MINNESOTA'S Sage+ Cardiovascular Screening Program

Sage*Plus* Provider Manual

Disclaimer: This is a working program manual. Changes may be made, including but not limited to, updates to best practices, clinical staffing needs, and additional guidance from the Centers for Disease Control and Prevention. In the event that changes are made, an updated version of this document will be sent to the project coordinator.

Contents

Background

The WISEWOMAN Program

The WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) program helps women understand and reduce their risk for heart disease and stroke and promotes lasting heart-healthy lifestyles. The WISEWOMAN program served nearly 150,000 women nationwide between 2008 and 2013—91% of whom had at least one risk factor for heart disease and stroke—and nearly 101,000 women participated in a healthy lifestyle service to reduce these women's risk for heart disease and stroke.

Administered through the Center for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHDSP), the WISEWOMAN program operates in states and tribal organizations that participate in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The partnership between these two programs helps ensure women participating in the NBCCEDP receive a full range of health services.

WISEWOMAN Mission and Purpose

Nationwide, the WISEWOMAN program serves low-income, uninsured, and underinsured women aged 35 to 64 years, with heart disease and stroke risk factor screenings and services that promote healthy behaviors to reduce the risk for heart disease and stroke. The CDC provides funding to local WISEWOMAN programs to enable qualifying women to receive free screenings and counseling about their risk for heart disease and stroke. Women are then supported as they participate in evidence-based lifestyle programs, individual health coaching, and/or are referred to other community resources.

The services provided by each WISEWOMAN program vary and are designed to promote lifelong heart-healthy lifestyle changes. WISEWOMAN helps integrate innovative and evidence-based approaches to heart disease and stroke prevention within health care systems and throughout communities. Learn about WISEWOMAN (www.cdc.gov/wisewoman/php/about/index.html).

WISEWOMAN in Minnesota: The Sage*Plus* Program

Sage*Plus* is Minnesota's implementation of the CDC funded WISEWOMAN Program. Grants are awarded by the CDC for five-year cycles. The most recent grant cycle began on September 30, 2023. The Minnesota Department of Health (MDH), Cancer Control Section, administers Sage*Plus* in conjunction with the Sage (Breast and Cervical Cancer Screening) Program.

Overview of Sage*Plus* Services

The Sage*Plus* Program offers:

- Cardiovascular health risk assessment screening & follow up screening
- Education on risk factors
- Diagnostic evaluation for women with abnormal screening values (including alert values)
- Healthy behavior lifestyle interventions
- SDOH assessment and resource referrals

Sage*Plus* contracts with medical clinics to provide services to patients. Services are generally reimbursed on a fee-for-service basis. Special initiatives or pilots may be funded through grants.

Sage*Plus* pays to screen women for risk factors for heart disease and provides counseling and support to assist them in making lifestyle changes to reduce their risk. Sage*Plus* also pays for a diagnostic evaluation for women with abnormal screening values. Sage*Plus* does not pay for medication or treatment. See "*Billing and Reimbursement*" section for additional information.

Screening includes taking a brief medical history, completing a brief dietary and physical activity assessment, measuring blood pressure, blood work to measure glucose and cholesterol, weighing the patient and measuring her height (used to calculate body mass index), and assessing tobacco use.

All women receive heart health education and risk reduction counseling, beginning with the delivery of their screening results. Women are offered educational materials based on their health status, level of interest, readiness to change and current state of knowledge.

Women with elevated or abnormal values are offered guidance and support to make lifestyle changes such as increasing physical activity or healthy eating. The Sage*Plus* Program strongly recommends the use of Motivational Interviewing (a client-directed counseling style) to elicit and enhance the woman's own internal motivation for change. Women who agree they are ready to undertake lifestyle changes will get support to develop a personal plan for change.

Women are directed to participate in lifestyle change activities developed by their enrolling clinic or in the community. These might include exercise and nutrition classes, tobacco cessation through the QuitPartner, or enrollment in community-based programs, such as Zumba and Yoga.

Women who choose to make changes will receive follow-up contacts in person or by telephone to assess progress, offer encouragement, resolve barriers, and modify or augment lifestyle change plans.

After participating women complete their lifestyle change activities, they complete a follow-up screening to re-assess their risk factors. A final rescreening for risk factors occurs nine months to eleven months after a woman's initial baseline screening.

In addition, women will be directed to complete a SDOH assessment tool during the risk reduction counseling appointment. The SDOH assessment will address barriers the woman might be facing in trying to achieve positive health outcomes. Assessment will address questions such as computer/internet access, food insecurity, transportation barriers, childcare issues, housing stability, intimate partner violence and medication adherence. When a barrier is

present, referrals to social service resources should be implemented. Social service resource utilization will be documented through patient or resource follow up after an appropriate amount of time. Referrals can take place at any point during the SagePlus program cycle.

Sage*Plus* Implementation

Sage*Plus* Eligibility

In order to participate in Sage*Plus*, a woman must meet all of the following criteria:

- Be eligible for the Sage Screening Program
- Be uninsured or underinsured
- Have a total household income no higher than 250% of the federal poverty limit (see website for current income guidelines; this requirement does not apply in tribal clinics)
- Be 35-64 years of age

Women who are eligible and new to Sage can receive both Sage and Sage*Plus* services at the same visit (known as an integrated visit). Women who have received Sage breast and cervical cancer screening or diagnostic services in the previous eleven (11) months are eligible for Sage*Plus* services as well.

Sage*Plus* Integration with Sage

Sage is Minnesota's name for the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Sage*Plus* is Minnesota's name for the CDC WISEWOMAN program. The WISEWOMAN program was authorized through a legislative supplement to the law that established the NBCCEDP. Sage*Plus* is tied to the Sage Screening Program both legislatively and programmatically. Clinical and administrative services for the programs will be integrated as much as possible.

A woman must be eligible for services through Sage in order to enroll in Sage*Plus*. Screening for both Sage and Sage*Plus* should occur at the same office visit, if possible. Screening information for both programs is documented on the combined Sage enrollment form (see Appendix A). For information on billing for Sage*Plus* services and integrated visits (where both Sage and Sage*Plus* screening occurs), please see the billing section.

Clinic Model for Sage*Plus*

Listed below are the key components that all clinic providers must deliver to program participants:

- Health Risk Assessment. Cardiovascular health risk assessment is completed at baseline and rescreening visits. Completion of the health risk assessment will facilitate risk reduction counseling.
- Clinical Diagnostic cardiovascular preventive services. Diagnostic services are ordered if the participant has an alert value for blood pressure.
- Risk reduction counseling and education. Every program participant must receive baseline screening, follow-up screening and rescreening results; interpretation of the results; and

appropriate recommendations in accordance with national clinical care guidelines. Screening information must be delivered both verbally and in writing using health literacy and plain language standards. Motivational interviewing techniques should be utilized to encourage the participant to change behaviors and lifestyle by participating in a healthy behavior support service.

- Healthy Behavior Support Services. These are evidence-based and evidence informed programs that improve an individual's health status by increasing physical activity, improve healthy eating, prevent and control hypertension, support weight loss when appropriate or smoking cessation when content also includes physical activity and nutrition.
- SDOH (Social Determinants of Health) assessment. This assessment is done in conjunction with the health risk assessment at the initial visit and throughout the SagePlus cycle.

SagePlus clinic implementation model can be seen in **Figure 1.**

Figure 1: Clinic Implementation Model

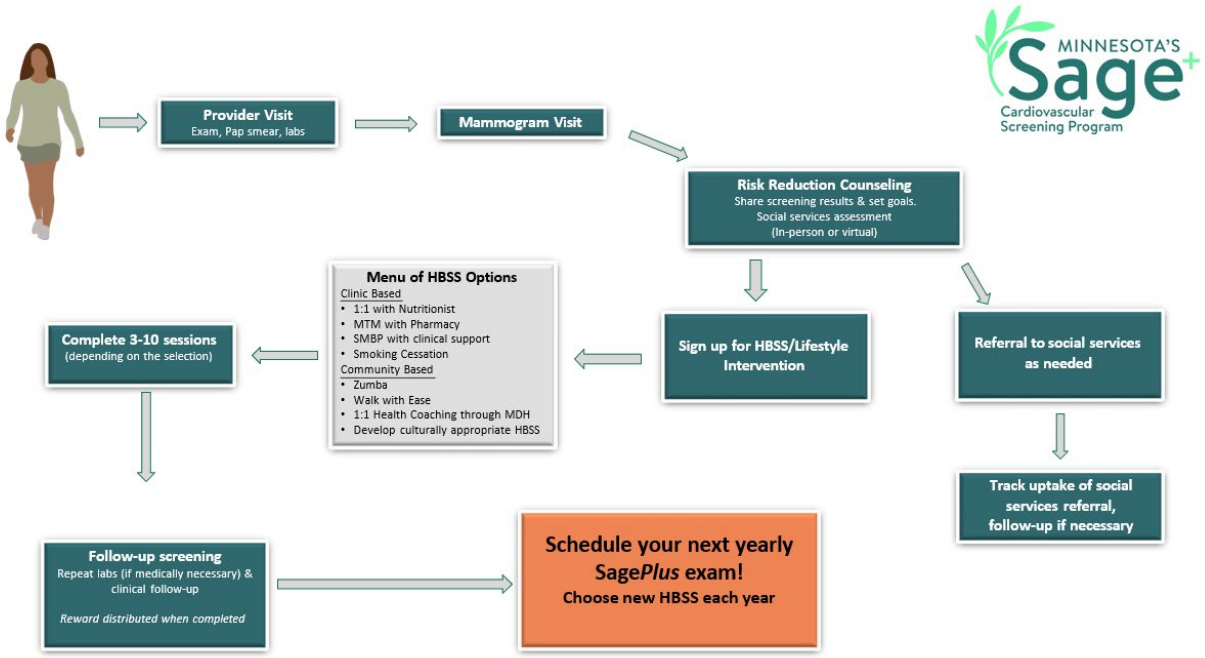


Figure 1 depicts a SagePlus participant moving through each component of the program in a flowchart. The first step is the provider visit, which includes labs, a pap smear, and exam. The next is a mammogram visit; then risk reduction counseling to share screening results and set goals occurs in-person or virtually. Next, the participant signs up for a HBSS/Lifestyle Program from a menu of options determined with each clinic and they also receive referrals to social services as needed, which are tracked for follow-up. Next, the participant completes their HBSS sessions, then their follow-up screening with repeat labs if necessary. A reward is distributed upon completion. The cycle can begin again after one year.

Sage*Plus* Forms: Guidance and Instructions

Sage*Plus* forms include the following:

- Sage/SagePlus Enrollment Form
- SagePlus Screening Form

HBSS and SDOH information will be documented on a separate tracking template.

Forms and tracking template are included in Appendix A.

Please complete and fax forms to the Sage Screening Program: 1-877-495-7545

Tracking Template can be directly uploaded into the SagePlus data management platform.

Sage/Sage*Plus* Enrollment Form

This form should be filled out by:

- Patient, reviewed with clinic staff for accuracy (pages 1-3), and clinic provider (page 4)

The purpose of this form is:

- Eligibility determination, consent for enrollment and required for billing

When completed:

- Patient signs form
- Return form to MDH within one week

Additional guidance & information:

- All women participating in Sage*Plus* must fill out a Sage/Sage*Plus* Enrollment Form.
- Without this form, Sage*Plus* cannot reimburse providers for services the woman receives.
- The Sage*Plus* screening typically occurs jointly with Sage screening (on the same day, at the same office visit). The same encounter number is used for both program components. This is also known as an *integrated visit*.
- Under certain circumstances, the Sage*Plus* visit can occur on a different date within a year of the Sage visit.
- After completion, return the original enrollment form to Sage*Plus*. Keep a copy of the form for the clinics records (e.g. in the patient's chart or in a separate secure file)
- **Page 1** is a Program Description and Consent for Release of Information to the Sage/Sage*Plus* Programs. Every woman who wants to participate in the programs must sign and date this form. A woman who does not sign the consent form is not in the Sage/Sage*Plus* programs.
- **Page 2** collects demographic information. This information is used for both programs and is required to determine eligibility. The patient should fill out this information, and the clinic should review it for accuracy.
- **Page 3** collects the patient's medical history relevant to breast and cervical screening, and smoking information. The patient should fill out this information, and the clinic should review it for accuracy.

- **Page 4** is Sage screening information and must be completed by a clinic staff. A checkbox on the top of form ***must be checked*** if that patient would like to participate in the Sage*Plus* program.

Sage*Plus* Screening Form

This form should be filled out by:

- Clinic staff from records and client self-report

The purpose of this form is:

- Collect prior screening history, lab values, medical history & behavioral health assessment at the initial/baseline SagePlus visit. Form is completed a second time at the follow-up screening visit 4 to 6 weeks after completion of the Lifestyle Intervention.

When completed:

- Clinician signs form
- Return form to MDH within one week

Additional guidance & information:

- **Type of Screening**: Check the appropriate box to indicate type of screening. Screening types include:
  - **Initial/Baseline Screening** – Done in conjunction with the Sage integrated office visit.
  - **Follow-Up Screening –** Done 4-6 weeks after the Lifestyle Intervention completion and within 12 months of the initial screening.
  - **Rescreening** – Done 4-6 weeks after HBSS completion and after 12 months of initial screening.
- **Screening Date and Demographics:** Fill out Office Visit Date, MRN (if available), Sage Encounter ID, Patient Name, Date of Birth and Level of Education.
- **Labs:** This section documents body measurements and the lab values. It is ideal that the labs are done the same day as the integrated visit. However, Sage*Plus* allows up to 30 days prior to or after the date of the screening for the labs to be completed.
- **Alert Value:** This section is completed if there is an alert blood pressure. The CDC guideline is > 180 systolic or > 120 diastolic. Program guidelines require that the patient follow up with a provider within a week of the reading to ensure appropriate clinical measures are taken.
- **Medical History Assessment**: These questions will provide an overview of the patient's overall medical history as related to hypertension, cholesterol, diabetes, heart and stroke factors.
- **Behavior Health Assessment:** These questions provide an assessment of patient's eating and drinking habits, mental health, level of physical activity and smoking status.
- **SDOH Assessment:** These questions provide information on possible barriers present that limit patient's access to health care and achieving a healthier lifestyle. If barriers exist, please ensure patient is referred to a resource available through the clinic or a social services platform such as Find Help.

- **HBSS –** Check which HBSS patient would like to enroll in. HBSS options are categorized into three (3) groups:
  - **Clinic –** These are options available at the clinic and delivered by clinic staff. Examples include nutrition counseling and diabetes education.
  - **Community –** These are options available through community partners and organizations. Examples include Walk with Ease, Zumba and Yoga.
  - **MDH –** Health coaching is available for all participants through the SagePlus program. Health coaching staff are provided MI (Motivational Interviewing) training as well as other resources to help with providing guidance to patients in achieving a healthier lifestyle.

  If patient is undecided, please indicate this on the form and a health coach will follow up on further guidance.

  Please refer to your clinic's HBSS menu for information on options available, contact info and other relevant guidance.

Clinical Services

Baseline Screening and Rescreening

The clinical screening component assesses the presence of chronic disease risk factors and must include the following measurements:

- Height and weight (to calculate Body Mass Index)
- Blood pressure
- Cholesterol, determined by laboratory test
- Glucose level or A1C, determined by laboratory test
- Smoking

Requirements and Timeframe

The purpose of screenings and health risk assessments is to:

- Evaluate a patient's cardiovascular risk.
- Provide patient-centered risk reduction counseling.
- Determine appropriate next steps.

Therefore, all screening services should be completed at the screening visit or prior to the office visit. It is ideal to collect all this information at the office visit, but we recognize that this may not always be possible.

Below is an overview of the clinic screening requirements for the Sage*Plus* Program:

- Conduct three (3) screenings in total:

Screening Type	Timeframe & Details
Baseline Screening	Upon enrollment in Sage*Plus*
Follow-up Screening	Within 4 to 6 weeks after completing a minimum number of sessions of the recommended lifestyle intervention component(s). The screening must occur 3 months and no later than 11 months after the participant's baseline screening or last rescreening.
Rescreening	Within 11-18 months after the patients initial Sage*Plus* baseline screening, or their last follow-up screening. The rescreening visit should be an integrated office visit to the extent possible. Lab work completed at the baseline visit should be completed at the rescreening visit.

- Collect the patient's consent and enrollment paperwork and assist the patient in completing forms at each screening visit.
- Conduct screenings in accordance with national clinical guidelines.

Laboratory Blood Tests

Labs should be done during the screening visit or within the 30 days before or after the screening visit. If a patient had the required Sage*Plus* labs drawn within the 30 days prior to her screening visit, the clinic site should ensure that these results are shared with Sage*Plus*. The results from these tests can be used to determine whether risk factors are present. If the labs are unable to be completed during the screening visit, they can be completed within the 30 days after the visit. The patient must have labs completed prior to enrollment in Sage*Plus* services.

Assessments

The Sage enrollment for and Sage*Plus* Screening Form will be filled out at the patient's first Sage/Sage*Plus* office visit and includes a brief assessment of the patient's current eating patterns and physical activity and a health history assessment focused on cardiovascular disease and the patient's tobacco use. This information will be used as part of the patient's goal setting process and serve as a baseline to measure progress throughout the Sage*Plus* program.

Health Risk Assessment

A health risk assessment provides individuals with an evaluation of their health risks and quality of life. The information from the assessments helps providers work collaboratively with clients to make decisions and improve their health.

Participating Sage*Plus* clinics may utilize Health Risk Assessments available within their internal CVD risk assessment protocols. Sage*Plus* staff will review these protocols to ensure that they meet the requirements of the CDC WISEWOMAN program.

- If the clinic does not have a current protocol, Sage*Plus* suggests utilization of the American College of Cardiology Risk Estimator (http://tools.acc.org/ASCVD-Risk-Estimator-*Plus*/#!/calculate/estimate/)
- The American Heart Association provides a consumer-facing version: The American Heart Association PREVENT (TM) Online Calculator

Please note: All SagePlus participants must be given their screening results both verbally and in writing.

Clinical Measurements: Protocols & Guidance

BMI and Waist Circumference Measurement

Obesity is a risk factor for cardiovascular disease, coronary artery disease, Type 2 diabetes, hypertension, and numerous other diseases. Sage*Plus* strives to achieve reduction of obesity and overweight by changing two weight-linked behaviors: physical inactivity and unhealthy eating.

Body Mass Index Measurement Technique

Body Mass Index (BMI) is used as a screening tool to identify possible excess weight for adults. BMI is a number calculated from a person's weight and height. To calculate a patient's BMI, obtain the patient's weight and height. Calculate using a standard BMI chart or table.

Waist Circumference Measurement Technique

This measurement is not required for a valid screening but is strongly suggested to support the understanding of cardiovascular disease risk factors of individual patients and the overall SagePlus population. Changes in the waist circumference have been shown to demonstrate progress on improved health status at an earlier stage than the BMI.

The World Health Organization (WHO) STEPS Protocol for measuring waist circumference:

- To measure the waist use a soft, stretch-resistant tape measure that is wrapped snugly around the patient, but not to the point that the tape is constricting (avoid compressing or pinching the patient's skin). Keep the tape level and parallel to the floor (horizontal) at the point of measurement.
- Ensure the patient is standing in an upright and relaxed position during the measurement, with arms relaxed at the side, feet evenly spread apart and body weight evenly distributed.
- Measure the waist circumference at the end of several consecutive natural breaths, at a level parallel to the floor, midpoint between the top of the iliac crest and the lower margin of the last palpable rib in the mid axillary line (this point is usually just above the patient's belly button; lay people often use the belly button as the location of measurement of the waist, but research has shown that this technique often underestimates the true waist circumference.
- The ideal time to take these measurements is while the patient has been fasting, which reduces the effects of water, food, or gas in the GI tract. Patients are advised to fast for their laboratory blood tests during their screening and rescreening visits, and these will be the optimal times to take waist measurements. If a patient has not been fasting, their waist measurement can still be taken, it just may not be as accurate as if done while patient is fasting.

Table 1: Abdominal Obesity Measurement Guidelines

Organization	Measurement Used	Definition of Abdominal Obesity
American Heart Association	Waist circumference	Women: > 88 cm (35 inches)
International Diabetes Federation	Waist circumference	Women: > 80 cm (31.5 inches) Different cut-points for different ethnic groups

Blood Pressure

Accurate blood pressure measurements are critical for detecting and managing high blood pressure and for the diagnosis and management of hypertension. Identifying and reducing high blood pressure has been shown to lower the risk of cardiovascular disease (CVD).

Blood pressure measurements should be done using the following proper technique:

- Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- Ensure the patient has emptied her bladder.
- Patients should be seated quietly, in a chair with back support (rather than on an exam table), for at least 3 – 5 minutes and allowed to relax prior to blood pressure measurement, with feet on the floor and arms supported at heart level.
- The blood pressure cuff should be at heart level, using the correct cuff size, and the measurement should not be taken over clothes.
- Patients should not move or talk during the period of rest prior to taking their blood pressure or during the actual measurement. Health care workers should also refrain from talking with patients during this time.
- Current recommendations suggest taking BP in both arms; if done, the higher reading should be used and recorded.
- Current recommendations suggest taking at least 2 readings with at least 1 to 2 minutes separation. Sage*Plus* requires blood pressure taken at least one time and additional readings as desired. If the first reading is abnormal, it should be repeated. If the first two readings differ by more than 5 mmHg, additional measurements should be taken. An appropriate size cuff should be used consistent with established clinic protocol.

Laboratory Blood Tests: Cholesterol and Glucose

Cholesterol: General Guidelines

Elevated blood cholesterol is a major risk factor for heart disease. Identifying and reducing high blood cholesterol has been shown to reduce the risk of heart disease.

A complete lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides) is the preferred initial test. For most patients, current guidelines allow a complete lipoprotein profile to be taken if the patient is fasting or non-fasting. For patients with a history of high cholesterol and/or taking lipid lowering medications, a fasting lipoprotein profile is needed. Additionally, if a patient has a non-fasting triglyceride level ≥ 400 mg/dL, a fasting profile is necessary. The Sage*Plus* program will reimburse for a follow-up fasting blood test.

Glucose: General Guidelines

Individuals with undiagnosed diabetes are at significantly higher risk for stroke, coronary heart disease, and peripheral vascular disease than the non-diabetic population.

Fasting Plasma Glucose (FPG) or A1C are the preferred tests for blood glucose screening. If results from a non-fasting glucose test at the Screening Visit are abnormal, the Sage*Plus* program will reimburse a follow-up fasting blood glucose test at the Office Visit. Two abnormal tests on two different days are necessary for the diagnosis of diabetes. An A1C test may be used to diagnose diabetes at the Office Visit.

Protocol Guidelines

Sage*Plus* recommends drawing blood for laboratory tests on the same day as the screening appointment. An exception can be made if the patient has had these tests completed within 30 days prior to the day of the screening appointment. In no case should these tests be more than 30 days from the date of screening.

- When fasting for laboratory tests, fasting should begin a minimum of 9 hours prior to tests.
- Consistent with national guidelines, the Sage*Plus* program recommends a complete lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides) as the preferred screening test.
- In patients with pre-existing diabetes, or for those who are non-fasting, the A1C should be performed for glucose testing.
- If used, the A1C (Glycosylated Hemoglobin) test should be performed in a laboratory using a method that is National Glycohemoglobin Standardization Program (NGSP) certified and standardized to the Diabetes Control and Complications Trial (DCCT) assay.

Interpretation & Classification of Index Values

BMI

Table 2: BMI Classification

	Underweight	Normal Weight	Overweight	Obesity (Class 1)	Obesity (Class 2)	Extreme Obesity (Class 3)
BMI (kg/m^2)	<18.5	18.5–24.9	25-29.9	30-34.9	35-39.9	≥40

Blood Pressure

Table 3: Blood Pressure Classification CDC

Blood Pressure Reading			Hypertension Classification
Systolic Upper # (mmHg)		**Diastolic** Lower # (mmHg)	
< 120	***AND***	< 80	Normal
120 – 129	***AND***	< 80	Elevated
130 – 139	***OR***	80 – 89	High Blood Pressure (Hypertension) Stage 1
140 or higher	***OR***	90 or higher	High Blood Pressure (Hypertension) Stage 2
Higher than 180	***AND/OR***	***Higher than 120***	***Hypertensive Crisis (consult your doctor immediately)***

Reference:

Whelton, P.K., Carey, R.M., Aronow, W.S., et al. (2018). ACC/AHA/AAPA/ABC/ACPM/AGS/ APhA/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: Executive summary: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension, 71*, 1269 – 1324.

Averbeck, B., Ballard, S., Collins, D., et al. (2018). ICSI Hypertension Work Group: 2018 Commentary. *Institute for Clinical Systems Improvement.*

Arnett, D.K., Blumenthal, R.S., Albert, M.A., Buroker, A.B., et al (2019). 2019 ACC/AHA Guideline on the primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical practice Guidelines.

Mayo Clinic. (October 5, 2018). Elevated blood pressure. Retrieved March 2, 2019 from https://www.mayoclinic.org/diseases-conditions/prehypertension/diagnosis-treatment/drc-20376708

Note: *Guidelines recommend that the diagnosis of hypertension be based on 2 or more blood pressure readings on at two least separate occasions. However, diagnosis of hypertension, as with diagnosis of any condition, can be challenging, especially when using classifications with arbitrary cut-off points. Any type of classification system can make patient-centered care difficult, because, by definition, classification-based diagnostic tools which use measurement values alone, do not take in to account the whole patient, including the patient or family history, medications the patient is taking, etc. If clinic and/or health system guidelines vary from these values reported here, please provide a copy of the guideline and related protocols to your SagePlus representative.*

†*Disease-level values*

Cholesterol

Table 4: Lipid Values: *Fasting* Values (fasting for ≥ 9 hours)

Measurement	Normal	Abnormal		
LDL Cholesterol (mg/dL)	<100 (optimal) 100-129 (near optimal/ above optimal)	Borderline High (Predisease-Level Values): 130-159	†High 160-189	†Very High ≥190
Triglycerides (mg/dL)	< 150	Borderline High (Predisease-Level Values): 150-199	†High 200-499	†Very High ≥500
Total Cholesterol (mg/dL)	<200 (desirable)	Borderline High (Predisease-Level Values): 200-239	†High ≥240	
HDL Cholesterol (mg/dL)	≥40 ≥60 (optimal)	Low <40		

Reference:

Grundy, S.M., Stone, N.J., Bailey, A.L., et al. (2018). 2018 AHA/ACC/AACVPR/AAPA/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.*

Mayo Clinic. (updated Jan. 11, 2019). Cholesterol Test. Retrieved March 28, 2019 from https://www.mayoclinic.org/tests-procedures/cholesterol-test/about/pac-20384601?p=1

†Disease-level values

Table 5: Lipid Values LDL Cholesterol for Patients with CAD and Diabetes

LDL Cholesterol**(mg/dL)							
Patient with Coronary Artery Disease (CAD)			At risk for CAD and/or history of diabetes	No history of CAD or Diabetes			
Optimal	High	Very High	Optimal	Near Optimal	Borderline High	High	Very High
< 70	100 – 159	≥160	<100	100 – 129	130 – 159	160 – 189	≥190

Reference:
Mayo Clinic. (updated Jan. 11, 2019). Cholesterol Test. Retrieved March 28, 2019 from https://www.mayoclinic.org/tests-procedures/cholesterol-test/about/pac-20384601?p=1

***Note:** LDL Cholesterol levels are designated from best to optimal and high based on the patient's coronary artery disease (CAD), risk for CAD, and diabetes history.*
†Disease-level values

Glucose

Table 6: Glucose Values

Measurement	Normal	Abnormal	
Fasting Plasma Glucose (mg/dL)	< 100	Prediabetes** 100-125	†Diabetes ≥126
A1C	< 5.7%	Prediabetes** 5.7% – 6.4%	†Diabetes ≥ 6.5%

Reference:
American Diabetes Association Standards of Medical Care in Diabetes – 2017:
http://professional.diabetes.org/sites/professional.diabetes.org/files/media/dc_40_s1_final.pdf

Note: Fasting Plasma Glucose (FPG) or A1C are the preferred tests for blood glucose screening. If results from a non-fasting glucose test at the Screening Visit are abnormal, the SagePlus program will reimburse a follow-up fasting blood glucose test at the Office Visit. Two abnormal tests on two different days are necessary for the diagnosis of diabetes. An A1C test may be used to diagnose diabetes at the Office Visit.
***Note:** According to the ADA (2019), for all tests of diabetes, risk is continuous and extends below the lower limit of the range of values, with disproportionately greater risk at the higher end of the range*
†Disease-level values; according to the ADA (2019), diagnosis requires 2 abnormal test results from the same sample or in 2 separate samples.

Abnormal Findings for Sage*Plus* Participants

An important component of the Sage*Plus* program is to ensure that women with abnormal screening results receive timely and appropriate diagnostic and treatment services in accordance with national guidelines and the Sage*Plus* screening guidelines.

See Appendix B for the full clinical services flow, including a summary of abnormal and alert values.

Regarding abnormal screening results, Sage*Plus* screening clinic sites are expected to:

- Track patient results,
- Notify patients of their screening results, verbally and in writing,
- Provide diagnostic workup for abnormal results (including alert values), and
- Follow-up with patients to ensure that they have completed the diagnostic referral appointment.

Referral for Medical Evaluation of Alert Values

Sage*Plus* alert values are laboratory results that indicate the need for immediate attention. They are based on current clinical practice and risk to the patient's health.

Table 7: Blood Pressure

Measurement	Sage*Plus* Alert Values
Blood Pressure	Systolic >180 mmHg **OR** Diastolic >120 mmHg

Reference:

Mayo Clinic. (October 5, 2018). Elevated blood pressure. Retrieved March 2, 2019 from https://www.mayoclinic.org/diseases-conditions/prehypertension/diagnosis-treatment/drc-20376708

Referral for Medical Evaluation: Guidance

Timeframe and Coverage for Alert Value Referrals

Participating Sage*Plus* clinics should use clinic protocol and clinical judgement to determine whether a particular alert value needs either:

- Immediate attention or
- Follow-up within seven days

***Note** that all non-immediate follow up on an alert value must occur within 7 days of the screening result, per CDC guidance.*

One diagnostic follow-up visit for alert values is a covered service under Sage*Plus*. Sage*Plus* will ***not*** cover:

- Inpatient services

- Emergency department services
- Transportation services
- Any CPT codes not specified as 'allowable' on the approved services list

Uncontrolled Hypertension

Improving control of hypertension is a major focus of the CDC's WISEWOMAN Program and Minnesota's Sage*Plus* Program.

Clinics should refer to their organizational policies for follow-up of uncontrolled hypertension. The protocol may vary depending on the capacity of the health care facility. The protocol may include team-based care with pharmacists, nutritionists, nurse educators, community health workers or others. It may include use of electronic reporting and tracking of blood pressure trends, and self-measured blood pressure monitoring among other strategies.

One of the aims of the National WISEWOMAN program is to support clinics in establishing or strengthening practical methods to track and improve control of hypertension. Clinic protocols should be shared with the Sage*Plus* Regional Coordinator.

Hypertension Control and Medication Access

Improving control of hypertension is a major focus of the CDC's WISEWOMAN Program and Minnesota's Sage*Plus* Program.

Hypertension Definitions

Normal Blood Pressure: Systolic <120 mmHg *and* Diastolic <80 mmHg

Elevated: Systolic 120-139 mmHg *and* Diastolic <80 mmHg

Stage 1 Hypertension: Systolic 130-139 mmHg *or* Diastolic 80-89 mmHg

Stage 2 Hypertension: Systolic $\geq$140 mmHg *or* Diastolic $\geq$90 mmHg

Control of hypertension: Managing hypertension to maintain blood pressure readings of <140 mmHg systolic and < 90 mmHg diastolic. For diabetic clients, or clients with chronic kidney disease, adequate control is <130/80 mmHg.

Uncontrolled hypertension: Cases where treatment for hypertension has not achieved these target blood pressures. Undiagnosed Hypertension is defined as "Patients with multiple abnormal blood pressure values, e.g. systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg, recorded in the medical record without report of a provider diagnosis code (ICD-10:I10-I15)."

Medication Access

Most people with hypertension require medication to control and maintain their blood pressure at recommended levels. In populations that are uninsured or underinsured, paying for medication can be problematic. Cost can be a major factor in non-adherence to treatment plans and high rates of uncontrolled hypertension. Sage*Plus* does not cover the cost of medications to control or maintain blood pressure. See Appendix C for a list of resources for free or low-cost medications.

Medication Adherence Guidance

Medication adherence refers to the act of conforming to the recommendations made by the provider with respect to timing, dosage, and frequency of medication taking. Medication adherence is associated with decreased utilization and hospitalization rates, cost benefits, improved quality of care, and improved health outcomes.

Medication adherence is enhanced with Medication Therapy Management (MTM). The goals of MTM are:

- Review medications and provide education on how to best use them
- Answer any questions the patient may have regarding medications, including non-prescription medicines, vitamins, and herbal remedies
- Make sure prescriptions do not interact with any other medications, including over-the-counters
- Provide guidance on how to simplify a medication schedule
- Work closely with the patient and healthcare team to ensure that health goals are met, including identifying barriers and risk factors that might decrease medication adherence.

Sage*Plus* will pay for Medication Therapy Management (MTM) services for enrolled women. See the “Intervention Components” section below for more information.

After Screening: Intervention Components

The Sage*Plus* intervention includes the following components:

- Risk Reduction Counseling
  - Delivery of screening results
  - Review of risk profile and report
- Lifestyle Intervention and Healthy Behavior Support Services (HBSS's)
- Social Determinants of Health (SDOH) Assessment and Bidirectional Referrals

Depending on the model for service delivery selected by the clinic, MDH Sage*Plus* staff and clinic staff will work together to ensure delivery of all intervention components.

Risk Reduction Counseling

Delivery of Screening Results

Informing a patient about her screening results is an opportunity to start her thinking about her health status. If a patient's values are not optimal, use this opportunity to point out what healthy values are and to get her thinking about where she would like her values to be.

Risk Reduction Information

Before a patient leaves her screening, provide her with some information about how to reduce her risk of cardiovascular disease. Since many women do not return, this may be the only opportunity you have to influence her life choices and her health. Information should be as specific to the patient as possible. Information should be given verbally and in written form. The information should be appropriate to the patient's language, reading level, and culture to the extent possible. Clinics can use resources they have, or request materials from the Sage*Plus* program.

Lifestyle Intervention Counseling

Purpose

The purpose of the lifestyle intervention counseling is to assist the patient in committing to make lifestyle changes that will improve her health. Sage*Plus* focuses on nutrition, physical activity, and smoking cessation for lifestyle interventions. However, other lifestyle changes that contribute to better health and are identified as being important to the patient, such as getting more sleep or taking medications as prescribed, are also acceptable goals for women in the program.

Each woman in Sage*Plus* will receive a referral to one lifestyle intervention, also known as Health Behavior Support Services (HBSS). After she goes through her screening visit and risk

reduction counseling session, she will talk with staff at either the clinic or the MDH Sage*Plus* program, depending on the model of service delivery selected by the clinic.

During the Lifestyle Intervention Counseling session, staff are strongly encouraged to use Motivational Interview techniques (see below) to set goals with the patient and guide referrals to resources to support her goals and lifestyle changes.

Health Behavior Support Services (HBSS)

While the resources available will be specific to each clinic, four main categories of resources are available for lifestyle intervention referrals:

1. **Resources offered by the participating clinic**: This may include (but is not limited to) nutrition classes, support groups, diabetes education or smoking cessation programs.
2. **Resources offered through MDH**: Health coaching is available through MDH's Sage*Plus* program. Other resources through MDH Sage*Plus* program are under development. An updated list will be shared with clinics as they are developed.
3. **Resources offered in the community**: This may include (but is not limited to) Walk with Ease, Zumba, or other community programs.
4. **Tobacco cessation resources**: All clients enrolled in Sage*Plus* will be evaluated for tobacco use. Patients who screen positive for tobacco use should be provided with QuitPartner materials. Some clinics may wish to refer patients to smoking cessation classes. All smoking cessation programs other than the QuitPartner require prior approval from the MDH HBSS Coordinator and the CDC.

The MDH HBSS Coordinator will work with clinic staff during the initial program planning and implementation to identify a menu of options in these categories that can be offered to Sage*Plus* patients at each clinic. All HBSS programs need to be approved by both MDH and the Centers for Disease Prevention and Control.

Lifestyle Intervention Counseling & Follow-up: Clinic Staff

Clinics that choose to provide the lifestyle intervention counseling are responsible for setting up and scheduling the lifestyle intervention counseling sessions. Documentation needs to be provided on the Sage*Plus* Lifestyle Intervention tracking spreadsheet for each coaching session and the outcome.

If follow-up has ended due to the end of the screening cycle, maximum number of coaching sessions completed, patient declined participation or unable to contact, please note on tracking sheet.

Lifestyle Intervention Counseling & Follow up: MDH Sage*Plus* Staff

For clinics that do not provide lifestyle intervention counseling or follow-up, this will be done by Sage*Plus* staff at MDH. The Sage*Plus* Coordinator from MDH will work with the clinic staff during the initial program planning and implementation to clarify roles and responsibilities. The goal is for clear communication between the clinic and MDH Sage*Plus* staff to ensure a seamless flow of services for patients.

Lifestyle Intervention Counseling Delivery: Motivational Interviewing

Regardless of who delivers the lifestyle intervention counseling, the Sage*Plus* program strongly encourages the use of Motivational Interviewing to guide referrals and support women in making lifestyle changes. Motivational Interviewing is a client-centered, guiding counseling style for preparing people for healthy behavior change by enhancing their internal motivation.

In Motivational Interviewing, the patient makes the decision about whether to make lifestyle changes and, if so, what those changes will be. The counselor's role is to facilitate exploration of the patient's feelings about her health status and the possibility of making lifestyle changes, and to support whatever decision the patient makes. The following points are key to practicing Motivational Interviewing:

- The patient has the power to makes changes to improve her heart health.
- The patient is in control of what (if anything) she chooses to change.
- The patient's interests and concerns set the course of the conversation.
- The counselor's role is to educate and support the patient, not to direct.
- The counselor uses open-ended questions to facilitate discussion.
- The counselor and patient explore barriers to lifestyle changes.
- Any plan for action is concrete and behaviorally specific.

Sage*Plus* will offer optional Motivational Interviewing courses to clinic staff involved with lifestyle intervention counseling. Please contact the Sage*Plus* Coordinator for further details.

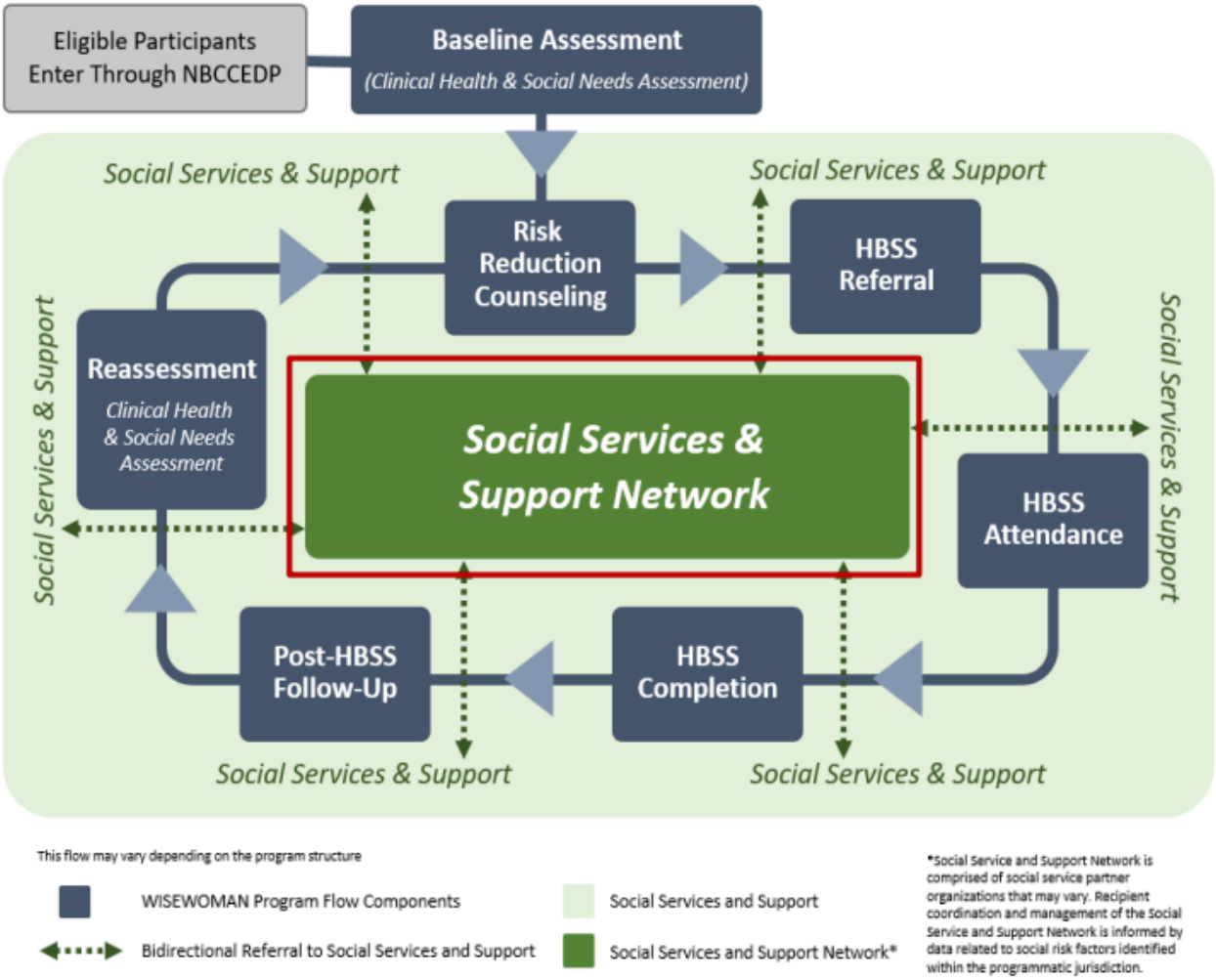
Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) are factors that affect quality of life and health outcomes. They are conditions based on where people live, work, play, or pray. Social Determinants of Health are assessed as part of the Sage*Plus* Screening Form and bidirectional referrals to community-based resources and supports are discussed and offered throughout the woman's Sage*Plus* cycle (see Figure 2: Social Services & Support).

- Clinics administer SDOH questions (using Sage*Plus* Screening Form) during baseline assessment, 4–6-week follow-up assessment, and 11–18-month reassessment.
- Participants can report multiple social needs
- Clinics report both referral date **AND** date of utilization of social services and supports to MDH on a SDOH tracking spreadsheet
- MDH Sage*Plus* Health Coaching Staff also use FindHelp to make bidirectional referrals during coaching sessions

The MDH Sage*Plus* Coordinator will work with clinic staff during initial program planning and implementation to identify current practices in place for SDOH assessments and referrals and discuss any additional needs for implementation such as Electronic Health Record (EHR enhancements or training on FindHelp to support this work.

Figure 2: Social Services & Support



Medication Therapy Management

Sage*Plus* will pay for Medication Therapy Management (MTM) services for enrolled women when services meet all of the following criteria:

- Services are provided by a licensed pharmacist at the clinic that enrolls the Sage*Plus* patient
- Services provided to Sage*Plus* patients are consistent with policies and procedures provided to other clinic patients
- Services are billed under approved CPT codes as listed in the Approved CPT Codes list (see Appendix D)
- The MTM program offered by the clinic is preapproved by the MDH Sage*Plus* Coordinator and the CDC.

Administration

Provider Agreement

In order to become a Sage*Plus* provider, sites must sign a provider agreement with Sage*Plus*. The effective date of the provider agreement is contained in the contract and is effective only after all parties have signed the agreement. The provider agreement enables providers to bill and be reimbursed directly by Sage*Plus*. This agreement is subject to renewal every 5 years, but will remain in effect until either party chooses to terminate the agreement. The information in this manual is considered part of the provider agreement. See Appendix E for a sample copy of the provider agreement.

Patient Support

Medication and Treatment

It is best practice that patients must be assured access to treatment and medications recommended or prescribed for conditions that are diagnosed. However, federal guidelines prohibit Sage*Plus* funds from being used to pay for medication or treatment. Therefore, Sage*Plus* must rely on its screening sites to have systems in place to match women who require medication or treatment but cannot pay for them to low-cost and no-cost medication or to systems that will help fund necessary medical treatment.

Transportation

Sage*Plus* may provide free transportation via taxi for women who otherwise find it difficult or impossible to travel to a clinic (in the Twin Cities Metro area only). Sage*Plus* will provide free transportation for the following types of visits:

- Screening
- A separate office visit to follow-up on abnormal screening results
- The lifestyle coaching session
- Re-screening

Contact the Sage*Plus* Navigator for more information on the scheduling process.

Interpretation

Sage*Plus* may provide interpreters for patients who do not speak English provided the clinic has looked into its own resources for this. Contact the Sage*Plus* coordinator for more information.

Billing and Reimbursement

Reimbursement Requirements

- SagePlus is considered the payer of last resort, and other sources of payment such as patient insurance must be pursued prior to billing the SagePlus.
- The provider agrees to accept SagePlus's allowable fee as full payment from all sources (including third-party coverage).
- All SagePlus covered services are free to the patient once they are enrolled in the program. Contracted providers will not collect co-pays or deductibles.
- The patient is never billed for services reimbursable under SagePlus.
- The patient is never charged a co-pay.
- The patient's encounter number must appear on all billing submissions as patient's member ID.
- Note: Refer to the SagePlus reimbursement rate sheet (updated yearly) to determine correct billable CPT codes. Any CPT codes not relevant are not reimbursed.

Reimbursement Rates

Federal law (Public Law 101-354) restricts SagePlus reimbursement rates to the prevailing Medicare (CMS) rate for each allowable service (Sage Scopes rates are based on the annual CMS Physician Fee Schedule (PFS), the CMS Clinical Laboratory Fee Schedule (CLFS), the CMS Hospital Schedule (OPPS), and the Ambulatory Surgical Center Payment Schedule (ASC).

Rates change January 1 of each year. Rates may be updated June 30 of each year.

Set-up E-Billing

Providers need to arrange with a clearinghouse to transmit files to Utah Health Information Network (UHIN). The SagePlus Payer Identification is MNDH1. If you do not find our payer ID on your clearinghouse's website, a customer request may be required. Please ask your clearinghouse to make this a priority. If there are any issues contact, UHIN Customer Service by phone 1-877-693-3071 or email at customersuccess@uhin.org.

Some things to note regarding the e-claims:

- Provide the Sage encounter number on the e-claim (837 file) as the Subscriber Identifier in HIPAA Loop ID 2100 and HIPAA Segment ID NM109.
- Provide your NPI number on the e-claim (837 file).
- We will provide remittance advice via the electronic forms (835 files), and you will receive a paper remittance that we currently provide via mail.
- Since payment depends on the assurance that forms are received, we suggest that claims for service are generated after sufficient time has elapsed to allow for the receipt of these forms by the program (i.e. 2 weeks).

Submitting Claims

Sage accepts electronic claims and 837 file using Electronic Data Interchange to submit claim files.

The designated MDH Sage clearinghouse is **UHIN**.

SagePlus accepts claim submission on UB-04, CMS-1450, and CMS-1500 forms. The following items must be included:

- Federal Tax ID # of the organization to be paid
- Organization or Clinic NPI numbers The NPI Sage uses is found on:
- UB-04, CMS-1450, line 56
- CMS-1500, line 33A
- Name of the organization to be paid
- Address of organization to be paid
- Date of service
- SagePlus Encounter Number
- Patients Name
- CPT Code (including a modifier, if applicable)
- Charge for services provided
- Amount Paid by Insurance (per CPT Code), with an explanation of benefits (EOB's) attached

Patients with Insurance

Insurance must be billed prior to billing SagePlus. The provider must supply the explanation of benefits (EOB) information in the 837 file or attach a copy of the EOB to all paper claim forms submitted to SagePlus. If insurance pays more than the SagePlus allowable rate, SagePlus will not pay the difference and the patient is not billed for any portion remaining.

Health Savings Accounts (HSAs) are an account with an IRS status for individuals who have high-deductible insurance plans. These are not considered a third-party payer and should not be used to reimburse claims in advance of submission to Sage.

Schedule

We strongly encourage clinics to submit claims within 120 days after the date of service. Claims reimbursable through the Sage program **will not** be reimbursed if claims and/or paperwork arrive after the 120 days.

Payment of Claims

Claims are processed every week. Electronic claims are processed in one week and the next week paper claims are processed. Electronic remits are sent out bi-weekly where paper remits are sent out weekly. Electronic transmission of payment should be received shortly after the Sage payment process is completed. The electronic transmission may contain payments from other programs processed through the State of Minnesota. The payment information can be found at Minnesota Supplier Portal (mn.gov/supplier).

SagePlus payments are clearly marked and contain a Sage payment number as a reference.

Credits

In situations in which an insurance payment is received after Sage has paid, or payment has been made to your organization in error, reimbursement to the Sage can be made by issuing a check payable to: Treasurer – State of Minnesota.

Attach a list to the check that includes the patient's name, encounter number, date of service, CPT code, and the amount received on each CPT code. Attach the explanation of benefits to the list or highlight the items to be reimbursed on the remittance advice, attach the explanation of benefits to the remittance summary. After SagePlus processes this information, the check will be forwarded to MDH Financial Services for deposit.

The check and all documentation should be mailed to:

SagePlus
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882

Remittance

A remittance advice detailing all claims processed is sent:

- As an electronic ANSI 835 file when all items on a claim have been either paid or denied. Items held in suspense until form information is received are listed on a paper remittance mailed after the claim is processed.
- In paper form as the Sage Remittance Advice that is mailed every time Sage makes a payment. When a paper claim payment is made, a paper remit is the only remit that will be sent as confirmation of payment on claims.

For paper or electronic claim items and electronic claim items that are neither paid or denied (i.e. held in a status of "WAIT" pending submission of forms), a paper Sage Remittance Advice is sent to the organization billing contact. The remittance advice lists all claims on file with the Sage Programs.

See Appendix F for a list of reasons that a claim may be denied.

Billing and Reimbursement Technical Assistance

Sage*Plus* billing staff will provide billing and reimbursement technical assistance as well as assistance with problem resolution. Please contact Sage*Plus* staff for assistance:

Billing Staff: 651-201-5630

Billing Email: Health.SageBilling@state.mn.us

Training for Clinic Staff

The Sage*Plus* coordinator will provide on-site training required to implement the Sage*Plus* program. If you have new staff who start after the initial training, or if you would like a refresher on the Sage*Plus* program, contact the Sage*Plus* coordinator.

Sage*Plus* also offers training on Motivational Interviewing. Clinic staff who will be working with Sage*Plus* women to assist them with lifestyle changes and who have no prior experience or training with Motivational Interviewing, or would like a refresher, are invited to attend this training. Contact the Sage*Plus* coordinator for more information.

MDH Program Contacts

For general assistance, contact the SagePlus Coordinator**:**
Lisa Nadeau: lisa.nadeau@state.mn.us or (651) 201-6760

Contact information for other the SagePlus staff can be found on the Sage website:
www.MNSage.com

Disclaimer: This is a working program manual. Changes may be made, including but not limited to, updates to best practices, clinical staffing needs, and additional guidance from the Centers for Disease Control and Prevention. In the event that changes are made, an updated version of this document will be sent to the project coordinator.