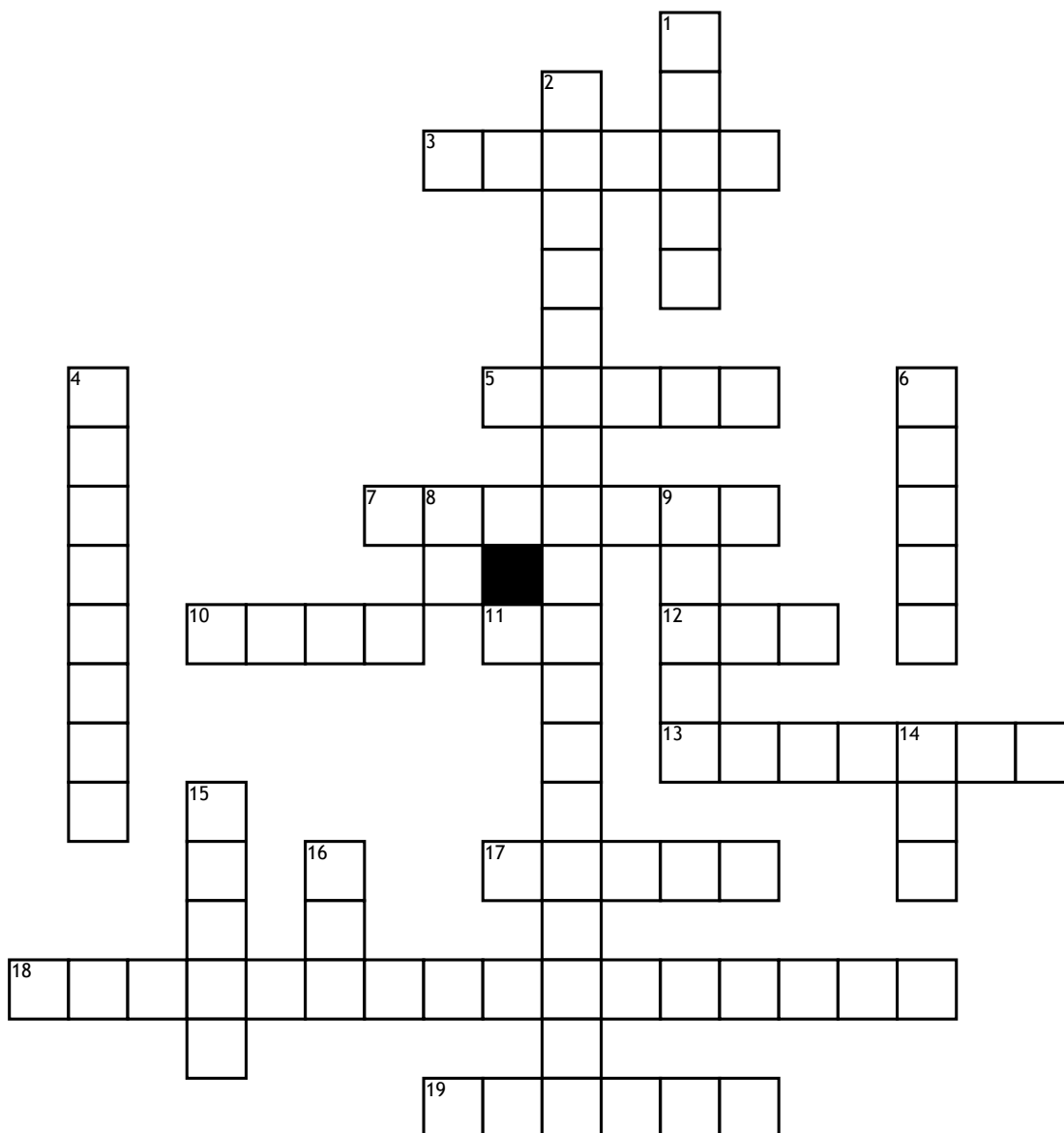


Name: _____

Date: _____

Show Me Healthy Women



Across

3. form color that most breast diagnostics should be entered on?

5. Clients with high deductible health insurance are eligble for BCCT? (true or false)

7. visit type for the first time to enroll with SMHW provider or greater than 5 years

10. A category 4 ultrasound qualifies a client for this

11. will SMHW fun pap testing for a woman who had a hysterectomy for benign (non cervical neoplasia) conditions?

12. should be peformed annually on all women

13. may be used for proof of income

17. Women who are already diagnosed with breast/cervical cancer are eligible for SMHW (true or false)

18. may be used for proof of age

19. visit type for any future visits or test with the SMHW provider

Down

1. SMHW will pay for breast diagnostics for the first occurence of breast pain/tenderness (true or false) ?

2. A screening mammogram for women under age 50 require what?

4. Visit type when entering a 6 month follow up

6. timely billing in MOHSAIC is 45 days (true or false)

8. A referral to BCCT should be made following a Cat 4 diagnostic mammogram (yes or no)

9. guidelines that SMHW follows for cervical screenings

14. SMHW will reimburse for an annual screening after how many months have lapsed from the previous annual screening?

15. SMHW pays for annual screening mammograms at what age?

16. who should be contacted if a client is determined to be lost to follow up?