Health Intake2** | **Health Intake3** | **Health Intake4**

**Health Intake4 Questions**

34. Within the past 12 months, we (my household) worried whether our food would run out before we got money to buy more. Select

35. Within the past 12 months, the food we (my household) bought just didn't last and we didn't have money to get more. Select

The system will open tab Health Intake take 4 after you tab 3. Just click on the Screening tab to continue data entry.

# D. WISEWOMAN Follow-Up Screening form (p. 3)



## WISEWOMAN Follow-Up Screening Form

1

Screening Date\* 1/2/2021

Screening Site\* 2

Clinical Measurement	Result	Categories and Protocols for Medical Referral
Height (inches)	67	BMI <u>19.7</u> <input type="checkbox"/> <b>Obese:</b> BMI ≥30 Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> <b>Overweight:</b> BMI 25.0-29.9 --- No referral for Medical Evaluation <input checked="" type="checkbox"/> <b>Normal:</b> BMI 18.5-24.9 --- No referral for Medical Evaluation <input type="checkbox"/> <b>Underweight:</b> BMI <18.5 --- No referral for Medical Evaluation
Weight (pounds)* <b>3</b>	126	
(Optional) Waist Circumference (inches)	<b>4</b>	<input type="checkbox"/> <b>Low to moderate risk:</b> ≤35 inches No referral for Medical Evaluation <input type="checkbox"/> <b>High risk:</b> >35 inches Consider as risk factor for CVD. No referral for Medical Evaluation <input type="checkbox"/> Unable to obtain <input type="checkbox"/> Client Refused <input checked="" type="checkbox"/> Measurement not performed
1 <sup>st</sup> Blood Pressure (BP)* <b>5</b>	136/70	<input type="checkbox"/> <b>* Alert:</b> >180 (systolic) and/or >110 (diastolic) (AVCM*) Refer for Medical Evaluation immediately or within 1 week depending on clinical situation and complications <input type="checkbox"/> <b>Stage 2 Hypertension:</b> 160-180 (systolic) and/or 100-110 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> <b>Stage 1 Hypertension:</b> 140-159 (systolic) and/or 90-99 (diastolic) Refer for Medical Evaluation and Blood Pressure Control Support <input type="checkbox"/> <b>Prehypertension:</b> 120-139 (systolic) and/or 80-89 (diastolic) No referral for Medical Evaluation <input checked="" type="checkbox"/> <b>Normal:</b> <120 (systolic) and <80 (diastolic) No referral for Medical Evaluation
2 <sup>nd</sup> BP	130/78	
Average BP (determine category with this number)	133/74	
* Has Client fasted for at least 9 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Total Cholesterol (mg/dL) <b>6</b>	190	<input type="checkbox"/> <b>High:</b> ≥240 mg/dL --- Refer for Fasting Lipid Profile and Medical Evaluation if not currently being treated for high cholesterol <input type="checkbox"/> <b>Borderline High:</b> 200-239 mg/dL --- Refer for Fasting Lipid Profile if not currently being treated for high cholesterol (If LDL from fasting lipid profile is ≥ 160, refer for Medical Evaluation) <input checked="" type="checkbox"/> <b>Normal:</b> <200 mg/dL --- No referral for Fasting Lipid Profile or Medical Evaluation
HDL (mg/dL)	41	<input type="checkbox"/> <b>Undesirable:</b> <40 mg/dL --- Fasting Lipid Profile if not currently being treated for high cholesterol (If LDL from fasting lipid profile is ≥ 160, refer for Medical Evaluation) <input type="checkbox"/> <b>Desirable:</b> 40-59 mg/dL --- No referral for Medical Evaluation <input type="checkbox"/> <b>Very Desirable:</b> ≥60 mg/dL --- No referral for Medical Evaluation
LDL Cholesterol (mg/dL)	152	<input type="checkbox"/> <b>High</b> ≥ 160 Refer for Medical Evaluation <input type="checkbox"/> <b>Borderline High:</b> 130-159 <input type="checkbox"/> <b>Normal:</b> <100 – 129 No referral for Medical Evaluation
Triglycerides (mg/dL) <b>7</b>	172	<input type="checkbox"/> <b>Very High:</b> ≥500 Refer for medical evaluation <input type="checkbox"/> <b>High:</b> 200-499 Refer for medical evaluation (If value is ≥ 400 and patient is not fasting, refer for a fasting lipid panel) <input type="checkbox"/> <b>Borderline:</b> 150 –199 No referral for medical evaluation <input checked="" type="checkbox"/> <b>Normal:</b> <150 No referral for medical evaluation
Hemoglobin A1c		<input type="checkbox"/> <b>Elevated:</b> >7% Refer to provider treating diabetes. If not currently seeing a provider, refer for Medical Evaluation <input type="checkbox"/> <b>Desirable:</b> ≤7% No referral for Medical Evaluation
Fasting Glucose (mg/dL)		<input type="checkbox"/> <b>* Alert:</b> ≥250 mg/dL <input type="checkbox"/> <b>Diabetes:</b> 126-249 mg/dL <input type="checkbox"/> <b>Pre-diabetes:</b> 100-125 mg/dl Fasting <input type="checkbox"/> <b>Desirable:</b> 70-99 mg/dl Fasting

\*Required field for Follow-Up Screening

VCM: Alert Value Case Management

\*\*NOTE: For blood glucose either an A1c value OR a Fasting Glucose value should be recorded. Do not enter a non-fasting value.

Client referred for Medical Evaluation?  Yes  No **8** Risk Reduction Counseling Complete? (Required)  Yes  No  
 Client referred for follow-up lab work?  Yes  No Alert Value Case Management (AVCM) Required?  Yes  No

Reason for refused referral \_\_\_\_\_

Signature of Staff Member Conducting Screening [Signature]

10/2020

# WISEWOMAN Follow up Screening tab

**WISEWOMAN - Follow up Screening** Client : NANNY MCPHEE Type : Followup [Print](#) | [Help](#) | [Home](#)  
 MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments | Health Intake | **Screening** | Referrals | Case Mgmt | Outcome Mgmt

**WISEWOMAN Screening**

Service Date\* 01 - 02 - 2021 **1**

Provider\* **2** GENESEE HEALTH PLAN

Height (inches)\* 67 **BMI** 19.73

Weight (pounds)\* **3** 126 Normal: BMI 18.5-24.9 No referral for Medical Evaluation

Waist(inches)\*  or **4** Measurement not performed

1st BP\* **5** 136 / 70 **Average BP** 133 / 74

2nd BP 130 / 78 or Prehypertension: 120-139 (systolic) and/or 80-89 (diastolic) No referral for Medical Evaluation  
 Select Reason Missing

Has Client fasted for at least 9 hours ?\* Yes (Fasting)

Total Cholesterol (mg/dL)\* 190 or **6** Select Reason Missi Normal: <200 mg/dL No referral for Fasting Lipid Profile or Medical Evaluation

HDL (mg/dL)\* 41 or Select Reason Missi Desirable: 40-59 mg/dL No referral for Medical Evaluation

LDL (mg/dL)\* 152 or Select Reason Missi Borderline High: 130-159 mg/dL No referral for Medical Evaluation

Triglyceride (mg/dL)\* **7** 172 or Select Reason Missi Borderline High: 150-199 mg/dL No referral for Medical Evaluation

Hemoglobin A1c

Glucose (mg/dL)  or Measurement not pe

Referral Medical Evaluation? Select **not used** Risk Reduction Counseling completed?\* Yes **8**

Referral Labwork? Select **not used** Alert Case Management? Select

Comments

Pay  Authorization Date 01 - 26 - 2021

Note. This is the payment for a completed Health Improvement bundle (Outcome Evaluation, Follow-up Health Intake and Follow-up Screening).

All fields marked with \* are required

**Note:** Remember to check the paybox to trigger payment for the Health Improvement bundle.

# E. Follow-Up/Outcome Evaluation form (p. 4)



## WISEWOMAN Follow-Up/ Outcome Evaluation

Date 1/2/2021

### Lifestyle Program Participation

- On a scale of 0 – 10, how successful were you at meeting your goal?  
(0 = not at all successful and 10 = more successful than I ever imagined.) 10
- What helped you be successful or kept you from being successful? The children. They've become so helpful I've had wants go away
- What community resources did you use (if any)?
  - None
  - Fresh Food Box Project
  - Walking Club
  - Local Gym
  - Community Garden
  - SNAP Benefits (formerly Food Stamps)
  - SNAP-Ed
  - Farmer's Market
  - Other \_\_\_\_\_
- Which lifestyle intervention did you participate in?
  - Health Coaching:** 6 contacts (minimum is 5 sessions)
  - Cooking Matters:** Attended \_\_\_\_\_ of 6 sessions (4 is complete)
  - DPP:** Attended \_\_\_\_\_ of 16 core sessions (9 is complete)
  - TOPS:** Participated in \_\_\_\_\_ weekly meetings (12 is complete)
  - Weight Watchers:** Participated in \_\_\_\_\_ sessions (12 is complete)
  - Quitline:**  Completed  Partially Completed  Withdrew when reached  Unable to reach

5. If you did not complete one of the programs, please explain why.  
\_\_\_\_\_

6. For the lifestyle program that you participated in, on a scale of 1 to 10 (with 10 being most satisfied) how satisfied are you with (please circle your answer):

The progress you've made toward your goals	1	2	3	4	5	6	7	8	9	<u>10</u>
The quality of the program	1	2	3	4	5	6	7	8	9	<u>10</u>
Your overall experience with the program	1	2	3	4	5	6	7	8	9	<u>10</u>

7. What did you find most beneficial about the lifestyle intervention you participated in?  
I am excited about digital weight watchers

8. What would have made your experience better?  
Starting digital weight watchers sooner

- What changes did you make, or have you noticed?
  - None
  - I lost weight: \_\_\_\_\_ pounds
  - I am eating better: \_\_\_\_\_
  - I am more physically active: 60 minutes/week
  - I reduced or quit tobacco use (Quit Date: \_\_\_\_\_)
  - I am taking my medication as prescribed
  - My blood pressure is lower
  - Other: \_\_\_\_\_
  - My glucose (sugar) is lower
  - Increased confidence
  - I made new supportive friends
  - I have less stress/anxiety
  - I feel better
  - My mood is better

10. Do you feel more confident managing your health now than you did before enrolling in WISEWOMAN?  
 Yes  No

Health Coach Me

Page 4 of the form is the Outcome Evaluation part. This is the longest tab in MBCIS\*WISEWOMAN, so it is split into two parts below.

# F. Follow-Up/Outcome Evaluation form (p. 4 top)



**WISEWOMAN Follow-Up/ Outcome Evaluation**

Date 1/2/2021

**Lifestyle Program Participation**

- On a scale of 0 – 10, how successful were you at meeting your goal?  
(0 = not at all successful and 10 = more successful than I ever imagined.) 10
- What helped you be successful or kept you from being successful? The children. They've become so helpful I've had warts go away
- What community resources did you use (if any)?
 

<input type="checkbox"/> None	<input type="checkbox"/> SNAP Benefits (formerly Food Stamps)
<input checked="" type="checkbox"/> Fresh Food Box Project	<input checked="" type="checkbox"/> SNAP-Ed
<input type="checkbox"/> Walking Club	<input checked="" type="checkbox"/> Farmer's Market
<input type="checkbox"/> Local Gym	<input type="checkbox"/> Other _____
<input type="checkbox"/> Community Garden	
- Which lifestyle intervention did you participate in?
 

<input checked="" type="checkbox"/> <b>Health Coaching:</b> <u>6</u> contacts (minimum is 5 sessions)
<input type="checkbox"/> <b>Cooking Matters:</b> Attended _____ of 6 sessions (4 is complete)
<input type="checkbox"/> <b>DPP:</b> Attended _____ of 16 core sessions (9 is complete)
<input type="checkbox"/> <b>TOPS:</b> Participated in _____ weekly meetings (12 is complete)
<input type="checkbox"/> <b>Weight Watchers:</b> Participated in _____ sessions (12 is complete)
<input type="checkbox"/> <b>Quitline:</b> <input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Withdrew when reached <input type="checkbox"/> Unable to reach
- If you did not complete one of the programs, please explain why.  
\_\_\_\_\_

## WISEWOMAN Outcome Evaluation (top)

Note: The layout in MBCIS\*WISEWOMAN matches the paper form.

**WISEWOMAN - Outcome Evaluation** Client : NANNY MCPHEE Type : Followup  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN [Print](#) | [Help](#) | [Home](#)

Enrollments | Health Intake | Screening | Referrals | Case Mgmt | Outcome Mgmt

Participant Agreement | Contact | Self Efficacy | Outcome Eval. | Outcome Tracking

**WISEWOMAN - Outcome Evaluation Contact**

Outcome Evaluation Date 01 - 02 - 2021

- How successful at meeting your goal ? (0 = not at all successful and 10 = more successful)  
10
- What helped you be successful or not ?  
The children. They've become so helpful I've had warts go away
- What community resources did you use ?
 

<input type="checkbox"/> None	<input type="checkbox"/> SNAP Benefits (formerly Food Stamps)
<input checked="" type="checkbox"/> Fresh Food Box Project	<input checked="" type="checkbox"/> SNAP-Ed
<input type="checkbox"/> Walking Club	<input checked="" type="checkbox"/> Farmer's Market
<input type="checkbox"/> Local gym	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Community Garden	
- Which Programs did you participate or complete ?
 

<input checked="" type="checkbox"/> <b>Health Coaching:</b> 04 - 01 - 2020 6 contacts
<input type="checkbox"/> <b>Cooking Matters:</b> _____ sessions attended
<input type="checkbox"/> <b>DPP:</b> _____ core sessions attended
<input type="checkbox"/> <b>TOPS:</b> _____ weekly meetings participated
<input type="checkbox"/> <b>Weight Watchers:</b> _____ sessions attended
<input type="checkbox"/> <b>Quitline:</b> Select _____
- If you did not complete one of the programs, please explain why.  
\_\_\_\_\_

## G. Follow-Up/Outcome Evaluation form (p. 4 bottom)

6. For the lifestyle program that you participated in, on a scale of 1 to 10 (with 10 being most satisfied) how satisfied are you with (please circle your answer):

The progress you've made toward your goals	1	2	3	4	5	6	7	8	9	10
The quality of the program	1	2	3	4	5	6	7	8	9	10
Your overall experience with the program	1	2	3	4	5	6	7	8	9	10

7. What did you find most beneficial about the lifestyle intervention you participated in?

I am excited about digital weight watchers

8. What would have made your experience better?

Starting digital weight watchers sooner

9. What changes did you make, or have you noticed?

- |   |   |
|---|---|
| <input type="checkbox"/> None   | <input type="checkbox"/> My glucose (sugar) is lower              |
| <input type="checkbox"/> I lost weight: _____ pounds                                    | <input type="checkbox"/> Increased confidence                     |
| <input checked="" type="checkbox"/> I am eating better: _____                           | <input checked="" type="checkbox"/> I made new supportive friends |
| <input checked="" type="checkbox"/> I am more physically active: <u>60</u> minutes/week | <input checked="" type="checkbox"/> I have less stress/anxiety    |
| <input type="checkbox"/> I reduced or quit tobacco use (Quit Date: _____)               | <input checked="" type="checkbox"/> I feel better                 |
| <input checked="" type="checkbox"/> I am taking my medication as prescribed             | <input checked="" type="checkbox"/> My mood is better             |
| <input type="checkbox"/> My blood pressure is lower                                     |   |
| <input type="checkbox"/> Other: _____   |   |

10. Do you feel more confident managing your health now than you did before enrolling in WISEWOMAN?

- Yes  No

Health Coach Melisa

Page 4 of 4  
10/2020

## WISEWOMAN Outcome Evaluation (bottom)

Note: The layout in MBCIS\*WISEWOMAN matches the paper form.

6. How satisfied are you with

The progress you have made toward your goals ? 10

The quality of the program ? 10

Your overall experience with the program ? 10

7. What did you find most beneficial about the LSP you participated in?

I am excited about digital weight watchers

8. What would have made your experience better ?

STARTING DIGITAL WEIGHT WATCHERS SOONER

9. What changes have you made or noticed ?

None

Lost weight \_\_\_\_\_ pounds  Lower blood sugar

Eating better \_\_\_\_\_  Increased confidence

Physically active 60 minutes/week  Made new supportive friends

Quit tobacco; Date: \_\_\_\_\_  Less stress/anxiety

Taking Meds as prescribed  Feel better

Blood pressure is lower  Mood is better

Other: \_\_\_\_\_

10. Do you feel more confident managing your health now ? Yes

Health Coach

SHAFFER, MELISA

All fields marked with \* are required

## H. Outcome Tracking tab (View Only)

This tab was added to visualize before and after data. Data collected at Baseline (or Returning) screening is compared with data collected at Follow up. When possible, a difference between the measure at time 1 versus time 2 is calculated and displayed.

Note that the improvement aspect of the calculated difference may be positive (e.g. exercise minutes) or negative (e.g. lower blood pressure), depending on the measure.

## WISEWOMAN Outcome Tracking

**WISEWOMAN - Outcome Tracking**
Client : NANNY MCPHEE Type : Followup
[Print](#) | [Help](#) | [Home](#)

MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments
Health Intake
Screening
Referrals
Case Mgmt
Outcome Mgmt

Participant Agreement
Contact
Self Efficacy
Outcome Eval.
Outcome Tracking

Outcome Tracking (Measure)	Baseline	Follow up	Difference	Improvement
Service Date	01-01-2020	10-01-2020	9 Months	
BP				
Systolic	112	136	24	<input type="checkbox"/>
Diastolic	88	70	-18	<input type="checkbox"/>
Diagnosis	Prehypertension	Prehypertension		
Additional BPs (Recent 3)				
Date	04-01-2020			
Systolic	144			
Diastolic	82			
Diagnosis	Stage 1			
Weight (Pounds)	125	126	1	<input type="checkbox"/>
Glucose				<input type="checkbox"/>
A1c	5.1			<input type="checkbox"/>
Exercise (Minutes)	300	360	60	<input type="checkbox"/>
Fruits & Veg. (Cups)	02	03	1	<input type="checkbox"/>
Fish	No	No	0	<input type="checkbox"/>
Whole grains	About half	More than half		<input type="checkbox"/>
Sugar	Yes	Yes	0	<input type="checkbox"/>
Salt	Yes	Yes	0	<input type="checkbox"/>
Use Tobacco? Want to Quit?	Never Smoked	Never Smoked		<input type="checkbox"/>
Other Improvement (Explain)				<input type="checkbox"/>

Pay  Authorization Date  -  -

Submit
Cancel
Delete

# WISEWOMAN Outcome Tracking with Key

**Note: Extra test data was entered for "Nanny McPhee" to show the built-in calculations.**

**WISEWOMAN - Outcome Tracking** Client : NANNY MCPHEE Type : Followup [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

Enrollments | Health Intake | Screening | Referrals | Case Mgmt | Outcome Mgmt  
Participant Agreement | Contact | Other Contact | Self Efficacy | Outcome Eval. | Outcome Tracking

Outcome Tracking (Measure)	Baseline	Follow up	Difference	Improvement
Service Date	02-01-2019	06-03-2019	4 Months 2 Days	
BP				
Systolic	188	140	-48	<input type="checkbox"/>
Diastolic	100	88	-12	<input type="checkbox"/>
Diagnosis	Alert	Stage 1		
Additional BPs (Recent 3)				
Date	04-24-2019	03-13-2019	02-09-2019	
Systolic	160	175	180	
Diastolic	80	98	100	
Diagnosis	Stage 2	Stage 2	Stage 2	
Weight (Pounds)	118	206	88	<input type="checkbox"/>
Glucose	92	110	18	<input type="checkbox"/>
A1c	5.7	5.9	0.2	<input type="checkbox"/>
Exercise (Minutes)	330	360	30	<input type="checkbox"/>
Fruits & Veg. (Cups)	04	04	0	<input type="checkbox"/>
Fish	Yes	Yes	0	<input type="checkbox"/>
Whole grains	About half	About half		<input type="checkbox"/>
Sugar	Yes	Yes	0	<input type="checkbox"/>
Salt	No	Yes	1	<input type="checkbox"/>
Use Tobacco?	Quit (1-12 months ago)	Never Smoked		<input type="checkbox"/>
Want to Quit?				<input type="checkbox"/>
Other Improvement (Explain)				<input type="checkbox"/>

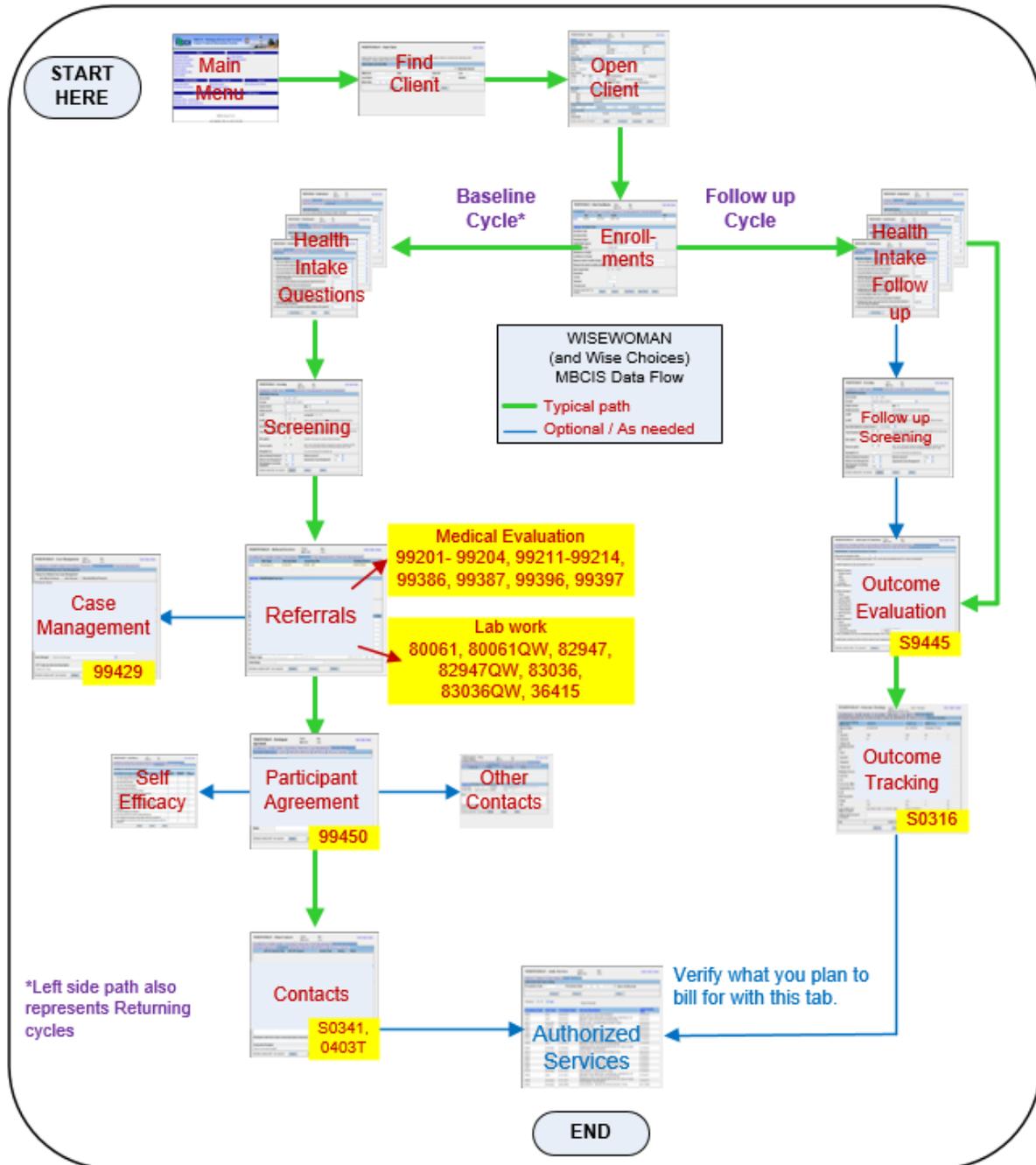
Pay  Authorization Date  -  -

**Key:**

- Items from the Health Intake survey. If Follow up has been completed, these values will be displayed.
- Metrics from Follow up screening. The data for this tab is optional, so if no screening data was collected this part of the tab will be empty.
- BP measures entered on the Contacts tab. This tab will display three blood pressures entered with a program contact. If more than three have been entered, the most recent three will be displayed.
- Difference calculations and improvement checkboxes. The latter are for state staff use. You will be able to see if anything is checked.

## 6. Billing and Reimbursement

This version of program flow as it pertains to MBCIS\*WISEWOMAN emphasizes the billing aspects of the program. The codes associated with a Pay checkbox are shown by tab.



If you do not have all the program codes memorized, you can refer to the copy of the rate schedule on the next page.



FY 2021  
WISEWOMAN

Unit Cost Reimbursement Rate Schedule

Rates and Codes are subject to change at any time due to Federal Funding and Centers for Medicare Medicaid Services licensing.

WISEWOMAN / Wise Choices Code Description			Code	Rate
1	New Patient	10 minutes	99201	\$ 45.00
	Referral for Medical Evaluation	20 minutes	99202	\$ 45.00
2	New Patient	30 minutes	99203	\$ 107.15
	Referral for Medical Evaluation	45+ minutes	99204	\$ 107.15
		40-64 yrs old	99386	\$ 107.15
3	Established Patient	5 minutes	99211	\$ 22.00
	Referral for Medical Evaluation	10 minutes	99212	\$ 22.00
4	Established Patient	15 minutes	99213	\$ 72.85
	Referral for Medical Evaluation	25+ minutes	99214	\$ 72.85
		40-64 yrs old	99396	\$ 72.85
5	Lipid Panel (TC, LDL, HDL, triglycerides)		80061	\$ 13.39
			80061 QW	\$ 13.39
6	Venipuncture		36415	\$ 3.00
7	Plasma Glucose (Fasting or Casual)		82947	\$ 3.93
			82947 QW	\$ 3.93
8	Hemoglobin A1C (HbA1c)		83036	\$ 9.71
			83036 QW	\$ 9.71
9	Alert Value (BP) Case Management		99429	\$ 75.00
10	SCREENING BUNDLE; including program enrollment, consent, initial biometric screening, health intake questions, risk reduction counseling, readiness assessment.		99450	\$ 75.00
11	HEALTH IMPROVEMENT BUNDLE; including patient education – Health Coaching Contacts (5), OR tracking attendance & completion of referral to DPP (9), TOPS (12), Cooking Matters (4), Weight Watchers (12), Entrepreneurial Gardening, or other community resources. * Follow-up health intake questions, follow-up screening and outcome evaluation completed.		S9445	\$ 425.00
12	IMPROVED OUTCOMES; Disease management program, follow-up/reassessment (Outcome evaluation contact completed) – including controlled BP, weight loss; tobacco cessation; lowered glucose or A1c; increased exercise; increased fruit/vegetable intake, etc.		S0316	TBD
13	Additional Health Coaching sessions (after 5 completed in <i>Health Improvement Bundle</i> ) - Maximum of 11 <i>additional</i> HC sessions (total 16)		S0341	\$ 25.00
14	Diabetes Prevention Counseling ( <i>Client attends a Diabetes Prevention (DPP) Program core class</i> )		0403T	\$ 25.00

FY21

QW = Test Performed with Cholestech

8/01/2020

## WISEWOMAN Authorized Services tab

The Authorized Services tab should be part of your data entry process. You can verify services authorized for payment by viewing this tab. Services are only shown for the active client you have opened in MBCIS\*WISEWOMAN.

**WISEWOMAN - Auth. Services** Client: NANNY MCPHEE Age : 50 [Print](#) | [Help](#) | [Home](#)  
MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN

**Clients** | **Auth. Services**

**Authorized Services Listing**

Procedure Code  Procedure Date  -  -   Show All Records

Previous  Next Search Results

Procedure Code	Visit Type	Procedure Date	Service Description	Authorization Date
99450	Screening	10-01-2020	SCREENING BUNDLE; INCLUDING PROGRAM ENROLLMENT, CONSENT, HEALTH INTAKE QUESTIONS, RISK REDUCTION COUNSELING, READINESS ASSESSMENT (IF >7 PARTICIPANT AGREEMENT IS REQUIRED) & INITIAL BIOMETRIC SCREENING.	10-26-2020
S0341	Other	04-15-2020	ADDITIONAL HEALTH COACHING SESSIONS (AFTER 5 COMPLETED IN HEALTH IMPROVEMENT BUNDLE)	
36415	Lab Work	01-15-2020	VENIPUNCTURE	10-23-2020
80061	Lab Work	01-15-2020	LIPID PANEL (TC, HDL, TRIGLYCERIDES)	10-23-2020
83036	Lab Work	01-15-2020	HEMOGLOBIN A1C (HBA1C)	10-27-2020
99203	Diagnostic	01-11-2020	OFFICE VISIT - NEW PATIENT FULL EXAM	10-23-2020
99450	Screening	01-01-2020	SCREENING BUNDLE; INCLUDING PROGRAM ENROLLMENT, CONSENT, HEALTH INTAKE QUESTIONS, RISK REDUCTION COUNSELING, READINESS ASSESSMENT (IF >7 PARTICIPANT AGREEMENT IS REQUIRED) & INITIAL BIOMETRIC SCREENING.	10-01-2020
36415	Lab Work	02-15-2019	VENIPUNCTURE	02-24-2020
80061	Lab Work	02-15-2019	LIPID PANEL (TC, HDL, TRIGLYCERIDES)	02-24-2020
83036	Lab Work	02-15-2019	HEMOGLOBIN A1C (HBA1C)	02-24-2020
99202	Diagnostic	02-05-2019	OFFICE VISIT - NEW PATIENT PARTIAL EXAM	02-24-2020

**Any service you intend to have paid must have an authorization date to trigger the reimbursement process.**

**If a service is listed but there is no authorization date, that means the pay box for that service was never checked in MBCIS\*WISEWOMAN. Navigate to the tab corresponding to the service and check the pay box.**

Changes to the program over time may affect the accuracy of the codes, dates displayed, or service descriptions in this tab. If you think there is a problem, please contact the program.



**Oh my! We have a returning WISEWOMAN participant named “Nanny McPhee!”**

**Rumor has it her participation in WISEWOMAN caused quite the transformation...**

(no copyright infringement intended)

# APPENDIX

## How MBCIS\*WISEWOMAN Tabs Line up with Paper Forms

This is the converse of the table shown in Section 2 (p. 3). It shows tabs in MBCIS\*WISEWOMAN as they would typically be encountered when entering participant data.

Baseline or Returning Cycles		
Tab in MBCIS* WISEWOMAN	Data comes from	Tab purpose/description
Find Client	02 Enrollment Form	Used to search for an existing client or to add a new one.
Client	02 Enrollment Form	This tab is now the same across WISEWOMAN, BC3NP, and CRC.
Client Enrollments	02 Enrollment Form	Shows client cycles (Baseline, Returning, Follow up). Data of the cycle highlighted in yellow is the one displayed at the bottom of the tab.
Health Intake	03 Health Intake	Main tab opens up three tabs corresponding directly to the Health Intake questions.
Screening	04 Screening	Displays BP and values for all other screening visit data.
Referrals	06 A lab work slip from a provider; 07 Referral for Med Eval Form	This tab is for entry of data collected outside of screening. It may be used to record data from a medical evaluation visit or lab work. This tab can now also be used to record data from a PCP visit (no corresponding paper form).
Case Mgmt	09 Case Management	Holds data from the Case Management form. Alert value must be present to use.
Outcome Mgmt		Opens additional tabs. You land on the Participant Agreement tab.
Participant Agreement	10 Readiness Ruler; 11 Participant Agreement	Stores data from the Readiness Ruler and Participation Agreement form including "small step" and "my plan."
Contact	12 Contact	Use to enter data from WISEWOMAN program contacts (Health Coaching, DPP, TOPS, or Cooking Matters). Numerous contacts may be added using this tab. The active contact is highlighted in yellow at the top of the screen. The data displayed are from the active contact.
Self Efficacy	15 Self Efficacy	Identical to the survey about taking medication appropriately.
Auth. Services		This tab shows services from cycles by description and code. You can use this tab to insure you have authorized services for payment accurately.

When a participant returns for a follow up cycle, these tabs from MBCIS\*WISEWOMAN are used:

<b>Follow Up Cycles only</b>		
<b>Tab in MBCIS* WISEWOMAN</b>	<b>Data comes from</b>	<b>Tab purpose/description</b>
<a href="#">Client Enrollments</a>	(02 Enrollment Form)	A follow up cycle must be added on the Client Enrollments tab to enter follow up data. The date on the Follow-Up/Outcome Evaluation form is the start date for the follow up cycle.
<a href="#">Health Intake</a>	1 Follow-Up/ Outcome Evaluation Form	Holds data from first two pages of paper form. Note when entering the Health Intake data at follow up, health history questions are skipped.
<a href="#">Follow Up Screening</a>	1 Follow-Up/ Outcome Evaluation Form	Holds data from the Follow Up Screening form. The tab looks the same as the Screening tab.
<a href="#">Outcome Eval.</a>	1 Follow-Up/ Outcome Evaluation Form	Holds data from the Outcome Evaluation part of the follow up form packet.
<a href="#">Outcome Tracking</a>		Shows select metrics from the screening and follow up cycles, as available. It is used to validate any health improvement over time.
<a href="#">Auth. Services</a>		This tab shows services from cycles by description and code. You can use this tab to insure you have authorized services for payment accurately.