

# MBCIS\*WISEWOMAN Data User's Manual

December 2020

for MDE Version 18.2



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## Key Terms -WISEWOMAN

	A program offered in WISEWOMAN. It takes 4 or more sessions to
Cooking Matters (CM)	complete Cooking Matters.
Digital Weight	Access to a Weight Watchers app paired with health coaching. An HBSS
Watchers	offered by the WISEWOMAN Program.
	Diabetes Prevention Program. An HBSS offered in WISEWOMAN. DPP
DPP	is considered complete after 9 classes.
	All client program data starting at enrollment date. This includes health
	intake, setting a small step, participating in Health Coaching or another
Enrollment Cycle	HBSS and completion of an Outcome Evaluation at follow up.
Entrepreneurial	A gardening assistance program available at some WISEWOMAN
Gardening (EG)	agencies.
	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
Follow up Screening	counseling and an outcome evaluation.
	This HBSS is considered complete at 5 sessions. Up to 11 additional
Health Coaching (HC)	health coaching sessions are permitted and may be reimbursed.
	Term used by CDC when a woman completes Health Coaching but also
	participates in another activity offered by the WISEWOMAN program,
Health Coaching Plus	e.g. Entrepreneurial Gardening.
	A questionnaire covering healthy behavior and health history. The full
	questionnaire is completed at the start of a new cycle. Only the healthy
Health Intake	behavior questions are completed repeated at follow up.
Healthy behavior	Term used by CDC for evidence-based interventions, practices, or
support services	programs that have peer-reviewed, documented evidence of
(HBSS)	effectiveness helping people make and maintain healthy changes.
Lifestyle Program	Plain language term for HBSS (see previous definition)
LWA	Local WISEWOMAN Agency
	Used for Risk Reduction Counseling (RRC). Defines and identifies the
My Health Information	participant's BMI, blood pressure, total cholesterol, HDL cholesterol, LDL,
pamphlet	Triglycerides, Hemoglobin A1c, and other risk factors.
	A summary of the WISEWOMAN participant's experiences with the
Outcome Evaluation	program done at during the follow up screening.
	A WISEWOMAN form capturing a participant's willingness to set a small
Participant Agreement	step and agree to health coaching or a different HBSS.
Readiness to change	A participant's subjective estimate (from 1 to 10) of her
(RTC)	desire/willingness to make healthy changes.
	Assessing the participant's current risk factors and advising the
Risk Reduction	participant about the meaning of their risk factors and the importance of
Counseling (RRC)	taking small steps toward better health.
Self-Efficacy	An optional WISEWOMAN participant survey related to hypertension.
	A weight loss program serving as a lifestyle program in WISEWOMAN.
TOPS	Twelve sessions are needed for completion (more are allowed).
1013	racite sessions are needed for completion (more are allowed).

## Key Terms – Database/Financial

	A participant's first Enrollment Cycle in MBCIS*WISEWOMAN during
Baseline Cycle	the current grant period.
	Built-in programming in a database that ensures data is entered
Data Validation	correctly or limits the potential for data entry errors.
Discoverer Viewer	A reporting tool that uses the data from MBCIS*WISEWOMAN.
	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
Follow up Cycle	data entry in MBCIS*WISEWOMAN.
Health Improvement	(\$9445). Includes patient education, completion of LSP contacts, and
Bundle	collection of required data from follow up screening.
	(\$0316). Participant improvement in health metrics during an enrollment
Improved Outcomes	cycle (i.e. from baseline/returning screening to follow up screening).
	A client status used when participant will not return to the
Inactive Client	WISEWOMAN program.
	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
MBCIS	Cancer Information System."
	When only the WISEWOMAN part of the database system is
	applicable, MBCIS*WISEWOMAN is used instead of the more general
MBCIS*WISEWOMAN	MBCIS.
MI Login	An online security system that allows access to state applications, such as MBCIS*WISEWOMAN within MBCIS.
	Minimum Data Elements. CDC requires Michigan WISEWOMAN to
	submit current WISEWOMAN data to CDC twice a year (April 1 &
MDEs or WISEWOMAN	December 1). Most of what is collected in MBCIS*WISEWOMAN is sent
MDEs	to CDC in our MDE file.
	Any contact a navigator has with a participant that is too brief to be
	considered health coaching. Tracking these in MBCIS*WISEWOMAN is
"Other" Contact	optional.
	The tab in MBCIS*WISEWOMAN holding data requested after a
Referrals tab	screening visit. (See also Visit Type).
	Any erroging that starts a new Encellment Cycle in
Returning Cycle	Any screening that starts a new Enrollment Cycle in MBCIS*WISEWOMAN years after the Baseline Cycle.
Returning Cycle	(99450). Includes program enrollment, consent, screening, health intake,
	risk reduction counseling, and readiness to change assessment and goal
Screening Bundle	setting.
Street. 6 Sundie	
Screening tab	Tab in MBCIS*WISEWOMAN where screening visit data, such as BP
Screening tab	measurements, are stored.
Visit Type (or Service	A category on the Referrals tab in MBCIS*WISEWOMAN where different types of services (Lab work, Medical Evaluation, data from
Type)	PCP, can be selected for data entry.
iype)	r cr, cui be selected for dura entry.

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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**

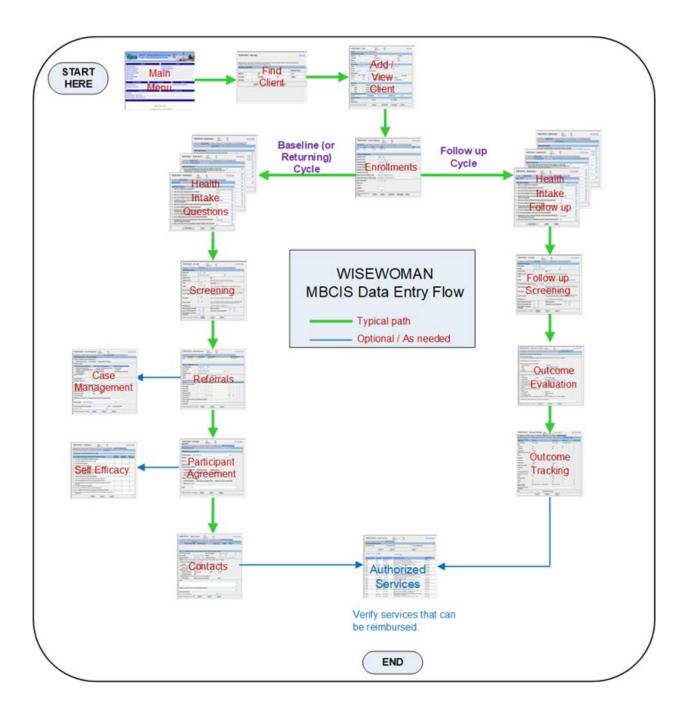
Like BC3NP, we can describe the flow of services for WISEWOMAN in terms of an "enrollment cycle." However, WISEWOMAN cycles are not the same. In WISEWOMAN, the first enrollment cycle a woman has is called her "Baseline" cycle (or screening). Any subsequent cycle the woman has in the future will be called a "Returning" cycle. Ideally, a "Baseline" or "Returning" cycle will also include a "Follow-up" visit (cycle). Details about followup 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 (<u>doneyt@michigan.gov</u>) is the primary contact for MBCIS access issues. Mike Carr (<u>carrm7@michigan.gov</u>) 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

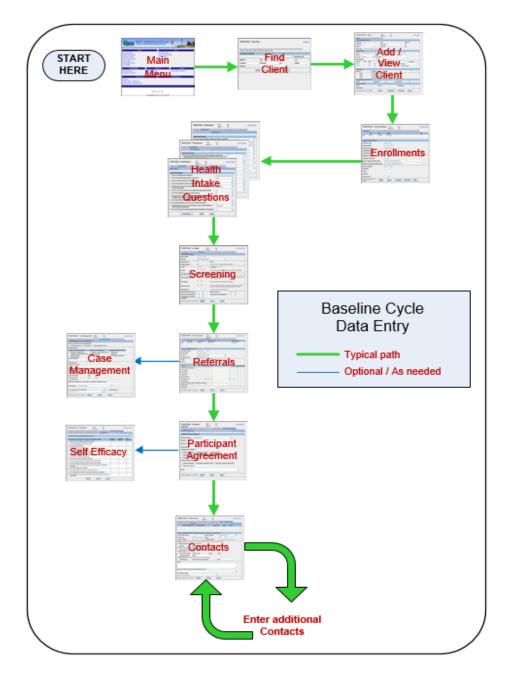
Before entering client data into MBCIS\*WISEWOMAN you will want to arrange your forms and documentation to match data entry order in the system.

### The current version of all WISEWOMAN screening forms are located here: <u>http://www.miwisewoman.org/forms\_wisewoman.html</u>

	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	Copy of any lab work results from provider	Referrals tab
7	Referral for Medical Evaluation Form	Referrals tab
8	Any other related diagnostic services	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.
	For Follow Up Cycles Only	
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

MBCIS Michigan Breas Cancer Control Department of He	st and Cervical Information System alth and Human Services			
BCCCNP <u>Client Information</u> <u>Enrollment Information</u> <u>Insurance Company</u> <u>Primary Care Providers</u> <u>View Providers</u> <u>View Enrollment sites</u> View Facilities		Go to New Agency Login User Informa Exit Application	Other ation	
WISEWOMAN Client Information Enrollment Information	Color Client Information Enrollment Information	rectal	Patient Na Find Client	vigation

### **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.

<u>Client Information</u> takes you to the Client tab. <u>Enrollment Information</u> 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



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).

(no copyright infringement intended)

### Here is a Statewide search by last name:

MCPHEE

Modify 17961

WISEWO	OMAN - Fi	nd Client					Help   Home
		ces of information on the arch for client before add		en click the search button t	o retrieve the	matching clie	nt
Client Name	and Identifie	er					
					✓ St	atewide Sea	irch
MBCIS ID		SSN		Client ID		LCA	
Name	MCPHEE	First Name		M.I.		Maiden	
Birth Date	-					4	
		Search	Add	Cancel	Clear		
Previous 1-	12 of 12 🔻 Ne	ext	Search Res	sults			
MBC	IS ID Clien	t ID Last Name	First Name	M.I. Enrollment Site		Birth Date	SSN
Aodify 29747	7	MCPHEE		BEAUMONT TROY (	CLINIC		
lodify 24652	2	MCPHEE		XX TUSCOLA CO HI	TH DEPT		
<u>/lodify</u> 23828	9	MCPHEE		MERCY WOMENS C	ENTER		
<u>Aodify</u> 45616	3	MCPHEE		DHD #4			
Modify 7744	)	MCPHEE		WOMENS CARE/BA DIAGNOSTIC	Y		
<u>/lodify</u> 18210	86	MCPHEE		HURON CO HD			
<u>/lodify</u> 12960	0	MCPHEE		HURON VALLEY-SIN	AI CLINIC		
Modify 35724	4	MCPHEE		GENESEE HEALTH	PLAN		
Modify 37762	2	MCPHEE		CRISTO REY HEALT	HCTR		
Modify 4920		MCPHEE		KARMANOS CANCE	R INSTITUTE		
Modify 6104		MCPHEE		XX BEDHD - CHARL	OTTE		

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

WOMENS CARE/BAY

DIAGNOSTIC

WISEW	OMAN - F	ind Clie	nt						Help   Home
				screen below. Th ding new client.	nen click the	search butt	on to retr	rieve the matching cli	ent
Client Nam	e and Identif	ïer							
								Statewide Se	arch
MBCIS ID			SSN			Client ID		LCA	
Last Name	MCPHEE		First Name	NANNY		M.I.	0	Maiden	
Birth Date		-	Search	Add		Cancel		Clear	
					_		_		
	No	Search R	esults Foun	d - Please cha	nge your s	search crit	teria an	d 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.

WISI	EWOM	AN - Find C	lient						Help   Home
			information on the or client before ad	screen below. The ding new client.	en click the sea	arch button t	o retrieve th	e matching cli	ent
Client	Name an	d Identifier							
							🕑 🖌	tatewide Se	arch
MBCIS	S ID		SSN		Cli	ent ID	(	LCA 1	215
Last Name	MCF	HEE	First Name	N	M.I	. [		Marden	
Birth [	Date	· · · ·							
			Search	Add	Can	cel	Clear		
Previo	us 1-1 of	1 Vext		Search Res	ults				
	MBCISI	D Client ID	Last Name	First Name	M.I. Enrol	ment Site		Birth Date	SSN
Modify	319325		MCPHEE	NANNY	O GENES	EE 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

### 4. Baseline Data Entry by Program Form

#### Consent to Participate in the WISEWOMAN Program

The WISEWOMAN Program ("WISEWOMAN") identifies risks for getting cardiovascular disease (also known as heart disease), having a heart attack, having a stroke, or getting diabetes. WISEWOMAN will work with me to make healthy lifestyle changes that may lower my risk for getting these diseases. Women must be between the ages of **40 and 64** with a household income of **less than or equal to 250%** of Federal Poverty Level and little or no insurance to be eligible for WISEWOMAN.

#### The Local WISEWOMAN Provider will:

- Measure my height, weight, and blood pressure
- Measure my blood sugar (glucose) and cholesterol (total cholesterol, and HDL, LDL cholesterol and triglycerides)
- Ask me questions about my health history, my family's health history and my lifestyle, such as how many fruits and vegetables I eat and how much physical activity I get
- Use my body measurements and the information I provide to monitor my progress and evaluate the overall program
   Refer me to the *Michigan Breast and Cervical Cancer Control Navigation Program* if I am not current on my breast or cervical cancer screening. That program will help me get up to date on cancer screening services
- If any of my test results are not normal, the WISEWOMAN Provider may refer me for a medical evaluation
- If needed, the WISEWOMAN Provider may also refer me for additional blood tests for cholesterol and diabetes
- A local WISEWOMAN Health Coach will help me set a healthy small step that is interesting to me
- If I choose to participate in a community program such as Diabetes Prevention Program, TOPS, Weight Watchers or Cooking Matters, WISEWOMAN will pay for some or all the costs
- My information will be kept private and will not be shared with anyone outside WISEWOMAN unless I give my
  permission in writing, or as required by law.

#### Who Will Pay for WISEWOMAN Services?

- If I am uninsured, WISEWOMAN will pay for the services listed above as long as I am eligible for WISEWOMAN, and as long as I see a participating health care provider as directed.
- If I am insured, WISEWOMAN will pay for the covered services that are not paid for by my insurance.
- WISEWOMAN will not pay for any other follow-up medical appointments, follow-up tests, or medicine prescribed by my provider.
- If I cannot afford the medicine, my local WISEWOMAN Provider will help connect me to prescription assistance
  programs to help me pay for the medicine.

I fully understand the information in this form and agree to participate in WISEWOMAN. I also understand I have the right to refuse these services at any time. For questions, please contact 844-I GOT SCREENED (844-446-8727) or <u>MDHHS-MiWISEWOMAN@michigan.gov</u>.

Participant Signature	Date	Guardian Signature (if applicable)	Date	
Nanav Ma	Phee			
Participant Name	2) 112	Guardian Name (if applicable)		-
				10/20

The Consent form is needed for documentation, but nothing from it is entered in MBCIS\*WISEWOMAN.

WISEWOMAN		SEWOMA Ilment Fo			6	
Enrollment/Clinic S	ite: <u>Genesee</u> H	ealth	Plan	Enrollmer	nt Date:	11/20
CLIENT CONTACT	INFORMATION – Please write	neatly so	we can re	ad it		
Agency / Clinic ID #		MBCIS #:		3193	25	
* Legal Last Name	McPhee.	* Legal F	irst Name	Nanas		м.і. С
Preferred Name		Maiden M	Vame	11/110	00	
* Date of Birth	7/6/1970	Gender	E Female	e 🖵 Prefer Not	to Answer 🖬 🕻	Other
Street Address	1026 E Keargle	v St	Apt. #		PO Box	
City	Flint	*State	MI	Zip Code	4850	3
* County	Genesee		Preferred Language		Spanish 🛛 A	
Social Security # (SSN i	s used for billing/payment only):	765	- 43 -	2109		
* Phone Number  📞	(810)232-7111 Ext.	1	0	* 🗆 Home 🗖 V	Vork 🗟 Cell 🗆	Text 🛛 Other
Alt Phone # 📞	(810)257-3252Ext. □ Home   Work			ork 🛛 Cell 🗋 -	Fext 🛛 Other	
Email Address 🙍	mapper 70 @	gmai	1.020	И		
<b>COMMENTS</b> ~ for agency or clinic use	Thep note to e	ginou	1.000	[]		
*RACE & ETHNICIT ~ select all that apply	Are you Hispanic or Latino	🗆 Yes 🛢 N	o 🗖 Unkno	wn 🗖 Prefer N	ot to Answer	
						and the second sec
White Black/Afr Native Hawaiian/Oth	ican American 🛛 Asian 🔲 Arab/ ner Pacific Islander 🖵 Unknown/Did	Middle Easte not Answer	rn 🛛 Ame	erican Indian/Al ot to Answer	askan Native D Other	
Native Hawaiian/Oth	ican American 🛛 Asian 🖵 Arab/ ner Pacific Islander 🗖 Unknown/Did WBERS & INCOME (Must be comp	not Answer	Prefer No	ot to Answer	askan Native ] Other	
Native Hawaiian/Oth	ner Pacific Islander Dunknown/Did MBERS & INCOME (Must be comp	not Answer leted for progr	Prefer No am eligibility Number of	ot to Answer /) f people that th	Other e client's yearl	y 8
<ul> <li>Native Hawaiian/Otl</li> <li>HOUSEHOLD MEI</li> <li>Client Yearly Income</li> </ul>	ner Pacific Islander 🗖 Unknown/Did	not Answer leted for progr	Prefer No am eligibility Number of	ot to Answer 🗆	Other e client's yearl	y 8
A Native Hawaiian/Otl H HOUSEHOLD MEI Client <u>Yearly Income</u> PROVIDER (PRIMA Do you have a regular I	ner Pacific Islander Dunknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse	not Answer leted for progr * ir	Prefer No am eligibility Number of acome supp	ot to Answer C /) f <u>people</u> that th ports (including clia	Other e client's yearl ent)	y 8
A Native Hawaiian/Otl HOUSEHOLD MEI Other Client Yearly Income PROVIDER (PRIMA	ner Pacific Islander Dunknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse	not Answer leted for progr * ir	Prefer No am eligibility Number of acome supp	ot to Answer C /) f <u>people</u> that th ports (including clia	Other e client's yearl ent)	y 8
□ Native Hawaiian/Otl * HOUSEHOLD MEI * Client <u>Yearly Income</u> PROVIDER (PRIMA Do you have a regular I If Yes – Please fill out in Provider Name:	ner Pacific Islander Dunknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse	not Answer leted for progr ir practitioner/ Provider Address:	Prefer No am eligibility Number of ncome supp clinic)?	ot to Answer C /) f <u>people</u> that th ports (including clia	Other e client's yearl ent)	y 8
A Native Hawaiian/Otl H HOUSEHOLD MEI Client Yearly Income PROVIDER (PRIMA Do you have a regular I If Yes – Please fill out in Provider Name: May we send results of	ner Pacific Islander Dunknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse formation below	not Answer leted for progr ir practitioner/ Provider Address: vider(s)?	Prefer No am eligibility Number of ncome supp clinic)?	ot to Answer () f people that th vorts (including cli No  Yes  U	Other e client's yearl ent) nknown	<u></u>
A Native Hawaiian/Otl H HOUSEHOLD MEI Client Yearly Income PROVIDER (PRIMA Do you have a regular I If Yes – Please fill out in Provider Name: May we send results of	er Pacific Islander Dunknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse formation below	not Answer leted for progr r practitioner/ Provider Address: vider(s)?	Prefer No am eligibility Number of ncome supp clinic)?	ot to Answer ( f people that th sorts (including clia No () Yes () U program & retain	Other e client's yearl ent) nknown in patient media	<u></u>
A Native Hawaiian/Otl  HOUSEHOLD MEI  Client Yearly Income  PROVIDER (PRIMA Do you have a regular I  f Yes – Please fill out in  Provider Name:  May we send results of INSURANCE INFOR	her Pacific Islander Unknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse formation below 'your tests to your Primary Care Prov MATION (bring ALL cards with you) -	not Answer leted for progr r practitioner/ Provider Address: vider(s)?	Prefer No am eligibility Number of ncome supp clinic)?	ot to Answer ( f people that th sorts (including clia No () Yes () U program & retain	Other e client's yearl ent) nknown in patient media	Cal record
<ul> <li>Native Hawaiian/Otl</li> <li>* HOUSEHOLD MEI</li> <li>* Client Yearly Income</li> <li>PROVIDER (PRIMA</li> <li>Do you have a regular I</li> <li>If Yes – Please fill out in</li> <li>Provider Name:</li> <li>May we send results of</li> <li>INSURANCE INFOR</li> <li>No Insurance</li> </ul>	her Pacific Islander Unknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse formation below 'your tests to your Primary Care Prov MATION (bring ALL cards with you) -	not Answer leted for progr r practitioner/ Provider Address: vider(s)?	Prefer No am eligibility Number of ncome supp clinic)?	ot to Answer ( f people that th sorts (including clia No () Yes () U program & retain	Other e client's yearl ent) nknown in patient media	Cal record
A Native Hawaiian/Otl  A HOUSEHOLD MEI  Client Yearly Income  PROVIDER (PRIMA Do you have a regular I  f Yes – Please fill out in  Provider Name: May we send results of INSURANCE INFOR No Insurance Insurance Name: Contract #:	her Pacific Islander Unknown/Did MBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse formation below Your tests to your Primary Care Prov MATION (bring ALL cards with you) - Referred to HMP/Medicaid Group #:	not Answer leted for progr r practitioner/ Provider Address: vider(s)?	Prefer No am eligibility Number of ncome supp clinic)?	ot to Answer () f people that the orts (including clinic No () Yes () U program & retain () Referred to	Other e client's yearl ent) nknown in patient media	cal record
□ Native Hawaiian/Otl * HOUSEHOLD MEI * Client <u>Yearly Income</u> PROVIDER (PRIMA Do you have a regular I If Yes – Please fill out in Provider Name: May we send results of INSURANCE INFOR □ No Insurance Insurance Name: Contract #: ADDITIONAL QUES	Are Pacific Islander Unknown/Did WBERS & INCOME (Must be comp 30,000 7 RY CARE) INFORMATION Primary Care Provider (doctor/nurse formation below Your tests to your Primary Care Prov MATION (bring ALL cards with you) - Referred to HMP/Medicaid Group #: TIONS (Optional) OF THE PROGRAM? Primary Care	not Answer leted for progr ir practitioner/ Provider Address: rider(s)? I Please fax cop d Expansion	Prefer No am eligibility Number of norme supp clinic)?  /es No y of card to p	ot to Answer	Other e client's yearl ent) nknown in patient media	cal record blace Insurance

## A. WISEWOMAN Enrollment Form

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		S ID : 319325 LCA	: GENESEE HEA		Helo   H
Clients Auth. Services					
Client Identification Details					
MBCIS ID 319325	SSN	765-43-2109		Client ID	
Last Name* MCPHEE	First Name*	NANNY		M.I.	0
Maiden WILSON	Birth Date*	07 - 06	- 1970	Age	50
Gender* Female				Program Enrolled	
Enroll. Site 1215. GENESEE HEALTH F	LAN				
Contact Details					
Street 2 1026 E KEARSLEY	Apt		City	FLINT	
PO Box	State	* MI	Zip Co	de* 48503	
County* GENESEE-MI	~				
Pref. Language English	- <b>3</b>				
	Okto				
Add Phone* Type* E	xt. Text	Delete			
810-232-7111 Cell 🗸	<b>A</b>				
810-257-3253 Work V					
Email Address MCPHEE70@GMAIL	COM				
Comments					
Race Flags*	A				
Hispanic* No 🗸	5				
Vhite  American India	n/Alaskan Nativ	/e 🗌	Prefer Not to	Answer	
Black Native Hawaiia	n/Other Pacific	Islander 🗌	Unknown/Did	not Answer	
Asian Arab/Arab Ame	rican				
Programs (Most recent activity)					
BCCCNP	1				
Patient Navigation	Ξ.				
WISEWOMAN FY2021	Ξ.				
	-				
COLORECTAL					

### **WISEWOMAN Client tab**

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.

CHENT CONTACT I	te: <u>Genese</u>		Flan	Enrollme	nt Date:(	)///:
CLIEINT CONTACT I	NFORMATION – Please	write neatly so w	we can rea	id it	- Au	
Agency / Clinic ID #		MBCIS #:		3193	125	
* Legal Last Name	McPhee	* Legal Fi	rst Name	Nann	V	M.I.
Preferred Name		Maiden N	lame	Wil	son	
* Date of Birth	7/6/1970	Gender	Female	Prefer No	t to Answer 🗖 🤅	Other
Street Address	1026 E Keal	Glev St	Apt. #		PO Box	
City	Flint	*State	MI	Zip Code	4850	3
* County	Genesee		Preferred Language	English Other	Spanish D 4	-
Social Security # (SSN is	used for billing/payment or	nly): 765	- 43 -	2109		
* Phone Number  📞	(810)232-71	Ext.	*	Home	Work 🕃 Cell 🕻	Text 🗆 (
Alt Phone # 📞	1810 1257-32	5ZExt.		Home 🔳 W	ork 🛛 Cell 🗖	Text 🛛 Ot
Email Address 👰			1 6 2 00	1		
COMMENTS ~	_ maprice /	0 Cg mai	1 . 0011	1		
for agency or clinic use						
*RACE & ETHNICITY ~ select all that apply	Are you Hispanic or	Latino? 🗆 Yes 🔳 No	🛛 🖵 Unknov	vn 🛛 Prefer	Not to Answer	
White Black/Afri Native Hawaiian/Oth	can American 🛛 Asian 🕻 er Pacific Islander 🖵 Unkno	Arab/Middle Easter wn/Did not Answer	n 🛛 Amer 🗅 Prefer No	ican Indian/A t to Answer	laskan Native D Other	
* HOUSEHOLD MEN	BERS & INCOME (Must	be completed for progr	am eligibility)			
* Client Yearly Income	30.000				he client's year	ly S
The second s	Y CARE) INFORMATIO	CONTRACTOR OF A DESCRIPTION OF A DESCRIP	come suppo	orts (including c	lient)	
<b>PROVIDER</b> (PRIMAR		r/nurse practitioner/	clinic)? 📟 N	o 🛛 Yes 🔲	Jnknown	
PROVIDER (PRIMAR Do you have a regular P If Yes – Please fill out inj		,, p,				
Do you have a regular P		Provider Address:				
Do you have a regular P If Yes – Please fill out inj Provider Name:		Provider Address:	es 🗆 No			
Do you have a regular P If Yes – Please fill out inj Provider Name: May we send results of	formation below	Provider Address: Care Provider(s)?		ogram & retai	n in patient medi	cal record
Do you have a regular P If Yes – Please fill out inj Provider Name: May we send results of	formation below your tests to your Primary C	Provider Address: Care Provider(s)? Y			n in patient medi to <b>ACA Market</b> j	
Do you have a regular P If Yes – Please fill out inj Provider Name: May we send results of INSURANCE INFORM	formation below your tests to your Primary C MATION (bring ALL cards wit	Provider Address: Care Provider(s)? Y				
Do you have a regular P If Yes – Please fill out inj Provider Name: May we send results of INSURANCE INFORM No Insurance	formation below your tests to your Primary C MATION (bring ALL cards wit	Provider Address: Care Provider(s)? Y (th you) – Please fax cop Medicaid Expansion		Referred		

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

Enrollments	Health In	take Screening	Referrals	Case Mgmt	Outcome Mgmt	
Туре	Date	Facility				Wise Choices ?
<u>Modify</u> Return <u>Modify</u> Baseli						No No
Add New En	ollment Cyc	le				
Enrollment Ty Enrollment Da Participant St WISEWOMAN Screening Fac	te* atus* Agency*	In Progres GENESEE	S/ In Follow up HEALTH PLAN	-		_
ocreening ru						

### **WISEWOMAN Client Enrollments tab**

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.

WISEWOMAN		Da	ite
Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only) 319325
Education 1. What is your highest level of e Less than Some high 9 <sup>th</sup> grade school	ducation? High school graduate or equivalent	Some college	College Don't
Cholesterol			graduate know
2. Have you ever been told you H Jes Do D	nave high cholesterol? on't know		
3. Do you take <b>statins</b> to lower y 🖼 Yes 🔲 No 🛄 D	our cholesterol? on't know 🛛 Not applicab	le	
4. Do you take <b>other medication</b> Yes INO D	to lower your cholesterol? on't know	le	
<ol> <li>During the past 7 days, on how to lower your cholesterol?</li></ol>	days 🛛 Don't kno	w 🛛 Not applicabl	including diuretics) e
7. Do you take medication to low		le	
8. During the past 7 days, on how to lower your blood pressure?	many days did you take preso days 📮 Don't k	cribed medication (in know 📱 Not applic	ncluding diuretics) able
Blood Sugar (Diabetes) 9. Do you have diabetes? (either	Type 1 or Type 2) on't know		
10. Are you taking medication to Yes No D	lower your blood sugar (for di on't know 🛛 🗖 Not applicab		
<ol> <li>During the past 7 days, on hor lower your blood sugar (for di 12. Have you ever been told you</li> <li>Yes</li> <li>No</li> </ol>	abetes)? days [	🛛 Don't know  🖾 N	lot applicable

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

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

### **WISEWOMAN Health Intake 1 tab**

VISEWOMAN - Health Intake1	Print   Help   Home			
nrollments Health Intake Screening	Referrals	Case Mgmt	Outcome Mgmt	
ealth Intake1   Health Intake2   Health Ir	ntake3   Hea	lth Intake4		
lealth Intake1 Questions				
. What is your highest level of education?			College gradua	te 🗸
. Have you ever been told you have high o	cholesterol?		Yes	~
. Do you take statins to lower your choles	terol?		Yes	~
. Do you take other medication to lower yo	our cholester	ol?	No	~
. During the past 7 days, on how many da medication to lower your cholesterol?	ys did you ta	ke prescribed	7 Days	~
. Have you ever been told that you have h	ypertension (	high blood pre	ssure)? No	~
. Do you take medication to lower your blo	ood pressure	?	No	~
<ul> <li>During the past 7 days, on how many da medication to lower your blood pressure</li> </ul>		ke prescribed	Not Applicable	•
. Do you have diabetes? (either Type 1 or	Type 2)		No	~
0. Are you taking medication to lower your	blood sugar	(for diabetes)?	No	~
1. During the past 7 days, on how many da medication to lower blood sugar (for dia		ke prescribed	Not Applicable	~
2. Have you ever been told you had gestati pregnant)?	onal diabetes	(diabetes whil	e 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

			D	ate
Last Name		First Name	Middle Initial	MBCIS ID (Office Use Only) 319325
eart Health				
	en diagnosed as ha	aving any of the followi	ng conditions: coronary	heart disease/chest pain, heart
			-	r congenital heart defects?
Stroke /	/ 🛛 Heart	Coronary	Heart 🛛 Vascular	Congenital
TIA	attack	heart disease	failure disease	heart disease
			(periphera artery dise	
		prevent a heart attack	or stroke?	
Yes		on't know		
5. Has your fat		n had a stroke or heart on't know	attack before age 55?	
6. Has your mo Yes		ughter had a stroke or h on't know	neart attack before age 6	.5?
7. Has either o Types	Contraction of the second s	ur brother or sister, or y on't know	our child ever been told	that he or she has diabetes?
P Measuremen				
		essure at home or usin	g other calibrated source	es (like a machine at a
pharmacy)?				
🛛 Yes	No – I was	No – I don't	□ No – I don't	□ No – I have □ I don't
	never told to measure my	know how to measure my	have equipment to measure	equipment, have high but I don't blood
	blood pressure	blood pressure	blood pressure	use it pressure
9. How often o			me or using other calibr	
Multiple			Weekly D Monthly	
times p		per week	, , ,	know applicable
	larly share blood r	ressure readings with	a health care provider fo	
Yes			a nearch care provider to applicable	
			(ppneasie	
festyle	auna of funite and u	egetables do you eat in	an average day (round t	to the nearest whole number)?
	cups of fruits and v			
		resh, canned or frozen f	ruits and vegetables.	
1. How many o	cups. Includes fi		ruits and vegetables.	
1. How many of 2 2. Do you eat	cups. <i>Includes fi</i> fish at least two tin	nes a week?		ed, and <i>not fried</i> )
1. How many of 2 2. Do you eat	cups. <i>Includes fi</i> fish at least two tin	nes a week?	ruits and vegetables. n baked, broiled, or grille	ed, and <i>not fried</i> )
1. How many of 2 2. Do you eat f (Examples: Q Yes	cups. <i>Includes fi</i> fish at least two tin tuna, salmon, perc I No	nes a week? h, walleye that has bee	n baked, broiled, or grille	
<ol> <li>How many of 2</li> <li>Do you eat f (Examples:</li> <li>Yes</li> <li>Thinking about the second s</li></ol>	cups. Includes fi fish at least two tin tuna, salmon, perc I No out all the servings	nes a week? h, walleye that has bee of grain products you o	n baked, broiled, or grille eat in a typical day, how	
<ol> <li>How many of 2</li> <li>Do you eat f (Examples:</li></ol>	cups. Includes fi fish at least two tin tuna, salmon, perc No out all the servings brown rice, whole	nes a week? h, walleye that has bee of grain products you o wheat bread, oatmeal,	n baked, broiled, or grille eat in a typical day, how all bran cereal)	
<ol> <li>How many of 2</li> <li>Do you eat 1 (Examples:</li></ol>	cups. Includes fi fish at least two tin tuna, salmon, perc No out all the servings brown rice, whole	nes a week? h, walleye that has bee of grain products you o wheat bread, oatmeal,	n baked, broiled, or grille eat in a typical day, how all bran cereal)	
2. Do you eat (Examples: ☐ Yes 3. Thinking ab (Examples:	cups. Includes fi fish at least two tin tuna, salmon, perc No out all the servings brown rice, whole	nes a week? h, walleye that has bee of grain products you o wheat bread, oatmeal,	n baked, broiled, or grille eat in a typical day, how all bran cereal)	

### WISEWOMAN Health Intake 2 tab

WISEWOMAN - Health Intake2 Client: NANNY MCPHEE Type : R MBCIS ID : 319325 LCA : GENES	
Enrollments Health Intake Screening Referrals Case Mgmt C	
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     Check	the box of any item
Coronary Heart Disease marked	l on the paper form
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?	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 65?	e age No 🗸
17. Has either of your parents, your brother or sister, or your child ever be told that he or she has diabetes?	en No 🗸
18. Do you measure your blood pressure at home?	No - Was never told to measure t 🗸
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 pro for feedback?	vider 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 d how many are whole grains?	ay, About half 🗸
Save/Continue Cancel D	elete

## D. Health Intake page 3

		Health Inta	ake	
			C	Date
Last Name	Fi	rst Name	Middle Initial	MBCIS ID (Office Use Only) 319325
(Examples: pop ( Yes	or soda, energy drinl I No	0 calories) of beverag ‹s, Kool-Aid, flavored o ing your sodium or sal	coffee) (1 can of pop	d sugars weekly?
🔳 Yes 🛛	No	i have a drink containi		days
27. On average, hov	/ many alcoholic drir	nks do you consume di	uring a day you drir	k? drinks
28. How many minu	tes of physical activi	ty (exercise) do you ge	et in a week? $5$	_hours minutes
		bipes, or cigars (smoke months ago)   Quit ago	(More than 12 mo	
dissolvable toba		okeless tobacco (inclu electronic cigarettes.		co, snuff, dip, snus, and
🗆 No 🖾 l'm	quit using tobacco pi n thinking about ( itting	roducts? ❑ Yes, I want to quit	□ I quit recently	🖬 I do not use tobacco
Health Status				
32. Over the past 2 v 🗐 Not at all	weeks, how often ha Several days	ve you had little intere More than half		
33. Over the past 2 v		ve you been feeling do D More than half		
Food Access 34. Within the past1 to buy more?	.2 months, we (my h	ousehold) worried wh	ether our food wou	ıld run out before we got money
Often	Sometimes	Never	🖵 Don't know / R	efused
	12 months the food	we (my household) bo	ught just did last, a	nd we did not have enough
35. Within the past :				
		Never	Don't know / R	efused
35. Within the past : money to get mo □ Often There is a new	ore.		🖵 Don't know / R	efused

### WISEWOMAN Health Intake 3 tab

SEWOMAN - Health Intake3 Client : NANNY MCPHEE Type : Returning MBCIS ID : 319325 LCA : GENESEE HEALTH					AN		Print   Help   Home
Enrollments Health Intake Screening	Referrals	Case Mgmt	Outco	ome Mg	mt		
Health Intake1   Health Intake2   Health Int	ake3   Hea	lth Intake4					
Health Intake3 Questions							
24. Do you drink less than 36 ounces (450 cal beverages weekly?	lories) of su	gar sweetened		Yes			~
25. Are you currently watching or reducing yo	our sodium	or salt intake?		Yes			~
26. In the past 7 days, how often did you have	e a drink cor	ntaining alcoho	1?	0 Days			~
27. On average, how many alcoholic drinks d drink?	o you consu	um <mark>e during a d</mark> a	ay you	0 Drink	s		~
28. How much physical activity (exercise) do	you get in a	week?		5	hours	0	minutes
29. Do you smoke? Includes cigarettes, pipes any form)	s, or cigars (	smoked tobacc	co in	Never	Smoked		~
<ol> <li>Do you use any of the following? Smokele tobacco, snuff, dip, snus, and dissolvable electronic cigarettes.</li> </ol>			wing	Not us	ing	~	
31. Do you want to quit using tobacco produc	ts?			I do no	t use toba	000	~
32. Over the past 2 weeks, how often have yo doing things?	u had little i	nterest or plea	sure in	Not at	all		~
33. Over the past 2 weeks, how often have yo or hopeless?	u been feeli	ng down, depre	essed,	Not at	all		~
Save/Conti	nue C	Cancel	Delet	е			

### WISEWOMAN Health Intake 4 tab

WISEWOMAN - Health Intake4	MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN					
Enrollments Health Intake Screening	Referrals	Case Mgmt	Outco	me Mgmt		
Health Intake1   Health Intake2   Health Int	take3   Heal	th Intake4				
Health Intake4 Questions						
<ol> <li>Within the past 12 months, we (my house would run out before we got money to but</li> </ol>		whether our	food	Sometimes	~	
35. Within the past 12 months, the food we (r last and we didn't have money to get mor		i) bought just	didn't	Never	~	
Submit	Cance	el	Delete			

## **E. WISEWOMAN Screening Form**

Last Name		First Name	Screening Middle Initial		11/0	2020
Screening Site	2		Widdle Initial	Birth Date		MBCIS ID 319325
Hurley	Med C	tr 2				
NOTE: * ASTERISK INDICA Clinical Measurement	ATES A REQUI		rice and Drates	ala fan Mad	ingl Dafa	
		BMI_19.6	ries and Protoc	ois for ivied	ical Refer	rai
Height (inches)*	67	□ Obese: BMI ≥30 Consider	r at risk factor for	CVD. No ref	ferral for N	ledical Evaluation
Weight (pounds)*	12.5	<ul> <li>Overweight: BMI 25.0-29</li> <li>Normal: BMI 18.5-24.9 M</li> </ul>				
	123	Underweight: BMI <18.5			ation	
Waist Circum. (inches)* Enter measurement value or	•	□ Low to moderate risk: <3 Medical Evaluation	35 inches No refe	rral for		e to obtain
check reason missing	4	□ High risk: >35 inches Con		or for CVD.		Refused urement not performed
		No referral for Medical Eva Alert: >180 (systolic) ar		olic) (AVCM*		
1 <sup>st</sup> Blood Pressure (BP)*	112188	immediately or within 1	week depending	on clinical si	tuation and	d complications
2 <sup>nd</sup> BP*	170 -	Stage 2 Hypertension: 16 Refer for Medical Evaluat				
Z DF	120,88	Stage 1 Hypertension: 14	0-159 (systolic) a	and/or 90-99	(diastolic)	
Average BP (determine	116	Refer for Medical Evalua Prehypertension: 120-13				
category with this number)	116 188	No referral for Medical E	valuation			1 - 1
* Fasting Status: Has Client fas	ted for at least	<ul> <li>Normal: &lt;120 (systolic) a</li> <li>9 hours? Yes I No I</li> </ul>		NO referral	for Medica	I Evaluation
		☐ High: ≥240 mg/dL Refer f		rofile and Me	edical Evalu	uation if not currently
Total Cholesterol (mg/dL)*	4.0	being treated for high ch Borderline High: 200-239	olesterol			
	200	treated for high choleste	rol (If LDL from f	asting lipid p	rofile is $\geq 1$	60, refer for Medical
6		Evaluation) Normal: <200 mg/dL No				
		Undesirable: <40 mg/dL l				
HDL (mg/dL)*	42	high cholesterol (If LDL fr Desirable: 40-59 mg/dL 1	om fasting lipid	profile is $\geq 16$	0, refer for	
		□ Very Desirable: ≥60 mg/d	L No referral for M	Medical Evalua	tion luation	
LDL Cholesterol (mg/dL) *	166	■ High ≥ 160 Refer for Med				
	100	■ Borderline High: 130-159 ■ Very High: >500 Refer for			o referral f	or Medical Evaluation
<b>•</b>		High: 200-499 Refer for n	nedical evaluation		2 400 and p	patient is not fasting,
Triglycerides (mg/dL)*	160	refer for a fasting lipid pa Borderline: 150–199 No		cal evaluation	n	
		□ Normal: <150 No referral				
Hemoglobin A1c** 8	5,1	□ Elevated: >7% Refer to pr refer for Medical Evaluation				seeing a provider, Nedical Evaluation
Fasting Glucose (mg/dL)**		□ * Alert: ≥250 mg/dL □ Pre-diabetes: 100-125 mg	/dl Fasting	<ul> <li>Diabete</li> <li>Desirab</li> </ul>		mg/dL ng/dl Fasting
**NOTE: For blood glucose e	ither an A1c va	lue OR a Fasting Glucose value	e should be recor	*A ded. Do not (	VCM: Alert V enter a nor	Alue Case Management
Client referred for Medical Ev Client referred for follow-up	valuation?	Yes 🖀 No 👩 Risk	Reduction Couns	eling Comple	ete? (Requ	ired) ■ Yes □ No red? □ Yes ■ No
Reason for refused referral		Alert		agement (Av	Civi) Requi	red? LI Yes LI No

### **WISEWOMAN Screening tab**

WISEWOM	IAN - Screeni	ng		NY MCPHEE Type 19325 LCA : GEN	: Returning	Print Help Home
Enrollments	Health Intake	Screening	Referrals	Case Mgmt	Outcome Mgmt	
WISEWOMAN	Screening					
Service Date* Provider*		10 - 01 - HURLEY MED C	2020 1 TR - B TOWFIC	2 MD	~	
Height (inches Weight (pound Waist(inches)*	, ls)* 3	67 125 or			19.58 I: BMI 18.5-24.9 No referral	for Medical Evaluation
1st BP*	4	Measurement no 112 / 88	t performed	✓ Aver	age BP 116 / 88	
2nd BP	5	120 / 88 Select Reason M	or lissing		pertension: 120-139 (systolic I for Medical Evaluation	:) and/or 80-89 (diastolic) No
Has Client fast	ted for at least 9	hours ?* Y	es (Fasting)	~		
Total Choleste	rol (ma/dL)*	200 or Select Reason M		rline High: 200-239 d for high cholester		id Profile if not currently being
HDL (mg/dL)*	6	42 or Select Reason M	lissi 🗸 Desira	able: 40-59 mg/dL N	lo referral for Medical Evalua	ation
LDL (mg/dL)*		166 or Select Reason M			ng Lipid Profile if not current	lly being treated for high
Triglyceride (m	na/dL)*	160 or Select Reason M	Borde	rline High: 150-199	mg/dL No referral for Medic	al Evaluation
Hemoglobin A		5.1				
Glucose (mg/d	ц, 🙆 [	or Select Reason M	issi 🗸			
Referral Medic Referral Labwo		No	• • 9	Risk Reduction completed?* Alert Case Ma	on Counseling anagement?	Yes  10 No  10
Comments						
Pay Note. This is the pa	yment for completed	Screening bundle (S	Authorizat Screening, Risk R		10 - 01 - 2020 g).	]
All fields marke required	ed with * are	Submit	Can	cel	Delete	

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

--Unable to Obtain --Client refused --Measurement not performed <u>Note</u>: 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

Client Name Nann	ny McPhee		Birth Date	7/6/70	MBCI	s # 319325	
Referred to Barba	ra Mercer		Phone #	810-342-568	6 Fax#	810-342-50	600
Referred by Genes				Phone #			
						200	
Reason(s) for Referral:		OOD PRESSURE_ UCOSE		Elevated TO			r
Client Medical Evaluat Notes to Provider:		nt Date: <u>11</u>		0			
Signature Date of Medical Evaluation RES	ation_11_/		BP on Da	ARE PROVIDER			
Date of Medical Evaluation RES Medical Evaluation RES Medication 20 m	ation <u>11</u>	1 <u>/ 2020</u> OF CARE. (Inclu	BP on Da	ARE PROVIDER		82	;.)
Date of Medical Evaluation RES	ation <u>11</u>	1 <u>/ 2020</u> OF CARE. (Inclu	BP on Da	ARE PROVIDER		82	i.)
Date of Medical Evaluation RES Medical Evaluation RES Medication 20 m	ation <u>11</u>	1 <u>/ 2020</u> OF CARE. (Inclu	BP on Da	ARE PROVIDER		82	i.)
Date of Medical Evaluation RES	ation <u>11</u> SULTS and PLAN g pravastatin	1 <u>/ 2020</u> OF CARE. (Inclu	BP on Da BP on Da de any medica	ARE PROVIDER te of Evaluation _ tions prescribed o		82	;.)
Date of Medical Evaluation RES Medical Evaluation 20 m Other treatment	ation <u>11</u> SULTS and PLAN g pravastatin me Pravider	1 / 2020 OF CARE. (Includ daily	BP on Da de any medica <u>11/1/2020</u> Date	ARE PROVIDER te of Evaluation _ tions prescribed	or changes	to medications	)
Date of Medical Evaluation RES Medical Evaluation 20 mg	ation <u>11</u> SULTS and PLAN g pravastatin of re Previder box of the Office	1 / 2020 OF CARE. (Inclue daily	BP on Da de any medica <u>11/1/2020</u> Date for which you	ARE PROVIDER te of Evaluation _ tions prescribed o	e check ON	02 to medications	)
Date of Medical Evaluation RES Medical Evaluation 20 mg Other treatment Signature of Health Ca Check the New	ation <u>11</u> SULTS and PLAN g pravastatin g pr	1 / 2020 OF CARE. (Includ daily Visit CPT Code f (ICD-10) can be	BP on Da BP on Da de any medica <u>11/1/2020</u> Date for which you found online a 99203	ARE PROVIDER te of Evaluation _ tions prescribed of plan to bill. Pleas at <u>www.MiWISEV</u>	e check ON VOMAN.org 99386	E box only.	)
Date of Medical Evaluation RES Medical Evaluation RES Medication 20 m Other treatment Signature of Health Ca Check the New Established	ation <u>11</u> SULTS and PLAN g pravastatin of re Previder box of the Office Diagnosis Codes 99201 99211	1 / 2020 OF CARE. (Includ daily Visit CPT Code f (ICD-10) can be 99202 0 99212 0	BP on Da BP on Da de any medica <u>11/1/2020</u> Date for which you found online : 99203 99213	ARE PROVIDER te of Evaluation _ tions prescribed of plan to bill. Pleas at <u>www.MiWISEV</u> 99204 99214	e check ON VOMAN.org 99386 99396	E box only.	)
Date of Medical Evaluation RES Medical Evaluation RES Medication 20 mg Other treatment ignature of Health Ca Check the New Established Providers must services to be p	ation _11	1 / 2020 OF CARE. (Includ daily Visit CPT Code f (ICD-10) can be 99202 ( 99212 ( Memorandum of OMAN program	BP on Da BP on Da de any medica <u>11/1/2020</u> Date for which you found online 99203 99213 Agreement (N funds, Patient	ARE PROVIDER te of Evaluation _ tions prescribed of plan to bill. Pleas at <u>www.MiWISEV</u>	e check ON VOMAN.org 99386 99396 SEWOMAN see a non-p	E box only.	

WISEWOMAN - Refer	rral Services		NY MCPHEE Type 19325 LCA : GEN	: Returning ESEE HEALTH PLAN		Print   Help   Home
Enrollments Health Inta	ke Screening			Outcome Mgmt		
Visit Type	Service Date	Screenin	g Site		Fun	ding Source
Modify Lab Work	11-16-2020	GENESEE F	HEALTH PLAN		WISE	EWOMAN
Add New WISEWOMAN Ser	rvice					
Service/Visit Type*	Medical Evaluatio	n 🗸				
Service Date*	11 - 01 -	2020	-			
Provider*	BARBARA F MER	RCER MD	2	~		
Funding Source*	WISEWOMAN V	]	_			
1st BP	144 / 102	Aver	age BP			
2nd BP		]				
Has Client fasted for at least	9 hours ? No	(Casual)	~			
Service	C	CPT Code			Pay	Authorization Date
Total Cholesterol (mg/dL)		Select CPT Co	de	~	)	
HDL (mg/dL)		Select CPT Co	de	~		
LDL (mg/dL)		Select CPT Cod	de	~		
Triglyceride		Select CPT Co	de	~		
Glucose (mg/dL)		Select CPT Cod	de	~	)	
Hemoglobin A1c		Select CPT Co	de	~	)	
Venipuncture		Select CPT Cod	de	~	)	
Specify Diagnostic Office Vi	sit (Medical Evalu	ation) 5				
Patient Type	New 🗸	99203 OFFICE	VISIT - NEW PA	FIENT FULL EXAM 🗸		10 - 23 - 2020
Visit Notes 4 PR	ESCRIBED CHOL	MEDS				
All fields marked with * are required	Submit	Cano	cel	Delete		

**WISEWOMAN Referrals tab** 

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

McLarer	Barbara	lercer, M	.D.
LIPID PANEL - Details			
Study Result			
Narrative Fasting patient			
Component Results			
Component	Your Value	Standard Range	Flag
HDL Cholesterol	31 mg/dL	>39 mg/dL	L
Total Cholesterol Age Range	205 mg/dL	See Below mg/dL	
<19 110 - 170 19+ <200			
Triglycerides	4 122 mg/dL	<150 mg/dL	
Cholesterol/HDL Ratio	4.9	Male <5.1 Female <4.5	н
LDL Cholesterol, Calculated	150 mg/dL	<130 mg/dL	
Hemoglobin A1C	5.4 %	4.0 - 6.0 %	
General Information Collected: 11/15/2020 8:28 AM 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.

WISEWON	IAN - Referra	l Services		NY MCPHEE Type 19325 LCA : GEN	: Returning ESEE HEALTH PLAI	N	Print   Help   Hon	
Enrollments	Health Intake	Screening	Referrals	Case Mgmt	Outcome Mgm	it		
Visi	t Type S	ervice Date	Screenin	g Site		Fu	nding Source	
<u>Aodify</u> Lab W <u>Aodify</u> Medic		-15-2020 -11-2020		IEALTH PLAN IEALTH PLAN			SEWOMAN SEWOMAN	
Add New WIS	EWOMAN Servic	e						
Service/Visit T	ype*	ab Work	~					
Service Date*	1 1	1 - 15 -	2020					
Provider*		ARBARA F MER	RCER MD	2	~			
Funding Source	ve* V	VISEWOMAN V	]	-				
1st BP		/	Aver	age BP				
2nd BP								
las Client fast	ted for at least 9 h	nours ? Sel	ect	~				
Service		C	PT Code			Pay	y Authorization Date	
otal Choleste	rol (mg/dL) 2	05	80061 LIPID PA	NEL (TC, HDL, T	RIGLYCERIDES)	✓ ☑	11 - 23 - 2020	
HDL (mg/dL)	3		Select CPT Cod	le		•		
.DL (mg/dL)	1	50	Select CPT Cod	le		•		
<b>Friglyceride</b>	4 1	22	Select CPT Cod	le		•		
Glucose (mg/d	IL)		Select CPT Cod	le		•		
lemoglobin A	1c 👩 5	.4	83036 HEMOG	LOBIN A1C (HBA	(1C)	✓ ✓	11 - 27 - 2020	
/enipuncture	Y	ies 🗸 🔅	36415 VENIPU	NCTURE		✓ ☑	11 - 23 - 2020	
Specify Diagno	ostic Office Visit (	Medical Evalu	ation)					
Patient Type	S	elect 🗸	Select CPT Cod	le		•		
/isit Notes								
All fields marke required	ed with * are	Submit	Cano	el	Delete			

### WISEWOMAN Referrals tab

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:**

- 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.
- PC Provider name is not tracked. You can name the PCP in the Visit Notes at the bottom of the tab, if desired.
- 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

WISEWOMA	AN - Referra	l Services		NY MCPHEE Typ 19325 LCA : GE		HPLAN		Print   Help   Hon
Enrollments	Health Intake	Screening		Case Mgmt				
Visit T	ype S	ervice Date	Screenin	g Site			Fun	ding Source
lodify From PC	P/Other 10	-27-2020	GENESEE H	EALTH PLAN			Other	
odify Lab Wor	k 11	-15-2020	GENESEE H	EALTH PLAN			WISE	WOMAN
odify Medical	Evaluation 11	-11-2020	GENESEE H	EALTH PLAN			WISE	WOMAN
Add New WISE Gervice/Visit Typ Gervice Date*	e* [F	rom PCP/Other	2020					
Provider*		elect Provider			of "From P lows data e			ervice Type vider and
unding Source		)ther	-		Funding S			
st BP	1	45 / 100	Aver	age BP 144.	5 / 94			
nd BP	1	44 / 88						
las Client fasted	for at least 9 h	ours? Yes	s (Fasting)	~				
ervice		C	PT Code				Pay	Authorization Date
otal Cholestero	l (mg/dL)		Select CPT Cod	le		~		
IDL (mg/dL)			Select CPT Cod	le		~		
.DL (mg/dL)			Select CPT Cod	le		~		
riglyceride			Select CPT Coo	le		~		
Glucose (mg/dL)	9	3	Select CPT Cod	le		~	) 🗆	
lemoglobin A1c			Select CPT Cod	le		~	) 🗆	
/enipuncture	S	elect 🗸	Select CPT Cod	le		~	) 🗆	
pecify Diagnos	tic Office Visit	Medical Evalu	lation)					
atient Type	E	stablished 🗸	99213 OFFICE	VISIT - ESTAB	LISHED PATIE	NT FU 🗸		10 - 27 - 2020
/isit Notes						lata: N-	thin -	will nov from dot
All fields marked equired	with * are	Submit	Cano	cel	Delete	ntry in t	the S	will pay from dat ervice area becau ce = 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.

Agency Name		MBCIS ID	
	1		
Last Name	First Name	Middle Initial	Birth Date
Doe	Jane		9/25/1963
Reason for Case Managem	ent: 🗃 Alert Blood Pressure 🛛	Alert Glucose	/
Participant Status:			
Alert Value Case Manage	ment		
Complete – Attended	Medical Evaluation		
Refused referral (docu			
Lost to Follow-up (doo			
Noncompliant (docume	nt below)		
Not Applicable			
Resolution Date: 10	/74/2020 (Date na	rticipant Attended Medi	cal Evaluation, Refused, or
was determined to be Lost		inopanti inconaca mea	car Eranaation, herabea, or
reatment Prescribed:			
	dication		
4	idication		
	idication		
4	dication		
Attempts to Contact:	10/2010	9420	
Attempts to Contact: 1. Phone Call: Date: _	10/5/20Tim		
Attempts to Contact:	10/5/20Tim	ne: <u>9:30</u> ne: <u>4:05</u>	
Attempts to Contact: 1. Phone Call: Date: _	$\frac{10/5/20}{10/12/20}$ Tim		
4 Attempts to Contact: 1. Phone Call: Date: _ 2. Phone Call: Date: _ 3. Phone Call: Date: _	10/5/20 Tim 10/12/20 Tim 10/23/20 Tim 10/23/20 Tim	ne: 4:05 ne: 2:15	
Attempts to Contact: 1. Phone Call: Date: _ 2. Phone Call: Date: _	10/5/20 Tim 10/12/20 Tim 10/23/20 Tim 10/23/20 Tim	ne: 4:05 ne: 2:15	nsider Lost to Follow-up
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	10/5/20 Tim 10/12/20 Tim 10/23/20 Tim 10/23/20 Tim	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact: 1. Phone Call: Date: _ 2. Phone Call: Date: _ 3. Phone Call: Date: _ 4. Letter Sent: Date: _	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	10/5/20 Tim 10/12/20 Tim 10/23/20 Tim 10/23/20 Tim 10/24/20 If no res	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact:  1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact:  1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Reference	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Resonance ivaluation Partic Mas not contact She call 7	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	· · · · · · · · · · · · · · · · · · ·
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Resonance ivaluation Partic Mas not contact She call 7	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	ne: <u>4:65</u> ne: <u>2:15</u> sponse after 2 weeks, co	· · · · · · · · · · · · · · · · · · ·
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Re Evaluation Partic Mas not contact She call Case Manager Signature	10/5/20 Tim 10/12/20 Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 (fno res studed, Noncompliant, or for Aler ip awt claimed is high as the ed it "fake new Apartyn Approve	re: <u>4:05</u> re: <u>2:15</u> sponse after 2 weeks, co rt Value not meeting 7-o Mer blood Mer blood	day deadline for Medical pressure recorded, not be reached
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Attempts to Contact: Attempts to Contact:	$\frac{10/5/20}{10/12/20}$ Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 If no res stussed, Noncompliant, or for Alex	re: <u>4:05</u> re: <u>2:15</u> sponse after 2 weeks, co rt Value not meeting 7-o Mer blood Mer blood	day deadline for Medical pressure recorded, not be reached
Attempts to Contact: 1. Phone Call: Date: 2. Phone Call: Date: 3. Phone Call: Date: 4. Letter Sent: Date: Written explanation for Re Evaluation Mas not She call Case Manager Signature	10/5/20 Tim 10/12/20 Tim 10/12/20 Tim 10/23/20 Tim 10/24/20 (fno res studed, Noncompliant, or for Aler ip awt claimed is high as the ed it "fake new Apartyn Approve	tays AFTER Resolution D	day deadline for Medical pressure recorded, not be reached

## WISEWOMAN Case Management tab Data entry for Jane Doe in MBCIS\*WISEWOMAN would look like this.

WISEWOMAN - Case Management Client : JANE DOE Type : Baseline MBCIS ID : LCA :	Print   Help   Home
Enrollments Health Intake Screening Referrals Case Mgmt Outcome Mgmt	
WISEWOMAN Case Management	
Reason for Case Management         Alert Blood Pressure       Alert Glucose         Participant Status         Pending Case Management Results	
Alert Value Case Management	
<ul> <li>Complete - Attended Medical Eval.</li> <li>Refused referral</li> <li>Lost to Follow-up</li> <li>Noncompliant</li> <li>Not Applicable</li> </ul>	
Resolution date [10] - 24 - 2020 3	
Treatment Prescribed	
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	
PARTICIPANT CLAIMS BP MEASUREMENTS WERE OFFCOULD NOT CONTACT	
Case Manager Select Case Manager	
CPT Code and Service Description       99429 - ALERT VALUE CASE MANAGEMENTMANAGEMENT     Pay     Authorization Date       10     -     27     -     2020	
All fields marked with * are required Submit Cancel Delete	

#### 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

WISE	WOMAN	1	Date	10/1/2	<u>1cPhee</u> 020		
		Но	w Ready	Are Yo	u?		
			on this line healthier li		asures ho	w ready yo	ou are to
0 = not r 5 = migł 10 = reall	eady to cl	hange ig to chai			r	×	
0 1	2	3 I	4 5 I I	6	7	8 9	10 I
What has ch	anged in you	ur life that i	pants who indice makes you mo	pre ready to	make a hea	Ithy behavior	
What has ch	anged in you	ur life that i	makes you mo	pre ready to	make a hea	Ithy behavior	
What has ch	anged in you	ur life that i	makes you mo	pre ready to	make a hea	Ithy behavior	
What has ch	anged in you	ur life that i	makes you mo	pre ready to	make a hea	Ithy behavior	
What has ch	anged in you	ur life that i	makes you mo	pre ready to	make a hea	Ithy behavior	

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: Namery 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: Meliza Shafer 4 Phone:
5 Eat heat hich to lower my cholesters !
*My plan is No Twinkles HoHos, Ding Dongs, Sno-Balls, Raspberry Zingers Who will help me? me.
Where will I do it?
When will I do it? 24/7
What do I need to be successful? Cat heal thy alternatives
Things that may keep me from completing my small step:
Caregiver / caregiver Responsibilities Cost of medications
Cost or Place to Exercise  Health Education
Transportation Language / Translation
Time/Schedule Other: the children
I was given the following to help me achieve my goals:         Blood Pressure Monitor – Model/Serial No:         Gym Membership         Referral to the Tobacco Quitline         Quit Kit         Transportation Assistance
On a scale of 0-10, how confident are you that you can be successful in making your small step? On a scale of 0-10, how confident are you that you can be successful in making your small step? (0 = not confident at all, 10 = really confident) Notes: Notes: 10
*Participant signature: Nanny McPhee*Date: 0/1/2020 3
Participant email: mcpher 70@gmail.com
Next appointment (or best time to call)
Health Coach Signature: Date: 10/1/2020
*Items with an asterisk are required 10/2020

# 

## **WISEWOMAN Participant Agreement tab**

<u>Note</u>: 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.

WISEWOM	IAN - Partici	pant Client : NANNY MCPHEE Type : Returning Print   H	lelp   Home
Agreement		MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN	
Enrollments	Health Intake	e Screening Referrals Case Mgmt Outcome Mgmt	
		act   Self Efficacy   Outcome Eval.   Outcome Tracking	
WISEWOMAN	Readiness to Ch	nange	
Agreement Dat	te* 🦲 [	10 - 01 - 2020 3	
Readiness to C	Change* 1	8.0 🗸	
Reasons ready	/ not ready	I WILL SHOW THOSE KIDS I AM NO OLD DOG	
WISEWOMAN	Participant Agre	ement	
My Health Coa	ch is*	SHAFER, MELISA	
My small step i	is* 5	EAT HEALTHIER TO LOWER CHOLESTEROL	
My Plan is*		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	
<b>Barriers</b> Identif	fied*		
None	•	Access to healthy food	
Caregiver/	caregiver Respo	onsibility 🗌 Cost of medications	
Cost or Pla	ace to Excercise	e 🛛 Health Education	
Transporta	ation	Language/Translation	
🗹 Time/ Sche	edule	Other THE CHILDREN	
Participant give	en the following	8	
BP Monitor	; Model/Serial	No.	
🗹 Gym Memb	pership	Market Fresh Vouchers	
Referral to	Quitline	🗆 Quit Kit	
Transporta	tion Assistance	Other	
How confident small step (1-1		8.0 - 9	
Notes	10	HOW DOES SHE STAY SO THIN WITH A DIET LIKE THAT???	
All fields marker required	d with * are	Submit Cancel Delete	

### L. WISEWOMAN Contact Form (Health Coaching example)

WISEWOMAN	WISEWOMAN Contact Fo	rm 1 Date 11/1/2020
Last Name	First Name	Middle MBCIS ID
Email	Nanny	Initial 319325
Eman	Telephone	DOB
<ul> <li>Program Type:</li> <li>Health Coaching (HC)</li> <li>Take Off Pounds Sensibly (TOPS</li> <li>Entrepreneurial Gardening (EG)</li> <li>Type:</li> </ul>	<ul> <li>☐ HC &amp; Digital Weight Watchers</li> <li>☐ Cooking Matters (см)</li> <li>☐ Not Ready</li> </ul>	<ul> <li>Diabetes Prevention Prog (DPP)</li> <li>(<i>In-Person</i>) Weight Watchers</li> <li>Other—Specify main reason below</li> </ul>
Grace to Face Telephone	□ Email □ Text/SMS □ Video Ch	at
4 Length of Session: 30		
HEALTH COACHING SESSION	<u>N:</u> Session #: <u>5</u> (minimum is	s 5)
<b>Community Referral(s) Made</b> :	Housing	Medication Assistance
<ul> <li>Domestic Violence</li> </ul>	<ul> <li>Clothing</li> <li>Mental Health</li> </ul>	Transportation     Charries Demonder and
		Chemical Dependency
Employment	Other:	
6 Blood Pressure Tracking: a s BP: 144 / 82_	Self-report Date://	
7 Notes: Nanny 13 (	encerned about her	BP Noninga
little high T	During our conver	· · · · · · ·
she bas her	tutile her BP	Shartly after
day King hat	teal lacked her	to be at les
denking lit	tea! Tasked her	TO TIY TAKING
her Bt bef	one drinking the	e tea,
	0	
Reason for Contact (Other-Spe	cify main reason):	
	NT able to Talk I Number Disconnected I	1.1 1.000
	Ungu shurd	Date1/2020

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 MCPH MBCIS ID : 319325 LO	EE Type : Returning A : GENESEE HEALTH PLA	Print   Help   Home
Enrollments Health Intake Screening		Mgmt Outcome Mgn	
Participant Agreement   Contact   Self Effi			
LSP/ HC Session Date LSP/ HC Pr		Contact Type	OE Contact ?
Modify 10-02-2020 Health Coachin		Face-to-Face	N
Modify 10-02-2020 Health Coachin Modify 10-24-2020 Health Coachin	Contraction of the second s	Face-to-Face	N
Modify 10-06-2020 Health Coachin		Face-to-Face	N
Modify 10-23-2020 Health Coachin	Contraction of the second s	Face-to-Face	N
Modify 11-01-2020 Health Coachin		Telephone	Y
Add New WISEWOMAN Client Contact (Life LSP/ HC Session Dat 1 11 - 01 - 20			ng (HC) 🗸
Contact Type* Telephone	<ul> <li>Length of Sessi</li> </ul>	on* 15 minutes	
Minimum contacts met?			more TOPS, or 4 or more Cooking
Pay	Authorization D	ate -	-
Note. This area is only for payment of individual Health Coa on the Outcome Evaluation tab.	ching Contacts beyond the	ninimum of 5. Payment for Hea	Ith Improvement Bundle is authorized
Community Referrals 5			
Utility Bills Housing	Medication Assista	nce	
□ Food □ Clothing □	Transportation		
Domestic Violence Mental Health	Chemical Depende	ncy	
Employment Other:	]		
Blood Pressure Tracking 6			
Self Report 🗌 From Provider BP 144	/ 82 BP Date	04 - 01 - 2020	
Notes 7			
NANNY IS CONCERNED ABOUT HER BP RUNNIN REALIZED SHE HAS BEEN TAKING HER BP SH TAKING HER BP WHILE THE TEA IS BREWING	ORTLY AFTER DRINKI		
Reason for Contact Select Main Reason		~	
Health Coach			
SHAFER, MELISA 8		~	
All fields marked with * are required Submit	Cancel	Delete	

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	Print   Help   Home		
		319325 LCA : GENESEE HEALTH PLAN	-
Enrollments Health Intake	Screening Referrals	S Case Mgmt Outcome Mgmt	
Participant Agreement   Cont	act   Self Efficacy   Outco	ome Eval.   Outcome Tracking	
LSP/ HC Session Dat	e LSP/ HC Program	Contact Type	OE Contact ?
Modify 10-02-2020	Health Coaching (HC)	Face-to-Face	N
Modify 10-24-2020	Health Coaching (HC)	Face-to-Face	N
Modify 10-06-2020	Health Coaching (HC)	Face-to-Face	N
Modify 10-23-2020 Modify 11-01-2020	Health Coaching (HC) Health Coaching (HC)	Face-to-Face Telephone	N
			~
Add New WISEWOMAN Clien	t Contact (Lifestyle Progra	Health Coaching Session)	
LSP/ HC Session Date* 04	- 01 - 2020 <b>LSP/ H</b>	C Program* Health Coaching	(HC) 🗸
Contact Type* Tele	phone 🗸 Length	of Session* 15 minutes	~
Minimum contacts met?	10 Participal Matters c	nt has 5 or more HC, 9 or more DPP, 12 or mo contacts.	ore TOPS, or 4 or more Cooking
Pay	Author	rization Date	
Note. This area is only for payment of in on the Outcome Evaluation tab.	lividual Health Coaching Contacts I	beyond the minimum of 5. Payment for Health	Improvement Bundle is authorized
Community Referrals			
		Once Health Coac	hing is considered
· · · · · · · · · · · · · · · · · · ·			that in the database
	othing 🗌 Transport	of checking the r	
Domestic Violence Me	ental Health 🗌 Chemical	Dependency met?" checkbox (s	tep 10).
Employment Ot	her:		
Blood Pressure Tracking			
Self Report 🗌 From Prov	vider BP 144 / 82	BP Date 04 - 01 - 2020	
Notes			
	NG HER BP SHORTLY AFTE	HIGH. DURING OUR CONVERSATION R DRINKING HOT TEA. I ASKED H	
Reason for Contact Select Ma	in Reason	~]	
Health Coach			
SHAFER, MELISA		~	
All fields marked with * are required	Submit	ncel Delete	

## **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		Date 11/15/2020
Last Name McPhee Email	First Name Manny Telephone	Middle MBCIS ID Initial 319325 DOB
Program Type: Health Coaching (HC) Take Off Pounds Sensibly (TOF Entrepreneurial Gardening (EG	□ HC & Digital Weight Watchers Ps) □ Cooking Matters (см) ) □ Not Ready	<ul> <li>Diabetes Prevention Prog (DPP)</li> <li>(<i>In-Person</i>) Weight Watchers</li> <li>Other—Specify main reason below</li> </ul>
	Email Text/SMS Video Ch	et.
Length of Session: _30	(minutes)	lat
HEALTH COACHING SESSIO		5)
		\$ 5)
Community Referral(s) Made Utility Bills	<u>e</u> : □ Housing	Medication Assistance
Food	Clothing	Transportation
Domestic Violence	Mental Health	Chemical Dependency
Employment	Other:	
Blood Pressure Tracking: D BP:/ Notes: Nanny Wa Weight Wart Weight Wart help her da	Date: anted to try the ichere program. wabad the app	digital I had to p. (She's old schoo
Reason for Contact (Other-Sp	pecify main reason):	
ATTEMPT TO CONTACT CLI Time of Attempt	IENT	

Health	Coaching & D	igital Weig	ht Watchers	s example, Part 1
WISEWOMAN -	Client Contacts		HEE Type : Returning	Print   Help   Home
			CA : GENESEE HEALTH P	
	th Intake Screening		Mgmt Outcome M	
Participant Agreemer				
	ession Date LSP/ HC Pro		Contact Type	OE Contact ?
Modify 10-02-2020	Health Coaching		Face-to-Face	N
Modify 10-24-2020 Modify 10-06-2020	Health Coaching Health Coaching		Face-to-Face Face-to-Face	N
todify 10-23-2020	Health Coaching		Face-to-Face	N
todify 11-01-2020	Health Coaching		Telephone	Y
11-03-2020	OtherSpecify m	nain reason	Face-to-Face	Ν
Modify 11-15-2020	HC and Digital V	WW (HCDWW)	Face-to-Face	N
Add New WISEWON	AN Client Contact (Lifes	style Program/ Heal	th Coaching Session)	
SP/ HC Session Da	1 11 - 15 - 202	0 LSP/ HC Progra	am* 💋 HC and Dig	ital WW (HCDWW) 🗸
Contact Type*	Face-to-Face 3	Length of Sess	ion* 30 minutes	4 -
Minimum contacts m	et? 🗹	Participant has 5 or Matters contacts.	more HC, 9 or more DPP, 12	or more TOPS, or 4 or more Cooking
Pay		Authorization [	)ate -	-
Note. This area is only for pa on the Outcome Evaluation		ching Contacts beyond the	minimum of 5. Payment for H	ealth Improvement Bundle is authorized
Community Referrals	5			
Utility Bills	Housing	Medication Assist	ance	
Food	Clothing	Transportation		
Domestic Violen	ce 🔲 Mental Health 🗌	Chemical Depende	ency	
Employment	Other:			
Blood Pressure Trac	king 6			
Self Report	From Provider BP	BP Date		
Notes 7				
DOWNLOAD THE APP.	RY THE DIGITAL WEIGHT	WATCHERS PROGRAM	. I HAD TO HELP HER	FIND AND
DOWNLOAD THE AFF.				
Reason for Contact	Select Main Reason			<b>~</b>
Health Coach				
	8		~	
		12 KG		
All fields marked with required	* are Submit	Cancel	Delete	

# WISEWOMAN Contact tab

## **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.

WISEWON	IAN - Client	Contacts		NY MCPHEE Type 19325 LCA : GEN	: Returning ESEE HEALTH PLAN	Print   Help   Ho
Enrollments	Health Intake	Screening	Referrals	Case Mgmt	Outcome Mgmt	
	reement   Conta				come Tracking	
	HC Session Date	and the second se			tact Type	OE Contact ?
Modify 10-02-2	2020	Health Coaching	(HC)	Face-	to-Face	N
Modify 10-24-2	2020	Health Coaching	(HC)	Face-	to-Face	N
lodify 10-06-2		Health Coaching			to-Face	N
lodify 10-23-2		Health Coaching			to-Face	N
lodify 11-01-2		Health Coaching	and the second se	Telepi		Y
Addify 11-03-2 Addify 11-15-2		OtherSpecify m HC and Digital W		1.0.00	to-Face to-Face	N N
	And S.C.					
Add New WIS	SEWOMAN Client	Contact (Lifes	style Program	n/ Health Coac	hing Session)	
LSP/ HC Sessi	ion Date* 11	- 15 - 202	0 LSP/ HC	Program*	HC and Digital W	W (HCDWW) 🗸
Contact Type*	Face	-to-Face	_	of Session*	30 minutes	~
Minimum cont	acts met?	-	Participant Matters cor		9 or more DPP, 12 or mo	ore TOPS, or 4 or more Cooking
Pay		10	Authoriz	ation Date	11 - 22 -	2020
a fail and a second second	why for a summary of ind	uidual Health Coas	hina Contacta ha	used the minimum		Improvement Bundle is authoriz
on the Outcome Ev		would realist Gode	anny contacts be	yong the manufatt	or 5. Payment for meanin	improvement buildle is autora
<ul><li>Utility Bill</li><li>Food</li><li>Domestic</li></ul>	Clo Violence Me		Medication Transportat Chemical D	ion		
Employme		ner:				
Blood Pressur	re Tracking					
Self Repo	rt 🗌 From Prov	ider BP	И	P Date	· _ ·	
Notes						
NANNY WANTED DOWNLOAD THE		GITAL WEIGHT	WATCHERS PR	ROGRAM. I HAD	TO HELP HER FIN	ID AND
	ontact Select Mai	n Reason			•	
Health Coach				N	_	
SHAFER, MELI	SA		(11	<u> </u>	•	
All fields marke required	ed with * are	Submit	Cano	cel	Delete	

## **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.

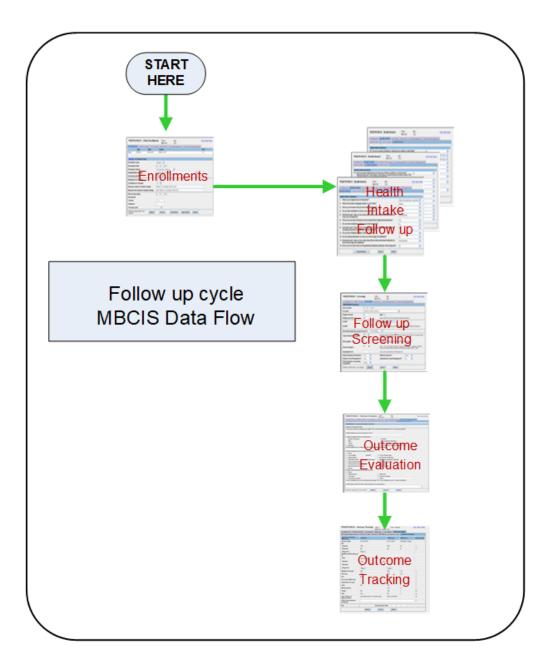
WISEWOMAN - Client Contacts				Y MCPHEE Type : F 9325 LCA : GENES	Charles and the second second	Print   H	elo   Hom	
Enroll	ments H	lealth Intake	Screening	Referrals	Case Mgmt	Outcome Mgmt		
Particip	pant Agree	ment   Contac	t   Self Effica	cy   Outcon	ne Eval. 📘 Outco	me Tracking		
	LSP/HC	Session Date	LSP/ HC Prog	gram	Conta	ct Type	OE Contact ?	
Modify	10-02-2020	)	Health Coaching (	HC)	Face-to-	Face	N	
Modify	10-24-2020	)	Health Coaching (	HC)	Face-to-	Face	N	
Modify	10-06-2020	)	Health Coaching (	HC)	Face-to-	Face	N	
Modify	10-23-2020	)	Health Coaching (	HC)	Face-to-	Face	N	
Sec. 1.	w WISEW		Contact (Lifest	yle Program	/ Health Coachin	g Session)		
Sec. 1.			Contact (Lifest	_	/ Health Coachin Program*	g Session) Select Program T	ype	ิณ
Sec. 1.	WISEW C Session	Date* 10		LSP/ HC		Select Program T Select Program T	уре	2
LSP/HO	WISEW C Session	Date* 10 Select	30 - 2020	LSP/ HC Length o	Program* f Session* nas 5 or more HC, 9 o	Select Program T Select Program T Health Coaching HC and Digital W	ype (HC)	oking
LSP/HO Contac Minimu Pay Note. This	w WISEW C Session t Type* m contacts	Date* 10 Select s met?	- 30 - 2020 Contact Type 🗸	LSP/ HC Length of Participant h Matters cont Authoriza	Program* f Session* nas 5 or more HC, 9 o	Select Program T Select Program T Health Coaching HC and Digital W Diabetes Prevent Take Off Pounds Cooking Matters ( Weight Watchers	ype (HC) W (HCDWW) ion Program (DPP) Sensibly (TOPS) (CM) (WW)	oking Ithorized
L SP/ HO Contac Minimu Pay Note. This on the Ou	w WISEW C Session t Type* m contacts s area is only f	Date* 10 Select s met? for payment of indivi tion tab.	- 30 - 2020 Contact Type 🗸	LSP/ HC Length of Participant h Matters cont Authoriza	Program* f Session* has 5 or more HC, 9 or lacts. ation Date	Select Program T Select Program T Health Coaching HC and Digital W Diabetes Prevent Take Off Pounds Cooking Matters (	ype (HC) W (HCDWW) ion Program (DPP) Sensibly (TOPS) (CM) (WW)	

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 Main Reason GOAL related issue discussed (nutrition, weight, exercise, guitting smoking)
Select Health Coach	GENERAL SUPPORT (checking how the woman is doing)
All fields marked with required	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**

WISE	WISEWOMAN - Client Enrollments Client: NANNY MCPHEE Age: 50						Print   Help   Home
				MBCIS ID : 31	19325 LCA : GEN	ESEE HEALTH PLAN	
Enrolln	nents	Health Intake	Screening	Referrals	Case Mgmt	Outcome Mgmt	
	Туре	Date	Facility				Wise Choices ?
Modify Modify	Followu Returnir		GENESEE HEAL				No No
Modify	Baseline		GENESEE HEAL				No
		/					
A dd No	-	ullment Cuele					
-		ollment Cycle		_			
Enrollm	ient Typ	)e*	Followup	·			
Followu	ip Date*	:	01 - 0	2 - 2021			
Particip	ant Stat	tus*	In Progress	/ In Follow up	~		
WISEW	OMAN A	Agency*	GENESEE	HEALTH PLAN	1	~	•
Screeni	ing Faci	lity*	GENESEE	HEALTH PLAN	1	~	•
Househ	old						
Income	<b>;</b> *		30000			Income value and	
Membe	ers*		8			family members v are populated fror	
Poverty	y Level		68.0 <b>%</b>	5		Returning cycle d	
Insuran	ce Stati	us	None		~		
Entrepr	eneuria	l Gardener (EG)	No	<b>~</b>			
All fields		d with * are Sut	omit Ca	incel	Find Client	Open Client De	elete

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)

				Date 1/2	12021
Last Name MCPhe	.0	First Name	,	Middle Initial	MBCIS ID
Email		Telephone		DOB	
		Follow-Up H	lealth Intake	-	
Cholesterol					
3. Do you take statins to Yes INO	o lower your ch Don'		plicable		
4. Do you take <b>other me</b> Yes No	edication to low		plicable		
5. During the past 7 day	s, on how man	y days did you take pr	escribed medication to	lower (includir	ng diuretics)
your cholesterol?	da	ys 🗅 Don't know 🗅	Not applicable		
Blood Pressure 7. Do you take medicatio	on to lower you	r blood pressure?			
□ Yes □ No	Don'i	t know	plicable		
8. During the past 7 days	s, on how man	y days did you take pr ❑ Don't Know  ▣ No	escribed medication (ir	ncluding diureti	ics) to lower your blood
	uays				
		Salar Salar Salar			
	cation to lower	your blood sugar (for t know 🛛 🗐 Not ap			
10. Are you taking media □ Yes □ No 11. During the past 7 da	cation to lower Don'i ys, on how ma	t know 🔲 Not ap	plicable	0	
10. Are you taking media □ Yes □ No 11. During the past 7 da	cation to lower Don'i ys, on how ma	t know 🔲 Not ap	plicable	o lot applicable	
<ol> <li>Are you taking media</li> <li>Yes</li> <li>No</li> <li>During the past 7 day</li> <li>lower your blood sug</li> </ol>	cation to lower Don'i ys, on how ma	t know 🔲 Not ap	plicable	o lot applicable	
<ol> <li>Are you taking media</li> <li>Yes No</li> <li>During the past 7 day</li> <li>lower your blood sug</li> </ol> BP Measurement 14. Are you taking aspiri	cation to lower Don't ys, on how ma gar (for diabete n daily to preve	t know I Not ap ny days did you take p s)? day ent a heart attack or st	plicable prescribed medication t s □ Don't know ■ N troke?	o lot applicable	
<ol> <li>Are you taking media</li> <li>Yes INO</li> <li>During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>Are you taking aspiri</li> <li>Yes INO</li> </ol>	cation to lower Don't ys, on how ma jar (for diabete n daily to preve Don't	t know Dig Not ap ny days did you take p (s)? day ent a heart attack or st t know Dig Not ap	plicable prescribed medication t s	lot applicable	
<ul> <li>10. Are you taking media</li> <li>Yes □ No</li> <li>11. During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>14. Are you taking aspiri</li> <li>Yes □ No</li> <li>18. Do you measure you</li> <li>■ Yes □ No - 1</li> </ul>	cation to lower Don'i ys, on how ma yar (for diabete n daily to preve Don'i Ir blood pressu was never	t know IN Not ap ny days did you take p s)? day ent a heart attack or st t know IN Not ap re at home or using of	plicable prescribed medication t s	lot applicable	
<ol> <li>Are you taking media</li> <li>Yes</li> <li>No</li> <li>During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>Are you taking aspiri</li> <li>Yes</li> <li>No</li> <li>No</li> <li>Yes</li> <li>No</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ol>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't ur blood pressu was never	t know ■ Not ap ny days did you take p s)? day ent a heart attack or st t know □ Not ap ure at home or using of □ No – I don't know how to measure	plicable prescribed medication t s  Don't know  D N plicable ther calibrated sources No – I don't have equipment to	lot applicable (like a machin □ No – I h equipm	ent, l don't have high
<ol> <li>Are you taking media</li> <li>Yes</li> <li>No</li> <li>During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>Are you taking aspiri</li> <li>Yes</li> <li>No</li> <li>No</li> <li>Yes</li> <li>No – I</li> </ol>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't nr blood pressu was never measure od	t know Not ap ny days did you take p s)? day ent a heart attack or st t know Not ap rre at home or using of No – I don't know	plicable prescribed medication t s  Don't know  N troke? plicable ther calibrated sources D No – I don't have	lot applicable (like a machin □ No – I h	ent, l don't have high
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>14. Are you taking aspiri</li> <li>Yes No</li> <li>No</li> <li>18. Do you measure you</li> <li>Yes No</li> <li>18. Do you measure you</li> <li>Yes No</li> <li>10. No - I told to my blo pressu</li> <li>19. How often do you measure</li> </ul>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't ur blood pressu was never measure od re easure your blo	t know Not ap Not omeasure my blood pressure Not pressure at home	plicable prescribed medication t s Don't know N troke? plicable ther calibrated sources No – I don't have equipment to measure blood pressure or using other calibrate	lot applicable (like a machin □ No – I h equipm but I do use it ed sources?	ave l I don't ent, have high n't blood pressure
<ul> <li>11. During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>14. Are you taking aspiri</li> <li>Yes □ No</li> <li>18. Do you measure you</li> <li>18. Do you measure you</li> <li>18. Do you measure you</li> <li>19. Yes □ No -1</li> <li>10. do to my blo</li> </ul>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't ur blood pressu was never measure od re easure your blo	t know Not ap Not omeasure my blood pressure Not pressure at home	pplicable prescribed medication t s □ Don't know □ N plicable ther calibrated sources □ No – I don't have equipment to measure blood pressure	lot applicable (like a machin □ No – I h equipm but I do use it ed sources?	ave I don't ent, have high n't blood pressure t Not
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>12. Are you taking aspiri</li> <li>Yes No</li> <li>13. Do you measure you</li> <li>Yes No No - I told to my blo pressu</li> <li>19. How often do you measure you Multiple times per day</li> </ul>	cation to lower Don't ys, on how ma yar (for diabete n daily to preve Don't r blood pressu was never measure od re easure your blo Daily	t know Not ap Not omeasure my blood pressure Not pressure at home A few times per week	plicable prescribed medication t s □ Don't know □ N plicable ther calibrated sources □ No – I don't have equipment to measure blood pressure or using other calibrate Weekly □ Monthl	lot applicable (like a machin ☐ No – I h equipm but I do use it ed sources? y ☐ Don'i know	ave I don't ent, have high n't blood pressure t Not
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>12. Are you taking aspiri</li> <li>Yes No</li> <li>13. Do you measure you</li> <li>Yes No No - I told to my blo pressu</li> <li>19. How often do you measure you Multiple times per day</li> </ul>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't r blood pressu was never measure od re easure your blo Daily re blood press	t know Not ap Not omeasure my blood pressure Not pressure at home A few times per week	plicable prescribed medication t s Don't know N troke? plicable ther calibrated sources No – I don't have equipment to measure blood pressure or using other calibrate Weekly Monthi valth care provider for fe	lot applicable (like a machin □ No – I h equipm but I do use it ed sources? y □ Don'i know	ave I don't ent, have high n't blood pressure t Not
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>14. Are you taking aspiri</li> <li>Yes No</li> <li>18. Do you measure you</li> <li>Yes No - I told to my blo pressu</li> <li>19. How often do you me per day</li> <li>20. Do you regularly sha</li> </ul>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't r blood pressu was never measure od re easure your blo Daily re blood press	t know Not ap Not ap Not ap Not ap Not ap Not ap Not ap No - I don't know how to measure my blood pressure Not ap Not ap	plicable prescribed medication t s Don't know N troke? plicable ther calibrated sources No – I don't have equipment to measure blood pressure or using other calibrate Weekly Monthi valth care provider for fe	lot applicable (like a machin □ No – I h equipm but I do use it ed sources? y □ Don'i know	ave I don't ent, have high n't blood pressure t Not
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>14. Are you taking aspiri</li> <li>Yes No</li> <li>18. Do you measure you</li> <li>Yes No - I told to my blo pressu</li> <li>19. How often do you me new per day</li> <li>20. Do you regularly sha</li> </ul>	cation to lower Don't ys, on how ma gar (for diabete n daily to preve Don't r blood pressu was never measure od re easure your blo Daily re blood press	t know Not ap Not ap Not ap Not ap Not ap Not ap Not ap No - I don't know how to measure my blood pressure Not ap Not ap	plicable prescribed medication t s Don't know N troke? plicable ther calibrated sources No – I don't have equipment to measure blood pressure or using other calibrate Weekly Monthi valth care provider for fe	lot applicable (like a machin □ No – I h equipm but I do use it ed sources? y □ Don'i know	ave I don't ent, have high n't blood pressure t Not
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>14. Are you taking aspiri</li> <li>Yes No</li> <li>No</li> <li>18. Do you measure you</li> <li>Yes No - 1 told to my blo pressu</li> <li>19. How often do you measure you multiple times per day</li> <li>20. Do you regularly sha</li> <li>Yes No</li> </ul>	cation to lower Don't ys, on how ma yar (for diabete n daily to preve Don't r blood pressu was never tr blood pressu easure your blo Daily re blood press Don't	t know Not ap No	plicable prescribed medication t s Don't know N troke? plicable ther calibrated sources No – I don't have equipment to measure blood pressure or using other calibrate Weekly Monthi valth care provider for fe	lot applicable (like a machin □ No – I h equipm but I do use it ed sources? y □ Don'i know	ave I don't ent, have high n't blood pressure t Not
<ul> <li>10. Are you taking media</li> <li>Yes No</li> <li>Yes No</li> <li>11. During the past 7 day lower your blood sug</li> <li>BP Measurement</li> <li>14. Are you taking aspiri</li> <li>Yes No</li> <li>No</li> <li>18. Do you measure you</li> <li>Yes No - 1 told to my blo pressu</li> <li>19. How often do you measure you multiple times per day</li> <li>20. Do you regularly sha</li> <li>Yes No</li> </ul>	cation to lower Don't ys, on how ma yar (for diabete n daily to preve Don't r blood pressu was never tr blood pressu easure your blo Daily re blood press Don't	t know Not ap Not ap Not ap Not ap Not ap Not ap Not ap No - I don't know how to measure my blood pressure Not ap Not ap	plicable prescribed medication t s Don't know N troke? plicable ther calibrated sources No – I don't have equipment to measure blood pressure or using other calibrate Weekly Monthi valth care provider for fe	lot applicable (like a machin □ No – I h equipm but I do use it ed sources? y □ Don'i know	ave I don't ent, have high n't blood pressure t Not

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 : GEN	ESEE HEALTH PLAN	
Enrollments Health Intake Screening	Referrals Case Mgmt	Outcome Mgmt	
Health Intake1   Health Intake2   Health In	take3   Health Intake4		
Health Intake1 Questions			
1. What is your highest level of education?		Select Education	~
2. Have you ever been told you have high c	holesterol?	Select	~
3. Do you take statins to lower your cholest	terol? Start	> Yes	~
4. Do you take other medication to lower yo		No No	~
5. During the past 7 days, on how many day medication to lower your cholesterol?	ys did you take prescribed	7 Days	~
6. Have you ever been told that you have hy	ypertension (high blood pre	ssure)? Select	~
7. Do you take medication to lower your blo	ood pressure?	Not Applicable	~
8. During the past 7 days, on how many day medication to lower your blood pressure	ys did you take prescribed ?	Not Applicable	~
9. Do you have diabetes? (either Type 1 or	Туре 2)	Select	~
10. Are you taking medication to lower your	blood sugar (for diabetes)?	Not Applicable	~
11. During the past 7 days, on how many day medication to lower blood sugar (for dial		Not Applicable	~
12. Have you ever been told you had gestation pregnant)?	onal diabetes (diabetes whi	Select	~
Save/Continue	Cancel	Delete	

#### 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?	Yes	~
15. Has your father, brother, or son had a stroke or heart attack before age 55?	Select	~
16. Has your mother, sister, or daughter had a stroke or heart attack before age 65?	Select	~
17. Has either of your parents, your brother or sister, or your child ever been told that he or she has diabetes?	Select	۷
8. Do you measure your blood pressure at home?	Yes	~
19. How often do you measure your blood pressure at home?	A few times per week	~
20. Do you regularly share blood pressure readings with a health care provider	No	~
for feedback? (Next Page Paper		
21. How many cups of fruits and vegetables do you eat in an average day?	3 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 dey, how many are whole grains?	More than half	~
Save/Continue Cancel Delete		

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

	WISEWOMAN Follow-Up/ Outcome Evaluation
<u>Lifesty</u> 21. Hov	<i>le</i> w many cups of fruits and vegetables do you eat in an average day (round to the nearest whole number)? cups. Includes fresh, canned or frozen fruits and vegetables.
(Ex	you eat fish at least two times a week? (amples: tuna, salmon, perch, walleye that has been baked, broiled, or grilled, and <i>not fried</i> ) Yes <b>d</b> No
(Ex	nking about all the servings of grain products you eat in a typical day, how many are whole grains? amples: brown rice, whole wheat bread, oatmeal, all bran cereal) Less than half
(Ex	you drink less than 36 ounces (450 calories) of beverages with added sugars weekly? amples: pop or soda, energy drinks, Kool-Aid, flavored coffee) (1 can of pop = 12 ounces) Yes
	you currently watching or reducing your sodium or salt intake? Yes INo
26. In ti	he past 7 days, how often did you have a drink containing alcohol?days
27. On	average, how many alcoholic drinks do you consume during a day you drink?
28. Hov	w many minutes of physical activity (exercise) do you get in a week? 6 hours 7 minutes
29. Do 30. Do tol	Includes cigarettes, pipes, or cigars (smoked tobacco in any form)         Incurrent Smoker       Quit (1-12 months ago)         Quit (More than 12 months ago)       Never smoked         You use any of the following? Smokeless tobacco (including chewing tobacco, snuff, dip, snus, and dissolvable bacco), bidis, hookah, electronic cigarettes.         Yes       Quit (1-12 months ago)       Quit (More than 12 months ago)
	you want to quit using tobacco products? No □I'm thinking about □Yes, I want to quit □I quit recently @I do not use tobacco quitting
Health S	Status
	er the past 2 weeks, how often have you had little interest or pleasure in doing things? Not at all Several days I More than half I Nearly every day
	er the past 2 weeks, how often have you been feeling down, depressed, or hopeless? I Not at all I Several days I More than half I Nearly every day
	Coach Meliza Shafer Page 2



## WISEWOMAN Health Intake 3 tab (Follow up cycle)

WISEWOMAN - Health Intake3	Client : NAN	NY MCPHEE Туре	e : Followu	ID	Print   Help   Home
	MBCIS ID : 3	19325 LCA : GEN	ESEE HE	ALTH PLAN	
Enrollments Health Intake Screening	Referrals	Case Mgmt	Outco	me Mgmt	
Health Intake1   Health Intake2   Health In	ntake3   Hea	lth Intake4			
Health Intake3 Questions					
24. Do you drink less than 36 ounces (450 ca beverages weekly?	alories) of su	gar sweetened	I	Yes	~
25. Are you currently watching or reducing y	your sodium	or salt intake?		Yes	~
26. In the past 7 days, how often did you hav	ve a drink cor	ntaining alcoh	ol?	0 Days	~
27. On average, how many alcoholic drinks of drink?	do you consu	ıme during a d	ay you	0 Drinks	~
28. How much physical activity (exercise) do	o you get in a	week?		6 hou	urs 0 minutes
<ol> <li>Do you smoke? Includes cigarettes, pipe any form)</li> </ol>	es, or cigars (	smoked tobac	co in	Never Smok	ed 🗸
<ol> <li>Do you use any of the following? Smoke tobacco, snuff, dip, snus, and dissolvabl electronic cigarettes.</li> </ol>			ewing	Not using	~
31. Do you want to quit using tobacco produ	icts?			I do not use	tobacco 🗸
32. Over the past 2 weeks, how often have y doing things?	ou had little i	nterest or plea	asure in	Several days	s 🗸
33. Over the past 2 weeks, how often have yo or hopeless?	ou been feeli	ng down, depr	ressed,	Not at all	~
Save/Cont	tinue C	ancel	Delete	е	

#### No skipped items during Follow up on this tab.

WISEWOMAN - Health Intake4	Client : NAN	NY MCPHEE Type	: Followu	р	Print   Help   Home
	MBCIS ID : 3	19325 LCA : GEN	ESEE HEA	ALTH PLAN	
Enrollments Health Intake Screening	Referrals	Case Mgmt	Outco	me Mgmt	
Health Intake1   Health Intake2   Health Int	take3   Hea	lth Intake4			
Health Intake4 Questions					
<ol> <li>Within the past 12 months, we (my house would run out before we got money to but</li> </ol>		d whether our f	food	Select	~
35. Within the past 12 months, the food we (n last and we didn't have money to get mor		d) bought just	didn't	Select	~
Submit	Canc	el	Delete		

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		Screening Date*	12/2021
Screening Site* 2			
Clinical Measurement	Result	Categories and Protocols for Medical Referral	
Height (inches)	67	BMI_19 □ Obese: BMI ≥30 Consider as risk factor for CVD. No re □ Overweight: BMI 25.0-29.9 No referral for Medical	
Weight (pounds)*	126	<ul> <li>Normal: BMI 18.5-24.9 No referral for Medical Evalu</li> <li>Underweight: BMI &lt;18.5 No referral for Medical Evalu</li> </ul>	uation
<b>Optional)</b> Waist Circumference (inches)	4	<ul> <li>□ Low to moderate risk: ≤35 inches No referral for Medical Evaluation</li> <li>□ High risk: &gt;35 inches Consider as risk factor for CVD. No referral for Medical Evaluation</li> </ul>	<ul> <li>Unable to obtain</li> <li>Client Refused</li> <li>Measurement not performed</li> </ul>
1 <sup>st</sup> Blood Pressure (BP)*	136,70	<ul> <li>* Alert: &gt;180 (systolic) and/or &gt;110 (diastolic) (AVCM* immediately or within 1 week depending on clinical si</li> <li>Stage 2 Hypertension: 160-180 (systolic) and/or 100-1</li> </ul>	tuation and complications
2 <sup>nd</sup> BP	130,78	Refer for Medical Evaluation and Blood Pressure Contr Stage 1 Hypertension: 140-159 (systolic) and/or 90-99 Refer for Medical Evaluation and Blood Pressure Cont	ol Support (diastolic)
Average BP (determine category with this number)	133,74	<ul> <li>Prehypertension: 120-139 (systolic) and/or 80-89 (dia: No referral for Medical Evaluation</li> <li>Normal: &lt;120 (systolic) and &lt;80 (diastolic) No referral</li> </ul>	stolic)
* Has Client fasted for at leas	t 9 hours? 🗐 Y		
Total Cholesterol (mg/dL)	190	<ul> <li>□ High: ≥240 mg/dL Refer for Fasting Lipid Profile and currently being treated for high cholesterol</li> <li>□ Borderline High: 200-239 mg/dL Refer for Fasting Lit treated for high cholesterol (if LDL from fasting lipid p Evaluation)</li> <li>□ Normal: &lt;200 mg/dL No referral for Fasting Lipid Profile</li> </ul>	pid Profile <b>if not currently being</b> rofile is ≥ 160, refer for Medical
HDL (mg/dL)	Ч	<ul> <li>Undesirable: &lt;40 mg/dL Fasting Lipid Profile if not c cholesterol (If LDL from fasting lipid profile is ≥ 160, re</li> <li>Desirable: 40-59 mg/dL No referral for Medical Eval</li> <li>Very Desirable: ≥60 mg/dL No referral for Medical E</li> </ul>	currently being treated for high fer for Medical Evaluation) uation
LDL Cholesterol (mg/dL)	152	□ High ≥ 160 Refer for Medical Evaluation         □ Borderline High: 130-159       □ Normal: <100 - 129 N	lo referral for Medical Evaluation
Triglycerides (mg/dL)	172	<ul> <li>❑ Very High: ≥500 Refer for medical evaluation</li> <li>❑ High: 200-499 Refer for medical evaluation (If value is refer for a fasting lipid panel)</li> <li>❑ Borderline: 150 −199 No referral for medical evaluation</li> <li>❑ Normal: &lt;150 No referral for medical evaluation</li> </ul>	
Hemoglobin A1c		□ Elevated: >7% Refer to provider treating diabetes. If no refer for Medical Evaluation □ Desirable: ≤7% No reference of the second se	ot currently seeing a provider, eferral for Medical Evaluation
Fasting Glucose (mg/dL)			abetes: 126-249 mg/dL Desirable: 70-99 mg/dl Fasting
*Required field for Follow-Up Sc **NOTE: For blood glucose		alue OR a Fasting Glucose value should be recorded. Do not	VCM: Alert Value Case Management enter a non-fasting value.
Client referred for Medical Client referred for follow-up	Evaluation?	Yes     No     Risk Reduction Counseling Complete       Yes     No     Alert Value Case Management (AVCM)	? (Required) 👜 Yes 🗖 No
Reason for refused referral		O I A = 0	
Signature of Staff Membe	er Conducting	Screening the fling	
			10/2020

WISEWOMAN - Follow	V UP Client : NANNY MCPHEE Type : Followup <u>Print   Help   Home</u>
Screening	MBCIS ID : 319325 LCA : GENESEE HEALTH PLAN
Enrollments Health Intak	e Screening Referrals Case Mgmt Outcome Mgmt
WISEWOMAN Screening	
Service Date*	01 - 02 - 2021
Provider*	GENESEE HEALTH PLAN
Height (inches)*	67 BMI 19.73
Weight (pounds)*	126 Normal: BMI 18.5-24.9 No referral for Medical Evaluation
Waist(inches)*	or Measurement not performed
1st BP*	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
Has Client fasted for at least	9 hours ?* Yes (Fasting)
Total Cholesterol (mg/dL)*	190 or Select Reason Missi V Normal: <200 mg/dL No referral for Fasting Lipid Profile or Medical Evaluation
HDL (mg/dL)*	41 or Desirable: 40-59 mg/dL No referral for Medical Evaluation
LDL (mg/dL)*	152         or           Select Reason Missi v         Borderline High: 130-159 mg/dL No referral for Medical Evaluation
Triglyceride (mg/dL)*	International 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 Risk Reduction Counseling Yes V 8
Referral Labwork?	Select VISEd Alert Case Management? Select
Comments	
Pay Note. This is the payment for a complete	Authorization Date 01 - 26 - 2021 ed Health Improvement bundle (Outcome Evaluation, Follow-up Health Intake and Follow-up Screening).
All fields marked with * are required	Submit         Cancel         Delete

## WISEWOMAN Follow up Screening tab

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

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

WI	ISEWOMAN WISEWOMAN Follow	Up/ C	Jutc	ome					1	200	21
					D	ate	1/	12	1	20	-1
	Lifestyle Prog	ram Pa	artici	patio	<u>n</u>				,		
1.	On a scale of $0 - 10$ , how successful were you at meet ( $0 = not$ at all successful and $10 = more$ successful that	ng your I ever	goal? imagir	ned.) _	10						
2.	What helped you be successful or kept you from being	success		The	ch	110	lver 30	n. ai	Th	eyi	10
3.	What community resources did you use (if any)?         None         Fresh Food Box Project       SNAP f         Walking Club       SNAP f         Local Gym       Farmer         Community Garden       Other _	Ed s Marke	et	erly Fo	od Sta	amps)	)			/	
4.	Which lifestyle intervention did you participate in? Health Coaching: contacts (minimum is 5 Cooking Matters: Attended of 6 session DPP: Attended of 16 core sessions (9 is TOPS: Participated in weekly. meetings ( Weight Watchers: Participated in sessi	s (4 is c complet	e)	e) nplete)							
	Quitline: Completed     Partially Completed	۵v	Vithdre	ew wh	en rea	ched		Una	ble t	o reac	n
5.	Quitline: Completed Partially Completed If you did not complete one of the programs, please exp	۵ ۱	Vithdre	ew wh	en rea	iched		Una	ble t	o reac	n 
6.	If you did not complete one of the programs, please exp For the lifestyle program that you participated in, on a s you with ( <i>please circle your answer</i> ):	Dlain wh	Vithdro y.								
6. ГТ	If you did not complete one of the programs, please exp For the lifestyle program that you participated in, on a s you with ( <i>please circle your answer</i> ): The progress you've made toward your goals	Dlain wh	Vithdro y. 1 to 10 2 3	(with	10 be 5	ing m	iost sa	atisfie 8	ed) h	ow sat	
6. ГТ	If you did not complete one of the programs, please exp For the lifestyle program that you participated in, on a s you with ( <i>please circle your answer</i> ): The progress you've made toward your goals	Dlain wh	Vithdro y. 1 to 10 2 3	(with	10 be 5 5	ing m 6 6	ost sa 7 7	atisfie	ed) h <u>9</u> 9	ow sat	
6. Т Т Ү	If you did not complete one of the programs, please exp For the lifestyle program that you participated in, on a s you with ( <i>please circle your answer</i> ):	Dlain wh	Vithdro y. 1 to 10 2 3 2 3	(with 4 4 4 4 4	10 be 5 5 5	ing m 6 6	nost sa 7 7 7 7	atisfie 8 8 8	ed) h 9 9 9	ow sat	
6. T T Y 7.	If you did not complete one of the programs, please exp For the lifestyle program that you participated in, on a s you with ( <i>please circle your answer</i> ): The progress you've made toward your goals The quality of the program Your overall experience with the program	Dlain wh	Vithdro y. 1 to 10 2 3 2 3 n you j	(with 4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0	10 be 5 5 bated i	ing m 6 6 6	aost sa 7 7 7 9	atisfie 8 8 8	ed) h 9 9 9	ow sat	
6. TT T Y 8.	If you did not complete one of the programs, please experiments of the programs, please experiments of the program that you participated in, on a so you with (please circle your answer): The progress you've made toward your goals The quality of the program Your overall experience with the program What did you find most beneficial about the lifestyle inter Lam excited about dig What would have made your experience better?		Nithdra y. 1 to 10 2 3 2 3 1 you 1 CA Increase I	(with 4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0	10 be 5 5 5 5 5 5 5 5 5 5 5 5 5	ar) ise portiv s/an>	afc	atisfic 8 8 8 <i>be</i>	ed) h 9 9 9	ow sat	

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 WISEWOMAN Follow-Up/ Outcome Evaluation
Lifestyle Program Participation
<ol> <li>On a scale of 0 – 10, how successful were you at meeting your goal?</li> <li>(0 = not at all successful and 10 = more successful than I ever imagined.)</li> </ol>
2. What helped you be successful or kept you from being successful? The children. They we be come so helptal live had wants go away
3. What community resources did you use (if any)?         In None         Fresh Food Box Project         Walking Club         Local Gym         Community Garden
<ul> <li>4. Which lifestyle intervention did you participate in?</li> <li>Health Coaching: (a contacts (minimum is 5 sessions)</li> <li>Cooking Matters: Attended of 6 sessions (4 is complete)</li> <li>DPP: Attended of 16 core sessions (9 is complete)</li> <li>TOPS: Participated in weekly. meetings (12 is complete)</li> <li>Weight Watchers: Participated in sessions (12 is complete)</li> <li>Quitline: Completed Partially Completed Withdrew when reached Unable to reach</li> </ul>
5. 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.

Evaluation	utcome					NY MCPHEE Type 19325 LCA : GEN	E SEE HEALTH PL	AN	Print   Hele   Hom
	ntake 5	Scree	ning	g Re	ferrals	Case Mgmt	Outcome Mg	gmt	
Participant Agreement	Contact	Self	f Eff	icacy	Outcor	me Eval.   Out	tcome Tracking		
WISEWOMAN - Outcome	Evaluatio	on Cor	ntac	t					
Outcome Evaluation Dat	e 01	- 02		- 2021	-				
1. How successful at me			_	- Constanting		ccessful and 1	0 = more succe	esful)	
10	cung your	Rom	. 10	- 1101	at an su	ccessier and i	o - more aucce	, a a run	
2. What helped you be su	ccessful	or not	t?						
The children. They've	become :	so he	lpf	ul I'v	e had v	warts go away	t i i i i i i i i i i i i i i i i i i i		
3. What community reso	urces did	VOIL II	ISA 1	>					
		,							
None									
Fresh Food Box					0	SNAP Benefits	(formerly Food	i Stamps)	
Fresh Food Box						SNAP Benefits SNAP-Ed	(formerly Food	i Stamps)	
Fresh Food Box Project								i Stamps)	
Fresh Food Box Project Walking Club Local gym						SNAP-Ed		i Stamps)	
Fresh Food Box Project Walking Club Local gym Community Garden						SNAP-Ed Farmer's Mark		i Stamps)	
Fresh Food Box Project Walking Club Local gym Community Garden Which Programs did y	-	_	_		e?	SNAP-Ed Farmer's Mark Other:		i Stamps)	
Fresh Food Box Project Walking Club Local gym Community Garden Which Programs did y Health Coaching:	ou particij	pate c	_	omplet 2020	e?	SNAP-Ed Farmer's Mark Other:	et	i Stamps)	
Fresh Food Box Project Walking Club Local gym Community Garden Which Programs did y Health Coaching: Cooking Matters:	-	_	_		e?	SNAP-Ed Farmer's Mark Other: contacts sessions a	et	i Stamps)	
Fresh Food Box Project Walking Club Local gym Community Garden Which Programs did y Health Coaching: Cooking Matters: DPP:	-	_	_		e?	SNAP-Ed Farmer's Mark Other: contacts sessions a core sessi	et attended ions attended		
Fresh Food Box Project Walking Club Local gym Community Garden Which Programs did y Health Coaching: Cooking Matters: DPP: TOPS:	-	_	_		e? 6 0	SNAP-Ed Farmer's Mark Other: contacts sessions a core sess weekly me	et attended ions attended setings participa		
Fresh Food Box Project Walking Club Local gym Community Garden Which Programs did y Health Coaching: Cooking Matters: DPP:	-	_	_		e?	SNAP-Ed Farmer's Mark Other: contacts sessions a core sessi	et attended ions attended setings participa		

The progress you've made The quality of the program						- /	
		1 2	3 4	5 6	7 8		10
Your overall experience w		1 2	<u>3 4</u> 3 4	5 6 5 6	7 8 7 8		10 10
		Alternation and a second					
. What did you find most	beneficial about the lifes	tyle intervention y	ou participa	ated in?	051	50	
I am Excl	test serend	and there	weig	nt w	u che	215	
8. What would have made	vour ovporiones better?						
Starting	digital weig	ht watc	hers	Soon	er		
	5						
. What changes did you	make, or have you notice	ed?					
<ul> <li>None</li> <li>I lost weight:</li> </ul>	nounde	_	Mualuoooo	(ougor) in	lower		
I am eating better:			My glucose Increased o				
I am more physical	ly active: 60 minutes	s/week	I made new	supportiv	e friends		
<ul> <li>I reduced or quit tol</li> <li>I am taking my med</li> </ul>	bacco use (Quit Date:		have less		tiety		
<ul> <li>My blood pressure</li> </ul>			I feel better My mood is				
Other:				501101			
0. Do you feel more confid	tont managing wave bar	h now there	d hefer	malline in t			
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## 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**

Enrollments Health	Intake Screening F	Referrals Case Mgmt Out	tcome Mgmt	
Participant Agreement	Contact Self Efficacy	V   Outcome Eval.   Outcome	Tracking	
Outcome Tracking (Measure)	Baseline	Follow up	Difference	Improvement
Service Date	01-01-2020	10-01-2020	9 Months	i i
BP				
Systolic	112	136	24	
Diastolic	88	70	-18	
Diagnosis	Prehypertension	Prehypertension		
Additional BPs (Recen 3)	it			
Date	04-01-2020			
Systolic	144			
Diastolic	82			
Diagnosis	Stage 1			
Weight (Pounds)	125	126	1	
Glucose				
A1c	5.1			
Exercise (Minutes)	300	360	60	
Fruits & Veg. (Cups)	02	03	1	
Fish	No	No	0	
Whole grains	About half	More than half		
Sugar	Yes	Yes	0	
Salt	Yes	Yes	0	
Use Tobacco? Want to Quit?	Never Smoked	Never Smoked		
Other Improvement (Explain)				
Pay		Authorization Date		

## **WISEWOMAN Outcome Tracking with Key**

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

Enrollments Health Intake	·		_			a	
Outcome Tracking (Measure)	-			w up	Difference	Improv	ement
Service Date	02-01-2019		06-03	3-2019	4 Months 2 Days		
BP			_				
Systolic	188		140		-48		
Diastolic	100		88		-12		
Diagnosis	Alert		Stag	e 1			
Additional BPs (Recent 3)			_				
Date	04-24-2019	03-13-201	9	02-09-2019			
Systolic	160	175		180			
Diastolic	80	98	100	)			
Diagnosis	Stage 2	Stage 2		Stage 2			
Weight (Pounds)	118		206		88		
Glucose	92		110		18		
A1c	5.7		5.9		0.2		
Exercise (Minutes)	330		360		30		
Fruits & Veg. (Cups)	04		04		0		
Fish	Yes		Yes		0		
Whole grains	About half		Abou	t half			
Sugar	Yes		Yes		0		
Salt	No		Yes		1		
Use Tobacco? Want to Quit?	Quit (1-12 mon	ths ago)	Neve	r Smoked			
Other Improvement (Explain)							
Pay 🗌		Authorizatio	on 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.

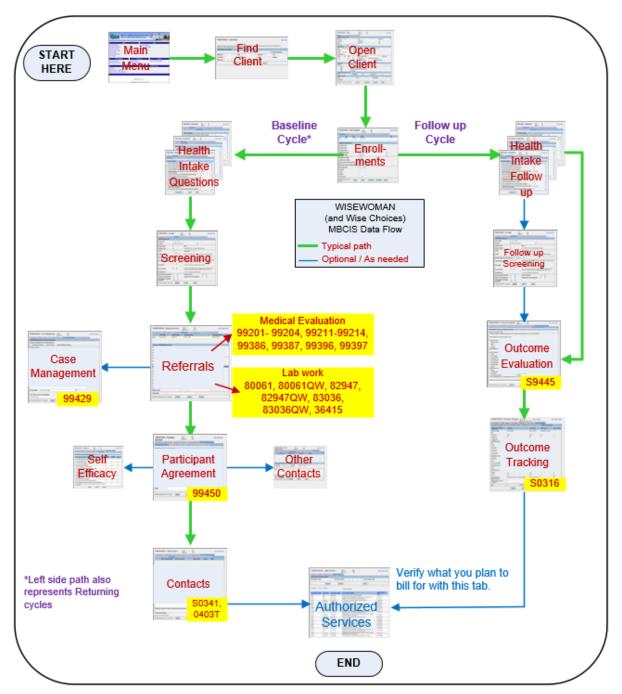


BP measures entered on the Contacts tab. This tab will display three blood pressures entered with a program contact. If more than three have been entered, the most recent three will be displayed.

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 Rat	
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	Ş	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.			Ş	425.00
	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</i> Bundle ) - Maximum of 11 additional HC sessions (total 16)		S0341	Ş	25.00
14	Diabetes Prevention Counseling (Client attends a Diabetes Prevention (DPP) Program core class)			\$	25.00

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.

WISEWOMA	<u>Print   Help   Home</u>							
Authorized Servi	Authorized Services Listing							
Procedure Code Procedure Date - Show All Records								
	Search	Canc	el					
Previous 1-12 of 1	Previous 1-12 of 12 V Next Search Results							
Procedure Code	<u>Visit Type</u>	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)	$\bigcirc$				
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)					
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.



(no copyright infringement intended)

Oh my! We have a returning WISEWOMAN participant named "Nanny McPhee!"

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



## **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 fort payment accurately.			

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

Follow Up Cycles only						
Tab in MBCIS* WISEWOMAN	Data comes from	Tab purpose/description				
Client Enrollments	(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.				
Health Intake	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.				
Follow Up Screening	1 Follow-Up/ Outcome Evaluation Form	Holds data from the Follow Up Screening form. The tab looks the same as the Screening tab.				
Outcome Eval.	1 Follow-Up/ Outcome Evaluation Form	Holds data from the Outcome Evaluation part of the follow up form packet.				
Outcome Tracking		Shows select metrics from the screening and follow up cycles, as available. It is used to validate any health improvement over time.				
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.				

