

WISEWOMAN Request for Proposals (RFP)
Technical Assistance
Questions and Answers

July 26, 2010

1. Do any current WISEWOMAN Agencies subcontract the WISEWOMAN services?

Most of our agencies provide their own services, but there are a couple who contract out to other providers. If you have specific questions for them, send those questions to robertsrobi@michigan.gov, and we will relay the questions to them.

2. What services do they subcontract?

One agency subcontracts all services. The other agency subcontracts clinical screening services and then, conducts all follow-up lifestyle counseling services.

3. Can you describe strategies to assure ongoing medical treatment at free or reduced cost when there is no FQHC located in the district? All of the neighboring FQHCs in our area typically refuse care to the low-income uninsured residents of our counties as they live outside their designated service area. Our county health plan, Plan B program, would definitely accept some of these women, but the income limit is 150% FPL as it is in most county health plans. Our district is federally designated as a "medically underserved population" meaning that our low-income uninsured women have no systemic access to free or reduced cost primary care outside of the County Health Plan.

Having access to a Federally Qualified Health Center (FQHC) is ideal, because they see the same participants we see. However, it is not a requirement to have an FQHC in your area. You can contact hospitals and private providers in your area to see if they are willing to see the women free or at a reduced cost. If you have a county health plan, you can work with them to get your WISEWOMAN participants enrolled. Even though we see women up to 250% of the Federal Poverty Level (FPL), most of our WISEWOMAN participants are well below 150% of FPL.

4. Preliminary conversations with one of our hospitals indicates that they believe that offering free or reduced services to these women could be insurance fraud or otherwise put them at risk since they would be charging different prices. Do you have any information or materials that we could share with our hospital systems to assure them that if they agree to give a discount on their diabetes self-management programs to WISEWOMAN participants, they would NOT be breaking a law or rule?

Here is the answer from our Diabetes Unit at the State Of Michigan.

Yes, programs get asked to do free/discounted services frequently. However, there is always great concern that all patients within a hospital system be charged the same amount for a particular service. We (diabetes educators) have always been told we cannot have different rules for different people as that would constitute possible fraud, especially when the hospital is a Medicare participating hospital (and

they all are...). So, that is why some hospitals/diabetes programs set up indigent funds or "scholarships" to cover what was not reimbursed for the un- or under-insured---but the charge that the diabetes educator enters into the billing system must be the very same she would enter for a fully insured patient. Some hospitals will offer a discount to self-payers, such as 10% if paid in full at time of service, but, again, that must be offered to everyone that is self-paying. No other discounts or visits that just aren't billed can occur. This is a frustrating barrier for patients and educators alike.

Bottom line, from my experience and knowledge (but I'm not an expert on hospital compliance issues), if a WISEWOMAN participant goes to a hospital DSME program the charge that is entered for the visit must be the same as for any other person who came for that same type of visit.

I will check with current WISEWOMAN agencies to see how they have handled this situation, and update the answer.

Update 8/3/10: Current agencies are only working with hospitals that have scholarships available for WISEWOMAN participants.

August 3, 2010

5. In the Screening and Referral Protocols Section of Attachment 7 under Abnormal or Elevated Values related to a Casual Plasma Glucose of 100 - 159 with one or more risk factors there is a reference to a Diabetes Risk Factor Worksheet. Where is this Worksheet located?

All of the WISEWOMAN forms are available on the WISEWOMAN website.

<http://www.michigancancer.org/bcccp/wiseWomanProgram/ProgramManagement.cfm#Forms>

The link to this specific worksheet is:

<http://www.michigancancer.org/bcccp/wiseWomanProgram/PDFs/Forms/Worksheets.pdf>

August 4, 2010

6. I was reading the RFP for WISEWOMAN regarding the LCA Community Match. Am I understanding this correctly? We cannot use only the difference between the providers' usual and customary charges as the match. It reads "In addition to the \$1 for each \$3 of coordination dollars match requirement for LCAs, MDCH will report to CDC the difference between the providers' usual and customary charges for the program services". Please clarify.

For BCCCP, local agencies are required to provide match on coordination and direct service dollars. Agencies can count the difference between the providers' usual and customary charges as match (referred to as provider match). In BCCCP, this is usually a pretty large amount.

In WISEWOMAN, we only require agencies to provide match on coordination dollars. Therefore, we do not allow agencies to count provider match. Since most WISEWOMAN services are provided in house, the amount of provider match available is usually pretty small.

7. Can MBCIS and/or WW Discoverer Viewer Reports be used to track client follow-up i.e. Can a report be ran for a future month that would detail by client what follow-up they are due for? or if they are on Case Management when their follow-up appointments have been scheduled so they can be followed up on? or who all is due for a lifestyle counseling contact? OR do we need to develop another system i.e. on CMHC to track these things?

We have Discoverer Reports that track client follow-up that has already happened, but at the moment, we do not have reports to determine who is due for follow-up. Currently funded agencies use the Discoverer Reports, but they all have another system to determine who is due for follow-up.

August 5, 2010

8. Are there timelines for making referrals or for clients to be seen by medical providers for Alert Values and Abnormal/Elevated Values?

Participants with alert values need to be seen in less than 7 days. Participants with Abnormal/Elevated values that are not in the alert range should be referred, but there is no expectation that they be seen within a particular time frame.

August 6, 2010

9. Could you explain a bit more about the 33% matching funds -- I am unclear what the 33% would include.

MDCH must provide non-federal match in order to receive WISEWOMAN funds from CDC. We ask that the local agencies help us with the match requirement by providing \$1 for every \$3 of Screening and Intervention Management funding (also called coordination funding) you receive. Screening and Intervention Management funds are explained on page 4 of the RFP under Performance Grant.

Matching funds can be cash or in-kind as long as the match is not from federal funds and is not being used as match for another grant. Attachment 13 (pages 65-70) provide guidance on matching funds and an example of a matching funds report.

10. Is this an annual RFP?

No, this is not an annual RFP. We are at the beginning of Year 3 of a 5 year grant. Organizations funded under this RFP will not need to reapply until the grant is renewed in 2013.

11. Is there an example of an RFP posted on the WW website for review?

No, we do not have an example of an RFP posted. However, beginning on page 9 of the RFP, the proposal contents are outlined.

12. Is there a limit on the number of RFPs that will be approved for 2010?

Yes, there will be a limit. Rather than a limit on the number of proposals, the limit will be based on caseload. We will review the proposals, rank them, and provide funding for the top x number of caseload slots requested in the proposals until we run out of caseload.

August 10, 2010

13. Our agency is contemplating the submission of an application to provide WISEWOMAN. Our issue is obtaining providers in time for grant submission. My question is: if we only have providers in one county can we provide WISEWOMAN in one county only? We have preliminary interest from one county only at this time.

If you serve multiple counties, it is fine to choose to implement the program in only one county.

14. I have a question regarding the MSU Extension's SNAP-ed Program: it looks like they offer 3 programs (Family Nutrition Program, Michigan Nutrition Network, and the campus-based program). Item 4d of the RFP asks how we will refer women to this program -- Does the MSU Extension SNAP-ed program provide services outside the Lansing area? It is not clear from their website exactly how they provide the services or in what format. It appears that they have a significant amount of print material as well as programs for women to participate in (e.g. gardening). Any clarification re: this issue would be appreciated.

We ask that you refer women to the SNAP-ed Program (formerly known as the Family Nutrition Program.) This program is available all over Michigan. The link below will take you to the area on the MSU Extension website that lists links to all of the county offices.

http://www.msue.msu.edu/portal/default.cfm?pageset_id=25744&page_id=25770&msue_portal_id=25643

August 12, 2010

15. It appears that the initial proposal does not include a budget? Is this true?

That is correct. The proposal does not need to include a budget. Organizations that are selected to implement WISEWOMAN will prepare a budget at that point.

16. Can the MSUE SNAP-Ed time be used as match for the WW grant?

Probably not. SNAP-Ed is a federal program, and the match must be non-federal. If MSUE is paying the health educator with state or local funds that are not already being used as match for another grant, then you would be able to count it. Check with your county MSUE office to be sure.

17. We looked at the WW site on line and did not see a form for the Level 2 client to keep track of the small changes they would like to make. Does the program have a form for the Level 2 clients?

Level 1 and Level 2 participants can list their small steps on the back of their “My Health Information” pamphlet. Link:

<http://www.michigancancer.org/bcccp/wiseWomanProgram/PDFs/Forms/MyHealthInformation.pdf>

You do not need to keep track of their small steps. You would only track the Healthy Lifestyle Goals for Level 3.