PATIENT NAVIGATION GUIDELINES

You have identified that a woman is on Medicaid Expansion or has other health-care coverage. In order to receive reimbursement for patient navigation

Need to have at least 2 separate contacts with the woman that could include:

1. Initial Call:
   - Calling her to establish that she wants patient navigation services, identifying the services needed and encouraging client to make an appointment if screening is due and/or call you with the appointment date if screening is due

2. Appointment Reminders:
   - If client hasn’t called back with the appointment date:
     o Calling her to see if she scheduled an appointment or
     o Sending a reminder letter to encourage her to make an appointment to get breast or cervical cancer screenings
   - If screenings were not due at time of initial call:
     o Sending a letter or card to encourage her to make an appointment to get screened before screening due date
     o Calling her to remind her that screening(s) are due soon and encourage her to make an appointment
   - Conduct calls for to remind client of scheduled appointment and to reinforce importance of keeping the appointment

3. Adherence and Results
   - Client calls to let you know when and where screening(s) are taking place
   - Arrange screening appointment for client
   - Track appointment adherence and results (i.e., get I&V back from provider and enter into CaST)

Enter this information into the Patient Navigation Contact Tracking form and complete the Request Payment column with an “X” if applicable and submit tracking form to State office when submitting I&Vs. Reimbursement will occur at the rate of $143. After you have reconciled the RFR, change “X” to paid. This tracking form is structured to reflect a continuous, ongoing record of women receiving patient navigation services and needs to be submitted monthly.

4. How to Complete I&V and DX Forms for Medicaid Expansion Clients
   - Please write MEDICAID EXPANSION on the top right corner
   - Please complete top as usual but make sure to check Health Insurance Coverage “YES” (below #12)
   - Under Breast/Cervical Procedure History (below #14a for breast/below 25b for cervical) please check “NONE” for the following test will be paid by Women’s Way
   - It will probably help the provider if you highlight the test and result area that you want completed.
For the non-adherent Women’s Way, Medicaid Expansion or other health-care coverage client:

- Document at least 3 contacts for these women who have not followed through with a screening. Contacts should occur over a period of time (minimum of 60 days). Reimbursement will occur at the rate of $75.

- Submit tracking form as described above when requesting payment for patient navigation services

- If the woman then screens, submit I&V, and balance of screening fee will be paid.