

## Questions and Answers - Patient Navigation Webinar – October 27, 2015

1. Are the slides going to be available?
  - a. Yes. The recorded webinar and slides will be posted to the website by November 10.

2. What do you mean by “Insurance”?

“Insurance” includes Medicaid, Medicare (A&B) and insurance.

3. I’m still confused; how does the patient navigation process works?

Patient navigation will only be provided to clients who are receiving Limited services. If the client has insurance (Medicaid, Medicare A & B, insurance) that will cover the full cost of services and states that she needs assistance with screening/diagnostics/treatment due to a barrier then they would be eligible for patient navigation services.

4. What happens if a client contacts me after she has screening done, and now needs diagnostics? She says she has insurance to cover the diagnostic test cost, but needs help to get the diagnostic test done and with going to treatment if she needs it.

If the client has insurance (Medicaid, Medicare A & B, insurance), however needs assistance with diagnostics/treatment you can enroll them as one of your limited slots for patient navigation. You will need to collect all diagnostic data, screening data, and complete the patient navigation data form.

5. If someone uses IFPN (Family Planning Network) would you mark “Insurance” or would you use “Other”, since “BCCEDP” would pay for mammogram?

- a. On the “Enrollment” form, you would select option 4 – Under-insured since the woman needs help paying for the mammogram.
- b. If a client has IFPN, this is not considered “insurance” as defined by the Marketplance. IFPN is like CFY; helps pay for certain services if the woman qualified. Please reference the definition slide that follows the Screening Form slide for the definition guidance we are giving you. Basically, BCCEDP/Insurance is the choice when a woman is underinsured.
- c. On the “Screening” form, you would select option 1-BCCEDP since CFY is-paying for the mammogram. For instance, if a woman needs BCCEDP to pay for the mammogram and another non-insurance program is to pay for the pap (IFPN), then you would choose “Other”.

### 2. Health Insurance (mark only one option)

1. None

↳ 1a. Date referred to insurance \_\_\_/\_\_\_/\_\_\_  
(mm/dd/yyyy)

2. Insurance (Includes Medicare Part B)

3. Medicare A (not Part B)

4. Under-insured (Assistance with co-pay and/or high deductible)

| Payer             |   |
|-------------------|---|
| 10c. CBE paid by  | <input type="radio"/> 1. BCCEDP             |
|                   | <input type="radio"/> 2. Other              |
|                   | <input type="radio"/> 3. Unknown            |
|                   | <input type="radio"/> 4. BCCEDP / Insurance |
|                   | <input type="radio"/> 5. Insurance Only     |
| 11d. Mamm paid by | <input type="radio"/> 1. BCCEDP             |
|                   | <input type="radio"/> 2. Komen              |
|                   | <input type="radio"/> 3. Other              |
|                   | <input type="radio"/> 4. Unknown            |
|                   | <input type="radio"/> 5. BCCEDP / Insurance |
|                   | <input type="radio"/> 6. Insurance Only     |

6. So we need to fill out the “Plan of Care” form for navigation even if there isn’t a problem like diagnostics, right?

- a. If there are no barriers preventing an insured woman from getting screened or with obtaining diagnostic services on her own, the insured woman should not be assisted.

7. *What type of insurance referral should we make when it is outside of the open enrollment period of ACA?*
  - a. Continue to refer women to the marketplace or other local contacts that are available to talk about insurance eligibility and enrollment even after the enrollment period ends. Women may have a qualifying life event that would allow her to enroll for insurance outside of the regular enrollment period.
  - b. Medicaid enrollment is available year round. There is no closed enrollment period.
  
8. *Based on this presentation, is there anyone we would not help?*
  - a. To be eligible for patient navigation, a woman must meet CFY program eligibility criteria (age and income) and have identified barriers that possibly prevent her from following through with screening or diagnostics on her own. If a woman doesn't meet the basic criteria of age and income, she is still not eligible for the program or patient navigation services.
  
9. *What constitutes the second contact for patient navigation services?*
  - a. To be considered eligible for vouching with patient navigation, a woman needs to have two documented contacts showing assistance from the program was provided. Once contact can be for barrier reduction, appointment setting, encouragement. The second contact may be to ensure the woman has gone for services, to review her screening and diagnostic outcomes, etc. Additional contacts may be needed to get the woman through the process of screening, diagnostics and into treatment if needed.
  - b. The required two contacts need to be documented on the Patient Navigation form in order for vouching to be paid.
  
10. *What do we do with women that we have already made "ineligible" for the program because when she called to re-enroll earlier she said she had insurance and this had not yet been implemented?*
  - a. You can call the woman back and check to see if she has done the services. If she hasn't, explain the program changes and find out if she needs program assistance to follow through.
  - b. **A reminder that if any women have been marked as "ineligible" in the past, you will need to check eligibility status when re-enrolling them into the program by reviewing and editing the form in the live web database system.**
  
11. *Would we be able to get a listing of women to send letters to encourage mammography, well woman exams that we may have discharged from the program in the past 12 months? They have not been getting screened because there are not providers to get them in a timely fashion here.*
  - a. If you would like a listing of the women, feel free to contact Yumei Sun. Yumei would be happy to pull any requested data. Yumei can be reached at [Yumei.Sun@idph.iowa.gov](mailto:Yumei.Sun@idph.iowa.gov)
  
12. *Do we continue to use the 75/25 ration when enrolling patient navigation clients?*

- a. The 75/25 does not apply in this instance as the BCCEDP is not paying for the mammogram. In fact, the BCCEDP should not be paying for any of the services for the woman.

*13. How do we find these women?*

- a. We are not asking that you seek out women for patient navigation services. The CFY program remains a screening program. Patient navigation can be offered to those women you contact for rescreening and find that they now have insurance. Patient navigation can be offered to an insured woman who meets age and income guidelines, but has barriers to following through with obtaining screening and/or diagnostics on her own.

*14. Will there be communication from IDPH to private providers on the expanded patient navigation services or should locals provide this info?*

- a. As above, we are not seeking women for patient navigation services. This is a screening program. If a woman needs assistance and contacts you to help in getting her screenings (diagnostic; treatment) then we can assist.

*Is there a template?*

- a. No. IDPH staff will, however, develop a notice that can be sent to the provider for a woman who has been enrolled for patient navigation. That notice will explain that while the woman has insurance coverage now, the program is assisting her through the process, and that data on her screening and diagnostic results will still need to be sent to the local program coordinator.

*15. What happens if the applicant isn't legally here in the US or a citizen with enrolling them for insurance?*

- a. This would not be a patient navigation client. This would be one of our regular BCCEDP clients. The client can still be referred to local help by finding the nearest contact at [www.healthcare.gov](http://www.healthcare.gov). They may not qualify for any of the insurances or subsidies from the Marketplace, but they may be able to get some private insurance

*16. What do you do if insurance options are exhausted and the patient does not qualify for anything?*

- a. This would not be a patient navigation participant. The woman would qualify to be served as a regular BCCEDP participant. A woman can be served as a regular BCCEDP participant while she is exploring insurance options.

*17. Will data include the enrollment paperwork and then the clinical reports from the screenings for a patient navigation patient?*

- a. Correct. All data forms are required. Forms include:
  - i. Consent/Enrollment
  - ii. Needs Assessment (required)
  - iii. Plan of Care (required)
  - iv. Annual Assessment

- v. Screening
- vi. Diagnostics (as needed)
- vii. Patient Navigation (required)

18. *Is a consent form still required?*

- a. Yes

19. *If we enroll a client for patient navigation and find out after the fact that her insurance did not cover the screenings or diagnostics, at that point can the claims be sent to PCS?*

- a. Yes
- b. All clients need to be entered into the PCS system regardless if they are receiving patient navigation services. This will ensure that if a woman needs program assistance for claim payment, the payment will proceed without delay.

20. *So it is possible that if we enroll a woman in navigation and find she needs a service that is not covered by her insurance we can use BCC funds?*

- a. Yes; you will only be able to vouch for that woman once. You would not get two payments.

21. *Will there be additional limited vouching slots?*

- a. IDPH staff will be monitoring the vouching activity of all programs, and programs may be contacted to reduce their contracts vouching slots or may be given additional slots as program funding and contractual amendments allow.

22. *If we have additional questions, who do we contact?*

- a. Jolene Carver or Lindsey Jones

23. *Where are the new forms located?*

<http://idph.iowa.gov/cfy-portal/ScreenAndRefer/Tools>

They can also be ordered from the Clearinghouse.

24. *When can we start using the new forms? When will the database system be ready?*

- a. This new Patient Navigation activity begins on November 1, 2015.

25. *Do we need to use the "Needs Assessment" on the website or may we use one that our program uses?*

- a. If it is a form that you have been using for a while, yes, you can continue to use that form.

26. *Will contracts have an amendment for patient navigation services?*

- a. Yes. Contractual amendments are being produced.