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Award Number: DAMD17-96-1-6277

TITLE: Breast Cancer Screening in a Low Income Managed Care
Population

PRINCIPAL INVESTIGATOR: Nasar U. Ahmed, Ph.D.

CONTRACTING ORGANIZATION: Meharry Medical College
Nashville, Tennessee 37208

REPORT DATE: November 2000

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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20010716 115

REPORT DOCUMENTATION PAGEForm Approved
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)**2. REPORT DATE**

November 2000

3. REPORT TYPE AND DATES COVERED

Final (23 Sep 96 - 31 Oct 00)

4. TITLE AND SUBTITLE

Breast Cancer Screening in a Low Income Managed Care Population

5. FUNDING-NUMBERS

DAMD17-96-1-6277

6. AUTHOR(S)

Nasar U. Ahmed, Ph.D.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)Meharry Medical College
Nashville, Tennessee 37208E-Mail: nahmed@mmc.edu**8. PERFORMING ORGANIZATION
REPORT NUMBER****9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)**U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012**10. SPONSORING / MONITORING
AGENCY REPORT NUMBER****11. SUPPLEMENTARY NOTES**

This report contains colored photos

12a. DISTRIBUTION / AVAILABILITY STATEMENT

Approved for Public Release; Distribution Unlimited

12b. DISTRIBUTION CODE**13. ABSTRACT (Maximum 200 Words)**

Low-income women have a high mortality from breast cancer. Yet, they participate in breast cancer early detection screening programs less than women in the general population. A randomized trial was designed to find the most effective intervention strategy to improve screening mammography rates of women participating in Tennessee's TennCare program. The strategies were: a) a prompter letter from Managed Care Organization (MCO); b) a reminder letter from primary care physician (PCP); c) telephone and/or in home counseling. These strategies and placebo were randomly assigned to 2357 participants. Control group (n=780) did not receive any intervention; Simple intervention group (n=791) were mailed MCO letter; and Step-wise intervention group (n=786) targeted MCO and PCP letter, and/or Counseling. The result shows that counseling was three more likely to increase mammography screening (RR=3.02; P=0.00001; CI: 2.10, 4.34) than no intervention and about two and half time more likely than MCO letter (RR=2.33; P=0.00001; CI: 1.68, 3.24). The PCP letter was one and half time more likely to increase the mammography rate than the no intervention (RR=1.5; P=0.02; CI: 1.11, 2.22). The study concluded that Counseling is the most effective and PCP letter was also found to be effective to improve mammography rates over no intervention group and MCO letter group.

14. SUBJECT TERMS

Breast Cancer Screening, Mammography, Underserved, Intervention studies, evaluation

15. NUMBER OF PAGES

188

16. PRICE CODE**17. SECURITY CLASSIFICATION
OF REPORT**

Unclassified

**18. SECURITY CLASSIFICATION
OF THIS PAGE**

Unclassified

**19. SECURITY CLASSIFICATION
OF ABSTRACT**

Unclassified

20. LIMITATION OF ABSTRACT

Unlimited

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89)
Prescribed by ANSI Std. Z39-18
298-102

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 2/28/01
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INTRODUCTION:

Breast cancer is the second leading cause of cancer mortality for women in Tennessee and throughout the United States (1). Recently, studies have shown a decline in breast cancer mortality for US women; however, this trend is not evident for underserved populations (2). Research suggests that this decline is the result of both early detection and timely treatment when the cancer is localized, and adjuvant treatment of women at high risk for recurrence of their cancer and metastasis after primary treatment (3-8). Mortality from breast cancer is most preventable when diagnosed at its earliest stages. Regular Mammography can detect cancer at early stages. Mammography is the only screening test to be demonstrated by prospective clinical trial to decrease cancer mortality (11-13). Although there has been a significant increase in the utilization of mammography, it continues to be underutilized by minority, poor and elderly women (15-17). A lack of adherence to breast cancer screening guidelines is a serious problem for these women because of barriers that seem to relate to their socioeconomic status and age level. The purpose of this study was to test the effectiveness of a stepwise intervention model to overcome barriers to mammography screening in low income women enrolled in a statewide Managed Care Organization (MCO). The study included underserved women ages 40 years and above who were members of Tennessee Coordinated Care Network (TCCN) in two geographical locations in the State. It is expected that the approach, if found to be effective, will become a model for similar groups elsewhere.

BODY:

This section describes the purpose, goals, objectives, hypothesis and research design of the project, and is followed by accomplishments, problems encountered and solutions sought during the intervention period.

Purpose of Research

The purpose of this research is to ultimately reduce the morbidity and mortality of breast cancer among the population of low-income women who have incomes less than 200% of the national poverty level. Our purpose is to implement a relatively simple technique and compare it to a more complex intervention to reach and affect a significant change in the behavior of the target population subjects and find out the most effective one among these intervention strategies. We believe the strategy found to be most effective will serve as a model for similar populations elsewhere.

The goals of this project are twofold:

- To increase breast cancer screening and early detection by mammography in low income women, forty years of age and older, who are enrolled in a statewide MCO using a culturally sensitive "step-wise" intervention approach; and
- To increase the number of early breast cancers detected - at a time when they are most curable - and to reduce the number of advanced cancers detected so as to ultimately decrease breast cancer morbidity and mortality.

Technical Objectives

1. To institute a culturally sensitive stepwise intervention research study to overcome barriers to screening in low-income women.
2. To compare the stepwise intervention to a simple intervention.
3. To document and evaluate the process and outcome results of various screening intervention approaches used to reach this population.

Hypothesis

The study seeks to test three hypotheses:

- H₁** An intervention involving a simple reminder letter from targeted subject's MCO Medical Director will increase mammography utilization by 10% among recipients over a usual care group.
- H₂** An intervention involving a letter from targeted subject's primary care physician that promotes the early detection of breast cancer through routine mammography screening will increase mammography utilization at least 20% among recipients over a usual care group.
- H₃** Culturally appropriate, telephone and/or in-home counseling by Lay Health Workers which addresses knowledge, attitudinal and logistical barriers to mammography screening will increase mammography utilization at least 30% among recipients over a usual care group.

Methods

Overview of Project Design

This study builds upon two intervention approaches recently reported in the literature using HMO populations. In one study a randomized trial was conducted to evaluate the combined impact of a reminder letter from a personal physician and a telephone contact on the use of Pap-tests and mammograms in a low income managed care organization (33). The second study evaluated a stepped intervention involving two reminder letters, a letter from their primary care physician and a telephone counseling session from a health educator (34). The study also builds upon ongoing work by Meharry investigators who previously demonstrated the effectiveness of a simple intervention of newsletters to providers and HMO-signed letters to member clients (3). The study used a culturally sensitive intervention providing personal contacts through trained lay health workers. The project utilizes a randomized trial method. Evaluation will test and compare the step-wise in-reach intervention with the usual care and simple reminder letters to the experimental groups.

Study Population

The study population consisted of women 40 years and older who were enrolled in the Tennessee Coordinated Care Network (TCCN), one of the largest managed care organizations and formally named Tennessee Managed Care Network in Nashville Davidson County, and Chattanooga Hamilton County, Tennessee. TCCN is the second largest of the twelve managed care organizations (MCO) that serve the healthcare needs of the working poor. Screening mammograms are covered as a part of the TCCN's preventive care benefits for its eligible members. The state obtained a waiver from the federal government (DHHS) in December 1993 to create TennCare as a demonstration project for five years from January 1, 1994.

At the inception of this study, the population of women in the targeted age group for mammography screening in Nashville, Davidson County was 3,500. It was based upon the earlier work cited (35) that was estimated that 60% of these women had not had a mammogram in accordance with the screening guidelines for their respective age group (i.e. within the past year for those 50 year and older and within the past 2 years for those 40-49 years old (36)).

Research Design

Medical Claims data were accessed from the MCO's home office in Nashville, Tennessee. The study began by reviewing computerized medical claims data to identify female enrollees 40 years and older who were eligible for inclusion. A sampling frame of women, whose claims data indicate non-compliance in the previous year (for women 50 years and older) or the past 2 years (for women 40-49 years old) was prepared. These subjects were then randomly assigned to one of three groups. This randomized trial research design consists of three phases of intervention activities in two sites. Subjects were selected using a Stratified Random Sampling Scheme. Stratification was done to make groups homogenous in terms of age, race and county of residence.

Intervention

The three experimental groups are characterized as follows:
Members are assigned to:

- **Group 1** (*Control Group/Usual Care*) – received usual care only
- **Group 2** (*Simple Intervention*) - received usual care plus a MCO prompter letter (Appendix 1) stating the need for annual mammograms.
- **Group 3** (*Step-wise Intervention*) - received usual care plus a MCO prompter letter, Primary Care Physician (PCP) prompter letter (Appendix 2), followed up by telephone and/or in-home counseling as needed.

Procedures for Removing Barriers to Mammography Screening

All groups will have barriers removed to differing extents. All groups will benefit from the resources provided by the MCO. The intervention program will address barriers. How barriers are handled within each experimental group is described below.

Barriers Removed by Usual Care from TCCN (Group 1)

Lack of Knowledge

TCCN distributes a quarterly newsletter to its members. The newsletter entitled "Choices", published by Red Springs Communications, Inc., is a product of Tennessee Coordinated Care Network and features different health promotion and disease prevention awareness campaigns at the discretion of the editor. During the project period there was at least one article annually, which encouraged women to have their mammogram. An example of those articles is attached to the report. (Appendix 3)

Access to Services

TCCN provides transportation to members for services as needed. Lay Health Workers also informed each targeted member that transportation would be arranged if needed to have their mammogram performed. In addition, each member receives the Access MedPlus Benefit Handbook that includes instructions to arrange transportation and other needed services. (Appendix 4) The members are instructed under "Transportation Services" to call the local Community Service Agency (CSA) to arrange for transportation. In addition, when schedules permit, the MCO's Lay Health Workers routinely provide transportation directly to the members for doctor's visits or trips for services such as mammogram screening.

Availability of Services

TCCN encourages its provider network that breast cancer prevention and control procedures be instituted for all female members 40 years and older as a part of physical assessment. Lay Health Workers facilitate follow-up visits as scheduled by primary care physicians or as needed. The member handbook "Access to Services" also provides a list of preventive services that are covered. Coverage for mammogram is listed along with a message encouraging women to receive their mammogram.

Cost of Services

TCCN covers the cost of mammograms for its eligible members.

Culture

TCCN Lay Health Workers are former welfare recipients recruited from public housing and undergo a 5-month training program.

Barriers Removed by First Level Experimental Intervention Groups 2 & 3

Beyond usual care activities, a MCO prompter letter under the signature of the Medical Director was sent to members assigned to groups 2 and 3 encouraging them to have their mammogram explaining the benefits of early detection of breast cancer.

Barriers Removed by Intensive Intervention (Group 3)

Beyond usual care and the first letter of intervention, a second prompt letter sent under the signature of the subject's primary care physician that further encouraged the subject to protect themselves from breast cancer by having their routine mammogram was sent to those members assigned to group three whose claims data indicated non-compliance after the initial letter.

Lay Health Workers conducted breast cancer prevention education during home visits and telephone counseling. During these sessions, the targeted subjects were provided breast health education using breast models and the MCO breast health brochure (Appendix 5). The subjects were taught the benefits of early detection by being shown a comparison the average size of breast lumps found when women get regular mammograms and when they do not. This combined with counseling that included fact based responses to widely held beliefs about breast cancer was used to convince the women to agree to have their mammogram performed. Additionally the Lay Health Workers provided on the spot assistance as needed to get the mammogram appointment set before leaving the subject's home. A list was provided to each Lay Health Worker that included the targeted subject's PCP assignment and local mammography sites that could be used to schedule the appointment.

RESEARCH ACTIVITIES ACCOMPLISHED ACCORDING TO STATEMENT OF WORK

Chart 1 summarizes the activities by task proposed in the statement of work. Each approved task in the statement of work is listed below and cross referenced to the table by number, followed by a description of the research accomplishment associated with said task.

(#1-4) Administrative Procedures

The project began on schedule with the hiring of research personnel, development of the research planning committee, meeting with officials and technical personnel MCO. Forms were developed which included the survey used to conduct the KAP survey and the outreach tracking form. A coded file system was put in place to ensure subject confidentiality. Cross-reference of the subject's MCO member identification with birthday was used instead of real names or other identifiers.

(#5) Lay Health Workers Trained to Administer KAP Survey

The first training program was held to prepare the Lay Health Workers to administer the KAP survey in Nashville. The Southeast Region Coordinator arranged for the full staff of Lay Health Workers to attend. The training consisted of a brief orientation covering the fundamentals of behavioral research and its role in health promotion and disease prevention, and their role in this project's success. The KAP survey was reviewed and afterwards the Lay Health Workers were paired off to practice administering the survey to each other. Each Lay Health Worker was provided copies of the survey in bright pink to reduce the chances of them becoming misplaced in other paperwork, along with a list of their assigned territory.

(#6) Conduct Initial Claims Review

During the initial claims review, as reported in the year 1 annual report, a total of 1400 subjects were available from TCCN's membership in Nashville, less than the anticipated 3,500 initially planned for in the experimental design. Because of attrition, the number of eligible women not having had screening mammograms had become 1,242. To overcome this problem, TCCN had agreed to allow the study include suitable women in Chattanooga who were covered by them.

(#7, 17,18) Randomization

Problems encountered by the project include difficulty in reaching women in group III by Lay Health Workers in Nashville; resulting in a small sample size and a smaller number of screening mammograms claims filed. This sample was not large enough to have a statistical power to detect the true effect of the intervention, if any. To overcome these problems the project was expanded to include an additional 1,139 women from the Chattanooga area. This site is situated 125 miles south east of Nashville, and is the fourth largest metropolitan area in the state. African Americans make up 19 percent of the population compared with 20% for Nashville Davidson. The median income is comparable for the two cities and TennCare

eligibility requirements are the same. The numbers of TennCare enrollees covered by TCCN are similar for the two cities.

In both Nashville and Chattanooga subjects were randomly assigned respectively to either a control-usual care group, a simple intervention group (group 2), or an intensive intervention group (group 3). To ensure the homogeneity between the groups in each of the two sites, a stratified random sampling method was used to select subjects proportionately by county, then race and age.

(#8) Lay Health Workers Conduct KAP Survey

A Knowledge Attitude and Practices (KAP) survey was administered to 183 subjects in Nashville at the beginning of the study. Lay Health Workers were trained and sent into the field to interview the subjects and collect the data. The data were checked for errors and inconsistencies. Then clean data were processed using SPSS software. The results of this survey were analyzed and used in the development of research articles. The Lay Health Workers were delayed in conducting the surveys as scheduled due to there being a freeze on entering Public Housing sites which was being enforced by the Nashville Metropolitan Development & Housing Authority. This combined with the difficulty in locating the subjects delayed this task from being completed within the proposed timeline.

(# 9) Process and Analyze KAP Survey Data.

Survey data were entered into MS Excel Spreadsheet, and then transported to SPSS program. Several preliminary runs were performed to check for missing information; inconsistency then cleaned them according to actual questionnaire responses and other verifiable records. SPSS program was to analyze data.

(#10, 19) MCO Prompter Letter Mailings.

MCO letters were sent to Nashville subjects in December 1997 and to subjects in Chattanooga in October 1998. The MCO letters were prepared under the signature of the MCO Medical Director. The letter in simple terms explained the importance for women at the subject's age to have the test done and the benefits of being tested as recommended. The process of accomplishing this task went as planned in Nashville. Because of a personnel change in the MCO Medical Director, it became necessary to seek the support of the newly hired director by way of an updated signed letter. This extra step increased the amount of time required to implement in Chattanooga. Since it is not possible for the project to anticipate this type of change without being informed future research studies following this intervention design should ask to be alerted by the partner MCO as soon as possible to any key personnel changes that might impact the statement of work timeline.

(#11, 13, 16, 20, 22, 25) Claims Data Analyzed To Measure the Influence of the MCO Letter in Nashville & Chattanooga.

Approximately three months after each intervention activity, claims data for Chattanooga and Nashville were obtained at those respective times.

(#12, 21) PCP Letter

The PCP letters (letters sent under the signature of each of the primary care physicians assigned to the women in group three) were mailed to subjects in Nashville/Davidson County from April-May 1998 and in Chattanooga/Hamilton County from February-May 1999. This task was quite laborious at both sites. Letters of invitation to participate in the study that explained the nature of the research, were sent to the targeted primary care physicians along with a generic letter for them to sign and return to the study with enough letterhead and envelopes for each of their patients assigned to group three. The purpose of the PCP letter was to utilize the influence of the primary care physician in motivating the women to get their mammogram. The same letter was signed by all of the participating primary care physicians. The text of the letters was composed by the project. The text of the PCP letter was similar to the MCO letter and served as a reminder to the women to have their mammogram. In the letter of invitation sent to the PCPs, they were asked based on the number of women on our list assigned to them for care, to provide the letterhead and envelopes along with the signed generic letter to our staff. To minimize the burden of involvement with the study, the project coordinator prepared the letters by setting up a mail merge. The generic signed letters along with the provided letterhead and envelopes from the PCPs were used to create letters with a very authentic appearance. Close attention was paid to make sure that the letters would be perceived, by subjects in group three as being mailed from their PCP's office directly to them and reflected no involvement from the study.

The one problem with the implementation of the design was that no arrangements were made with the various doctors' offices/clinics to report back to the study the number of undeliverable letters. After careful consideration, the study decided to sacrifice this step in order to minimize any further burden on the physician's staff. In both sites the letters of invitation mailed to the PCPs to participate in this study met with little response. After aggressive attempts by telephone to reach the physicians were unsuccessful, it became clear that in order to make this task run smoothly and efficiently it is necessary to have someone that is able to personally solicit the physicians support and commitment through a personal office visit. While each physician was asked to mail the provided generic signed letter and materials back to allow the research study staff to handle the mailing, only one physician out of 18 in Chattanooga and one out of 46 in Nashville actually mailed the materials back.

Attempts to contact the physicians by telephone were not very productive. Calls were often not returned and when physicians were reached by telephone, they usually asked for the study representative to stop by the office or clinic to discuss the project. Going in person turned out to be the most effective way to handle this component of the intervention. Only a few visits could be scheduled daily in Nashville and it took the help of the partner MCO regional coordinators at both sites to get this task completed. The coordination of the task in Chattanooga was more difficult than experienced during the intervention in Nashville because the distance from the project office made it impossible to follow up in person. The distance factor nearly doubled the amount of time necessary to get all of the PCP letters mailed in Chattanooga.

This step in the process revealed a need for the time allowance in scheduling. Future efforts should plan to get these signed letters on file earlier during the project and not wait for

the results of the MCO letter. Also for distant intervention, arrangements need to be made with the MCO field staff from the beginning to handle the follow up and not expect a good response from the mail. Possibly, the mailing to the physicians could be eliminated all together and focus could be placed exclusively upon door-to-door recruitment.

(#14, 23) Training Workshops

Training was provided to the Lay Health Outreach Workers at intervention sites, Nashville and Chattanooga, Tennessee. The training consisted of a brief research study orientation and their role in this project's success. The next phase of training involved the Lay Health Workers in both Nashville and Chattanooga at their respective times (see the time line for the specific dates). The training sessions were held in Nashville and Chattanooga, Tennessee. The sessions were held to prepare both teams of Lay Health Workers to provide home visits and telephone counseling to their respective subjects assigned to group 3 whose claims data did not reflect screening compliance after the first two letters were sent, as the final step of intensive step-wise intervention.

Both Lay Health Worker teams in Nashville and Chattanooga were taught to use a systematic approach when conducting the home visits and telephone counseling. The training consisted of reviewing the recommended breast cancer screening guidelines along with ways to address widely held beliefs and barriers to screening mammography. Each Lay Health Worker was provided a general script to follow and a list of materials to have on hand for each visit. Lay Health Workers were provided with breast health promotion brochures; breast models and PCP reference information.

In addition to the education and counseling training, each Lay Health Worker was taught to document each outreach experience on a form (Appendix 6) provided by the project staff. The Lay Health Workers were instructed complete the form regardless of whether they were able to successfully reach a subject or not. All attempts needed to be documented along with their view of the barrier to either reaching or convincing the subject to have her mammogram. The forms were sent weekly back to the project so that the progress of the intervention could be assessed. This method of capturing information proved to be helpful regarding exactly what were the most frequently experienced barriers to reaching and or convincing the subjects to schedule their mammogram. As mentioned earlier it is due to having the weekly process data that the study could see a trend developing which indicated that this population would be extremely difficult to reach.

(#15, 24) Telephone and In Home Counseling

After being trained, Lay Health Workers provided telephone and in-home counseling to subjects assigned to group three whose claims data indicated no change in compliance after measuring for the influence of the two letters. These final intervention steps were done at the Nashville site from September through November 1998 and at the Chattanooga site from July – November 1999, approximately a year apart. Since MCO is a partner in this study, we had anticipated that we would have easier access to the targeted members. However, we have found that it is often quite difficult to contact members of this population who are underserved. We have also discovered that the MCO personnel themselves have difficulty reaching many of the members and as many as 40% of members do not keep appointments with their primary care physicians as scheduled.

Most of these women do not have telephones. Moreover, often when Lay Health Workers make visits, subjects may have moved or may be away working. Most persons on public assistance are now required to work under the state's Family's First Program, making it more difficult to contact them if they have no telephone.

However, in light of the difficulty generally experienced by this study in reaching this population this design brings some significant value to reaching low income and elderly women. A few of the factors which made this effort more difficult, include a change in welfare policy that has increased the number of working poor, wrong or incomplete address information and issues of safety for the Lay Health Workers. As a result, it is now more difficult to reach this population during the day. Once this problem was recognized the study successfully requested an increase in the number of hours that the Lay Health Workers were assigned to be in the field conducting the home visits. However, future studies need to be prepared to pay more for evening and weekend work.

This study was fortunate to have the support of a partner MCO that not only funded the standard labor hours in the field but also covered the expense for the Lay Health Outreach Worker's overtime. This level of support may be more the exception rather the rule to anticipate unless it is bargained for during partner MCO negotiations. This strategy did prove to increase the number of women reached. But it also presented another problem; the safety of the Lay Health Workers after hours. The neighborhoods where many of targeted subjects reside are not considered safe and are more dangerous after dark. The implementation of the final step of intervention in both sites overlapped into daylight savings time, which created a situation where they were essentially asked to make house calls after dark. The Lay Health Workers were given guidelines from the partner MCO to use their own discretion concerning entering any neighborhood or approaching any subject's residence. Another complication that arose from home visits being conducted during evening hours in the fall (essentially after dark) was it became more difficult to pinpoint the targeted right residence. Furthermore, it is suspected that some knocks at doors probably went unanswered because the people in the house may have been cautious about opening the door after dark to someone not expected. Therefore, it is recommended that future efforts should consider scheduling home visits during Spring-Summer to avoid the complications brought about by daylight savings time.

While this intervention design was labor intensive, it was found to be effective successfully reaching the targeted population. It is recommended that more aggressive efforts are made to keep track of this mobile population and more incentives need to be provided to encourage them work as a partner in their healthcare by keeping the healthcare system informed when they change telephone numbers and/or residence.

A larger study designed to allow more time to measure the long-term influence of this intervention on mammogram seeking behavior is needed. This study allowed approximately 90 days, which is the maximum amount of time provided for claims submission. However, it is now believed that it may take longer to get a true measure of this influence especially when the intervention falls close to the holiday season as it did in both locations in this study.

(# 26) Writing and Publishing Results

The investigators have written one manuscript entitled "Difficulty in Reaching Low Income Women for Screening Mammography". Based upon evaluation of the process and experience gained on the baseline survey of the population, this manuscript has been published in the "Journal for Health Care for the Poor and Underserved" (Appendix 7). The authors discuss problems encountered in attempting to contact the targeted women. The findings provide insights for future program planning and research design.

Based on survey data, another article entitled, "Barriers to Access and Utilization of Mammography among Underserved Population" is completed, and preparation for submission is in progress. This article focuses on the classification of their barriers, its relationship with socio-demographics and knowledge level, and its effect on the screening behavior. This article has been presented in Department of Defense's "Era of Hope" Breast Cancer Research Program Meeting 2000, in Atlanta Georgia. The abstract of this article is published in the Era of Hope Conference Proceedings Volume II.

Third article on "Knowledge, Attitude and Practices of Breast Cancer Screening among Underserved Populations, is in progress. Fourth article based on the evaluation of the effect of the intervention is in preparation.

RESULTS

Evaluation of the Intervention

The evaluation of this project followed a randomized trial experimental design method. The elements of the trial intervention were allocated randomly to the subjects. Subjects received no intervention in **Group 1 (Control Group)**. Subjects received MCO letter in **Group 2 (Simple Intervention Group)** and those who received MCO letter, PCP letter and Counseling as needed were in **Group 3 (Step-wise Intervention Group)**. All subjects received same usual care activities.

The objectives of the evaluation are two-fold: a) to identify which element (MCO letter, PCP letter, or Counseling) of the intervention was most effective to increase mammography screening rate; and b) to test if there is any significant difference in improving mammography rates between Simple Intervention approach (Group 2) and Step-wise Intervention strategy (Group 3) as compared to Usual Care only (Group 1).

The cohort of subjects in the three groups was followed during the life of the project and data on their screening claims were gathered six month after the completion of the intervention. The implementation of the elements of the intervention was sequential (non concurrent). Project investigators are in an agreement that each element of intervention would take two-half month to realize its impact. Mammography screening data gathered from the study partner MCO claims record were segmented according to the element of the intervention to identify its effect. Those who received screening mammography up to that date were excluded from the list of next element of the intervention recipients. The total claims data accumulated in the final database were adjusted (in case of delay receiving the claims) to the effect of the intervention elements.

Statistical Analysis

To test the significant differences, a χ^2 or Z test (as appropriate) was performed between the elements of the intervention and between groups. A conventional P value of 0.05 for a level of significance using two-tailed method was applied. Contingency tables with Relative Risk (RR), 95% Confidence Interval (CI), and an exact P value for difference were constructed to study magnitude of effect of the intervention elements and group approaches over referent (i.e. Control) group.

The Cohort

Table 1 presents demographic characteristics of the cohort by study groups. Socio-demographic information received from the claims medical record was limited to age, gender, and race. A cohort of 2358 subjects and on the average 786 (**780 to 791**) subjects per group was enrolled in this study. In the cohort, there were 43% Blacks, 45% Whites, 3% other races, and 9% did not reveal their race. The mean age of the cohort was 52.8 (SD 9.8) years, 47% from 40-49 years; 43% from 50-64 years; 6% from 65-74 years; and 3% from 75 years and older. Fifty-two percent of the subjects enrolled were from Nashville and 38% from

Chattanooga site. All the demographic information among the groups is very similar and virtually no significant difference ($.102 \leq \chi^2 \leq 2.26$; $0.89 < P < 1.0$).

Stratification

The results from **Table 1** suggest that the stratification in randomization process worked close to perfect. The estimated relative risk would be very close to the adjusted *RR*. The confounding variables did not play any significant role in the estimation of effect

Effect of the Intervention

Figure 1 illustrates the number of subjects screened by group in each element of the intervention and **Figure 2** shows the total number of subjects screened by group. **Table 2-4** display that the relative risk indicating the likelihood of receiving screening among Trial Group as compared to referent -Control Group in each phase of the intervention.

MCO Medical Director's Letter

Figure 1 shows that after the letter from MCO medical director, 44 to 45 subjects received screening in the letter-receiving groups while this number was 34 in the non-intervention group. **Table 2-4** indicates that although, this may have increase the likelihood of receiving screening in the MCO letter group, the differences were not significant (*RRs*=1.28, 1.31; $0.21 \leq p \leq 0.27$). This part tests the Hypothesis 1.

Primary Care Physician's (PCP) Letter

In Group 3, those subjects were not screened after MCO letter; only they were send PCP letter. **Figure 1** depicts that 58 subjects obtained screening after receiving PCP letter compared to 34 and 39 in other groups. **Table 2** shows that of the PCP letter subjects who received 50% to 72% were more likely to receive screening as compared to other groups (*RRs* = 1.50, 1.72; $0.008 \leq p \leq 0.04$). The section tests the Hypothesis 2.

Telephone or In-home Counseling

In Group 3, those subjects were not screened after MCO and PCP letters; only they were counseled by phone and/or by home visit as needed. One hundred five (15%) of them received screening as compared to 35 to 47 (5.7%) in other group (**Figure 1**). **Table 2** shows that the counseling is three times more likely to increase mammography screening as compared to no counseling (*RRs* = 3.02, 2.33; $p = 0.0000001$). This part deals with testing the Hypothesis 3.

Comparing Strategies by Group

Comparisons are made to test the cumulative effect of the Simple Intervention (Group 2), Stepwise Intervention (Group 3) as compared to No-Intervention (Control Group). This comparison suggest that which simple or stepwise complex strategy would have better effect to increase mammography screening rates.

Figure 2 illustrates that the Stepwise Intervention group received 208 (26%) screenings; Simple Intervention group received 125 (16%); and Control group received 109

(14%) screenings. **Table 2** indicates that stepwise intervention is almost twice as likely ($RR = 1.89$; $p = 0.0000001$) compared to no intervention at all and 67% increased likelihood ($RRs = 1.67$; $p = 0.0000001$) over simple intervention to get mammography screening done.

Site Differences

Tables 3 and **4** display the significant effect difference between the Chattanooga and Nashville site. For each group, the number of subject received mammography screening was more in Chattanooga, than that in Nashville site groups. The trend in improving incrementally by groups was similar in both sites but the magnitude was higher in the Chattanooga site. These differences between the study sites, maybe partly due to more concerted efforts by the coalition of ACS, Y-Me, and Neighborhood for life to promote breast cancer screening in Chattanooga. The coalition activities started almost a year before our project and these organized activities are still ongoing.

In sum, counseling is the most effective strategy to increase the mammography screening. Primary care physician letter was also found to be effective over usual care as well as MCO letter. It is evident then that stepwise (incremental) intervention would be the most feasible way to improve mammography among low-income underserved populations.

KEY RESEARCH ACCOMPLISHMENTS

- Established a positive partnership with the study MCO that has led to more research activities.
- Successfully implemented intervention activities in Nashville, Tennessee.
- Assessment of the intervention based on an analysis of claims data in Nashville suggested a positive effect on the utilization of these in-reach study activities.
- Expanding the study to include Chattanooga, Tennessee increased statistical power enough to detect a true effect of the intervention.
- Subjects are selected and divided into three groups using stratified random sampling process.
- Implementation of the intervention in Chattanooga, Tennessee is completed.
- Nineteen Lay Health Workers are now trained to provide intensive breast health promotion including skills and knowledge in dealing with overcoming barriers to mammography screening.
- Analysis of survey data for “Barriers to Access and Utilization of Health Care” article is in preparation for submission.
- Analysis of survey data for KAP is completed.
- Evaluation of the intervention based on a complete set of claims data was performed.

REPORTABLE OUTCOMES

- An article entitled, "Difficulty in Reaching Low Income Women for Screening Mammography" is published in the *Journal for Health Care for the Poor and Underserved*, Vol. 11, No. 1; Page 45-57, February 2000 (Appendix 7).
- Article on "Barriers to Access and Utilization of Mammography Among Underserved Population" has been presented in Department of Defense's "Era of Hope" Breast Cancer Research Program Meeting 2000, in Atlanta Georgia.
- The abstract of this article is published in the *Era of Hope Conference Proceedings 2000*, Vol. II, Page 759 (Appendix 8).
- The article on "Barriers to Access and Utilization of Mammography Among Underserved Population" is in preparation for Journal submission.
- An abstract from the evaluation of the effect of the interventions is submitted for presentation in the upcoming National Medical Association's (NMA) Annual Conference, 2001.
- An article entitled "Knowledge, Attitude and Practices of Breast Cancer Screening among Underserved Populations", is in progress.
- An article based on the evaluation of the effect of the intervention is in preparation.
- Eight community outreach workers were trained to overcome difficulties in reaching underserved women for Breast Cancer screening efforts.

DISCUSSION AND CONCLUSIONS

The intervention had three elements implemented in the following order: at first, MCO letter for Group 2 and Group3; next, PCP letter for remaining non-compliant subjects in Group3; and at last, In-home Counseling for remaining non-compliant subjects in Group 3. In a pure randomized trial, usually, all the elements are allocated to subjects concurrently to test the comparative effects of the treatments. In our case, it was in sequential order, which makes the effect reduced for the next element. As every step progresses, intervention faces incrementally difficult task to work with remaining hard to reach and hard-core subjects. In this process, the realized effect of the element is more convincing as a true effect than otherwise. Moreover, economic and administrative merits of this approach are that it places an emphasis on order of less difficult and less expensive element first to try and then more expensive and concerted efforts for targeted hard-core subjects.

The lessons learned from this project are that the home visit component of the intervention model does show a very significant and effective method to reach underserved women for health issues; and primary care physician personal letter makes a difference in screening behavior of low-income populations. Our study population is different from other groups who may be covered by insurance systems or managed care companies previously reported in the literature. The circumstances surrounding the socioeconomic status of these women make it difficult to reach them for intervention. The contact difficulties that we documented include 1) not at home; 2) no physical address; 3) wrong address; and 4) having moved (Appendix 7).

It was found that the use of telephone as a means of contacting this study populations was not feasible. This is partly because the vast majority of the subjects did not have a telephone. Attempts to contact those subjects who have telephones have proven ineffective. On occasion when a subject was successfully reached by telephone, the response to the intervention was generally negative. This may be due to the fact that the telephone is far less personal and not conducive to a discussion of intimate health issues. This population faces very difficult and competing day-to-day choices. Their preventative health seeking behavior is often left behind for immediate urgencies and their personal health care pushed out by the every day family demand or children's health issues. To promote compliance against the problem yet to come, requires extra effort and innovation

It may be concluded that PCP letter should be tried first then those non-complaints should be followed with In-home reaching efforts. Although, In-home counseling is a labor intensive form of intervention, it is a more effective method for reaching what the National Cancer Institute defines as a "hard to reach population" for cancer prevention and control. Allowing more time for the home visit component of the intervention may strengthen this model. A follow up mechanism must be instituted to ensure that once the subject agrees to have her mammogram that the test is quickly scheduled and the appointments are kept.

REFERENCES

1. American Cancer Society. Facts and Figures 2000.
2. Presentation of National Center for Health Statistics at the NCI - Meeting on "Screen Mammography for Minority Women 40-49 years of Age" March 1996.
3. Fisher B, Carbone P, Economow SG, et al. L-Phenylalanine mustard (L-PM) in the management of primary breast cancer: a report of early findings. *N Engl J. Med* 1975; 292:117-22.
4. Bonadonna G, Brusamolino E, Valagussa P, et al. Combination as an adjuvant treatment in operable breast cancer. *N Engl J. Med* 1976; 294:405-10.
5. Nissen-Meyer R, Kjellgren K, Malmiok, et al. Surgical Adjuvant Chemotherapy: results with one short course of cyclophosphamide after mastectomy for breast cancer. *Cancer* 1978; 41:2088-98.
6. Olivetto IA, Baydikco, Plenderleithih. Adjuvant systemic therapy and survival after breast cancer. *N Engl J. Med* 1994; 330(12):805-10.
7. Overgaard M, Hansen PS, Overgaard J, et al. Post Operative Radiotherapy in high risk premenopausal women with breast cancer who receive adjuvant chemotherapy. *N Engl J. Med* 1997; 337(14):949-55.
8. Ragaz J, Jackson SM, Nhu L, et al. Adjuvant Radiotherapy and chemotherapy in node positive premenopausal women with breast cancer. *N Engl J. Med.* 1997; 337(14):956-62.
9. Johannessen Geisson G, Day N. The effect of mass screening in Iceland. 1965-74, on the incidence and mortality of cervical carcinoma. *Int. J Cancer* 1978; 21:418-25.
10. Guzik DS. Efficacy of screening for cervical cancer: A review. *Am J Public Health* 1978; 68:125-34.
11. Shapiro S, Wanda V, Strak P, Venet L, and Roeser P. Ten to Fourteen Years Effect of Screening on Breast Cancer Mortality. *J.N.C.I.* 69(2): 349-335, 1982.
12. Tabar L, Fagerberg CJG, and Gad A., et al. Reduction in Mortality from Breast Cancer after Mass Screening with Mammography; Randomized Trial from the Breast Cancer Screening Working Group of the Swedish National Board of Health and Welfare. *Lancet* 1:29-32, 1985
13. Feig S.A., Decreased Breast Cancer Mortality through Mammography Screening: Results of Clinical Trials. *Radiology* 167: 659-665, 1988.

14. Costanza M.E., Orsi C.J., Greene H.L., et al. Feasibility of Universal Screening Mammography. *Arch Intern Med.* 151: 1851-1856, 1991.
15. Stein J.A., Fox S.A., and Martrata P.J. The Influence of Ethnicity, Socioeconomic Status, and Psychological Barriers on the Use of Mammography *J of Health and Social Behavioral* 32: 101-113, 1991.
16. Bastani R, Marcus A.C., and Hollatz-Brown A. Screening Mammography Rates and Barriers to Use: A Los Angeles County Survey *Prev Med* 20: 350-363, 1991.
17. Calle E.E., Flanders, D, Thun M.J., and Martin M.S. Demographic Predictors of Mammography and Pap Smear Screening in US Women. *Am J Public Health.* 83(1): 53-60, 1993.

This letter is written to encourage you to participate in breast health care. Having a mammogram (x-ray of the breast) is an important part of good breast care.

Your doctor will check you and order a mammogram. The purpose of doing the mammogram is to help to find a small lump if there is one. Some lumps may be too small for you or your doctor to feel. While most lumps are not cancerous, a few are. For those which are, finding cancer early may save your breast and your life.

One in nine American women will get breast cancer at some point in their lives. The chances of getting it increase with age.

The American Cancer Society recommends:

- 1) women between ages 40-49 should have a mammogram every 1 to 2 years**
- 2) women age 50 and above should have a mammogram every year**

Access... **MedPLUS** has made funds available so that your doctor can order this test at no cost to you. The results will be returned to your doctor and an appointment will be made to discuss the results with you.

Wellness is the aim of Access...**MedPLUS** and the doctors who are a part of the network. We will continue to provide services to promote your good health.

Sincerely,



Patricia A. Weaver, M.D., MSPH
Medical Director
Tennessee Managed Care Network
Access...**MedPLUS**

PAW/lcb

Nashville Office
205 Reidhurst Avenue
Suite N-104
Nashville, Tennessee 37202-0205
(615) 329-2016

East Tennessee Regional Office
900 East Hill Avenue
Suite 175
Knoxville, Tennessee 37915
(423) 522-7799 Fax (423) 522-1699

Chattanooga Office
431 E. Martin Luther King Blvd.
Chattanooga, Tennessee 37403
(423) 267-1544 Fax (423) 267-6832

Memphis Office
1835 Union Avenue
Suite 325
Memphis, Tennessee 38104
(901) 726-0027 Fax (901) 726-5445



Optima Health Center, P.C.

An Internal Medicine Practice

Bernard L. Parham, Sr., M.D.

Norma Sparks, PA-C

As your doctor I want to help you stay well. For most health problems, the key is to find and treat the problem early.

A short time ago, you received a letter from Dr. Patricia Weaver, Medical Director of Access Med. Plus, offering you a free mammogram (x-ray of the breast). If you have not already taken advantage of the offer, consider this friendly reminder.

Women remain at risk for developing breast cancer and the chances of that occurring increase with age. Even if that should occur, cancer and other breast problems can be found early by mammography. When found early, it is most likely to be cured.

Access Med Plus is committed to the health of its members and has provided funding so that any female member, age 40 and older can have this test.

Since we have not ordered this test for you this year, call today and make an appointment.

Thank you for your cooperation.

Sincerely,

Bernard L. Parham, Sr. MD

Primary Care Physician

Access Med. Plus Provider Network Services



CHOICES

Practical Ideas for Healthier Living

Access...MedPLUS
A Quality Health Plan Your Family Can Trust From
Tennessee Managed Care Network
Managed by Medical Care Management Company **MC**

October 1998

Share the Good News

Can you believe another year is coming to a close? Many of you have spent the past few weeks getting your kids set for school. Soon you will trim your home to celebrate the holiday season. As you prepare for these events, share the good news about Access...MedPLUS. To share the news, ask your friends to pick Access...MedPLUS as their TennCareSM health plan.

ILLUSTRATIONS BY LAURA COYLE, IMAGES (4) PROVIDED BY © 1998 PHOTODISC, INC.

The Earlier the Better

Start checking for breast cancer *now*.



It is important to find breast cancer early. If you do, your chances of surviving breast cancer and leading a happy, active life are very good.

- Starting at age 20, you should examine your breasts every month for unusual lumps or changes. You should ask your doctor to show you how to do this. If you find a lump, call your doctor right away. A lump does not always mean that you have breast

cancer. It is best to be on the safe side.

- Between the ages of 20 and 39, you should have your doctor examine your breasts every three years. After age 40, you should ask your doctor for a breast examination every year. You should also continue your monthly self-exams.

- After age 40, you should also have a yearly mammogram. A mammogram offers the best possible protection. It can reveal tiny lumps that are too small for you or your doctor to notice. In some cases, your doctor will suggest that you have a mammogram before you turn 40. This is a free service. +

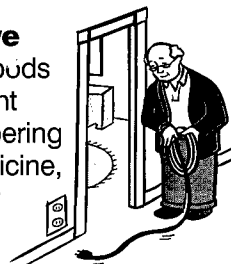
Treat Yourself to Health

We all deserve to feel as healthy as we can. But that doesn't happen without trying. It's up to each of us to make healthy decisions so that we can enjoy life to the fullest.

Questions?
For help with health care, call
1-800-523-3112.

2 Kid Stuff
Keeping children safe from guns and helping them through the holidays.

7 Your Move
The right foods for pregnant women, remembering to take your medicine, and making your home safer.
Appendix 3



8 After a Heart Attack
Getting a second chance at good health.

CHOICES

CHOICES is a product of the Tennessee Managed Care Network (TMCN), managed by Medical Care Management Company (MC²).

TMCN publishes **CHOICES** six times a year in conjunction with Red Spring Communications, Inc., to provide members with information about the health plan and tips to maintain a healthy lifestyle.

The content herein is in no way intended as medical advice on individual health problems. Medical advice should be obtained directly from a health care professional.

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kidstuff



Guns Are Not Toys

Many people buy guns to protect their families from danger. But too often the guns themselves are dangerous, especially for children. Kids confuse real life with the shoot-'em-up excitement they see on TV.

If you have a gun, follow these rules to avoid tragic accidents:

- Store guns unloaded and uncocked in a securely locked cabinet or drawer. Don't let your kids know where guns are located.

- Store the bullets in a different place than the guns.

- Be sure your guns have trigger locks or other childproof devices. Make sure the devices are set.

- Never leave guns unattended when cleaning them.

- Teach your children never to touch a gun. Be sure they know to get help from a parent or adult if they find a gun or another child with a gun. +

Holidays Can Be Hard

Many children of divorced parents fear the holiday season. That's because parents sometimes use the holidays as an excuse to start a fight about visiting rights. All too often, kids get stuck in the middle.

Even if you dislike your ex-spouse, don't use the holidays—and your kids—to get even.

- Understand the holiday visitation rights described in your divorce decree and obey them.
- Don't wait until the last minute to make travel plans.
- Speak directly with your former spouse. Don't ask your children to act as messengers. +

Getting to Know You

Finding a Primary Care Provider (PCP) you can work with is important to your health. That's why you should use your first appointment to find out if you and your PCP will make a good team. Here are some things you should find out:

- ✓ Does your PCP have experience treating your specific health problem?
- ✓ Does your PCP listen carefully to what you have to say and answer your questions?
- ✓ Are your PCP's office hours convenient for you?
- ✓ Who takes care of patients after hours or when the PCP is away? +



Healthy Outlook



Make Three Wishes

People often feel depressed and unhappy because they feel trapped in their lives. They may want to make changes, but they just don't know how to get started. If you are in this boat, an important first

step is to pinpoint what is bothering you. You can do this by making three wishes and writing them down.

For instance,

- If you feel lonely, you may wish you had more friends.

- If you need more money, you may wish you had a better job.

- If your kids disobey you, you may wish you were a more effective parent.

- If you have health problems, you may wish you could lose weight or stop smoking.

Once you put a wish on paper, the next step is to see if there is anything you can do to start making your wish come true. For instance, you might decide to call your doctor to find out more about stopping smoking. Or you could join a social group to make new friends.

So go ahead and make three wishes. You might find that you have more control over your life than you thought. +

Golden Rules

By following the "Golden Rules," you will find the health plan easy to use.

1. Always call your Primary Care Provider (PCP) if you want to set up an office visit to see another provider. You do not have to call your PCP first when you have a medical emergency. But do call when you can.

2. Emergency rooms are for emergencies. Do not go to the ER if you have a condition that can wait until you can see your provider.

3. Always carry your ID card. You need your member ID card when you wish to receive medical or dental care. Also, always carry your children's cards.

4. Keep your appointment and call when you can't. Try to make it to the provider's office on time for your visit. Call the doctor's office when you cannot keep your appointment.

Always call Member Services first when you have questions about the health plan. Someone is here to answer your call 24 hours a day, seven days a week.

Keep our phone number and address in a handy place:

1-800-523-3112
P.O. Box 205
Nashville, TN
37202-0205

Exercise to Stay Active

Many people find it harder to get around as they grow older. They become short of breath when climbing stairs. They tire easily or lose their balance. In many cases, the reason they feel worn out is not because they have grown older. It is because they have given up on exercise.

If you are a senior, regular exercise can make you feel years younger.

It can give you more energy. It can make your bones stronger. It can also decrease your blood pressure and help you lose weight.

A good exercise program for seniors has three parts:

- **Exercise for endurance.** Walking and swimming help your heart and lungs work more efficiently.

- **Exercise for strength.** Weight lifting

builds stronger bones and can help with arthritis.

- **Exercise for flexibility.** Stretching exercises make it easier to keep your balance.

Talk to your doctor about exercise programs for seniors or about starting an exercise program at home. Once you begin, you will be surprised at how much better you will feel.

Senior class



Just 30 Minutes

Just 30 minutes of moderate exercise a day, most days of the week, can make a big difference in how you feel. Exercise gives you more energy and strength. Regular workouts help you build strong bones and reduce weight. Best of all, exercise lowers your risk of getting heart disease and diabetes.

You don't have to take up a sport to get enough exercise. Here are some 30-minute activities that fit the bill:

- Pushing a stroller for 1½ miles.
- Walking 2 miles.
- Dancing fast at a party.
- Raking leaves.

Woman'sWorld

Up in Smoke

Women smoke fewer cigarettes than men. They also smoke cigarettes with less tar than men. Despite these differences, women smokers are more likely to get lung cancer.

The moral is clear. If you are a smoker, you should quit. Quitting is not easy. Here are a few tips that might help:

✓ **Draw up a contract.** Write "I will quit smoking on (fill in the day)" on a piece of paper. Have someone sign it with you. List on your contract how you will reward yourself for each week and month of not smoking.

✓ **Clean house.** On the evening before you quit, throw out all cigarettes, matches, lighters, and ashtrays. Plan a special activity for the day you quit, such as a movie or trip with a friend.

✓ **Know yourself.** Think about the situations that bring on the urge to light up. These triggers include drinking coffee,



watching television, and talking on the phone. Make a list and avoid as many as you can.

✓ **Don't get discouraged if you slip.** Having a cigarette or two doesn't mean you have failed. Keep at it until you quit for good. +

Find the Right Cure For Feminine Infections

Vaginal infections should be treated quickly because some can cause serious problems. Most feminine discomfort creams at the drugstore are for yeast infections. They don't help cure the most common type of vaginal infection, which is called bacterial vaginosis. Nor do they help cure trichomoniasis (also called trich). To find the right cure for vaginal infections, you must be able to tell them apart:

● Symptoms of a yeast infection include itching and burning and a white discharge that looks like cottage cheese. Yeast infections are not harmful and can be cured with over-the-counter drugs.

● The most common symptom of bacterial vaginosis is a milk-like discharge with a fishy odor. You need a prescription from your doctor to treat this infection.

● The symptoms of trich include a heavy, yellow-green or gray discharge, a fishy odor, and painful intercourse. Only a prescription medication can cure this disease.

Unless you have seen a doctor for a yeast infection at least once, you should check with your doctor before using any product from the drugstore. +

LivingWell

Smoke Gets in Your Eyes

Here is another reason to stop smoking: Smokers are at greater risk of going blind as they get older. Men who smoke more than a pack a day are much more likely to get a condition called macular degeneration than nonsmokers. There is no treatment or cure for this disease. Blindness begins at the center of your field of vision and spreads toward the edges. The longer you smoke, the higher the risk.

One way to clear the smoke from your eyes is to take part in the Great American Smokeout. This yearly event is sponsored by the American Cancer Society. It takes place each year on the third Thursday of November. Millions of Americans will stub out their cigarettes on that day. By joining the Great American Smokeout, you will be protecting your vision and your health. You can find out more about the smokeout by calling 1-800-ACS-2345. +

Warm Up to Your Workout

Whether you're trying to improve your strength or build your endurance, it pays to prepare your body for your workout. You should always warm up at a light pace for at least 10 minutes.

● Walking, slow jogging, and marching in place are all good warm-ups.

● Try to work up a mild sweat without getting tired.

● Stretch for a few minutes before exercising.

● Stretch to the point of mild tension.

● Hold each stretch for eight to 10 seconds. Don't bounce. +



Healthy Snackin'

Watching football on TV has become a fall tradition. So is sitting on the sofa and snacking while the players on the field get all the exercise. That is why it is difficult for football fans to make it through the season without paying a 5-pound penalty.

The key to success on the field—and in your living room—is making good substitutions. Here are some ideas for healthier, less fattening snacks. They will keep you lighter on your feet during the football season.

● Make dips with nonfat or low-fat yogurt, sour cream, or cream cheese. Serve with fresh celery or broccoli.

● Baked potato skins topped with low-fat cheese and sliced green peppers often hit the spot.

● Indulge your craving for carbos with pretzels, bagels, or baked chips.

● Stay cool and collected with a glass of ice water with a lemon wedge.

● To celebrate a victory by the home team, try angel-food cake topped with low-fat frozen yogurt and fruit. +

Tell a Friend How to Become A Member

This month, TennCareSM will mail forms for you to change health plans. As a satisfied member, you do not have to mail in the form. And you do not have to change health plans.

We have worked hard to make sure you stay happy and satisfied with Access...MedPLUS. We hope you will stay a member. By staying with Access...MedPLUS, you can count on the same quality services plus the extra benefits you have received over the past year.

When you get your form in the mail, we want you to spread the good word about Access...MedPLUS. Do you have friends on TennCareSM? Tell them about the great services and benefits you get as a member. This is the only time in 1998 that your friends can change health plans.

Making It Easy

What You Need to Know About Vaccinations and Childhood Disease

Vaccinations (shots) are a very important part of your child's preventive and general health care. If you have a young child, please read this so that you can keep your child healthy. It answers questions parents ask about vaccinations.

1. Why should I take my child to get shots?

Your child needs shots to protect him or her from many serious childhood diseases. There is no need for children to catch dangerous diseases like measles, whooping cough, hepatitis, and meningitis. Without shots at the right times, your child could get one of these very serious illnesses.

2. What can happen if my child does not get his or her shots?

Without shots, your child can catch diseases that can cause high fever, coughing, choking, breathing problems, or brain damage. These diseases may leave your child deaf, blind or cause your child to be paralyzed.

3. Do shots work?

Yes. If your child gets the right shot at the right time, the chance of getting any of these diseases will be much less.

4. What if I don't have money to pay for my child's shots?

There is no charge for your child's shots. Well-child visits and shots, called preventive services, are free to all Access...MedPLUS members.

You do not have to make any co-payments or meet a deductible.

5. When should my child get shots?

Many parents think that children don't need shots until they are ready to go to school. That is not true. Children need to start getting their shots when they are babies. They should have received most of their shots by the time they are 2 years old.

6. What are the shots that my child needs?

See the list below for the shots your child needs to stay healthy. Ask your child's provider about getting these shots.

- MMR—protects against measles, mumps, and rubella (German measles).
- OPV or IPV polio vaccine—protects against polio.
- DTP or DTaP—protects against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- Hib vaccine—protects against spinal meningitis.
- HBV vaccine—protects against hepatitis B, which causes liver disease.
- Varicella vaccine—protects against chicken pox.

7. Where should I go to get my child's shots?

You should get your child's shots at your provider's office. Tell your provider if your child has had shots at the health department or

at another doctor's office. Don't forget to take your child's shot record with you.

8. Are shots safe?

Some vaccines can cause mild reactions. Serious reactions sometimes occur, but they are rare. Remember, the risks of your child getting these serious diseases are greater than the risks of serious reactions from a shot.

9. Whom should I call for more details?

Always call your child's provider. He or she can help you if ...

- Your child is sick.
- You have questions about health care.
- You need more information about shots or well-child visits.

Remember ... shots are a very important part of your child's total health care. Be sure to get your child's shots on time. And keep his or her shots up-to-date. Be sure your child gets regular checkups. You don't have to wait until your child is sick. Take him or her for checkups even when your child is healthy. +

Excerpts taken from the American Academy of Pediatrics publication, *What Parents Need to Know About Vaccination and Childhood Disease, Guidelines for Parents.*

Your Move

More Than the Blues

Everyone feels sad from time to time. But if you feel sad for weeks on end, you might be suffering from depression. Since depression is an illness that can be treated, you should get help from your PCP.

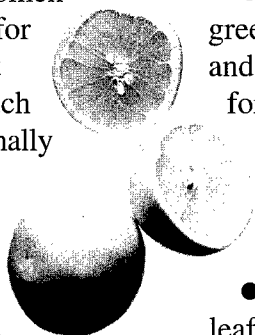
The warning signs of depression include



- Loss of interest in activities, including sex.
- Restlessness, irritability, or excessive crying.
- Sleeping too much or too little.
- Difficulty concentrating or making decisions.
- Thoughts of death or suicide. +

Eating Right for Baby

Pregnant women need to eat for two, but not twice as much as they normally would. The key is to add foods with the vitamins and minerals your baby needs to grow:



- Add low-fat milk, green leafy vegetables, and canned salmon for calcium.
- Add red meat, fish, chicken, and enriched cereals for iron.
- Add dark-green leafy vegetables, beans, citrus fruits, and peanuts for folic acid. +

Taking Your Medicine

The hardest part of taking medicine is remembering to do it in the first place. It helps to take your medicine at the same time as something you do every day, like brushing your teeth or setting your alarm before bed. Other memory tips include

- Placing reminder cards in places where you'll be sure to see them.
- Asking family members or friends to help you remember.
- Using a pillbox with a section for each day of the week. +



Fall-proof Your Home

Falls are the most common cause of injury in the home. Follow this checklist to help you and your loved ones stay firmly on your feet:

- ✓ Nail down loose carpeting.
- ✓ Secure rugs with carpet tape.
- ✓ Remove extension cords running across walkways.
- ✓ Clear stairs of books, packages, and other objects.
- ✓ Place rubber mats in bathtubs and showers.
- ✓ Replace burnt-out light bulbs in stairs and hallways. +



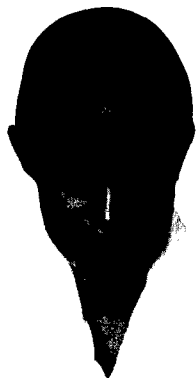
Five Ways to Get Five

The experts say we should eat five servings of fruits and vegetables a day. It's easier than you might think:

- ① Wake up to a cold glass of orange juice.
- ② Snack on carrot or celery sticks.
- ③ Add peppers and onions to tomato sauce and serve over pasta.
- ④ Serve fish or chicken with a slice of canned pineapple.
- ⑤ Sprinkle fresh berries or raisins on low-fat vanilla yogurt for dessert.

After a Heart Attack

Follow these tips for a second chance at good health.



There's no doubt about it. Heart attacks are scary. But sometimes it takes a good scare to make changes in your everyday routine—changes that will strengthen your heart and help you feel healthier.

Work closely with your PCP in the weeks and months after an attack and follow this two-part strategy:

1. Give up the habits that led to your attack:

- Stop smoking.
- Limit drinking.
- Avoid foods high in saturated fats and cholesterol.

2. Develop new heart-healthy habits:

- Start a walking program. Begin slowly, just walking around your home. As you get stronger, cover more and more ground.

- Add more fruits, vegetables, and fiber to your diet.

- Keep an eye on your weight. Check with your PCP about what a healthy weight is for you.

Make the most of your second chance and live a heart-healthy life!

Pressure Drop

Women taking birth control pills run a slightly higher risk of having high blood pressure. If you are taking the pill, be sure to have your blood pressure checked every year.

Assurance of Non-Discrimination

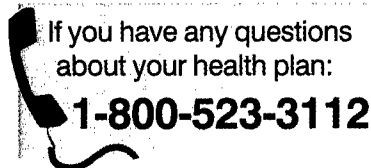
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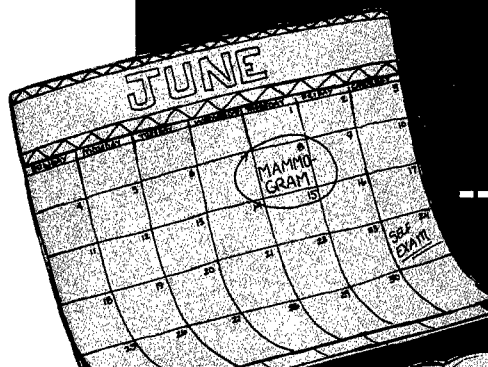
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Breast Cancer

-- Early detection
is the key



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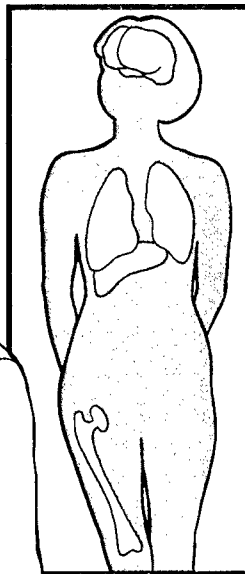
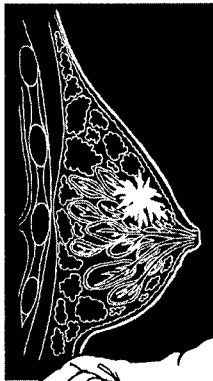
Managed by Medical Care Management Company **MC**

What is breast cancer?

It's a group of diseases caused by the growth of abnormal cells in the breast.

The cancer cells form lumps, also called tumors.

Left untreated, cancer cells can break away from the tumor. They can travel to other parts of the body and form new tumors.



But, there is good news! Discovering the cancer early greatly increases your chances of successful treatment.

This booklet is not a substitute for an informed discussion between a patient and his or her health-care provider of the symptoms, diagnoses, procedures or medications described in this booklet.



Why should I learn about breast cancer?

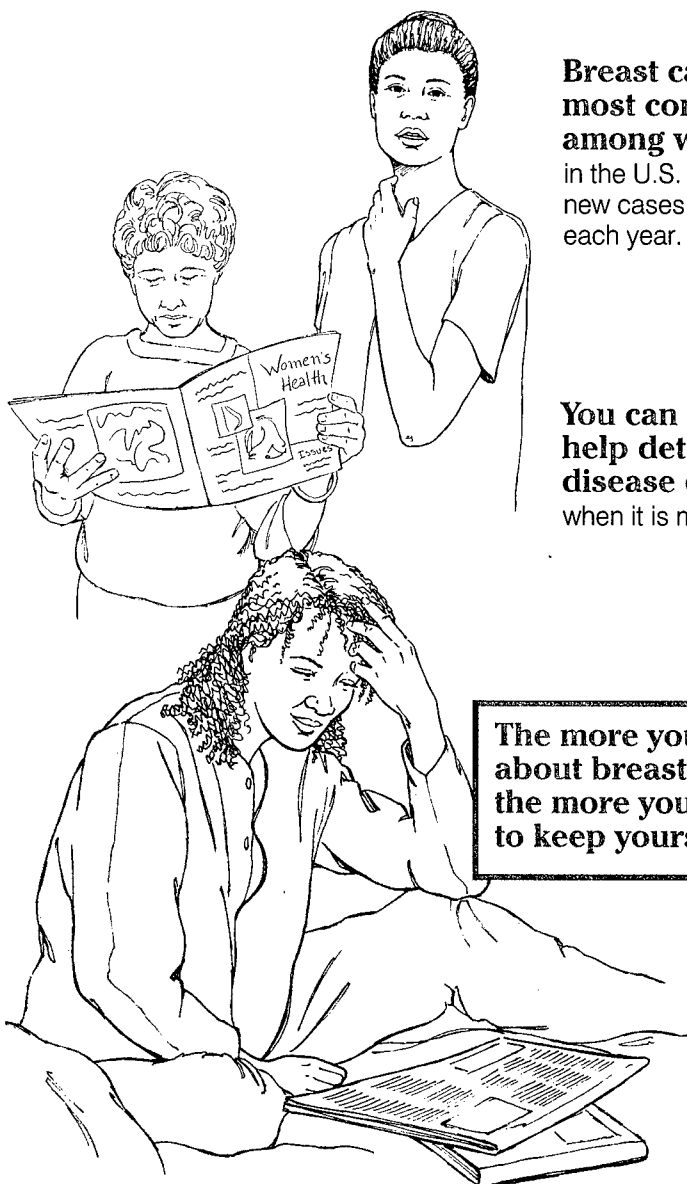
Because it can affect you.

Breast cancer is the most common cancer among women

in the U.S. About 180,000 new cases are diagnosed each year.

You can learn to help detect the disease early,
when it is most treatable.

The more you know about breast cancer, the more you can do to keep yourself healthy.



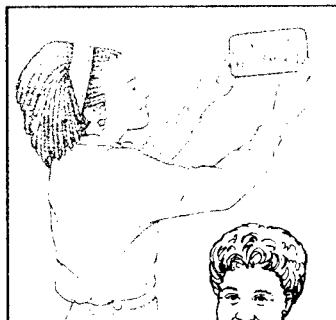
What causes breast cancer?

In a very small number of cases, it's caused by a defective gene. But in most cases, the cause is unknown.

Scientists are studying several lifestyle factors:

- diet -- for example, how dietary fat affects breast cancer risk
- smoking -- whether this known cause of some other cancers plays a role in breast cancer
- alcohol use -- suspected to be linked to breast cancer
- exercise -- whether it may help prevent breast cancer
- adult weight gain -- to what extent being overweight increases breast cancer risk.

It's not completely clear how all these things affect breast cancer risk. But maintaining a healthy lifestyle may help reduce your risk.



Hormone or estrogen replacement therapy

can help prevent heart disease and osteoporosis after menopause. Experts generally agree that these benefits far outweigh any possible risk of breast cancer, except in women already treated for breast cancer. Ask your health-care provider for details.



How likely am I to develop breast cancer?

Any woman can develop breast cancer.

Some women have special risks.

For example, your risk is higher if you:

- are age 50 or over
- already had breast cancer
- have an immediate relative, such as a mother, sister or daughter, who had or has breast cancer
- had early onset of menstruation or late menopause
- never had a child or had your first child after age 30.

But, all women must be aware.

- Even if you have no risk factors, you can still get breast cancer. In fact, many women who have developed the disease had no identified risk factors.
- Having risk factors doesn't mean you will get breast cancer. But, be aware of your possible higher risk, and follow your health-care provider's advice.



Learning about the breast

is the first step to good breast care.

Breast tissue extends into the armpit.

When you examine your breasts (see pages 8 and 9), be sure to check from the collarbone down to below your breast and from armpit to breastbone.

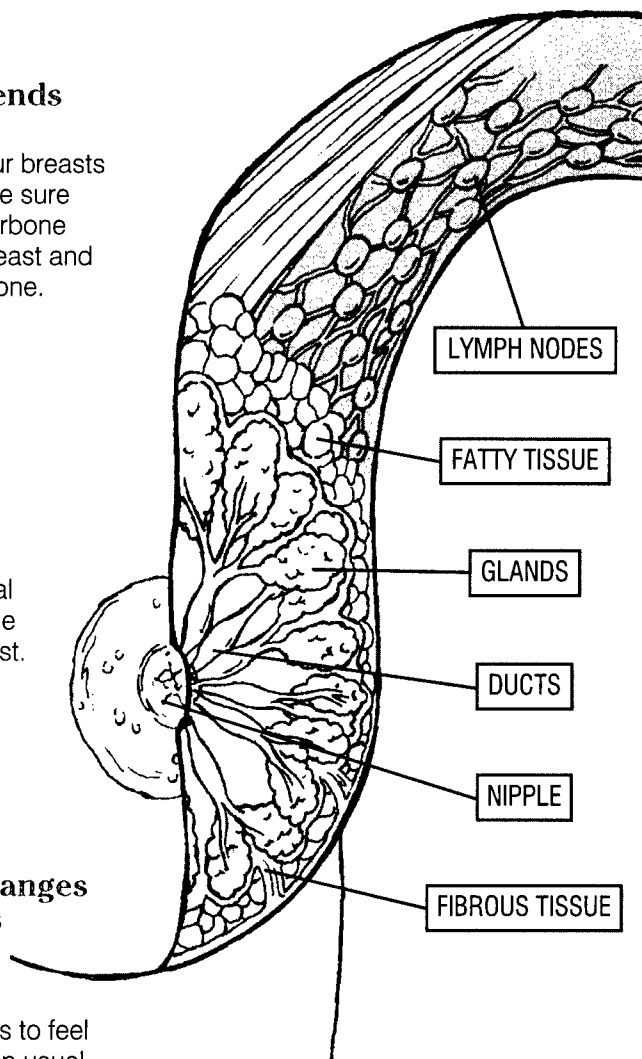
Breasts often are naturally bumpy.

For example, it's normal to feel a firm ridge at the lower curve of the breast.

Noncancerous changes can make breasts feel lumpy.

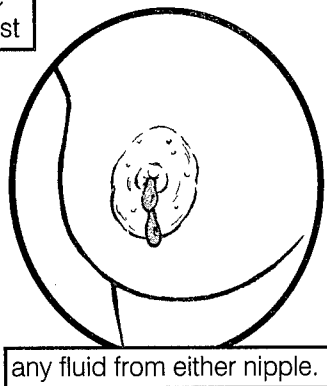
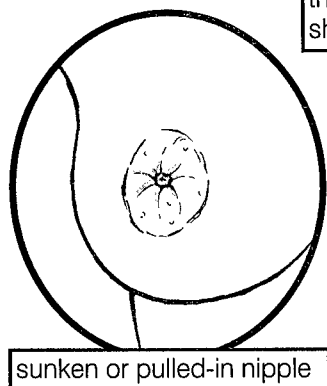
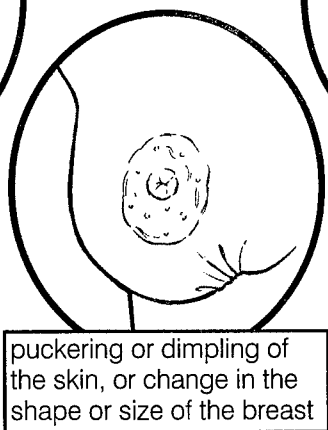
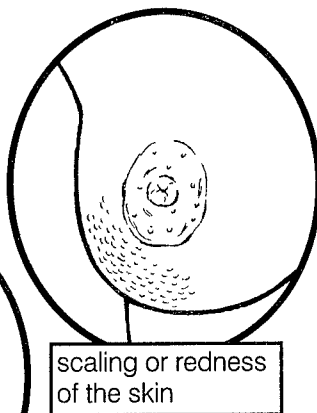
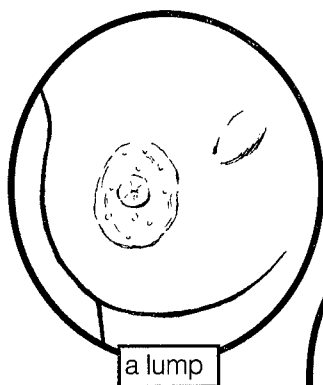
For example:

- It's normal for breasts to feel tender or lumpier than usual before or during your period.
- Fibrocystic disease, a common noncancerous condition, can make breasts feel lumpy.



Know the warning signs of breast cancer.

You can often spot some of them yourself, including:



Is it cancer or a harmless breast change?

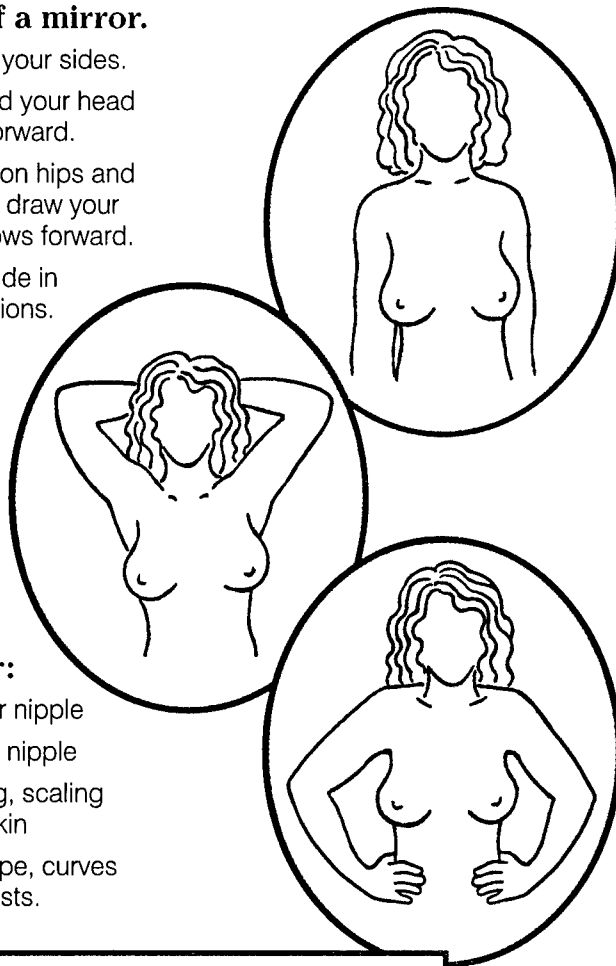
There's no way to tell yourself. If you see any change, get medical attention right away. Only a health-care provider can diagnose breast changes accurately and recommend the right treatment.

Do a breast self-exam (BSE) every month.

Do it shortly after your period, when your breasts are least likely to be tender. If you're no longer menstruating, pick the same day each month. Follow these 3 steps:

1. Stand in front of a mirror.

- Stand with arms at your sides.
- Clasp hands behind your head and press hands forward.
- Press hands firmly on hips and bow slightly as you draw your shoulders and elbows forward.
- Turn from side to side in each of these positions.



Signs to look for:

- any fluid from either nipple
- sunken or pulled-in nipple
- puckering, dimpling, scaling or redness of the skin
- changes in the shape, curves or size of your breasts.

Doing BSEs lets you learn

how your breasts normally look and feel.
This helps you discover any changes early.

2. Lie flat on your back.

- Put your left hand under your head. Use your right-hand fingers to feel your left breast.
- Start from the outer edge and circle in toward the nipple. (You can also move up and down in rows.) Press firmly in small massaging motions with the pads of your fingers (not the tips). Don't forget the area in your armpit.
- Gently squeeze the nipple.
- Switch sides, using your left hand to feel your right breast.



Signs to check for:

- any lump or thickening that wasn't there before
- any fluid from the nipple.

3. Feel again for lumps while you're in the shower or bath.

Your fingers will glide more easily over soapy skin. This allows you to concentrate on the texture underneath.



If you find anything unusual, don't be afraid.

Most breast changes are not cancer. But get any change checked out by a health-care provider.

Remember: Early detection is the best hope for beating breast cancer.

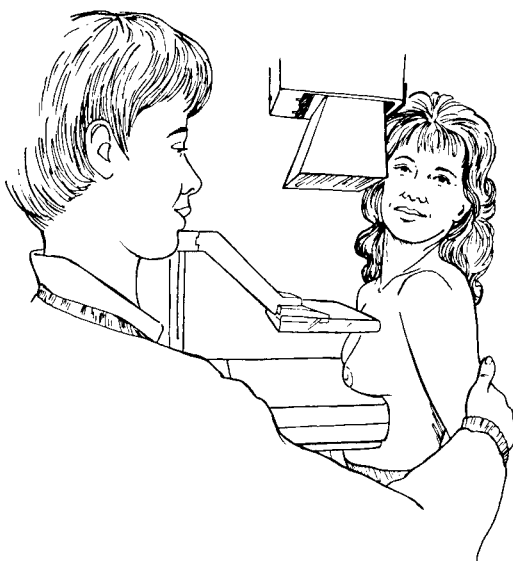
Checkups are another must for early detection.

Get regular mammograms.

These breast X-rays can find lumps and other changes often before they can be felt. A general guideline is to get a mammogram:

- once between ages 35 and 40 (for later comparison)
- every year beginning at age 40.

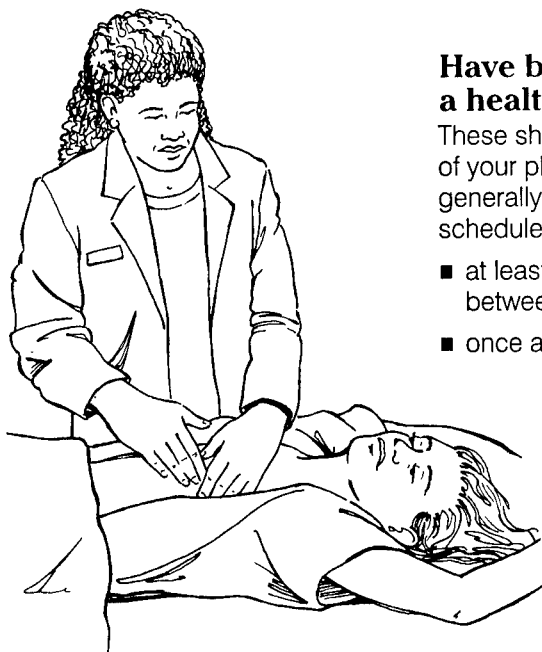
Ask your health-care provider what schedule is right for you.



Have breast exams by a health-care provider.

These should be a regular part of your physical exam. The generally recommended schedule for breast exams is:

- at least once every 3 years between ages 20 and 40
- once a year after age 40.



If anything suspicious is found,
the next step is to get an accurate diagnosis.

Your health-care provider
may recommend:

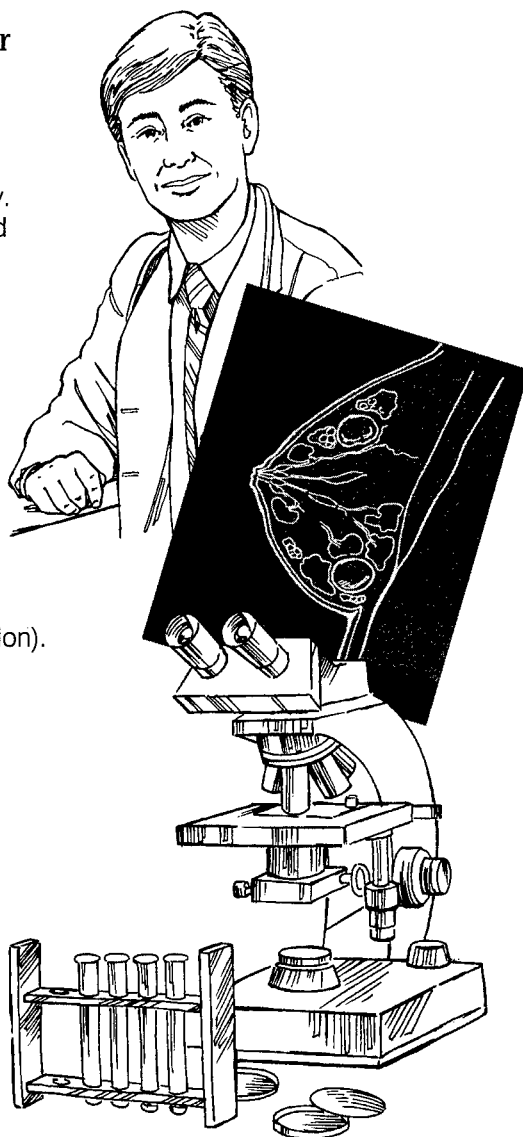
Another mammogram
to double-check the irregularity.
This exam is more detailed and
takes longer than the routine
screening mammogram.

A biopsy,
which removes a bit of fluid
or tissue from the breast.
This can be done:

- by surgery
- with a needle (called aspiration).

The fluid or tissue is studied to
see if it is cancerous.

Other imaging tests,
such as ultrasound or
magnetic resonance
imaging (MRI).



**Most breast lumps tested
are not cancerous.**

Breast cancer treatment

may include one or more of these methods:

Surgery

This may involve:

- a lumpectomy -- taking out the tumor and some tissue around it, but preserving the breast itself
- a mastectomy -- removing part or all of the breast and, in some cases, lymph nodes under the arm.



Radiation therapy

This type of X-ray is often used after surgery to kill any remaining cancer cells in the breast area.

Chemotherapy

The patient takes special drugs that kill or stop the growth of cancer cells that may have left the breast area.

Hormone therapy

The patient takes drugs or, less often, has surgery to change the body's hormones. This discourages the growth of cancer cells.

New treatment methods

For example, immunotherapy and bone marrow transplants are being tested.

Breast reconstruction

Rebuilding the breast after a mastectomy may be an option. The reconstruction may take place at the same time the breast is removed, or months or years later. Ask your health-care provider for details.



Some questions and answers

After breast cancer is treated, will it come back?

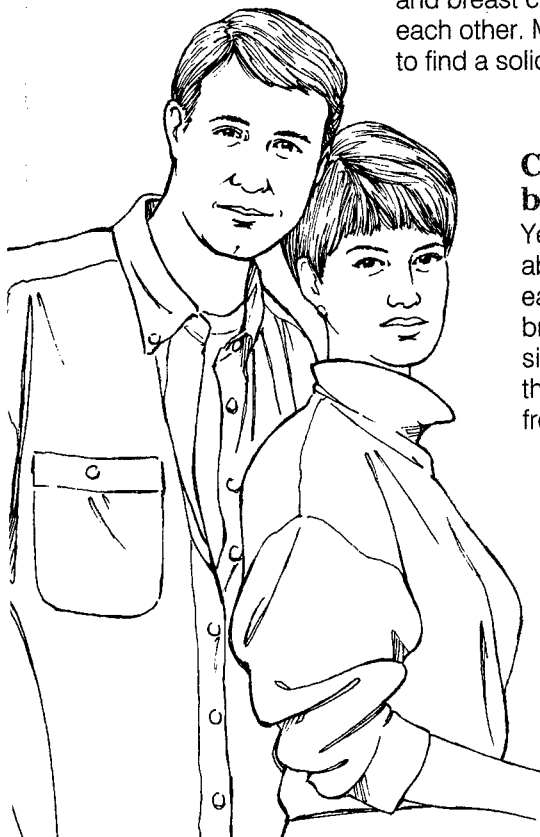
It may. It depends partly on what type of cancer it was, how advanced it was and what type of treatment was used. Like the original cancer, the earlier a second one is found, the better it can be treated.

Do birth control pills help cause breast cancer?

Studies on the link between the pill and breast cancer often contradict each other. More research is needed to find a solid answer.

Can men get breast cancer?

Yes, but it's very rare. There are about 1,400 new cases in men each year in the U.S. As with breast cancer in women, warning signs include lumps, changes in the way nipples look and fluid from the nipples.



Help is available.

These organizations can give you facts about breast cancer, offer support and refer you to local sources of help:

American Cancer Society

1-800-ACS-2345
(1-800-227-2345)

National Cancer Institute's Cancer Information Service

1-800-4-CANCER
(1-800-422-6237)

National Alliance of Breast Cancer Organizations (NABCO)

1-800-719-9154

The Susan G. Komen Breast Cancer Foundation

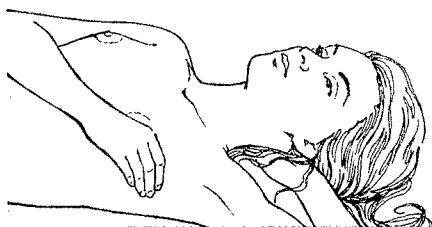
1-800-I'M AWARE
(1-800-462-9273).



If you have breast cancer, consider joining a support group. Ask your health-care provider or the organizations listed on this page how to find one.

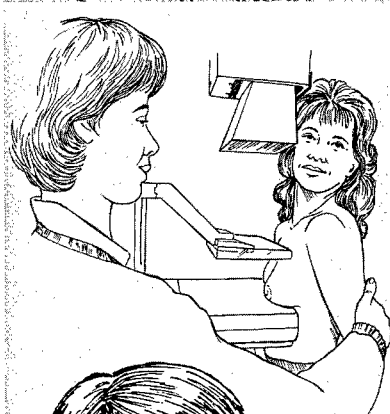
Stay on the safe side -- act now!

Do a breast self-exam
every month.

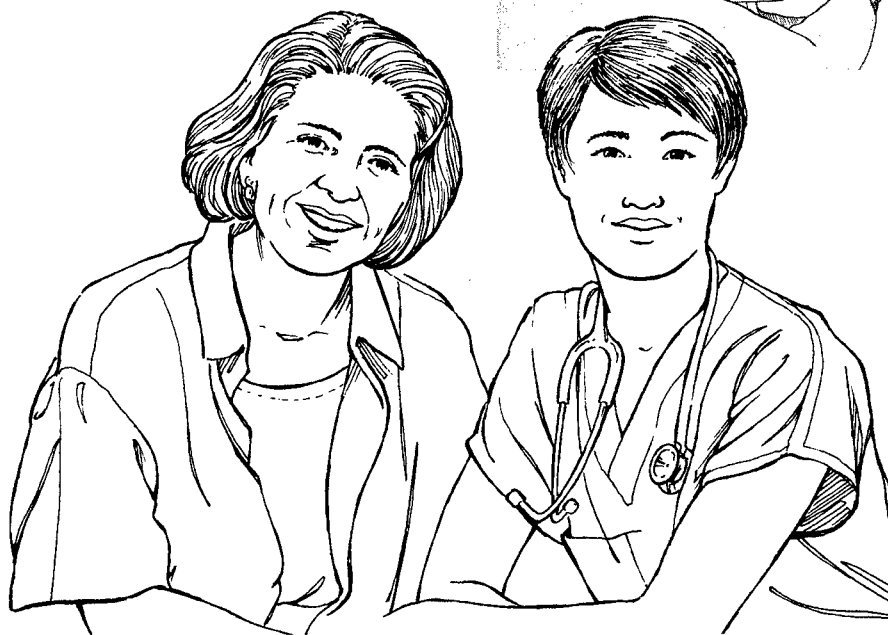


Get a mammogram
as often as your health-care
provider recommends.

See your health-care provider
for breast exams.



Stay informed
about breast cancer research.



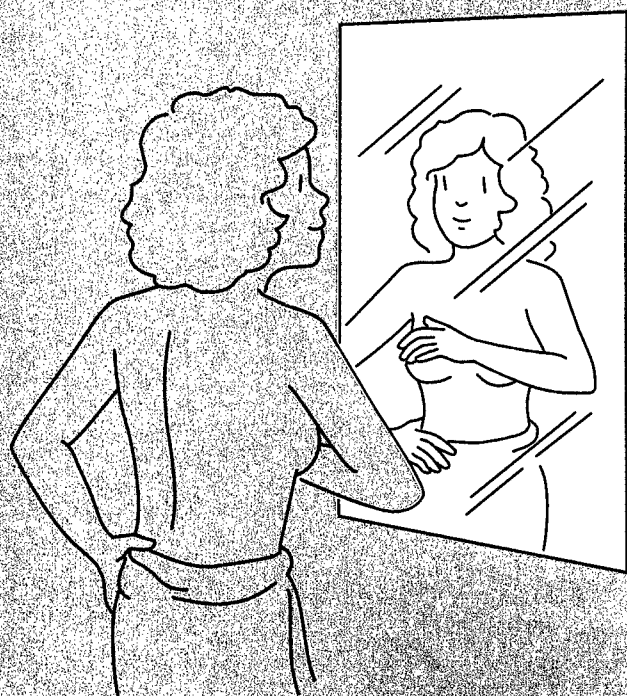
Your health is in your hands!



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 **Tennessee Managed Care Network**
Attn: Health Promotion & Disease Prevention
P.O. Box 205
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1-800-523-3112

What every woman should know
**ABOUT
BREAST HEALTH**



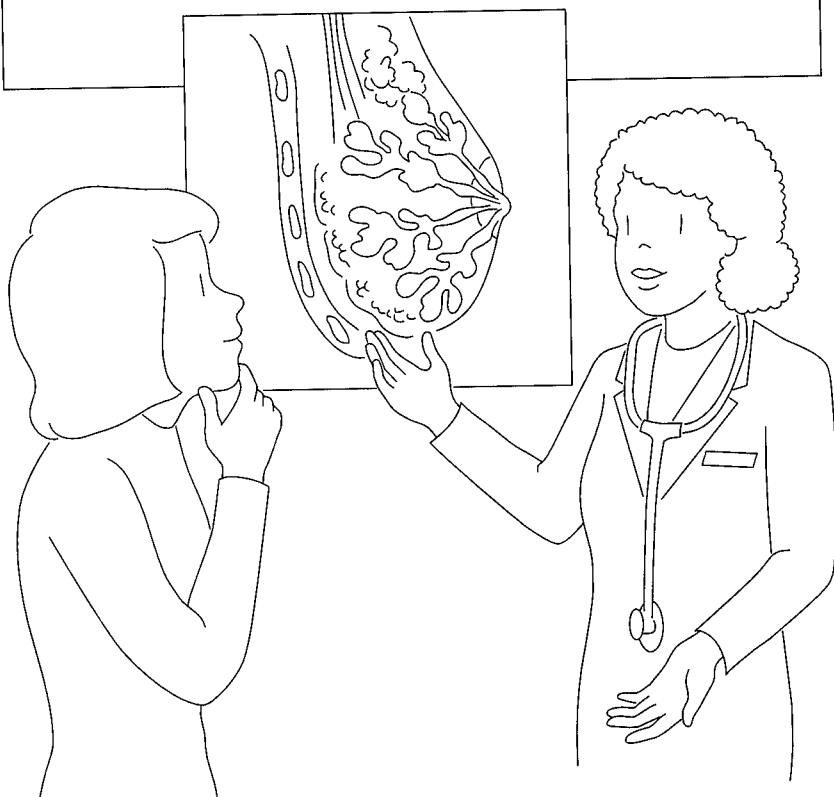

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 Tennessee Managed Care Network
Managed by Medical Care Management Company **MC**

YOUR BREASTS ARE IMPORTANT TO YOUR HEALTH!

YET, BREAST HEALTH IS OFTEN OVERLOOKED

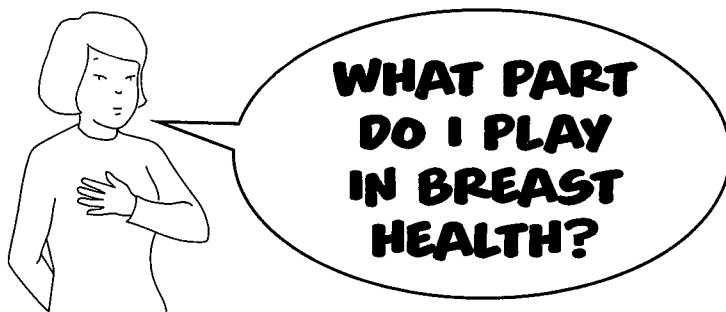
-- and misunderstood. That's why many women:

- fail to recognize the warning signs of disease
- worry over harmless conditions
- endure unnecessary pain.



This booklet is not a substitute for an informed discussion between a patient and her health-care provider of the symptoms, diagnoses, procedures or medications described in this booklet.





The leading role! There are steps you can take to help protect your health.

PAY ATTENTION TO YOUR BREASTS

This means:

- understanding how your breasts change throughout the menstrual cycle and throughout life
- becoming familiar with your breasts and what is normal for you
- examining your breasts at the same time each month, so you'll notice any changes that may occur.

A HEALTHY LIFESTYLE IS IMPORTANT

You may be able to reduce your risk of breast cancer by:

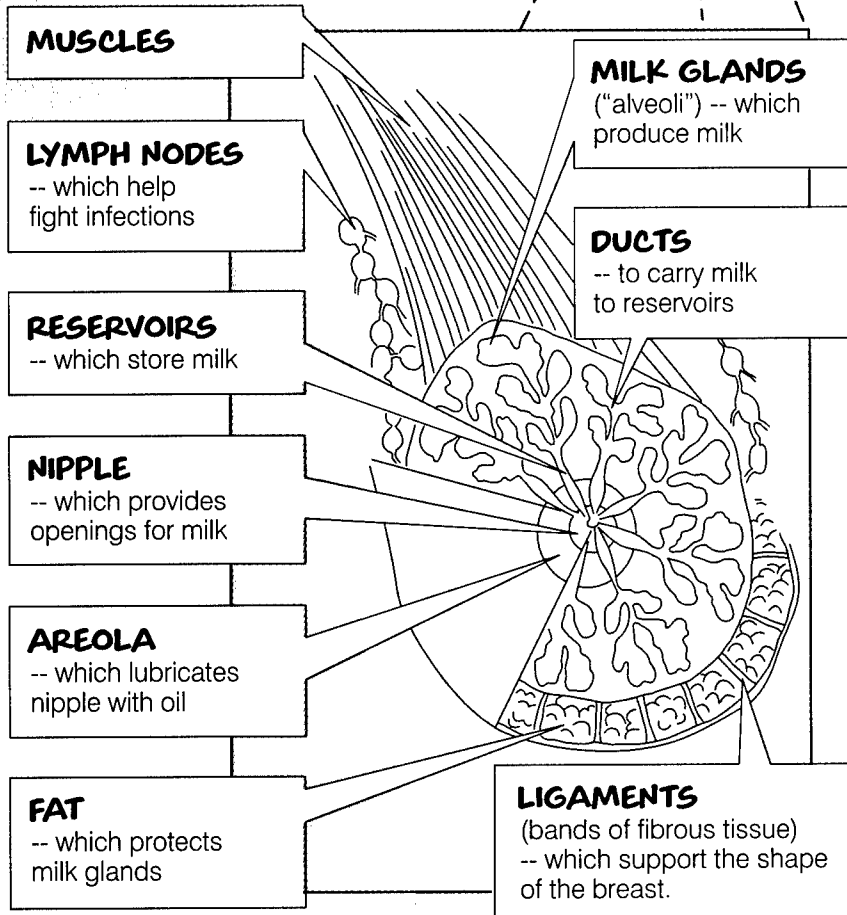
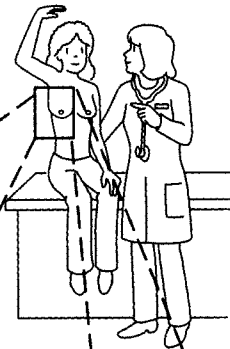
- not smoking
- maintaining a healthy weight
- limiting alcohol (if you drink) to no more than one drink per day*
- exercising regularly. (Consult your health-care provider before starting an exercise program.)

*NOTE: Do not drink at all if you are under 21; a recovering alcoholic; pregnant, nursing or trying to conceive; taking prescription or over-the-counter medications; planning to drive or perform any task requiring attention or skill.

**Learn
more...**

THE ANATOMY OF THE BREAST

Breast tissue extends across the chest and up into the armpit. The breast is naturally lumpy because it contains so many different structures:



HORMONAL CHANGES INFLUENCE BREASTS

throughout a woman's life. The use of oral contraceptives, hormone therapy and changes in weight can also affect breast size, lumpiness and tenderness.

DURING THE MENSTRUAL CYCLE

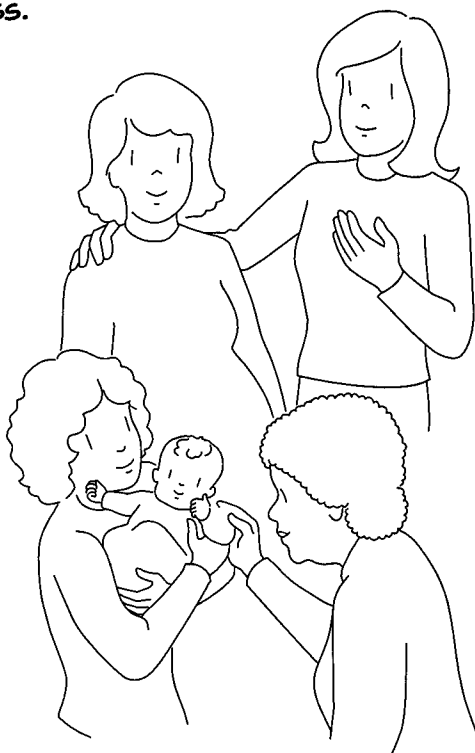
Breasts often become swollen, tender and lumpier in the week before menstruation.

DURING PREGNANCY AND BREASTFEEDING

Milk glands, ducts, areolae and nipples enlarge. Breasts feel heavy, lumpy and tender. When nursing stops, breasts return to their former size, but may be less firm.

DURING AND AFTER MENOPAUSE

Milk glands and ducts shrink, and breasts become smaller and softer. Supporting ligaments lose some of their strength.



HEALTHY BREASTS CAN:

- be different sizes or shapes
- have nipples that are flat or inverted (sunken into the areola)
- have nipples that point in different directions
- have areolae that are larger, smaller, darker or lighter than another woman's.

These characteristics are probably normal if a woman's breasts have always been this way.

BREAST CARE IS AS SIMPLE AS 1-2-3!

1 PERFORM

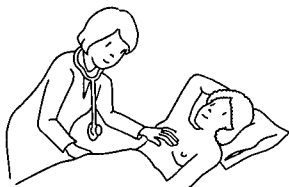
a breast self-examination (BSE) every month.



2 SCHEDULE

professional breast exams:

- at least once every 3 years between ages 20 and 40
- once a year after age 40.*



3 HAVE

a mammogram:

- once between ages 35 and 40 (for later comparison)
- every year beginning at age 40.*



*These are general guidelines. Your health-care provider may recommend a different schedule, depending on your personal or family health history.

DOING BSE IS A GREAT INVESTMENT in your health! It:

- takes only 10-15 minutes a month
- can be done in the privacy of your home
- doesn't cost a penny!



THE EARLIER YOU START PERFORMING BSE, the better you'll know your breasts -- and the more likely you'll be to spot any changes. (Many breast cancers are found by women themselves!)

WHY SOME WOMEN DON'T DO BSE



It's
embarrassing and
distasteful.

Breasts are normal parts of the human body. Would you be reluctant to examine your arm or leg?



I'm afraid
I'll find
a lump.

Most breast lumps are not signs of cancer. And most breast cancers can be cured -- if they're detected and treated in time.



I don't
know what to
look for.

This is probably the most common reason women don't examine their breasts. But you can learn BSE from:

- demonstrations by a health-care professional
- breast models designed to teach BSE
- written instructions such as those that follow.



Breast
cancer won't
happen to me.

Any woman can develop breast cancer. But some women have special risks. (See page 14.)

WHEN YOU DO BSE, YOU'RE LOOKING FOR CHANGES

from month to month. Examine the whole breast area — from collarbone to below the breast, and from breastbone to armpit.

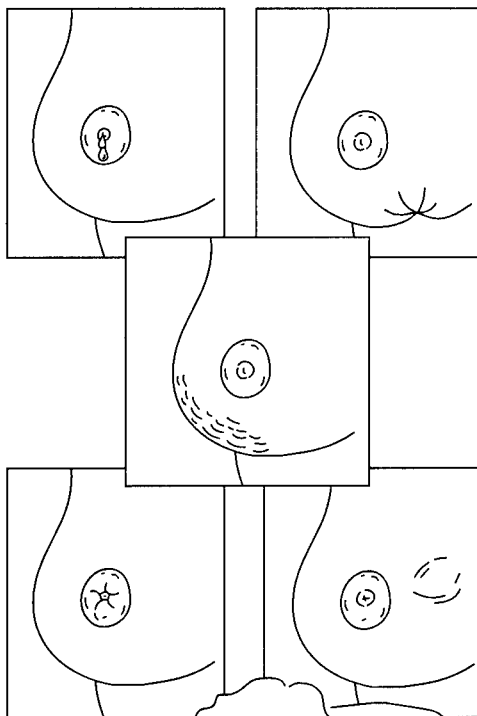
CONSULT YOUR HEALTH-CARE PROVIDER

immediately if you notice:

- any discharge
- any puckering or dimpling
- a rash or an "orange peel" texture to skin
- a newly inverted or flattened nipple, or a change in nipple angle
- a swelling or bulge
- whitish crust on a nipple or areola
- a sore that hasn't healed
- a change in a black or brown mole.

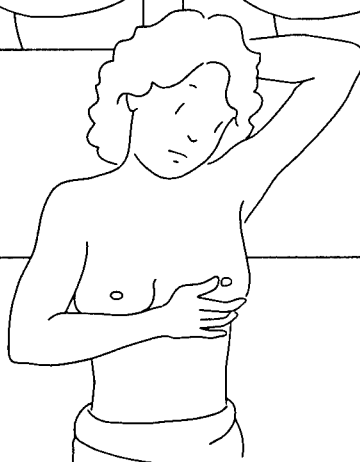
IT'S NORMAL TO FEEL A RIDGE

of tissue at the lower edge of your breast. Ribs, ducts, fat, etc., may also feel strange at first.



DON'T BE AFRAID IF YOU FIND ANYTHING UNUSUAL

But, do get any changes checked out by a health-care provider.

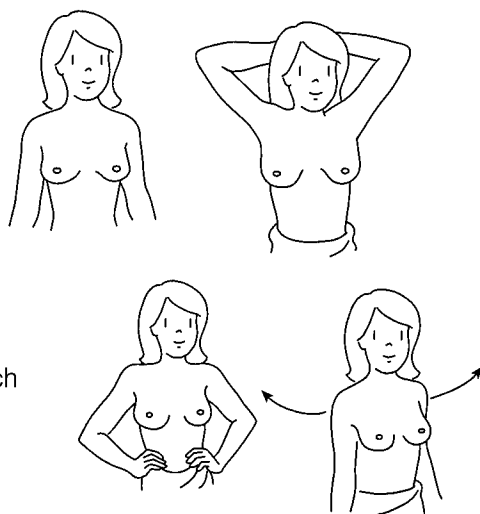


EXAMINE YOUR BREASTS EVERY MONTH,

a few days after the end of your period. If you're not menstruating, do BSE on the same day each month.

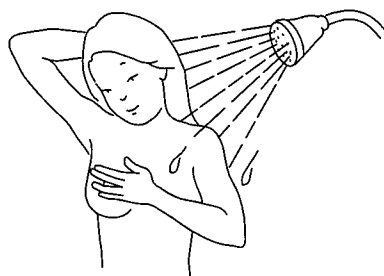
① IN A MIRROR

- Stand with arms at your sides.
- Clasp hands behind your head and press hands forward.
- Press hands firmly on hips, and bow slightly as you draw your shoulders and elbows forward.
- Turn from side to side in each of these positions.



② WHILE LYING DOWN

- Put your left hand under your head. Use your right hand to feel your left breast.
- Start from the outer edge of the breast, and circle in toward the nipple. Or, go up and down in rows. Press firmly in small massaging motions with the pads of your fingers. Don't forget to feel the area in your armpit.
- Gently squeeze the nipple.
- Switch sides and repeat.



③ IN THE SHOWER OR BATH

Examine breasts as in step 2. Fingers glide more easily over soapy skin.

BENIGN BREAST CONDITIONS

account for most lumps. They include:

FIBROCYSTIC CONDITIONS

This benign condition is most common in women ages 35-50. Cysts are usually firm, movable, fluid-filled sacs. These lumps are often painful, and increase in size and soreness before and during menstruation. They may disappear after menopause.

FIBROADENOMAS

These are solid, smooth, movable lumps that generally appear in women under age 40.

They're usually painless and often appear singly, near the nipple or near the upper sides of the breast.

INFECTIONS

Breast infections, commonly called mastitis, are bacterial infections that can cause warm, painful lumps (abscesses) in the breast. Mastitis is common in women who are breastfeeding.



BREAST CANCER

In some cases, a lump may be malignant (cancerous).
When the disease is detected early, it is more treatable.

MOST CANCEROUS LUMPS

occur singly in only one breast and are often:

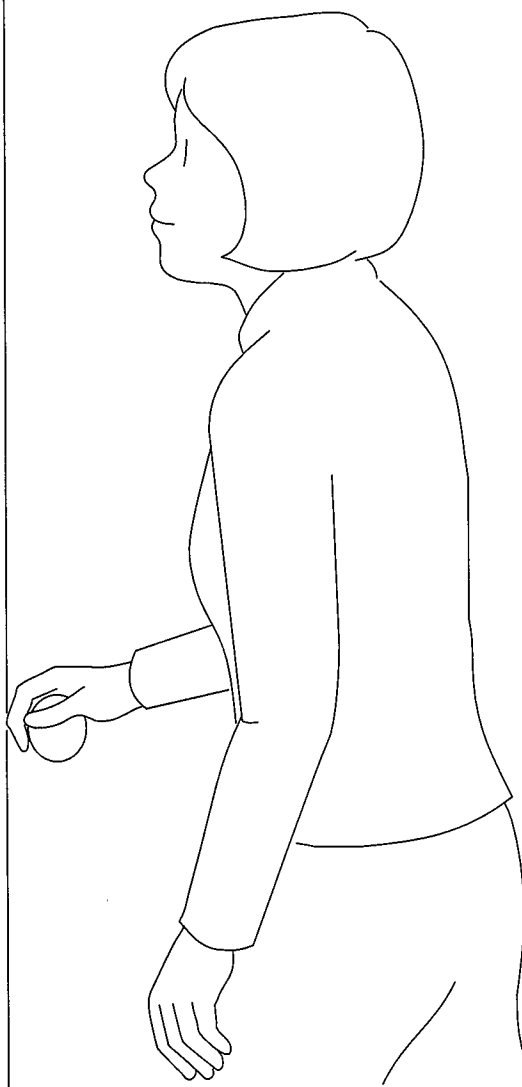
- painless
- hard
- rough-edged.

Unlike benign lumps, cancerous lumps don't change during the menstrual cycle. Over time, they tend to get larger.

CONTACT YOUR HEALTH-CARE PROVIDER

without delay if you:

- notice any changes during BSE -- do not diagnose a lump yourself
- experience pain in your breast. (Since it can be associated with some benign conditions, pain does not necessarily mean a lump is cancerous.) Treatment for pain is available.

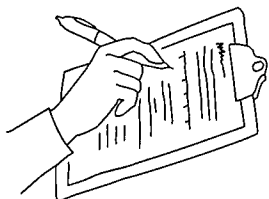


DIAGNOSIS AND TREATMENT OF BREAST PROBLEMS

may involve:

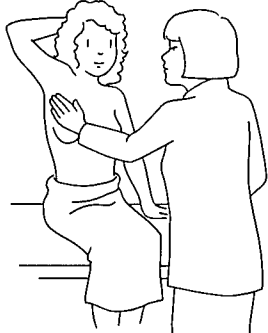
YOUR MEDICAL HISTORY

-- the age you began menstruating, medications you are taking, whether any family members have had breast disease, etc.



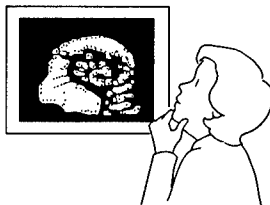
PALPATION

-- basically the same as BSE, but performed by your health-care provider.



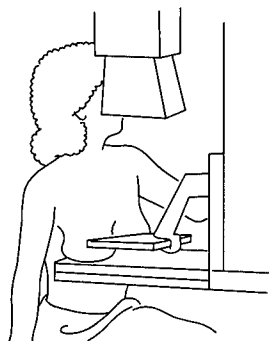
ULTRASOUND

-- when sound waves are sent into the breast. A computer analyzes their "echoes" and creates an image of the breast on a screen.



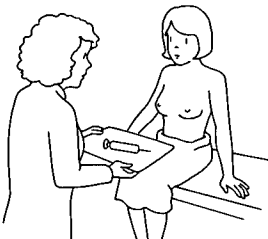
MAMMOGRAPHY

-- to evaluate a lump, or to reveal other changes in the breast.



ASPIRATION

-- when a slender needle is used to withdraw fluid from a cyst. Aspiration can be used for diagnosis and to treat a cyst that causes pain.



BIOPSY

-- when all or part of a lump is surgically removed for study. Biopsy may also be used to treat some conditions.



PRESCRIPTION MEDICATIONS

if pain from fibrocystic conditions is severe. Remember -- any medication can have side effects.

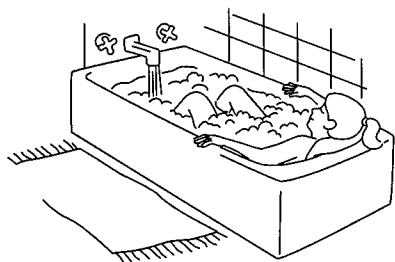


SELF-HELP METHODS MAY BE RECOMMENDED

to ease the discomfort of fibrocystic conditions.
You may be advised to:

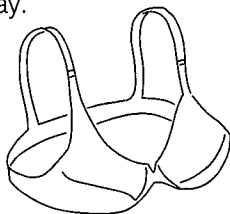
SOAK

in a warm tub.



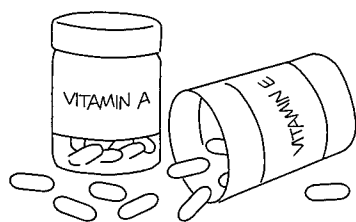
WEAR

a good, padded bra night and day.



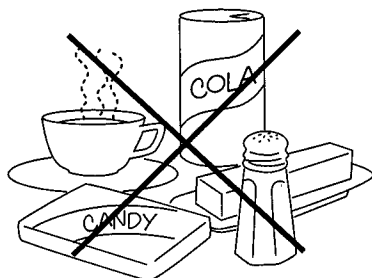
TAKE VITAMINS A AND E,

which seem to help some women, but which can cause side effects. (Do not take vitamin supplements without the approval of your health-care provider.)



CHANGE YOUR DIET

- Reduce or eliminate coffee, tea, chocolate and cola drinks. They contain caffeine and other chemicals linked to breast pain.
- Eat less fat. Fat raises the level of hormones that influence fibrocystic conditions.
- Reduce salt. Salt promotes fluid buildup, which adds to pain.
- Don't smoke.



WHAT'S YOUR BREAST CANCER RISK?

The causes of breast cancer are unknown, but the disease seems to involve many factors. To get a general idea of your risk, answer these questions:

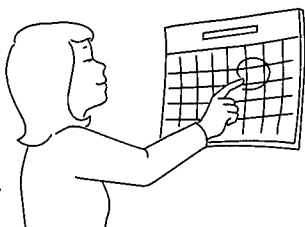
FACTORS	RISK		
	LOWER	MODERATE	HIGHER
AGE?	☐ Under 40	☐ 40-50	☐ Over 50
PREVIOUS CANCER?	☐ No		☐ Yes
AGE AT FIRST PERIOD?	☐ Over 15	☐ 12-14	☐ Under 12
AGE AT MENOPAUSE?			☐ Over 55
WEIGHT?	☐ Slim		☐ Heavy
AGE AT FIRST LIVE BIRTH?	☐ Under 30	☐ Over 30	☐ Childless
MOTHER HAD BREAST CANCER?	☐ No		☐ Yes
SISTER HAD BREAST CANCER?	☐ No		☐ Yes

The more answers you checked in the left-hand column, the lower your possible risk. But the truth is, every woman is at some risk for breast cancer! Discuss your answers with your health-care provider, and ask about steps you could take to reduce your risk.

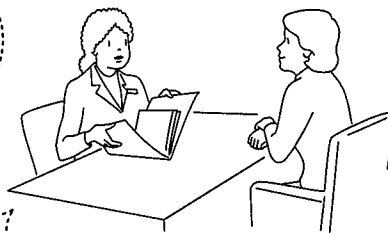
So...

PLAY A ROLE IN BREAST HEALTH!

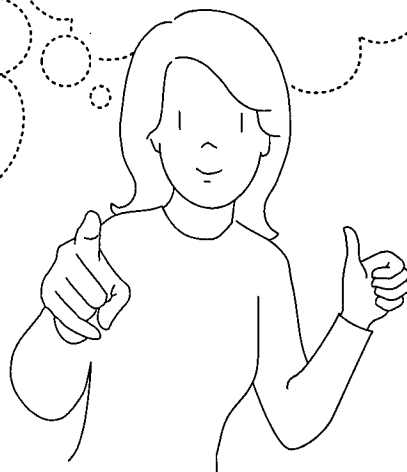
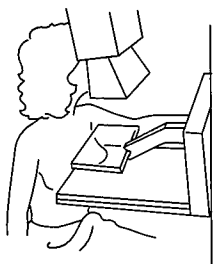
- ✓ **PERFORM BSE**
every month, and learn
what's normal for you.



- ✓ **SCHEDULE**
regular breast exams with
your health-care provider.



- ✓ **HAVE
MAMMOGRAMS**
as recommended.



**Remember -- if you
feel a lump, it's
probably not cancer.
But for peace of mind,
find out for sure.**



Access... Med PLUS



A Quality Health Plan Your Family Can Trust

Tennessee Managed Care Network

Attn: Health Promotion & Disease Prevention

P.O. Box 205

Nashville, TN 37202-0205

1-800-523-3112



Benefit Access...**MedPLUS** A Quality Health Plan Your Family Can Trust **Handbook**

for Access...MedPLUS Members



Growing together as a healthy community

August 1999

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• •

**Benefit Handbook for
Access..MedPLUS
Members**

August 1999

Access...MedPLUS

Phone Numbers You Should Know

Member Services 1-800-523-3112
Dental Services 1-800-523-3112
TDD (for people with
hearing impairments) 1-800-849-7984
Vision Services Plan 1-800-523-2863
Medicaid (for Medicare
Crossover Bill Inquiries) 1-800-523-2893
Medicare 1-800-342-8900
TennCareSM 1-800-669-1851
Tennessee Behavioral Health 1-800-447-7242

Primary Care Provider _____

Phone Number _____

Address _____

City, State, ZIP _____

Dental Provider _____

Phone Number _____

Address _____

City, State, ZIP _____

Vision Services Plan Provider _____

Phone Number _____

Address _____

City, State, ZIP _____

ILLUSTRATIONS BY LAURA COYLE

1-800-523-3112

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Access...MedPLUS

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1-800-523-3112

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2

1

Welcome to the Health Plan

We are glad you chose *Access...MedPLUS* as your TennCareSM health plan. We offer members all the TennCareSM benefits PLUS extra services to help you and your family live healthier lives. This Handbook explains these benefits PLUS much more.

This Handbook will help you learn about the benefits of *Access...MedPLUS*. Please read the Handbook to learn about all the services and benefits that *Access...MedPLUS* offers to its members. You will also learn about our policies and procedures. TennCareSM has approved the benefits outlined in this Handbook.

We began serving members in 1984 to close the gap between people who have access to health care and those who do not. All Tennesseans should have access to health care when they need it. That is why we have been serving members like you for more than 14 years.

You have joined one of Tennessee's largest health plans. During the course of a year, we will send you at least four newsletters. The newsletter, called *Choices*, offers tips to help you learn more about your benefits and services. Like this Handbook, *Choices* is a very important vehicle that we use to share news with you.

Feel free to write in your Handbook. Write notes next to information you will want to find again. You may also find it helpful to write notes about anything that is not clear or that you wish to check. Call the Member Services Department at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) with any questions. Our staff answers our telephones 24 hours a day, seven days a week.

Wishing you good health,

Joseph Barber
Executive Vice President

Access...MedPLUS

A. Member Rights and Responsibilities

As an Access...MedPLUS member, you have the RIGHT to ...

- Get information about your health Plan's services and providers.

- Choose your own Primary Care Provider from the Plan's list of providers. Your provider will keep records about your health, illnesses, operations, and any allergies you may have. It allows him or her to know you and to know what care works best for you. You also have the right to change your PCP once during a 12-month period for any reason.



- Privacy of health records. You also have the right to review these health records according to federal and state laws. You can review only the health records that relate to you or a minor dependent. You have the right to a transfer of your health records if you change providers.

- Know about your health. You have the right to work with your provider to decide what is best for your health; ask your provider to clear up any questions you have about your health or treatment; and know the names of your providers, their titles, and their training.

- Appeal decisions or file a complaint when a service ordered by your provider has been denied, suspended, reduced, terminated, or delayed. Call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) if you want help. You also have the right to appeal eligibility-related decisions to TennCareSM directly (see Section U, "Complaint and Appeal Procedures").

1-800-523-3112

- Medical and dental care covered by *Access...MedPLUS*.
- Be treated with dignity and respect.
- Offer ideas. We care about your thoughts. You may call Member Services to give your ideas about how we can improve our policies and/or procedures.
- Refuse care from a provider. You may refuse to accept care or procedures your Primary Care Provider (or another provider) suggests.
- Change TennCareSM health plans. We want to work with you. We value you as a member. You may change TennCareSM health plans during the first 45 days after you enroll with TennCareSM. You also have the right to change health plans once a year during the change period. You may also ask for a change in health plans through the Appeal Process. Call Member Services if you want help.
- Disenroll from the TennCareSM program anytime. Call TennCareSM at 741-4800 if calling locally or 1-800-669-1851 if calling long distance for more details (TDD 313-9240 or for long distance 1-800-772-7647 for persons with hearing impairments).

**As an Access...MedPLUS member,
you have the RESPONSIBILITY to ...**

- Give information your provider needs to care for you.
- Follow instructions and guidelines your provider gives you.
- Be kind and respectful to your providers and their staff.
- Work with your providers and their staff.

Access...MedPLUS

B. Extending a Hand To Serve You Better

The “Golden Rules”

By following the “Golden Rules,” you will find your Health Plan, *Access...MedPLUS*, easy to use.

- Call your Primary Care Provider’s (PCP) office before going to a provider other than your PCP. You do not have to call your PCP first when you have an emergency. However, do call when you can. You do not have to call your PCP if you need routine dental or eye-care services from a Plan Provider.

- Use emergency rooms only for emergencies. Do not go to the emergency room if you have a condition that can wait until you can see or talk to your Plan Provider.

- Always carry your ID card. You need your *Access...MedPLUS* ID card when you get health care. Also, always carry your children’s ID cards.

- Keep your appointment and call when you cannot. Try to make it to the provider’s office on time for your office visit. Call the provider’s office when you cannot keep your appointment. The provider can see other patients if you inform him or her ahead of time.

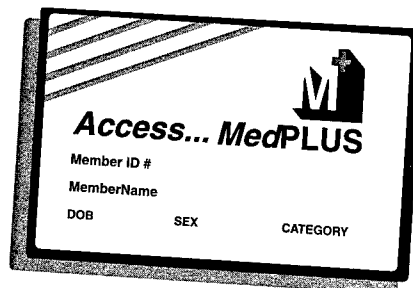
1-800-523-3112

C. Member Items

- **Provider and Hospital Directory:** The directory lists Primary Care Providers, eye doctors, dentists, and hospitals. These providers have been serving Tennesseans for many years.

- **Choices:** *Access...MedPLUS* will mail you at least four issues of *Choices* a year. The newsletter offers helpful tips about your benefits and services. The newsletter also offers news for the MOM-2-B, answers to questions most often asked by members, and tips about healthy living.

- **ID Card:** You will get two ID cards: one from *Access...MedPLUS* and the other from Tennessee Behavioral Health (TBH) (see page 28). Your health plan identification (ID) cards will stay active while you remain a member of these plans. Be sure to carry both ID cards.



Each *Access...MedPLUS* member in your family will get an ID card like the one shown above. Always carry your ID card and your children's ID cards with you. The member's name on the card is the only person who may use the card.

Call Member Services if your *Access...MedPLUS* ID card is lost, stolen, or damaged. We will issue you a new card. Call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) if you or your children (see page 22) need services before your new card arrives.

The *Access...MedPLUS* ID card lets the provider's office staff know which TennCareSM plan you belong to. Your provider's office staff may ask you to show your ID card when you visit the office. They may want to see another form of ID if you do not have your ID card.

Access...MedPLUS

How do I contact Access...MedPLUS?

We have staffed our Member Services Department with people who care. Always call Member Services first when you have questions about Access...MedPLUS. Keep our phone number and address in a handy place.



Our office gets many calls every day. We know your questions are important. We want to give you the time you need to ask questions and understand your benefits and services. Most calls come in Monday through Friday from 8 a.m. until 5 p.m. If your call can wait, call between 5 p.m. and 8 p.m. Central Standard Time (CST). Our staff answers our telephones 24 hours a day, seven days a week.

Access...MedPLUS works hard to serve not only its members but also the people of Tennessee. We would like to know your thoughts. When you write us with a question, let us know how we are doing. Use the address below to send us your cards and letters.

Access...MedPLUS

ATTN: Member Services Department

P.O. Box 205

Nashville, TN 37202-0205

Are you planning to move?

Give Access...MedPLUS and TennCareSM your new address and phone number when you move. This keeps you from having your health care benefits interrupted. It also helps you get your mail. Call each agency below to give your new address and phone number if they provide benefits to you. Do your part to be sure your health care moves with you.

1-800-523-3112

1. Access...MedPLUS: 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments)

2. TennCareSM: 741-4800 if calling locally or 1-800-669-1851 if calling long distance (TDD 313-9240 or for long distance 1-800-772-7647 for persons with hearing impairments)

3. Tennessee Behavioral Health: 1-800-447-7242

4. Your caseworker at the local Department of Human Services (DHS)

5. Social Security Administration if you receive SSI or Medicare

NOTE: We will help you find a new doctor if you move to another county in Tennessee. TennCareSM will let you know when your benefits end if you move out of Tennessee.

Health Tip

Blood Pressure

Purpose: To learn if you have high blood pressure.

Schedule this test/exam: Every two years. Everyone should have this checkup. Anyone with a family history of high blood pressure, heart disease, kidney disease, stroke, or diabetes should have this test more often. Women who take birth control pills should have this test each year.

Access...MedPLUS

D. Answers to Other Questions You May Have

When should I call *Access...MedPLUS*?

We are here to serve you. Call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) if you have any questions about how to use your health Plan. Call if you become pregnant to find out what extra services we offer the MOM-2-B. We will also need your name, phone number, or address if they change. Please call us if you have a new baby. We must have the baby's name and date of birth right away.

What should I know when writing Member Services?

If you send mail to *Access...MedPLUS*, write your name, address, phone number, and Social Security number clearly at the top of the letter. Send mail to:

Access...MedPLUS

ATTN: Member Services Department

P.O. Box 205

Nashville, TN 37202-0205

How do I choose a PCP?

After choosing *Access...MedPLUS*, you must choose a PCP from the Provider and Hospital Directory. You will get a directory within 30 days after enrollment. You may already have a doctor who is a Plan Provider. Call us after you have chosen a PCP. We must have his or her name for our files. We will choose a PCP for you if you do not choose one and call us with his or her name.

What should I do if I become ill?

Call your PCP's office to set up an office visit if you become ill and it is not an emergency. Let the office staff know that you are ill. Write down the time and date of your office visit. Be sure to keep the appointment. Call to cancel your appointment if you are unable to keep it.

1-800-523-3112

What happens if my PCP's office is closed?

You may call your PCP's office even after 5 p.m. Someone will take your call and explain what you should do. Call Member Services if you want more help.

How do I get a prescription filled?

To fill a prescription, you must go to a pharmacy in the *Access...MedPLUS* health plan. Be sure to have your Plan ID card with you. Call Member Services if you need help finding a pharmacy near you.

The pharmacist may tell you that *Access...MedPLUS* does not cover a certain drug. If this happens, ask the pharmacist to call the doctor who wrote the prescription. You may also call the doctor yourself. The pharmacist should ask the doctor to change the drug to one that *Access...MedPLUS* covers. The doctor may request prior approval based on Medical Necessity if he or she believes you need the drug. In some cases, the drug ordered may be covered by Tennessee Behavioral Health (see page 28). Call Member Services if you have a problem getting the prescription filled. Do not leave the pharmacy. Ask the pharmacist if there is a phone there that you can use. We may want to speak with the pharmacist. (See the question "What are my rights to a 72-hour supply?" in Section M.)



Access...MedPLUS

E. Your Primary Providers

Who is a Primary Care Provider (PCP)?

You will have one PCP who manages your medical needs, problems, and concerns. A PCP is usually a pediatrician (doctor who treats children), an internist (doctor who treats adults), or a family or general practice doctor (both for adults and children). Your PCP may also be a nurse practitioner or a physician assistant who will care for you under the supervision of a medical doctor. Your PCP may work in a solo practice, group practice, community health center, or health department clinic.



Who handles your dental care?

A dental provider (dentist) will manage your dental care needs. Your dentist can be in a solo practice, group practice, community health center, or health department clinic (see Section W, page 56).

F. Partnering With Your PCP

Your PCP will get to know your health history and help you get the health care you need. He or she will also make referrals to a specialist. Your PCP and *Access...MedPLUS* have the same goal—to keep you well, not just cure you when you are ill.

How does the partnership work?

Access...MedPLUS will send you details about your PCP. We will send you the PCP's name, phone number, address, and office hours where you can reach him or her. You will get this information within 30 days after you join or are assigned to *Access...MedPLUS*. If another doctor has treated you, call his or her office to have your health records sent to your new PCP. Have your new PCP's name, phone number, and address near you when you make this call.

1-800-523-3112

Changing PCPs

We want you to have a good relationship with your PCP. However, in certain cases, you may wish to change your PCP. Moving to a different city may cause you to change PCPs. You may change your PCP once during a 12-month period for any reason. It can take 30 to 45 days for the change to occur. Keep seeing your old PCP until *Access...MedPLUS* has made the change. Member Services will send you a letter when the change has occurred (see page 12, "Are you planning to move?").

When you need to see another provider

A referral is another way to make sure you get the care you need. At some point, your PCP may decide you need services he or she cannot give. Your PCP will give you a referral to a specialist who has agreed to treat *Access...MedPLUS* members.

The referral is an important part of *Access...MedPLUS*. Your PCP may call the specialist to set up your office visit. After the specialist has seen you, your PCP will receive information from the specialist to update your health records.

When you visit another provider's office, be sure to give the office staff your PCP's name. Also, show your *Access...MedPLUS* ID card. If your PCP has given you a referral form, give it to the specialist's office staff. Do not see another provider without talking to your PCP first except when it is an emergency (see page 26). Your PCP cannot require you to visit his or her office to get a referral for prenatal care. You can get routine dental and eye-care services from a Plan Provider without a referral from your PCP.

What is a medical specialist?

A medical specialist is a doctor who practices in a special area of medicine. Your PCP will arrange for a referral to a specialist when it is Medically Necessary.

Access...MedPLUS

Answers to other questions about referrals

How do I get a referral?

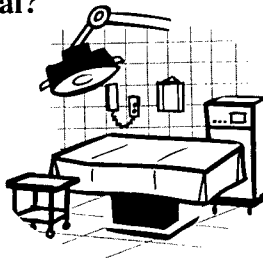
Your PCP will refer you to a specialist if he or she thinks you need special care.

What must I do to get a referral?

You do nothing. Your PCP will make the referral and may set up the office visit with the specialist. Be sure to keep the appointment. If your PCP gives you a referral form, take it with you to the specialist's office.

Can I see another provider without a referral?

You may get routine dental and eye care services from a Plan Provider without a referral from your PCP. Otherwise, remember: *Access...MedPLUS* will not pay the cost for care, unless it is an emergency, if you receive health care without a referral from your PCP.



How long does a referral last?

The length of a referral depends on what type or course of care your PCP says you need. It can be for one visit or several visits. A referral can last up to 90 days except during pregnancy (when you are pregnant, the referral lasts until the baby is born). You must contact your PCP to get another referral after the 90 days have passed or after you have made the number of visits suggested by your PCP. Your PCP will give you another referral if he or she feels you need to continue seeing the specialist. Your specialist cannot refer you to a different specialist without contacting your PCP first.

1-800-523-3112

What if I think I am not getting the care I need?

First, talk with your provider about your concerns. Then call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) if you still want help or have problems. We want to make sure you are happy with your benefits and services. The section on "Complaint and Appeal Procedures," page 50, will also help you.

Do not forget ...

- Call or write to Member Services if you need to change your PCP.
- Call Member Services to arrange for a new PCP if you are moving to another city.

Health Tip

Rectal Exam

Purpose: To find cancer of the rectum and colon.

Schedule this test/exam: Every three years for all adults age 50 and over. Doctors advise more frequent checkups if there is a family history of this type of cancer. People with a history of abnormal changes in cells should have regular checkups. Members should have an occult blood test and digital rectal exam yearly starting at age 40. This test will detect hidden blood in the stool.

Access...MedPLUS

G. How to Make Your Office Visit a Good One

Take care of yourself before you get ill or start to hurt. You must get the regular medical and dental care you need to stay well. Get to know your providers and learn how to use your health plan's services.

Scheduling appointments

If you are ill and need to see your PCP, make a list of your symptoms and questions before you call his or her office. Your PCP may be with another patient and may not be able to take your call. The office staff will help you. Be sure to tell them you are an *Access...MedPLUS* member. The office staff may ask for names and dosages of current drugs (medicine) that you are taking.



Meeting your new provider

You should set up a visit to meet your new PCP. If your new PCP has never seen you, set up an office visit to have a checkup if you are not ill. A member of your PCP's staff will set up the visit. Write down the time and date of your visit. Tell the staff person how often you have seen other providers. Be ready to talk about your health history. Also, have the names and phone numbers of other doctors who may have your health records.

The office visit

Take some time before your first office visit to get ready. Have a list of questions to go over with your PCP. Be prepared with a list of symptoms if you are sick, drugs you are taking, and any problems you have. Your PCP will want to know about your symptoms. Do not be afraid to ask for more help if you do not understand what your PCP says.

1-800-523-3112

Make a list of questions to ask your PCP. Ask questions like these:

- How is my health?
- How can I live a healthier life?
- What tests should I have?
- When is the best time to have these tests?
- How often should I set up an office visit?

Canceling appointments

Always try to keep your appointments. If you must cancel your office visit, call your PCP's office as soon as you can. Giving at least 24-hour notice is best.

Do not forget ...

1. You must get checkups to monitor your health status.
2. Make a list of your symptoms before calling your doctor when you are ill. This way you will have a better chance of not leaving out something important.
3. Take your Access...MedPLUS ID card with you when visiting your PCP.
4. For your first office visit, take the names and phone numbers of other doctors who may have your health records.
5. Prepare a list of questions about your health to go over with your PCP.

Health Tip

Physical Exam

This visit has two goals. One is to learn your health status, and the other is to meet and get to know your PCP.

Access...MedPLUS

H. What to Do Before The Baby Comes

Getting health care while you are pregnant is one of the best ways to be sure your baby is born healthy. Once your baby is born, he or she will need a lot of your time, love, and care. Your baby is not on your health plan when he or she is born. You must enroll him or her on your health plan. *Access...MedPLUS* may not pay for health care services if you have not enrolled your baby in TennCareSM and the health plan. Remember: If you just learned that you are pregnant, join the MOM-2-B Club (see page 43).

Be sure your baby never goes without health care

Enroll your baby on your health plan. Call TennCareSM at 741-4800 if calling locally or 1-800-669-1851 if calling long distance (TDD 313-9240 or for long distance 1-800-772-7647 for persons with hearing impairments) or your case-worker at the Department of Human Services. They can explain what you will need to do. It takes about four weeks to get your baby enrolled on your health plan. That is why you must do this right after giving birth.



After enrolling your baby on your health plan, he or she will get an *Access...MedPLUS* ID card. Please call Member Services if you have any questions about what benefits or services are available to your new baby.

Your baby's Social Security card

You may have applied for a Social Security card for your baby while you were in the hospital. If you did not, call Social Security at 1-800-772-1213. Ask them to mail you an application. You may also get the address of an office near you if you want to apply in person.

1-800-523-3112

Fill out the application clearly. Be sure to mail it with all the items listed below. You may also apply in person and take the items to the office. It takes about two weeks to get the card if you apply in person. It takes three to six weeks if you apply by mail. Keep a copy of everything you mail.

Items you need to apply for your baby's Social Security card

- Certified copies of your baby's birth certificate (not a photocopy).
- You must have one other ID for your baby. A hospital record, a doctor record, or a shot record will do.
- You will need one ID for yourself. An old medical insurance card, a paycheck stub, or an old medical bill will do. Send original documents only.

Health Tip

X-ray of the Breast (Mammogram)

Purpose: To find breast cancer.

Schedule this test/exam: Once a year for women ages 50 and over. Women with a close relative who have had breast cancer should have this exam once a year or every two years starting at age 35.

Access...MedPLUS

I. If You Are Billed for Care

Because you are a member of *Access...MedPLUS*, a provider cannot bill you for TennCareSM covered services. A provider cannot bill a member if he or she has provided a covered service and *Access...MedPLUS* denies the claim. An example of this would be a provider who does a procedure without having prior approval, a required consent form, or who files a claim incorrectly. In other words, a provider must follow certain procedures. Call *Access...MedPLUS* right away if you get a bill asking you for payment for TennCareSM covered services.

If you have Medicare

TennCareSM pays Medicare premiums, deductibles, and coinsurance for members who have Medicare and TennCareSM Medicaid. *Access...MedPLUS* covers TennCareSM services that Medicare does not cover. In addition, *Access...MedPLUS* offers routine dental services and eye care (see pages 30 and 31) that Medicare does not cover. If you are on TennCareSM because you are uninsured or uninsurable and you have Medicare, you must pay your Medicare premiums, deductibles, and coinsurance payments.

How to avoid getting a bill

- The best way to avoid getting a bill is to know your “Rights and Responsibilities,” which this Handbook outlines (see page 8). Listed below are more tips to help you avoid getting a bill.
- See your PCP for your medical needs unless you have an emergency or your PCP has referred you to another provider. Always visit a Plan Provider for your dental needs. Your dentist will refer you to a specialist if you need care he or she cannot give.

1-800-523-3112

- *Access...MedPLUS* does not require payment for any covered services. If your provider or his or her staff member(s) asks you for payment, ask why you have been asked for payment. You should also ask if *Access...MedPLUS* covers the service and if it is a Medically Necessary service. Do not sign any forms for payment before calling *Access...MedPLUS*.

- Always carry your *Access...MedPLUS* ID card.

- Call Member Services if you do get a bill for a covered service that asks for payment.

Health Tip

Lifestyle Tips

- Eat a diet that has less fat and more dietary fiber. Include a variety of bread, cereal, pasta, rice, fruit, vegetables, meat, fish, poultry, beans, eggs, and dairy products in your diet.

- Stay at a healthy weight.

- Exercise 20 minutes a day. Exercise at least five times a week.

- Do not smoke. Do not use any form of tobacco. If you do, quit.

- Always wear seat belts when in a moving car.

- Do not drink alcohol. Use in moderation if you do drink.

Do not drive after you have been drinking.

- Protect your skin from the sun.

- Use a smoke detector in your home and be sure it works.

- If you have guns, keep them in a safe place with a lock.

Keep guns unloaded. Keep them out of children's reach.

- Visit your PCP regularly for checkups. Talk to your PCP about how you can improve your health.

Access...MedPLUS

J. Emergency Care

An emergency is a serious health-threatening or disabling condition that comes from symptoms occurring suddenly and unexpectedly as determined by a prudent layperson, which means an adult with an average knowledge of health care.

An emergency condition is one that could result in serious physical impairment or loss of life or limb if not treated right away. Medical emergencies often occur under circumstances that make it impossible for the ill or injured person to call his or her provider before seeking emergency care. Examples of medical emergencies include heart attacks, strokes, poisonings, severe bleeding or trauma, and loss of consciousness.

You do not need prior approval or a referral to see a doctor or go to a hospital for emergency care. It is not an emergency if you think the problem can wait until you see or talk to your provider.



What you should do if you have an emergency

- Go to the nearest emergency room (ER) or call 911.
- You or a family member should show your *Access...MedPLUS* ID card to the ER staff as soon as you can. The staff person will call your PCP and/or *Access...MedPLUS*.

If you are unsure if you need medical attention immediately, call your PCP. Your PCP will decide whether he or she can treat you in the office. Your PCP's office will give instructions about how to seek care 24 hours a day, seven days a week, including holidays. *Access...MedPLUS* members do not have to pay any co-pays at the ER. However, care in the ER is under strict control. The ER staff may tell you that *Access...MedPLUS* may not pay for health care when it is not an emergency. They may then refer you to your PCP for care. If that occurs, members can receive ER care at their own expense.

1-800-523-3112

Get to know your PCP before you have an emergency. Then your PCP will have a better idea of how to take care of you if you do have an emergency.

Subrogation

Anytime you receive any money from an insurance company or another person to cover your medical expenses, *Access...MedPLUS* has the right to recover the cost we paid for your medical treatment from this money or settlement.

Here is an example of subrogation. Let's say you were in a car accident. You were treated for injuries. *Access...MedPLUS* paid the doctor or ER for treating you as our member. But, the person (owner) whose car hit you has auto insurance. The owner's insurance company paid you the cost for your medical bills in the form of a settlement. This means you collect money for your injuries twice. *Access...MedPLUS* has the right to recover the cost we paid for your medical treatment from your settlement.

Be sure to call Member Services (1-800-523-3112) when ...

- You have a car accident and are hurt.
- You have another type of accident and believe you may receive a settlement.
- You have a worker's compensation claim. This means you have been hurt on the job.

How to get health care at night and on weekends

Call your PCP first if you need health care at night or on the weekend. Your PCP's office will give instructions about how to seek care 24 hours a day, seven days a week, including holidays. If you want more help, call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments).

Access...MedPLUS

How to get out-of-area emergency care

If you need emergency services while you are outside Tennessee, call 911 or go to the nearest emergency room. Call Member Services if you need more help.

Do not forget ...

- If you are unsure if you need medical attention immediately, call your PCP or ask a family member to make the call.
- If you determine it is an emergency, call 911 or go to the nearest emergency room.

K. Mental Health and Substance Abuse

You may get mental health, psychiatric, or substance abuse services through the TennCareSM Partners Program. A Behavioral Health Organization (BHO) called Tennessee Behavioral Health Inc. (TBH) provides these services to *Access...MedPLUS* members. You may also get related pharmacy services from TBH. *Access...MedPLUS* is not responsible for any fees under this program. Call TBH at 1-800-447-7242 (TDD 1-800-549-4720) for more details or its Member Handbook.

L. Your Services and Benefits

With *Access...MedPLUS* you receive all the services for adults and children covered by TennCareSM except those services covered by TBH or Medicare. You incur no co-pays or deductibles for these covered preventive services.

1-800-523-3112

1. Inpatient Hospital Services

This includes all related Medically Necessary services. Services also include a semi-private room and meals as well as special dietary services. This does not include fees for using the phone, TV, newspaper, or personal-care items. Services must be Medically Necessary and approved by your PCP. Your PCP or specialist must have hospital admissions pre-approved by *Access...MedPLUS*.

2. Outpatient Surgical and Hospital Procedures

Services must be Medically Necessary and approved by your PCP. Your PCP must have certain outpatient surgical procedures pre-approved by *Access...MedPLUS*.

3. Sterilization (Vasectomy and Tubal Ligation)

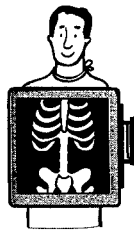
Members must be at least 21 years of age and have a signed consent form 30 days before having the sterilization. Hysterectomies must be Medically Necessary. *Access...MedPLUS* covers therapeutic abortions only in instances of rape, incest, or threat to the mother's life.

4. Physician Inpatient and Outpatient Services

These services are covered when they are Medically Necessary. This includes acupuncture services, done by a doctor, as an anesthetic during a surgical procedure.

5. Lab Tests and X-rays

Services must be Medically Necessary. Your PCP must receive prior approval for certain radiology procedures.



6. Newborn Services

Services must be Medically Necessary. *Access...MedPLUS* covers circumcisions when Medically Necessary for male infants up to 1 year of age. However, you must have a referral from the child's PCP unless the doctor does the procedure while the newborn is still in the hospital.

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For males over age 1, *Access...MedPLUS* covers circumcisions for certain medical reasons only. Your PCP must have prior approval for circumcisions of males over age 1. You must have a referral from the PCP. Call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) if you want more help.

7. Family Planning and Services for STDs

Services for sexually transmitted diseases (STDs) do not require a referral. *Access...MedPLUS* provides this service on a confidential basis. Minors may receive these services without parental consent.

8. Hospice Care

Services must be Medically Necessary. The hospice organization must have certification under Medicare hospice requirements.

9. Dental Services

Teeth cleaning, exams, X-rays, fillings, and extractions are covered under *Access...MedPLUS*. With prior approval from the health plan, *Access...MedPLUS* will cover Medically Necessary services (such as oral surgery, space maintainers, root canals, crowns, partials, and braces) for members under age 21.

Orthodontic care is limited to members under age 21 unless *Access...MedPLUS* approves an orthodontic treatment plan before 20 years of age and if treatment has begun before the member turns 21 years of age.

Access...MedPLUS may approve orthodontic treatment if it is the result of facial hemiatrophy (wasting away of half or part of an organ) or birth defects; the member must have had TennCareSM coverage at birth.

Services for members 21 or older (except the services listed as extra benefits, page 46) are limited to cases of accidental injury, cancer of the mouth, life-threatening infection, or accidental injury to natural teeth. An external force, like a car accident, must cause the adult

1-800-523-3112

dental accident, instead of some normal act of chewing or grinding of teeth while sleeping or other natural causes.

Services include replacement of teeth (limited to the cost of bridgework for the replacement of teeth injured in an injury unless teeth implants are Medically Necessary) and the removal of impacted wisdom teeth.

10. Care for Eyes

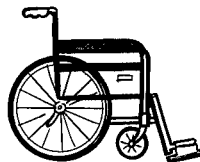
The Vision Service Plan (VSP) covers both routine and medical eye care services. All medical eye care services must be pre-approved through VSP. *Access...MedPLUS* covers members under age 21 for preventive, diagnostic, and treatment services including eyeglasses. Services for *Access...MedPLUS* members age 21 and older are limited to cases of accidental injury or disease except those services listed as extra benefits (see Section R, "Extra Benefits for Members 21 and Over," page 46). VSP also covers the first pair of cataract glasses or contact lens/lenses following cataract surgery for adults. Call VSP at 1-800-438-4560 if you have any questions. You may use the Provider and Hospital Directory to choose an eye doctor in your area.

11. Home Health Care

Services must be Medically Necessary and approved by your PCP. Services must also be pre-approved by *Access...MedPLUS*.

12. Durable Medical Equipment

Services must be Medically Necessary and pre-approved by *Access...MedPLUS*.



13. Medical Supplies

Services must be Medically Necessary and pre-approved by *Access...MedPLUS*. Medical supplies do not include diapers for members under age 3. Medical supplies do not include liquid/food supplements unless they are a total food replacement.

Access...MedPLUS

14. Community Health Services

Services must be Medically Necessary.

15. Renal Dialysis Clinic Services

Services must be Medically Necessary.

16. Early Periodic Screening, Diagnosis, and Treatment

EPSDT services for members under age 21 (see page 41).

17. Rehabilitation Services

Services must be Medically Necessary when deemed cost-effective by *Access...MedPLUS*. This service requires prior approval and review by *Access...MedPLUS*.

18. Chiropractic Services

Services must be Medically Necessary when deemed cost-effective by *Access...MedPLUS*. Members must have a referral from their PCP.

19. Private-Duty Nursing

Services must be Medically Necessary and ordered by an attending physician or PCP. A registered nurse (RN) or licensed practical nurse (LPN) who is not an immediate relative of the member may provide this service.

20. Hearing and Speech Therapy

Access...MedPLUS covers hearing and speech therapy as Medically Necessary if done by a licensed speech therapist to restore speech (if medical progress continues) after a loss or impairment. The loss or impairment must not be caused by a mental, psychoneurotic, or personality disorder. *Access...MedPLUS* does not cover hearing aids for members age 21 and over.

1-800-523-3112

21. Sitters

Families may use a sitter who is not a relative when a PCP confines a member to a hospital as a bed patient when Medically Necessary. The PCP must certify that the patient needs an RN or LPN but neither is available.

22. Convalescent Care

Access...MedPLUS will cover confinement up to and including the 100th day during the calendar year. This includes cost for the facility's room, board, and general nursing care. *Access...MedPLUS* must receive proof that a member has incurred Medically Necessary expenses related to this type of care. The PCP must suggest confinement for convalescence. Members must get care from their PCP during the entire period of confinement. The confinement must be for other than custodial care.

23. Donor Organ Procurement

Services must be Medically Necessary for a covered organ transplant.

24. Artificial Limbs (Prosthetic Medical Appliances)

Services must be Medically Necessary. Services must be pre-approved by *Access...MedPLUS*.

25. Health-Promotion Services

Access...MedPLUS offers services to help and encourage members to adopt and live a healthy lifestyle. Health-promotion services include:

- Health education
- Health-risk assessment and health screening
- Referral and scheduling assistance
- Follow-up and contacts made at home
- Organizing exercise clubs
- Organizing/participating in health fairs



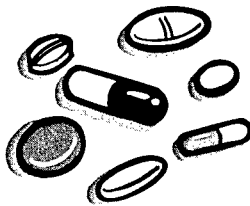
Access...MedPLUS

26. Case-Management Services

Access...MedPLUS offers case-management services for members with special needs that require them to have more than one PCP. Case-management services can include locating specialists, promoting compliance with treatment plans, and providing health education to members and primary caregivers. Case management follows patients until their needs are resolved. Members must show the ability to follow and commit to the treatment plan.

M. Pharmacy Services

Access...MedPLUS uses a formulary or drug list that includes many commonly ordered drugs. Your PCP, specialist, and pharmacist use the formulary in choosing drugs for you. Not all drugs are included in the formulary. Other drugs may be available depending on your case. Generally, you must try drugs on the formulary before *Access...MedPLUS* will consider a nonformulary drug. *Access...MedPLUS* requires prior approval or proof of Medical Necessity if the drug(s) on the formulary fails to work for you or if you cannot take it for a medical reason. This is required even if your PCP has ordered the drugs for you.



Is there a charge?

Covered drugs are available at no charge, no co-pay, and no deductible for members. However, you must pay for drugs that have not been approved or for drugs not covered by *Access...MedPLUS*.

Are my drugs covered?

Most covered drugs are available in the amount ordered. Your provider may order a 30-day supply of some drugs, like those used

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for chronic health conditions such as high blood pressure, diabetes, and asthma. The drugs must be Medically Necessary. Some selected nonprescription drugs are also available.

When do I need prior approval and proof of Medical Necessity?

Some prescriptions may require approval or proof of Medical Necessity before you can obtain them for no charge even if your provider has ordered them. Your PCP or specialist must assist you in applying for prior approval or proof of Medical Necessity. If you are unable to get approval for one of these types of medicine, you can file a complaint or appeal with *Access...MedPLUS* or *TennCareSM* (see page 50).

What are my rights to a 72-hour supply?

If a pharmacist tells you a drug is not covered, ask him or her to call the person who ordered the drug. The pharmacist should ask the person who ordered the drug to prescribe a drug that is on the formulary. If the pharmacist cannot handle your prescription order for any reason or if you cannot take a formulary drug for medical reasons, try this approach: Ask the pharmacist for a 72-hour supply. The pharmacist will know how to handle such a request. If you have trouble getting a prescription, ask the pharmacist to call *Access...MedPLUS*. You may also call us from the pharmacy.

Which drugs does *Access...MedPLUS* exclude from coverage?

Some examples of drugs excluded from coverage include Food and Drug Administration (FDA), Less Than Effective (LTE), Identical, Related or Similar (IRS), or DESI drugs. Other excluded drugs include most nonprescription items, drugs used for cosmetic purposes, research drugs, cough and cold products, fertility and impotence drugs or drugs to increase sexual performance, anti-smoking drugs, anti-obesity drugs, dietary supplements, and anti-acne and anti-balding products.

Access...MedPLUS

N. Transportation Services

What is an emergency?

An emergency is a serious health-threatening or disabling condition that comes from symptoms occurring suddenly and unexpectedly, as determined by a prudent layperson, which means an adult, with an average knowledge of health care.



An emergency condition is one that could result in serious physical impairment or loss of life or limb if not treated right away. Medical emergencies often occur under circumstances making it impossible for the ill or injured person to call his or her provider before seeking emergency care. Examples of medical emergencies include heart attacks, strokes, poisonings, severe bleeding or trauma, and loss of consciousness.

You do not need prior approval or a referral to see a doctor or go to a hospital for emergency care. It is not an emergency if you think the problem can wait until you see or talk to your provider.

1. Emergency Services

In case of an emergency (car accident, broken bones, chest pains, etc.), members should go to the nearest emergency room or call 911 (see page 26).

2. Emergency Ambulance Services

Access...MedPLUS covers emergency ambulance services when Medically Necessary. Call 911 for emergency ambulance services.

3. Non-Emergency Ambulance Services

Access...MedPLUS covers non-emergency ambulance services when Medically Necessary and approved by your PCP. Do not call 911 for transportation to routine office visits (see "Non-Emergency Transportation Services" on page 37).

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4. Non-Emergency Transportation Services

Access...MedPLUS offers non-emergency transportation services to members who cannot get a ride to their provider's office for Medically Necessary covered services. You should ask for this service at least five days before the date of your office visit unless you need care right away. Call the local Community Service Agency (CSA, see pages 38-39) in your area to order transportation services. You may get transportation services for mental health and substance abuse services by calling TBH at 1-800-447-7242.

At times, you may not be able to keep your doctor's visit or use the transportation service. You must do two things when this happens. First, call to cancel your office visit. Your doctor can treat another patient in your time slot. Second, cancel the transportation service. The CSA will send transportation if you do not cancel the service. Think about it this way: You may be the patient needing an office visit or van on the day someone did not free up a time slot that he or she could not use.

**When calling for transportation services,
have your county name ready.**

CITY	COUNTY	CITY	COUNTY
Adams	Robertson	Alpine	Overton
Adamsville	McNairy	Altamont	Grundy
Afton	Greene	Andersonville	Anderson
Alamo	Crockett	Antioch	Davidson
Alcoa	Blount	Apison	Hamilton
Alexandria	DeKalb	Ardmore	Giles
Allardt	Fentress	Arlington	Shelby
Allons	Overton	Arnold AFB	Coffee
Allred	Overton	Arrington	Williamson

The city and county list continues on page 65.

Access...MedPLUS

Northwest

Obion County (901) 884-2657. Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, and Weakley Counties (800) 883-2365.

Mid-Cumberland

Cheatham, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson Counties (800) 605-1111 or (615) 333-5445.

Middle Tennessee

Davidson County (615) 862-6630.

Davidson

Lake Obion Weakley Henry
Dyer Gibson Carroll Benton
Crockett

Stewart Montgomery Robertson Sumner
Houston Cheatham Trousdale
Dickson Wilson
Humphreys Williamson Rutherford

Lauderdale Madison Henderson
Tipton Haywood Decatur
Chester
Fayette Hardeman McNairy Hardin
Shelby

Hickman
Perry Maury
Lewis Bedford Coffee
Wayne Giles Moore
Lawrence Lincoln

West Tennessee

Shelby County (901) 543-4634.

South Central

Maury County (931) 380-3360. Bedford, Coffee, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Moore, Perry, and Wayne Counties (800) 209-9142.

Southwest

Madison County (901) 426-0623. Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, McNairy, and Tipton Counties (800) 286-7204. Memphis (901) 543-4634.

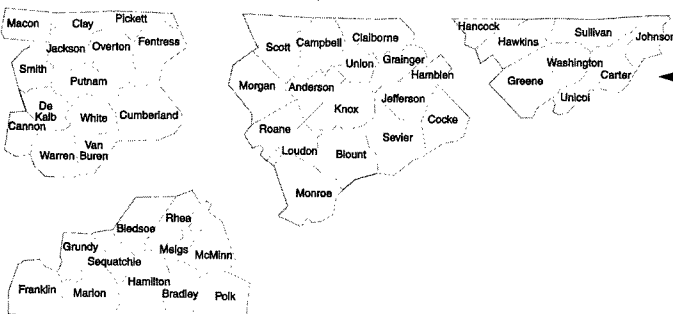
1-800-523-3112

Upper Cumberland

Putnam County (931) 372-8719. Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Smith, Van Buren, Warren, and White Counties (800) 483-6743.

East Tennessee

Anderson, Blount, Jefferson, Knox, Sevier, and Union Counties (423) 549-5627. Campbell, Claiborne, Cocke, Grainger, Hamblen, Loudon, Monroe, Morgan, Roane, and Scott Counties (800) 671-4018.



Northeast Tennessee

Washington County (423) 952-6006. Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, and Unicoi Counties (800) 775-8726.

Southeast Tennessee

Bradley, Hamilton, Marion, Meigs, and Rhea Counties (423) 634-6117. Bledsoe, Franklin, Grundy, McMinn, Polk, and Sequatchie Counties (800) 522-6033.

Access...MedPLUS

O. Covered Preventive Care

Please see your PCP for regular checkups. This is one way to help you stay healthy. Do not wait until you are ill or feel pain. See your PCP even if you feel OK. Care that keeps you healthy is called preventive care. Look over the list of covered services below. Call your PCP today to set up an office visit if you have not had a checkup.

- Regular checkups for adults
- Birth control and supplies
- Care for women expecting a baby
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for members under age 21 (see page 41)
- Tests for cholesterol, blood sugar, colon and rectal cancer, bone hardness, thyroid, sexually transmitted diseases (STDs), Pap smears, mammograms for breast cancer, urine tests, EKG tests for heart problems, diabetic retinopathy, and TB tests

● *Access...MedPLUS* covers the following immunizations for adults: Tetanus-diphtheria (TD) booster every 10 years

High-risk groups: Hepatitis B vaccine, pneumococcal vaccine, and influenza vaccine

NOTE: Access...MedPLUS does not cover all shots. The Plan covers some shots only when combined with certain diseases or diagnoses. Ask your PCP or call Member Services for more details.

Health Tip

Blood Cholesterol

Purpose: To learn if you are at risk for heart disease.

Schedule this test/exam: At the time of your checkup.

Repeat tests every five years if you have a family history of heart disease. Get tested more often if you smoke or are overweight.

1-800-523-3112

P. Early Periodic Screening, Diagnosis, and Treatment



A healthy child is a happy child! Checkups are important even if your child is not sick. Some children who look healthy could have a hidden health problem. You can keep your children healthy by taking them to their Primary Care Provider (PCP) for regular well-child visits. TennCareSM has a program for children from birth through age 20 called the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

The EPSDT Program provides well-child checkups at regular times in your child's life. Regular checkups are the best way to make sure your child or teen is healthy. Checkups can spot problems so your PCP can treat them before they get worse. They help prevent illness and disabilities too.

Childhood Immunization Schedule

Vaccines are listed under the routinely recommended ages.

☐ Indicates range of acceptable ages for vaccination. ☒ Indicates catch-up vaccination.

Age	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	4-6 yrs.	11-12 yrs.	14-16 yrs.
Vaccine	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	4-6 yrs.	11-12 yrs.	14-16 yrs.
Hep B*	Hep B-1		Hep B-2			Hep B-3				Hep B-3	
DTP			DTaP or DTP	DTaP or DTP	DTaP or DTP		DTaP or DTP		DTaP or DTP	Td	
Hib			Hib	Hib	Hib	Hib					
Polio			IPV	IPV		Polio			Polio		
MMR						MMR			MMR	MMR	
Varicella†						Var				Var	
Rotavirus			Rv	Rv	Rv						

*At 11-12 years of age, Hepatitis B vaccine should be administered to children not previously vaccinated.

†Varicella Virus vaccine should be administered to unvaccinated children who lack a reliable history of chicken pox.

Hep B (Hepatitis B); DTaP (diphtheria, tetanus toxoids, and acellular pertussis); DTP (diphtheria, tetanus, and pertussis); Hib (H influenzae type B); MMR (measles, mumps, and rubella)

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The EPSDT well-child program is for all children. Teenagers and young adults are eligible for these same checkups if they have not had their 21st birthday. Having regular checkups is very important for teens. In the years between ages 10 and 21, a teenager's body changes a lot. The PCP can explain these changes to you and them. He or she can answer any questions that you or the teenager may have.

The three main parts of the EPSDT Program are screening, diagnosis, and treatment. Your child's PCP will do the following during an EPSDT screening:

- Take a complete health and developmental history of your child
- Do a complete unclothed physical exam
- Give shots according to your child's age and health history
- Order laboratory testing
- Check your child's hearing, speech, and vision
- Check your child's mouth and teeth and give a referral to a dentist
- Provide health education and guidance about your child's health care and development

If the PCP finds a problem, he or she can treat it right away, order more tests, or give a referral to a specialist.

Your child should have an EPSDT screening visit at the following ages:

Age	Number of Visits
0-2	11 visits (at birth, 2-4 days, 1, 2, 4, 6, 9, 12,15, and 18 months, and 2 years of age)
3-11 years	7 visits (at 3, 4, 5, 6, 8, 10, and 11 years of age)
12-20 years	9 visits (one visit per year through age 20)

1-800-523-3112

Diagnostic testing services must be Medically Necessary. Each child who has any problems that the provider found through EPSDT screenings will have these tests. The child's PCP will give a referral for these tests. If the problem is a mental health or substance abuse problem, the PCP will refer the child to Tennessee Behavioral Health, Inc. (see page 28).

Your child will receive treatment services for any medical problem diagnosed by your child's PCP or specialist. Treatment services must be Medically Necessary. Treatment services may include medication, surgery, counseling, therapy, and any other service that will relieve or make the problem better.

You do not have to pay for well-child checkups or treatments in the EPSDT program. All you need to do is ...

1. Call your child's PCP to set up an office visit for an EPSDT exam.
2. Show your child's *Access...MedPLUS* ID card.

Q. All Members Benefit From the PLUS



MOM-2-B Club

The MOM-2-B Club is a special program for pregnant members. *Access...MedPLUS* created this club to encourage you to get prenatal care. Once your PCP confirms your pregnancy, call 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments). *Access...MedPLUS* will then sign you up for the MOM-2-B Club at no charge.

Another exciting feature of the MOM-2-B Club is all the wonderful gifts. Each time you keep your prenatal appointment, you will get a gift. In the past, MOM-2-B members have received baby toys, clothing, car seats, and many more great gifts. The MOM-2-B Club is our way of helping to make sure you and your baby are healthy.

Access...MedPLUS

Nonprescription medicines

You can get a few selected over-the-counter medicines at a Plan pharmacy for free. You must have a written prescription from your PCP. Items covered include acetaminophen (for pain or fever), aspirin, antacids, antihistamines (for allergies, cold symptoms, or motion sickness), decongestants (for nasal congestion), head lice medication, iron pills, triple-antibiotic ointment, and vaginal yeast infection cream. *Access...MedPLUS* covers only these nonprescription medicines. Call Member Services if you want more details.

Health promotion and disease prevention

Access...MedPLUS provides services that promote health and safety to our members and nonmembers across Tennessee. Trained community health outreach workers coordinate these programs and services, which include ...

- Health education
- Health risk assessment and health screening
- Referral and scheduling assistance
- Follow-up and contacts made to home
- Organizing exercise clubs
- Organizing/participating in health fairs

For more details about how to get these services in your area, call the office in your area.

1-800-523-3112

West Tennessee

Memphis Regional Office 1-901-726-0027
Hurt Village 1-901-544-1856 or 1857
Hawkins Mill 1-901-544-1347
Graves Manor 1-901-785-8858
Fayette County 1-901-465-7524
Hardeman County 1-901-658-9957
Jackson 1-901-660-4117 or
1-901-423-2392

Southeast Tennessee

Chattanooga Regional Office 1-423-267-1544 or
1-423-265-7741

Middle Tennessee

Nashville Regional Office 1-615-313-2365 or 2369

Northeast Tennessee

Knoxville Regional Office 1-423-523-9293 or
1-423-522-7799

Health Tip

Breast Exam

Purpose: To find lumps and/or signs of cancer.

Schedule this test/exam: An exam by a PCP every three years for women under age 40. Women with a family history of breast cancer should have this test more often. Women over age 40 should have this exam once a year. Be sure to continue your monthly self-exam.

Access...MedPLUS

R. Extra Benefits for Members 21 and Over

Co-pays and deductibles

Access...MedPLUS does not allow providers to charge members co-pays or deductibles. However, adult members (age 21 and over) have some co-pays or deductibles for routine vision and dental services listed in this section. Hospitals should not charge members emergency room co-pays.

Dental services

Access...MedPLUS offers dental services to make it easier for adults to practice good oral health. Use the Provider and Hospital Directory to find a dentist in your area (if we have not assigned a dentist to you). Call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) and we will help you choose a dentist (see page 56).

For members age 21 and over, *Access...MedPLUS* offers the following benefits:

- Teeth cleaning once every six months
- Exams and bitewing X-rays once every six months
- Fillings (with a small co-pay of \$3.00 per tooth, not to exceed \$9.00 per dental visit)
- Simple extractions (with a small co-pay of \$3.00 per tooth, not to exceed \$9.00 per dental visit)
- Surgical removal of impacted wisdom teeth with prior approval from *Access...MedPLUS*.
- Other services are limited to cases of accidental injury or cancer of the mouth.

1-800-523-3112

Vision care

All members age 21 and over can receive eye exams, lenses, and frames once every 24 months through a Vision Service Plan Provider. Benefits include an exam for a \$5 co-pay and standard frames and lenses for a \$10 co-pay. All members over age 21 pay these co-pays directly to their eye doctors. Members under age 21 should see Section L, "Your Services and Benefits," on page 31, for details about vision care. Call the Vision Service Plan (1-800-438-4560) if you have any questions.

S. Non-Covered Services

Access...MedPLUS is not required to pay for non-covered services. Non-covered services include the following:

- Any service that is not Medically Necessary except preventive or well-child (EPSDT) services.
- Organ transplants or medical procedures that are considered experimental or investigational. These include medical procedures that *Access...MedPLUS* would usually cover except that they are used in a way that is not a recognized mode of treatment for a specific medical condition. Services not prescribed or performed upon the direction of a medical doctor or professional provider are also not covered.
- Hearing aids or examinations for the fitting of hearing aids, except as specified for members under the age of 21. (For the purpose of this coverage, "hearing aids" shall include any procedure or device designed to restore or enhance the patient's ability to hear, including, but not limited to, audiant bone conduction and electro-magnetic and/or surgically implanted devices.)
- Eyeglasses, contact lenses, or exams for prescribing or fitting them for members who are age 21 or older, except as noted in Section R, "Extra Benefits for Members 21 and Older."

Access...MedPLUS

- Non-emergency dental services for members age 21 or older, except as noted in Section R, "Extra Benefits for Members 21 and Older."
- Artificial organs or any related expense (including, but not limited to, artificial heart, lung, liver, pancreas, etc.).
- Exams of a body after death (autopsy/necropsy).
- Job-related illness or injury, or services covered by worker's compensation insurance.
- Job, school, or insurance-related physical exams, or fitness-for-duty exams.
- Services performed for cosmetic purposes.
- Medical services for members committed to penal institutions (jail), whether local, state, or federal.
- Services mainly for custodial care, sanitary or convalescent care, or rest cures (except when specified).
- Weight reduction programs, intestinal bypass surgery, or gastric (stomach) stapling for the treatment of obesity.
- Services for the treatment of impotence or for the reversal of sterilization.
- Artificial insemination, in-vitro fertilization, or any other procedure intended to create a pregnancy.
- Personal hygiene, luxury, or convenience items.
- Foot care performed only to improve the comfort or appearance of the feet, such as care of flat feet, subluxations (dislocation of a bone in joint), corns, bunions (except capsular and bone surgery), calluses, and toenails.
- Transsexual surgery or any treatment leading to, or in connection with, transsexual surgery.
- Services provided by a member's immediate family member (spouse, parent, legal guardian, child, aunt, uncle, first cousin, or

1-800-523-3112

any person related by blood or marriage) or any person that lives in the member's household.

- Elective abortions.
- Hysterectomies performed for the sole purpose of birth control.
- Services rendered at Veterans Administration hospitals.
- Services at skilled nursing facilities.
- Medical services performed outside the United States.

T. Reasons for Removal From the Health Plan

TennCareSM must approve all disenrollments or removal from *Access...MedPLUS*. TennCareSM will notify you of the reason(s) for disenrollment or removal from the health plan. You will also get details about how to file an appeal or complaint (see page 50) about your loss of benefits. You could lose your benefits if one or more of the following occurs:

- A member may be determined ineligible for TennCareSM if he or she has given false information on the TennCareSM application and TennCareSM based its approval upon this false information.
- A member who voluntarily enrolled in TennCareSM asks for disenrollment.
- A member fails or refuses to pay the required premiums to enroll or stay in the TennCareSM program. TennCareSM allows a grace period up to 60 days for nonpayment of required premiums before disenrollment proceedings begin.
- A member has been found able but is unwilling to pay applicable deductibles, co-pays, and/or special fees for services received, and TennCareSM has approved the disenrollment.

Access...MedPLUS

- The member moves outside the community service area covered by *Access...MedPLUS*.
- It is determined that an eligible member has abused the system by allowing an ineligible person to use the member's *Access...MedPLUS* ID card to obtain services, subject to state and federal laws and regulations.
- It is determined that a member has willfully and repeatedly refused to comply with the requirements of *Access...MedPLUS* or *TennCareSM*, subject to state and federal laws and regulations.
- It is determined that a member has abused the *TennCareSM* program by using his or her *Access...MedPLUS* ID card to seek or obtain drugs/supplies illegally or for resale, subject to state and federal laws and regulations.
- During an authorized period of open enrollment, a member elects to transfer to another health plan in the same community service area.
- A member dies.

What you should know about changing plans

When members change *TennCareSM* plans, the new plan does not automatically approve the services previously authorized by their old plan. Call your new PCP right away to report any care you have been receiving (see page 2). Your PCP will decide if you need to continue receiving the same type of care. You may change *TennCareSM* plans during the first 45 days after you first enroll with *TennCareSM*. You may also change *TennCareSM* plans once a year during the change period.

U. Complaint and Appeal Procedures

Access...MedPLUS wants you to be happy with the health care and services you receive as a member. As hard as we try to please, you may still have a problem. We do not want your problems to go unresolved. If you feel that someone has treated you unfairly, or if

1-800-523-3112

a provider refuses you Medically Necessary treatment, you may file an appeal by following the appeal procedure.

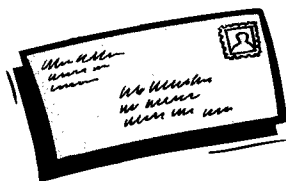
The complaint procedure applies to complaints about rude treatment, long waits, claims-payment problems, etc. Read this section carefully to learn when you should use the complaint procedure or the appeal procedure.

How to file a complaint

If you are not happy with the services provided by Access...MedPLUS or your provider, but you have not had any medical services denied, reduced, suspended, terminated, or delayed, you have a right to complain. You can complain about Access...MedPLUS, your doctor's office, clinic, or other matters. We will do our best to solve your problem by phone. If we cannot solve your problem on the phone, you may send your complaint in writing or call to get a complaint form. You have the right to receive help with your complaint. You can use a friend, family member, or a lawyer to help you. If you have a complaint about Access...MedPLUS, please let us know.

You can get a complaint form by contacting Member Services. Return the form to:

Access...MedPLUS
Member Services Department
ATTN: Complaints Coordinator
P.O. Box 205
Nashville, TN 37202-0205



We have to solve your problem within 30 days after we get your complaint form or letter. We will send you a letter to tell you what we decided and why. We will also send you any records we used in making our decision.

If you want help with your complaint because of any kind of disability, call the TennCareSM Hotline at 741-4800 if calling locally or 1-800-669-1851 if calling long distance (TDD 313-9240 or for long distance 1-800-772-7647 for persons with hearing impairments). This is a free call. Tell them you want help with a complaint.

Access...MedPLUS

How to file an appeal for the denial of medical care

If *Access...MedPLUS* stops or cuts back covered services or fails to give you a health care service that your doctor orders, you have the right to appeal. An appeal is your written request asking *Access...MedPLUS* to review your request for health care again. You can do this by filing an appeal. You and your doctor will get a letter from *Access...MedPLUS* when health care is denied, reduced, suspended, terminated, or delayed by the Plan. The letter will explain what we decided. If we deny your request again, the letter will give the reason and basis for our decision. You may appeal our decision within 30 days from the day you receive the letter.

Send us your appeal in writing or call Member Services to ask for an appeal form. You have the right to get help with your appeal from a friend, family member, your provider, or a lawyer. If you are disabled, you may also get a friend, family member, your provider, or a lawyer to help you with your appeal. You can call the TennCareSM Hotline at 741-4800 if calling locally or 1-800-669-1851 if calling long distance (TDD 313-9240 or for long distance 1-800-772-7647 for persons with hearing impairments). This is a free call. Tell them you want help with an appeal.

After you have written a letter or filled out an appeal form, mail it to:

Access...MedPLUS
P.O. Box 000593
Nashville, TN 37202-0593

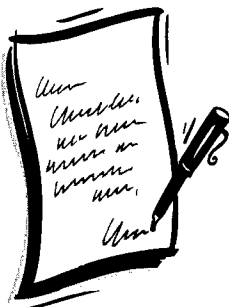
Access...MedPLUS will answer your appeal within 14 days of getting your appeal form or letter. *Access...MedPLUS* will send you a letter with our decision on your appeal and the reason why we made the decision. Any time we deny health care in an appeal, TennCareSM will review our decision. If TennCareSM decides that you need the care, we will pay for that care. If TennCareSM decides that we do not have to provide the care, you will get a fair hearing before a hearing officer or judge within 90 days. TennCareSM will tell you and your doctor the date, place, and time of the hearing and your rights at the hearing.

1-800-523-3112

If we stop or cut back on services you have been getting and that your doctor ordered, you can ask for your care to stay the same during your appeal. To have your care stay the same, you must send your appeal within 10 days and you must ask to keep the care you have been getting. Your care may not stay the same during your appeal if you wait more than 10 days.

Appeals for urgently needed services

If *Access...MedPLUS* does not approve a covered service that your doctor says is urgently needed, you have the right to ask for an expedited review by *Access...MedPLUS* and *TennCareSM*.



You and your doctor must notify us in writing that you need urgent health care. You can send us your appeal in writing or call Member Services to get an appeal form. If you are disabled and would like help with your appeal, call the *TennCareSM* Hotline at 741-4800 if calling locally or 1-800-669-1851 if calling long distance (TDD 313-9240 or for long distance 1-800-772-7647 for persons with hearing impairments). This is a free call. Tell them you want help with an expedited review. After you have written a letter or filled out an appeal form, send it to:

Access...MedPLUS

P.O. Box 000593

Nashville, TN 37202-0593

Access...MedPLUS will answer appeals for urgently needed care within five days from the day we receive your appeal. If we continue to deny the care, *TennCareSM* will look at your appeal. If *TennCareSM* decides that you need the care, we will pay for that care. If *TennCareSM* decides that we do not have to give you the care, you will get a fair hearing before a hearing officer or judge within 30 days. *TennCareSM* will tell you and your doctor the date, place, and time of the hearing and your rights at the hearing.

Access...MedPLUS

V. Living Will and Power of Attorney

Access...MedPLUS believes it is important for members to know they have the right to make their own choice about their health care. However, what happens in the unfortunate event you become so ill that you cannot think or make decisions about your health care? Because of that possible situation, the Tennessee Right to Natural Death Act allows you to make your own choice before a crisis happens. You can do this by having a durable power of attorney for health care. Contact an attorney for more details about the options discussed below.

Durable power of attorney for health care

A durable power of attorney for health care allows you to choose a close friend or family member to make decisions about your health care if you cannot think or decide for yourself.

Living Will

A Living Will allows you to refuse, accept, or withdraw health care if death is certain and the care would only prolong the dying process. A living will goes into effect if you can no longer think for yourself. This is important because machines and medicine can keep you alive even when there is no hope of your survival. You may not want doctors to prolong your life this way. The intent of a Living Will is to help you and your family with plans before a tragedy.

Health Tip

Dental (Oral) Exam

Purpose: To find cancer or problems with the teeth, gums, tongue, or mouth.

Schedule this test/exam: Every six months until age 21 and then once a year. Doctors advise cigarette smokers and those who chew tobacco to have this exam more often.

1-800-523-3112

Access...MedPLUS Dental Services



Access...MedPLUS

W. Partnering With Your Dental Provider

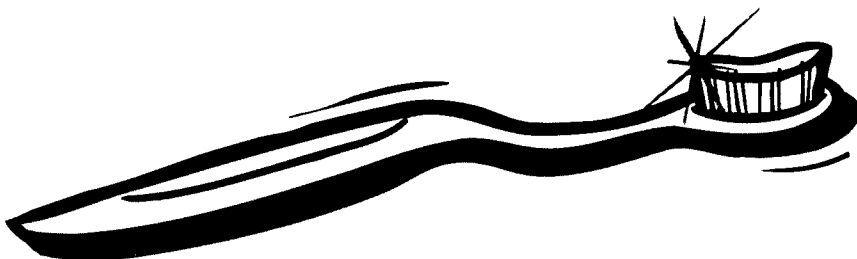
Your dental provider (dentist) will know your dental history and give you referrals to a dental specialist when needed. Your dentist will make sure you get the care you need. *Access...MedPLUS* and your dentist have the same goal—to keep your mouth, teeth, and gums healthy, not just to help you when it hurts.

How does the partnership work?

If *Access...MedPLUS* assigns you to a dental provider, we will mail you his or her name, phone number, and address. If you live in a county where we have not begun to assign members, you may select a dentist from the Provider and Hospital Directory. You may also call 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) to find a dentist near you. Your dentist can only help you if you do your part. Try to follow all of your dentist's instructions.

Changing dental providers

Access...MedPLUS wants you to have a good relationship with your dentist. However, in certain cases you may wish to change your dentist for some reason such as moving to a different county (see page 12). It can take 30 to 45 days for the change to occur. Keep seeing your assigned dentist until the change has occurred. Member Services will send you a letter telling you when the change has occurred.



1-800-523-3112

Do not forget ...

1. Call Member Services if you need to change your dental provider and need help finding one in your area.
2. Call Member Services to arrange for a new dental provider if you are moving out of the county.

Write to:

Access...MedPLUS

ATTN: Member Services

P.O. Box 205

Nashville, TN 37202-0205

X. Dental Services

Visiting a dentist and keeping healthy teeth and gums help you to have a healthy life. Children should have a dental visit once every six months. These exams help to protect and find dental problems. That is why we offer the regular dental services covered by TennCareSM for members under age 21 and extra dental benefits usually not covered by TennCareSM for members age 21 and over.

**For members age 21 and over,
Access...MedPLUS offers ...**

- Teeth cleanings once every six months.
- Exams and bitewing X-rays once every six months.
- Fillings (with a small co-pay of \$3.00 per tooth, not to exceed \$9.00 per dental visit).
- Simple extractions (with a small co-pay of \$3.00 per tooth, not to exceed \$9.00 per dental visit).
- Surgical removal of impacted wisdom teeth with prior approval from Access...MedPLUS.
- Other services are limited to cases of accidental injury or cancer of the mouth.

Access...MedPLUS

**For members age 21 and under,
Access...MedPLUS offers ...**

- Teeth cleanings once every six months.
- Exams and bitewing X-rays once every six months.
- Fillings.
- Orthodontics (braces) with prior approval from *Access...Med PLUS*.
- Medically Necessary extractions with prior approval from *Access...MedPLUS*.
- Minor treatments for emergency care.
- Other services when Medically Necessary, such as specialty exams, oral surgery, space maintainers, root canals, crowns, partials, and braces with prior approval from *Access...MedPLUS*.
- Surgical removal of impacted wisdom teeth with prior approval from *Access...MedPLUS*.



When you need to see a different dental provider

A referral is a way for *Access...MedPLUS* and your dental provider to make sure you get the dental care you need from the right dental professional.

Sometimes your dentist may decide that you need special dental care. When this happens, your dentist will ask you to see a specialist. When your dental provider asks you to see another dentist, he or she is giving you a referral.

This referral is an important part of *Access...MedPLUS*. Your dentist may call the specialist to set up your office visit. Your dentist may also talk with the specialist after he or she has seen you to update your health records.

When visiting a specialist's office, be sure to give the office staff your dentist's name and show your ID card. If your dentist has given you a referral form, make sure you give it to the office staff when you get there. If we have assigned you to a dental provider, do not visit another dentist without talking to your assigned dental provider first. If you do not follow these instructions, *Access...MedPLUS* may not pay your dental bills.

1-800-523-3112

What is a dental specialist?

A dental specialist is a dentist who practices in an approved special area of dentistry. From time to time, you may need services of other dental care professionals. When this is Medically Necessary, your dentist will refer you to a specialist. Examples of dental specialists are oral surgeons (doctors who perform surgery in and around the mouth) and orthodontists (dentists who straighten teeth with braces).

Health Tip

Pap Smear

Purpose: To find abnormal cells that could develop into cervical cancer.

Schedule this test/exam: Women should have their first Pap smear at age 18. Afterwards, have Pap smears once every three years if the first exam results are normal. Have this exam once a year if your PCP has diagnosed and treated you for precancerous (tending to become cancerous) changes. In addition, women should have a Pap smear once a year if they have a history of sexually transmitted diseases (STDs). Women should have a Pap smear once a year if they smoke or have had several sexual partners.

Access...MedPLUS

Y. Answers to Other Questions You May Have

How do I select a dentist?

After TennCareSM has assigned you to *Access...MedPLUS* as your TennCareSM health plan, we may assign you to a dental provider or you may choose one from our Provider and Hospital Directory. It depends on what county you live in. You may already have a dentist who is part of our network. Call Member Services at 1-800-523-3112 (TDD 1-800-849-7984 for persons with hearing impairments) once you have chosen a dentist to give us his or her name.

How do I get a referral?

Your dentist will refer you to a specialist if he or she believes you need special dental care that he or she cannot give you.

What do I need to do to get a referral?

You do nothing. Your dentist will make sure you get the right dental care. He or she will make the referral and may even make the appointment with the specialist. Make sure you keep the appointment.

Can I see another dentist without a referral?

If we have assigned you to a dentist, you must have a referral first before seeing another dentist. You may get routine dental services from a Plan Provider without a referral if *Access...MedPLUS* has not assigned you to a dentist.

How long does a referral last?

The length of a referral depends on what type or course of care your dentist says you need. Most dental referrals can last up to 90 days. You must contact your dentist to get another referral.

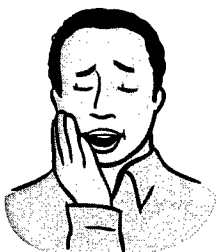
1-800-523-3112

What should I do if Access...MedPLUS has to approve a needed dental service?

You do nothing. The dentist will send us a written request to perform the services along with X-rays or other information explaining what dental service(s) you need. A dental consultant will review this information. He or she will decide to approve or deny the service or give a prior authorization/prior approval. The provider will contact you after the dental consultant makes the decision. It usually takes 21 days from the time we receive the request to make the decision. (See "How to file an appeal for the denial of medical care" in Section U.)

What should I do if I get a toothache?

Your dentist is ready to manage all your dental care needs. Keeping your dentist's name and phone number handy is a good way to be prepared for sudden problems. When you first begin to feel discomfort in your mouth, call your dentist's office right away and set up an office visit. Let the office staff know that you are having a problem. For routine visits, try to call as far in advance as you can. Getting the exact date and time you need may sometimes be hard. Be patient. Your dentist will try to satisfy all your dental needs.



What happens if my dentist's office is closed?

Even if it is after 5 p.m., your dentist's office will provide instructions about how to seek care. You may also call Member Services if you still want help.

When can my children see a dentist?

Most dentists say children should have their first dental visit when all 20 baby teeth have grown in (usually between 2 and 3 years of age). Anytime a doctor finds a dental problem during an EPSDT screening, he or she will refer the child to a dentist. (See Section P, page 41 for more details.)

Access...MedPLUS

Z. Definitions

Access...MedPLUS: Your Tenn CareSM health plan.

An **Access...MedPLUS member** is someone who is eligible for TennCareSM and has been assigned by TennCareSM to *Access...MedPLUS*.

Co-pay is when you pay part of your bill each time you get certain health care services. *Access...MedPLUS* members do not have co-pays for covered services.

A **deductible** is what you pay each calendar year before a health plan begins paying any bills. *Access...MedPLUS* members do not pay deductibles for covered services.

A **dental emergency** is a serious condition of the teeth, jaw, gums, and/or mouth that comes from severe symptoms occurring suddenly. These are conditions that a prudent layperson, which means an adult, with an average knowledge of health care, would expect to result in serious physical impairment if not treated right away. Examples of a dental emergency can be one or a combination of the following symptoms in or around the mouth:

- Severe continuous pain
- Uncontrollable bleeding
- Swelling from infection or trauma
- Fractured or dislocated tooth resulting from trauma

A **dental provider** is a licensed provider of dentistry who treats members whom *Access MedPLUS* has not assigned to a Primary Dental Provider. *Access...MedPLUS* assigns some members to Primary Dental Providers depending on what county you live in.

A **dentist** is a doctor who has a license to practice the prevention, diagnosis, and treatment of diseases, injuries, and malfunctions of the teeth, jaws, gums, and mouth.

1-800-523-3112

An **emergency** is a serious health-threatening or disabling condition that involves severe symptoms arising suddenly and unexpectedly, as determined by a prudent layperson, which means an adult, with an average knowledge of health care.

An **emergency condition** is one that could result in serious physical impairment or loss of life or limb if not treated right away. Medical emergencies often occur under circumstances making it impossible for the ill or injured person to call his or her provider before seeking emergency care. Examples of medical emergencies include heart attacks, strokes, poisonings, severe bleeding or trauma, and loss of consciousness.

You do not need prior approval or a referral to see a physician or hospital for emergency treatment. It is not an emergency if you think the problem can wait until you see or talk to your provider.

The **formulary** is a list of selected medications covered by *Access...MedPLUS*.

Medically Necessary or **Medical Necessity** means health care services or supplies provided by a hospital, doctor, or other provider that are necessary to identify or treat a member's illness, disease, or injury and, as determined by *Access...MedPLUS*, are ...

1. Proper for the symptoms, diagnosis, and treatment of the illness, disease, or injury
2. Good medical practice
3. Not just for the convenience or benefit of a member, provider, or hospital
4. The correct supplies or services that can be safely given to the member

If a member receives treatment as an inpatient, Medical Necessity also means that the condition requires inpatient treatment.

All services will be provided in accordance with EPSDT guidelines, including federal regulations for enrollees under 21 years of age.

Access...MedPLUS

A **Primary Care Provider (PCP)** is usually a pediatrician (doctor who treats children), internist (doctor who treats adults), or family or general practice doctor (doctor who treats both adults and children). Your PCP may also be a nurse practitioner or a physician assistant, who will care for you under the supervision of a medical doctor. Your PCP may work in a solo practice, group practice, community health center, or health department clinic.

Prior approval or prior authorization is a review of a request from a doctor to provide services covered by *Access...MedPLUS*.

A **referral** is a recommendation by a doctor (usually a PCP) and/or the health plan for a member to receive care from a doctor who may or may not be under contract with the health plan.

A **specialist** specializes in a particular practice or specialty of health care. For the purposes of this Handbook, a medical specialist is a doctor who is not a PCP but practices in an approved area of medicine. Dental specialists are limited to practicing within a particular branch of dentistry.

TennCareSM has assigned *Access...MedPLUS* members to the Behavioral Health Organization (BHO) Tennessee Behavioral Health, Inc. (TBH). TBH coordinates the members' mental health and substance abuse services through the Partners Program.

Assurance of Non-Discrimination

No person, on the grounds of race, color, national origin, sex, age, or disability, will be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or service provided by *Access...MedPLUS*.

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City	County	City	County
Arthur	Claiborne	Braden	Fayette
Ashland City	Cheatham	Bradford	Gibson
Athens	McMinn	Bradyville	Cannon
Atoka	Tipton	Brentwood	Williamson
Atwood	Carroll	Briceville	Anderson
Auburntown	Wilson	Brighton	Tipton
Bakewell	Hamilton	Bristol	Sullivan
Bath Springs	Decatur	Brownsville	Haywood
Baxter	Putnam	Bruceton	Carroll
Bean Station	Grainger	Brunswick	Shelby
Beech Bluff	Madison	Brush Creek	Smith
Beechgrove	Coffee	Buchanan	Henry
Beersheba Springs	Grundy	Buena Vista	Carroll
Belfast	Marshall	Buffalo Valley	Putnam
Bell Buckle	Bedford	Bulls Gap	Hawkins
Bells	Crockett	Bumpus Mills	Stewart
Belvidere	Franklin	Burlison	Tipton
Benton	Polk	Burns	Dickson
Bethel Springs	McNairy	Butler	Carter
Bethpage	Sumner	Bybee	Cocke
Big Rock	Stewart	Byrdstown	Pickett
Big Sandy	Benton	Calhoun	McMinn
Birchwood	Meigs	Camden	Benton
Blaine	Grainger	Campaign	Warren
Bloomington Springs	Jackson	Carthage	Smith
Blountville	Sullivan	Caryville	Campbell
Bluff City	Sullivan	Castalian Springs	Sumner
Bogota	Dyer	Cedar Grove	Carroll
Bolivar	Hardeman	Cedar Hill	Robertson
Bon Aqua	Hickman	Celina	Clay

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City	County	City	County
Centerville	Hickman	Cordova	Shelby
Chapel Hill	Marshall	Cornersville	Marshall
Chapmansboro	Cheatham	Corryton	Knox
Charleston	Bradley	Cosby	Cocke
Charlotte	Dickson	Cottage Grove	Henry
Chattanooga	Hamilton	Cottontown	Sumner
Chestnut Mound	Smith	Counce	Hardin
Chewalla	McNairy	Covington	Tipton
Christiana	Rutherford	Cowan	Franklin
Chuckey	Greene	Crab Orchard	Cumberland
Church Hill	Hawkins	Crawford	Overton
Clairfield	Claiborne	Crockett Mills	Crockett
Clarkrange	Fentress	Cross Plains	Robertson
Clarksburg	Carroll	Crossville	Cumberland
Clarksville	Montgomery	Crump	Hardin
Cleveland	Bradley	Culleoka	Maury
Clifton	Wayne	Cumberland City	Stewart
Clinton	Anderson	Cumberland	
Coalfield	Morgan	Furnace	Dickson
Coalmont	Grundy	Cumberland Gap	Claiborne
Cokercreek	Monroe	Cunningham	Montgomery
College Grove	Williamson	Cypress Inn	Wayne
Collegedale	Hamilton	Dandridge	Jefferson
Collierville	Shelby	Darden	Henderson
Collinwood	Wayne	Dayton	Rhea
Columbia	Maury	Decatur	Meigs
Como	Henry	Decaturville	Decatur
Conasauga	Polk	Decherd	Franklin
Cookeville	Putnam	Deer Lodge	Morgan
Copperhill	Polk	Del Rio	Cocke

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City	County	City	County
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Dellrose	Giles	Erwin	Unicoi
Denmark	Madison	Estill Springs	Franklin
Dickson	Dickson	Ethridge	Lawrence
Dixon Springs	Macon	Etowah	McMinn
Dover	Stewart	Eva	Benton
Dowelltown	DeKalb	Evensville	Rhea
Doyle	White	Fairview	Williamson
Dresden	Weakley	Fall Branch	Washington
Drummonds	Tipton	Farner	Polk
Duck River	Hichman	Fayetteville	Lincoln
Ducktown	Polk	Finger	McNairy
Duff	Campbell	Finley	Dyer
Dukedom	Weakley	Five Points	Lawrence
Dunlap	Sequatchie	Flag Pond	Unicoi
Dyer	Gibson	Flintville	Lincoln
Dyersburg	Dyer	Fosterville	Rutherford
Eads	Shelby	Fowlkes	Dyer
Eagan	Claiborne	Frankewing	Lincoln
Eagleville	Rutherford	Franklin	Williamson
Eaton	Gibson	Friendship	Crockett
Eidson	Hawkins	Friendsville	Blount
Elgin	Scott	Fruitvale	Crockett
Elizabethton	Carter	Gadsden	Crockett
Elkton	Giles	Gainesboro	Jackson
Ellendale	Shelby	Gallatin	Sumner
Elmwood	Smith	Gallaway	Fayette
Elora	Lincoln	Gates	Lauderdale
Englewood	McMinn	Gatlinburg	Sevier
Enville	Chester	Georgetown	Bradley

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City	County	City	County
Germantown	Shelby	Hendersonville	Sumner
Gibson	Gibson	Henning	Lauderdale
Gladeville	Wilson	Henry	Henry
Gleason	Weakley	Hermitage	Davidson
Goodlettsville	Davidson	Hickman	Smith
Goodspring	Giles	Hickory Valley	Hardeman
Gordonsville	Smith	Hilham	Overton
Grand Junction	Hardeman	Hillsboro	Coffee
Grandview	Rhea	Hixson	Hamilton
Granville	Jackson	Hohenwald	Lewis
Graysville	Bledsoe	Holladay	Benton
Greenback	Loudon	Hollow Rock	Carroll
Greenbrier	Robertson	Hornbeak	Obion
Greeneville	Greene	Hornsby	Hardeman
Greenfield	Weakley	Humboldt	Gibson
Grimsley	Fentress	Huntingdon	Carroll
Gruetli-Laager	Grundy	Huntland	Franklin
Guild	Marion	Huntsville	Scott
Guys	McNairy	Huron	Henderson
Halls	Lauderdale	Hurricane Mills	Humphreys
Hampshire	Lewis	Idlewild	Gibson
Hampton	Carter	Indian Mound	Stewart
Harriman	Roane	Iron City	Wayne
Harrison	Hamilton	Isabella	Polk
Harrogate	Claiborne	Jacks Creek	Chester
Hartford	Cocke	Jacksboro	Campbell
Hartsville	Trousdale	Jackson	Madison
Heiskell	Anderson	Jamestown	Fentress
Helenwood	Scott	Jasper	Marion
Henderson	Chester	Jefferson City	Jefferson

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City	County	City	County
Jellico	Campbell	Liberty	DeKalb
Joelton	Davidson	Limestone	Washington
Johnson City	Washington	Linden	Perry
Jonesborough	Washington	Livingston	Overton
Kelso	Lincoln	Lobelville	Perry
Kenton	Gibson	Lone Mountain	Claiborne
Kingsport	Sullivan	Lookout Mountain	Hamilton
Kingston	Roane	Loretto	Lawrence
Kingston Springs	Cheatham	Loudon	Loudon
Knoxville	Knox	Louisville	Blount
Kodak	Sevier	Lowland	Hamblen
Kyles Ford	Hancock	Lupton City	Hamilton
Laconia	Fayette	Luray	Henderson
Lafayette	Macon	Luttrell	Union
La Follette	Campbell	Lutts	Wayne
La Grange	Fayette	Lyles	Hickman
Lake City	Anderson	Lynchburg	Moore
Lancaster	DeKalb	Lynnville	Giles
Lancing	Morgan	Macon	Fayette
Lascassas	Rutherford	Madison	Davidson
Laurel Bloomery	Johnson	Madisonville	Monroe
La Vergne	Rutherford	Manchester	Coffee
Lavinia	Carroll	Mansfield	Henry
Lawrenceburg	Lawrence	Martin	Weakley
Lebanon	Wilson	Maryville	Blount
Lenoir City	Loudon	Mascot	Knox
Lenox	Dyer	Mason	Tipton
Leoma	Lawrence	Maury City	Crockett
Lewisburg	Marshall	Maynardville	Union
Lexington	Henderson	McDonald	Bradley

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City	County	City	County
McEwen	Humphreys	Mountain Home	Washington
McKenzie	Carroll	Mount Carmel	Hawkins
McLemoresville	Carroll	Mount Juliet	Wilson
McMinnville	Warren	Mount Pleasant	Maury
Medina	Gibson	Mount Vernon	Monroe
Medon	Madison	Mulberry	Lincoln
Memphis	Shelby	Munford	Tipton
Mercer	Madison	Murfreesboro	Rutherford
Michie	McNairy	Nashville	Davidson
Middleton	Hardeman	Newbern	Dyer
Midway	Greene	Newcomb	Campbell
Milan	Gibson	New Johnsonville	Humphreys
Milledgeville	McNairy	New Market	Jefferson
Milligan College	Carter	Newport	Cocke
Millington	Shelby	New Tazewell	Claiborne
Milton	Rutherford	Niota	McMinn
Minor Hill	Giles	Nolensville	Williamson
Mitchellville	Sumner	Norene	Wilson
Mohawk	Greene	Normandy	Bedford
Monroe	Overton	Norris	Anderson
Monteagle	Marion	Nunnally	Hickman
Monterey	Putnam	Oakdale	Morgan
Mooresburg	Hawkins	Oakfield	Madison
Morris Chapel	Hardin	Oakland	Fayette
Morrison	Warren	Oak Ridge	Anderson
Morristown	Hamblen	Obion	Obion
Moscow	Fayette	Ocoee	Polk
Mosheim	Greene	Oldfort	Polk
Moss	Clay	Old Hickory	Davidson
Mountain City	Johnson	Olivehill	Hardin

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City	County	City	County
Oliver Springs	Morgan	Powder Springs	Grainger
Oneida	Scott	Powell	Knox
Only	Hickman	Primm Springs	Hickman
Ooltewah	Hamilton	Prospect	Giles
Orlinda	Robertson	Pruden	Claiborne
Ozone	Cumberland	Pulaski	Giles
Pall Mall	Pickett	Puryear	Henry
Palmer	Grundy	Quebeck	White
Palmersville	Weakley	Ramer	McNairy
Palmyra	Montgomery	Readyville	Rutherford
Paris	Henry	Reagan	Henderson
Parrottsville	Cocke	Red Boiling Springs	Macon
Parsons	Decatur	Reliance	Polk
Pegram	Cheatham	Riceville	McMinn
Pelham	Grundy	Rickman	Overton
Petersburg	Lincoln	Riddleton	Smith
Petros	Morgan	Ridgely	Lake
Philadelphia	Loudon	Ridgetop	Robertson
Pickwick Dam	Hardin	Ripley	Lauderdale
Pigeon Forge	Sevier	Rives	Obion
Pikeville	Bledsoe	Roan Mountain	Carter
Piney Flats	Sullivan	Robbins	Scott
Pinson	Madison	Rockford	Blount
Pioneer	Campbell	Rock Island	Van Buren
Pleasant Hill	Cumberland	Rockvale	Rutherford
Pleasant Shade	Smith	Rockwood	Roane
Pleasant View	Cheatham	Rogersville	Hawkins
Pleasantville	Hickman	Rossville	Fayette
Pocahontas	Hardeman	Rugby	Morgan
Portland	Sumner	Russellville	Hamblen

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City	County	City	County
Rutherford	Gibson	Smithville	DeKalb
Rutledge	Grainger	Smyrna	Rutherford
Saint Andrews	Franklin	Sneedville	Hancock
Saint Bethlehem	Montgomery	Soddy-Daisy	Hamilton
Saint Joseph	Lawrence	Somerville	Fayette
Sale Creek	Hamilton	South Fulton	Obion
Saltillo	Hardin	South Pittsburg	Marion
Samburg	Obion	Southside	Montgomery
Santa Fe	Maury	Sparta	White
Sardis	Henderson	Speedwell	Claiborne
Saulsburry	Hardeman	Spencer	Van Buren
Savannah	Hardin	Spring City	Rhea
Scotts Hill	Henderson	Spring Creek	Madison
Selmer	McNairy	Springfield	Robertson
Sequatchie	Marion	Spring Hill	Maury
Sevierville	Sevier	Springville	Henry
Sewanee	Franklin	Stanton	Haywood
Seymour	Sevier	Stantonville	McNairy
Shady Valley	Johnson	Stewart	Houston
Sharon	Weakley	Strawberry Plains	Knox
Sharps Chapel	Union	Sugar Tree	Decatur
Shawanee	Claiborne	Summertown	Lawrence
Shelbyville	Bedford	Summitville	Coffee
Sherwood	Franklin	Sunbright	Morgan
Shiloh	Hardin	Surgoinsville	Hawkins
Signal Mountain	Hamilton	Sweetwater	Monroe
Silerton	Hardeman	Taft	Lincoln
Silver Point	Putnam	Talbott	Jefferson
Slayden	Dickson	Tallassee	Blount
Smartt	Warren	Tazewell	Claiborne

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City	County	City	County
Telford	Washington	Watauga	Carter
Tellico Plains	Monroe	Watertown	Wilson
Ten Mile	Meigs	Watts Bar Dam	Rhea
Tennessee Ridge	Stewart	Waverly	Humphreys
Thompsons Station	Williamson	Waynesboro	Wayne
Thorn Hill	Grainger	Westmoreland	Macon
Tigrett	Dyer	Westpoint	Lawrence
Tipton	Tipton	Westport	Carroll
Tiptonville	Lake	White Bluff	Dickson
Toone	Hardeman	White House	Robertson
Townsend	Blount	White Pine	Jefferson
Tracy City	Grundy	Whitesburg	Hamblen
Trade	Johnson	Whites Creek	Davidson
Trenton	Gibson	Whiteside	Marion
Trezevant	Carroll	Whiteville	Hardeman
Trimble	Obion	Whitleyville	Jackson
Troy	Obion	Whitwell	Marion
Tullahoma	Franklin	Wilder	Fentress
Turtletown	Polk	Wildersville	Henderson
Unicoi	Unicoi	Williamsport	Maury
Union City	Obion	Williston	Fayette
Unionville	Bedford	Winchester	Franklin
Vanleer	Dickson	Winfield	Scott
Viola	Warren	Winona	Scott
Vonore	Monroe	Woodbury	Cannon
Walland	Blount	Woodland Mills	Obion
Walling	White	Woodlawn	Montgomery
Wartburg	Morgan	Wynnborg	Lake
Wartrace	Bedford	Yorkville	Gibson
Washburn	Grainger	Yuma	Carroll

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Member Outreach Activity Form **Promoting Breast Cancer Screening In A Low Income** **Managed Care Population**

Home Visit
 # of previous home visit attempts

Telephone Call
 # of previous telephone call attempts

Date/Time _____ AM (or) PM

Name: _____
 Address: _____
 Phone #: () _____

City: _____ Zip Code: _____

Member #: _____

Please complete if different from above:

Name: _____
 Address: _____
 Phone #: () _____

City: _____ Zip Code: _____

Currently with Access Med Plus: Yes ☐ No ☐

This is the First ☐ or Second ☐ Attempt to reach this member

Member has been reached: Yes ☐ No ☐

Outreach materials distributed: Yes ☐ No ☐

Member has agreed to contact their PCP for a mammogram: Yes ☐ No ☐

Member reached but declined outreach because:

☐
☐
☐
☐
☐
☐
☐

Not Interested
 Recently had a Mammogram
 No Longer with Access MedPlus
 Sick or Caring for a Sick Person
 Lack of Time
 Afraid to Discuss Breast Health/Mammograms
 Other _____

Member was not reached because:

☐
☐
☐
☐
☐
☐
☐

Not at Home
 Moved
 Wrong Address
 No Physical Address
 Language Barrier
 Out of Territory
 Other _____

☐
☐
☐
☐

Wrong telephone #
 Telephone # Disconnected
 No Answer
 Changed to Unlisted #
 Deceased

Comments: _____

☐

Data Processed (for office use only)

DIFFICULTY IN REACHING LOW-INCOME WOMEN FOR SCREENING MAMMOGRAPHY

ROBERT E. HARDY, MD, MPH

NASAR U. AHMED, PhD

MARGARET K. HARGREAVES, PhD

KOFI A. SEMENYA, PhD

LING WU, MD, PhD

Meharry Medical College

YIGSAW BELAY, MS

ANTHONY J. CEBRUN, JD, MPH

Tennessee Managed Care Network

Abstract: Low-income women have a high mortality from breast cancer. Yet, they participate in breast cancer early detection screening programs less than women in the general population. An intervention study to improve screening mammography rates of low-income women participating in Tennessee's TennCare program (state Medicaid and Medicare program) revealed significant barriers to reaching these women. Intervention methods included mail, telephone calls, and home visits. Results indicate that only 38 percent of the women could be contacted for a baseline survey. Reasons for noncontact included absence from home (39 percent), having moved (22 percent), refusal to participate (17 percent), having no physical domicile (15 percent), language barriers (4 percent), and miscellaneous other factors (4 percent). Women with telephones tended to have a relatively higher economic status and were more successfully reached than women without telephones. These findings provide useful insights for future program planning and research design.

Key words: Screening mammography, low income, managed care, barriers, underserved.

Breast cancer is a major source of morbidity and mortality.^{1,2} Low-income women in general are at a higher risk of dying from this disease than more affluent women.³⁻⁸ Breast cancer is the most common cause of cancer deaths among women aged 40 to 55, and the second leading cause of cancer deaths in

Received July 20, 1998; revised January 29, 1999; accepted January 29, 1999.

all women.¹ As one in every eight women in the United States will develop breast cancer by age 85,² it is crucial to detect this disease at its earliest possible stage to reduce morbidity, mortality, and the social burden of this major problem.

Breast cancer represents 30 percent of cancer deaths among women in Tennessee. While the incidence or number of new cases per 100,000 population is higher among white women, African American and Hispanic women die at higher rates.⁹ Yet, breast cancer deaths, like those of cervical cancer, are among the most preventable when proven early detection and treatment modalities are employed as recommended. Screening mammography, the most effective method for early breast cancer detection, is more underutilized by low-income women, including African Americans, who often present at more advanced stages of disease.¹⁰⁻¹²

A recent study of the utilization of screening mammography by Medicare-covered elderly women in three regions of the United States demonstrated that black women who obtained mammograms at the same rate as white women were diagnosed at equally low stages as their white counterparts.¹³ Unfortunately, however, low-income women experience multiple barriers which may prevent them from participating in disease prevention activities in general.¹⁴⁻¹⁷ Many barriers to participation in breast cancer screening and early detection have been documented among this population.¹⁸⁻²⁹ They are less likely to have had a recent physician visit to have breast or cervical exams, or to have had a screening mammogram ordered when seen.²⁰ They are more likely to be inhibited by barriers to health care utilization and prevention, including factors such as lack of knowledge,²¹⁻²⁷ lack of access to available services,^{23-25,29} lack of availability of services,^{25,27} economic constraints,^{24-25,29} physical and co-morbid conditions,²² and a lack of physician compliance.^{22,29} Many of these factors are associated with low income and often serve as a surrogate for other barriers.

In this study of strategies to increase screening mammography in low-income women who are members of a Managed Care Organization (MCO), investigators found not only low levels of participation, but also encountered extreme difficulty in contacting the targeted women for the outreach activities and planned intervention. In this paper, these difficulties are chronicled and analyzed, thus highlighting the scope of the problem and making suggestions for overcoming these difficulties.

Methods

This study is a part of ongoing research to test intervention strategies to improve the rate of breast cancer mammography screening among low-income, underserved populations. This research targets women who are members of the TennCare program. TennCare is the state of Tennessee's health care finance reform program that replaced Medicaid in 1994. TennCare

members include women and families up to 200 percent above the poverty level. For example, a maximum annual income of \$31,200 makes a family of four eligible for membership benefits. Also, uninsurable individuals are eligible to buy into the program.

Eligibility. The target group of women was selected from those who satisfied all the following criteria: (1) women aged 40 and older and enrolled in the TennCare program, (2) members of the Access MedPlus managed care organization, (3) noncompliant with screening mammography for one year prior to the study according to TennCare mammogram claims data, and (4) resident of Davidson County, Tennessee. Davidson County was selected for outreach activities where Access MedPlus has a team of community outreach workers who are committed to this project.

Sample. A sample of 362 women was randomly selected from a pool of 899 women in the target group to conduct a baseline survey and preliminary outreach activities. These activities were carried out between July and September 1997. A total of 139 (38 percent) were reached and completed the survey.

Interview process. Permission for gathering patient information was obtained from the TennCare Bureau, medical director, and Health Services Committee of Access-MedPlus, as well as from the Meharry Medical College Human Subject Review Board. Informed consent was obtained from all participating women. The data were gathered by telephone and/or home visits. Health outreach workers collected information pertaining to obstacles during their home visits. The community health outreach workers were supplied by the MCO and trained by a health educator-coordinator associated with out program. In particularly difficult situations, investigators assisted with outreach. This report addresses the obstacles encountered in this outreach.

Statistical methods. The primary outcome variable was the number of successful contact attempts, which was measured by the total count of completed interviews. Other key variables were the independent variables including the following: (1) attempts (number of trials made by a community health worker using the telephone and/or visiting the residence of the participants), (2) telephone ownership (participant with a registered, working phone number recorded in the MCO profile; the phone is being used to reach her), (3) race (reported by the participant during an interview and/or recorded in the profile of Access MedPlus), (4) reasons (causes for not being reached by the community health worker and/or incomplete interview), (5) income and age (reported by participants reached and/or gathered from the MCO profile), and (6) education level (the number of years of school attendance as reported by the participant).

The data describe the number of attempts made to reach the women and factors associated with reaching them. Data were entered into the spreadsheet

of MS Excel and processed using the SPSS program. To test the differences where appropriate, the chi-square or Z test was used. A conventional p value of 0.05 for a significance level using the two-tailed method was applied.

Results

Sociodemographic factors. There were two population groups on which sociodemographic data were gathered (Table 1): the MCO population on which a data profile was available (target group, $n = 362$), and the sample of the target group reached by our efforts (sample reached, $n = 139$). For target and sample populations, mean age in years ($\pm$ SD) was similar (53 ± 9.4 vs. 53 ± 8.2) while age distribution was somewhat similar. Telephone ownership was higher in the sample than in the target group (51 vs. 39 percent), supporting the finding that having a telephone was an important factor in reaching the sample.

Of the 362 women in the target group, 47 percent were black, 48 percent were white, and 5 percent were other races; of the 139 women in the sample group, 52 percent were black and 48 percent were white. Distribution of household income was similar between blacks and whites. The samples were different by mean age in years (51 ± 7.8 vs. 55 ± 8.1 ; $p < 0.001$), mean years of education (11.2 ± 2.2 vs. 9.8 ± 3.1 ; $p < 0.001$), and by age and education distribution, as well as marital status. There were twice as many black as white women in the 40 to 49 year-old group; about half as many blacks as whites were married, while five times as many were single. Almost twice as many whites as blacks had an education level of less than 12 years, while twice as many blacks as whites had an education level of 12 years. All women had low incomes, and approximately half of the sample of blacks and whites were from households with annual incomes of less than \$5,000.

Telephone ownership. A higher percentage of white women in the target group had a telephone (47 percent) when compared with black women (32 percent) (Table 1). Of the telephone numbers provided by these women, approximately 50 percent were inaccurate or not useful. Thus, only 19 percent of women in this population of low-income women were reachable by telephone. An average of four attempts had to be made to reach these women. Reasons for noncontact by telephones included the following: (1) telephone numbers given were those of relatives or friends, (2) telephones were disconnected, (3) previous work telephone numbers were given, (4) no answer was obtained after several rings and several tries, and (5) the person had moved without a forwarding number.

Personal home visits. Six hundred and eleven attempts were made to contact the target population of 362 women (Table 2). Home visits were attempted after initial noncontact by telephone. When no telephone number was

provided, home visits were made by community health outreach workers who made three additional attempts. Some visits were made on Saturday morning and during evening hours to increase the rate of contact.

One hundred and thirty-nine surveys were completed. Table 2 indicates the effort needed to reach the 139 women. From the initiation of the effort, attempts ranged from 1 to 5 with an overall average number of 4.4 attempts per successful contact (Table 2). However, the vast majority (90 percent) of participants successfully reached were contacted on the initial attempt. The average number of attempts for each success was 1.8 attempts for this subgroup (Table 2). In contrast, women requiring multiple attempts were unlikely ever to be reached. Table 3 classifies successes by age, race, and telephone ownership. There was a significant difference by race and telephone, but not by age. Table 3 reveals that the variables important in terms of reaching participants include having a telephone number ($p < 0.0001$) and race ($p < 0.002$). Forty-three percent of white women and 38 percent of black women were reached by all efforts (Table 3).

Because it was not possible to know the actual socioeconomic status of those women not contacted, telephone ownership was used as a surrogate measure. A direct correlation between telephone ownership and income levels of women who were reached is shown in Figure 1 ($r = 0.8$). In Table 1, telephone ownership is outlined by race. It is of interest that a larger proportion of white women had telephones when compared with black women (47 vs. 32 percent). However, the gap was narrowed in the sample reached, indicating the importance of the telephone in reaching these women. Finally, reasons for not being reached are displayed in Table 4 by race and age. Reasons for contact difficulties included (1) no one at home (39 percent), (2) having moved (22 percent), (3) refusal to participate (16 percent), (4) no physical address (15 percent), (5) language barrier (4 percent), and (6) miscellaneous other reasons (4 percent).

Discussion

Low-income women are known to be at risk for poor outcomes of breast cancer mortality compared with more affluent middle-class women.^{4,6} It is documented that this poorer outcome is related to late stage of diagnosis and reflects the relatively low use of screening mammograms and clinical breast exams by these women. Barriers which are found to be associated with a lack of screening participation include (1) older age, (2) low education level, (3) no health insurance coverage, (4) work obligations, (5) a lack of transportation, (6) institutional and physician barriers, and (7) cultural and knowledge/attitudinal factors.¹⁰⁻¹⁷

Since the 1992 mandate by Congress for Medicare coverage of eligible women aged 65 and older, there has been an increase in mammography use by these women.²⁶ However, Rimer and colleagues²⁷ have found that a lack of

TABLE 1
 SOCIODEMOGRAPHIC CHARACTERISTICS OF THE TARGET GROUP AND SAMPLE REACHED

	TOTAL			BLACKS			WHITES			OTHER		
	N	MEAN (SD)	Percentage	n	MEAN (SD)	Percentage	n	MEAN (SD)	Percentage	n	MEAN (SD)	Percentage
Target group ^a	362		100	169		47	175		48	18		5
Age in years		53 (9.4)			52 (8.8)**			54 (9.5)			65 (13.7)	
40 to 49	157		43	88		52	65		37	4		22
50 to 64	162		45	66		39	91		52	5		28
65 and older	43		12	15		9	19		11	9		50
Total	362		100	169		100	175		100	18		100
Telephone ownership	140		39	54		32*	82		47	4		22
Sample reached ^b	139		100	72		52	67		48	0		0
Age in years		53 (8.2)			51 (7.8)**			55 (8.1)				
40 to 49	54		39	36		50	18		27			
50 to 64	74		53	31		46	41		61			
65 and older	11		8	3		4	8		13			
Total	139		100	72		100	64		100			
Marital status												
Married	34		26	13		19	21		33	—		—
Widowed	28		21	12		17	16		25	—		—
Single	24		18	20		29	4		6	—		—
Divorced	30		23	14		20	16		25	—		—
Separated	16		12	10		15	6		10	—		—
Total	132		100	69		100	63		100	—		—

Annual household ^c income	54	45	28	46	26	43	—	—
Up to \$5,000	30	25	14	23	16	27	—	—
\$5,001 to \$10,000	26	22	13	21	13	22	—	—
\$10,001 to \$15,000	11	9	6	10	5	8	—	—
Over \$15,000	121 ^c	100	61	100	60	100	—	—
Total		10.5 (2.8)		11.2 (2.2)**		9.8 (3.1)		
Education	75	54	29	40	46	68	—	—
< 12 years	46	33	33	46	14	21	—	—
12 years	18	13	10	14	7	11	—	—
> 12 years	139	100	72	100	67	100	—	—
Total								
Telephone ownership	71	51	33	46*	37	57	—	—

Note: SD = standard deviation.

^a Based on total sample, information gathered from MCO profile.

^b Based on population reached.

^c Some income information was not available.

* $p < 0.05$. ** $p < 0.001$.

TABLE 2
NUMBER OF ATTEMPTS AND SUCCESSES
IN REACHING THE TARGET GROUP

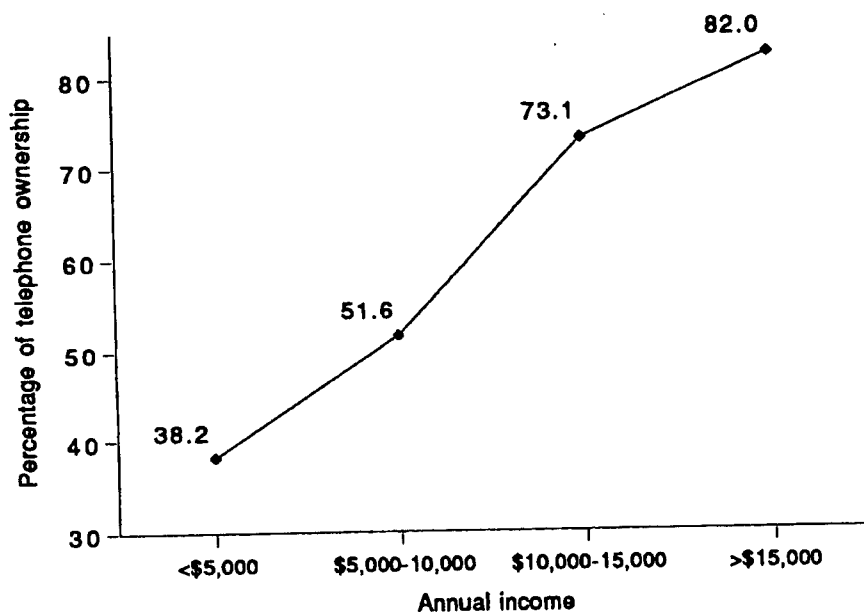
ATTEMPTS/ PARTICIPANT	NUMBER OF PARTICIPANTS	PERCENTAGE	NUMBER OF ATTEMPTS	PARTICIPANTS REACHED	SUCCESSFUL ATTEMPTS	NUMBER OF ATTEMPTS/ SUCCESSES
1	222	61	222	125	125	1.8
2	44	12	88	6	12	14.7
3	85	24	255	4	12	63.8
4	9	3	36	3	12	12.0
5	2	1	10	1	5	10.0
Total	362	100	611	139	166	4.4

TABLE 3
SUCCESSFUL ATTEMPTS BY AGE, RACE,
AND TELEPHONE OWNERSHIP

	NUMBER OF PARTICIPANTS	PARTICIPANTS SUCCESSFULLY REACHED		p
		n	PERCENTAGE	
Age				
40 to 64 years	319	128	40	
65 and older	43	11	26	
Total	362	139	38	0.065
Race				
Black	169	72	43	
White	175	67	38	
Other	18	0	0	
Total	362	139	38	0.002
Telephone				
Yes	140	71	51	
No	222	68	31	
Total	362	139	38	0.000

physician recommendation is a major cause of nonparticipation in screening mammography. Other factors of importance have included attitudes related to cancer and the efficacy of its prevention and treatment. Several reports state that black women have a negative and/or fatalistic view of cancer and tend to have an external locus of control,²⁸ while Hispanic women experience barriers such as language, culture, and a lack of knowledge.²⁹

FIGURE 1
DISTRIBUTION OF TELEPHONE OWNERSHIP
VERSUS ANNUAL HOUSEHOLD INCOME



Among TennCare women, coverage is provided for screening mammography at 40 years of age and older. Yet, the rate of mammography use is only 25 percent.³⁰ Having a usual source of care is known to be associated with increased screening rates, and many women state that they would obtain a screening mammogram if recommended by their doctor. Yet, assignment of women to a primary care physician in TennCare does not seem to have been effective. It appears that many of these women do not have encounters with their primary care physicians—in spite of insurance coverage and their stated behavioral intentions. They, therefore, may have had no opportunity to be counseled about breast screening recommendations.

The present authors' experience indicate that it is difficult to reach these women. Even when community health outreach workers were sent to their recorded place of residence, only 38 percent could be contacted. In fact, 22 percent had moved since initial sign up to TennCare within the past three years and in fact no physical domiciliary structure existed at the stated address for nearly 15 percent of those women when home visits were attempted. Language was not a major barrier in this study because of the ethnic composition of the population. Women were usually cooperative when contacted; however, twice as many white as black women refused to respond when reached.

TABLE 4
REASONS BY RACE AND AGE FOR NOT BEING REACHED

REASON	ALL PARTICIPANTS			RACE				AGE			
				BLACK		WHITE		OTHERS		40 to 64	
	N	PERCENTAGE	n	PERCENTAGE	n	PERCENTAGE	n	PERCENTAGE	n	PERCENTAGE	65 AND OLDER
Not at home	86	39	50	51	34	32	3	17	75	39	11
Moved	50	22	23	24	24	22	3	17	43	23	7
Refused to respond	37	17	10	10	24	22	3	17	32	17	5
No physical address	33	15	12	12	20	19	1	6	27	14	6
Language barrier	8	4	1	1	0	0	7	39	7	4	1
Miscellaneous	9	4	2	2	6	6	1	6	7	4	2
Total	223	100	97	44	108	48	18	8	191	86	32

Conclusion

Lack of a telephone, as a specific logistic barrier, is a novel finding of this study. A major obstacle to the use of screening mammography and other preventive services among poor women appears to be the lack of a stable or permanent address, probably due to a tendency for these low-income women to move, and the lack of a means of easy communication such as by private telephone. This again may indicate a significant amount of instability in their lives and a difficulty in obtaining basic life requirements such as food, clothing, and shelter. It indicates that many of these women are indeed struggling to live. According to Dr. Harold Freeman, chairman of the President's Cancer Panel, poverty means not having many choices.^{4,6} The poor have to prioritize their needs within their limited resources. In such a setting, more immediate and critical needs are of more concern than prevention and monitoring of health problems which may become serious problems only in the future.

If these women are to be reached in order to enable early detection of breast cancer and prevention of mortality, a more holistic approach to this life problem must be taken.³¹ Such intervention will require integration of information about the risks and benefits of cancer and other illness prevention behavior. A multifaceted approach includes the use of outreach workers, the use of peers, and social campaigns to overcome barriers. The provision of more global opportunities for these women and their families to move out of the poverty cycle is the true challenge, and would likely have the greatest effect on these women's behaviors and on their futures.³¹

Acknowledgment

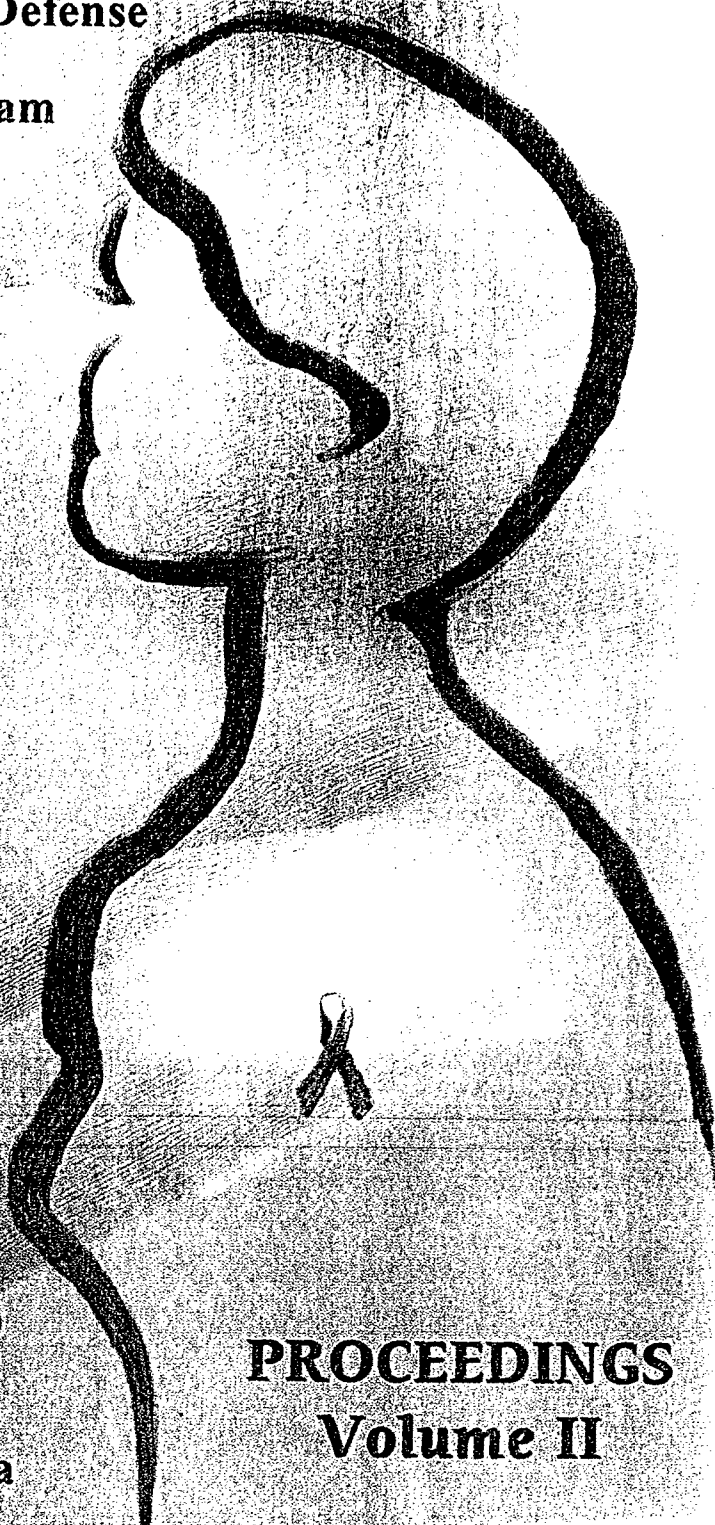
This study was supported by a grant from the Department of Defense, Grant No. DAMD 17-96-1-6277.

REFERENCES

1. American Cancer Society. Cancer facts and figures, 1997. New York: American Cancer Society, 1998.
2. Wingo PA, Tong T, Bolden S. Cancer statistics, 1995. *Ca Cancer J Clin* 1995;45(1):8-30.
3. American Cancer Society. Cancer in the economically disadvantaged: A special report prepared by the subcommittee on cancer in the socio-economically disadvantaged. New York: American Cancer Society, 1986.
4. Freeman HP. Cancer in the socioeconomically disadvantaged. *Cancer* 1989;64(1 Supp):324-34.
5. Baquet CR, Horm J-W, Gibbs T, et al. Socioeconomic factors and cancer incidence among black and whites. *J Natl Cancer Inst* 1991;83(8):551-7.
6. Freeman HP, Wasfle TJ. Cancer of the breast in poor black women. *CA* 1989;63(12): 2562-9.
7. Bain RP, Greenberg RS, Whitaker JP. Racial differences in survival of women with breast cancer. *J Chron Dis* 1986;39(8):631-42.
8. Basset MT, Krieger N. Social class and black-white differences in breast cancer survival. *Am J Public Health* 1986 Dec;76(12):1400-3.

Era of Hope

**Department of Defense
Breast Cancer
Research Program
Meeting**



**June 8-11, 2000
Hilton Atlanta
and Towers
Atlanta, Georgia**

**PROCEEDINGS
Volume II**



MEHARRY MEDICAL COLLEGE

CANCER CONTROL RESEARCH UNIT

Promoting Breast Cancer Screening In A Low Income Managed Care Population Project

Workshop for...

Access MedPlus Community Health Outreach Workers

Monday, July 12, 1999
10:00 a.m. until 12:30 p.m.

Lunch being served right after workshop

Tennessee Managed Care Network
431 East M.L. King Boulevard
Chattanooga, Tennessee 37403

Purpose: This workshop is being conducted in preparation for the final phase of patient intervention. Paperwork processing and field protocol will be covered.

Workshop facilitator: Tonya Micah, Breast Health Education Coordinator
Meharry Medical College

Workshop coordinator: Ms. LeMonica Lewis, Admin. Assistant III
Meharry Medical College

Hosted by : Ms. Linda Morris, Reg. Area Coordinator, Community
Health Outreach Workers
Tennessee Managed Care Network

BARRIERS TO ACCESS AND UTILIZATION OF SCREENING MAMMOGRAPHY IN AN UNDERSERVED MANAGED CARE POPULATION

**Nasar U. Ahmed, Ph.D., Kofi A. Semanya, Ph.D., and
Margaret K. Hargreaves, Ph.D.**

Meharry Medical College
Nashville, TN 37208

E-mail: nahmed@munc.edu

Breast cancer is the second leading cause of cancer mortality in U.S. women. Recent declines in breast cancer mortality have not benefited underserved populations mainly because of their under-utilization of cancer screening. Providing insurance and offering free screenings did not increase utilization. It is our belief that this population faces barriers other than availability and cost. This study identified barriers to healthcare utilization in an underserved managed care population. We also examined the correlates of these barriers and the determinants of mammography screening.

A random sample survey of 173 women aged 40 and above had complete data. Of these, 46% were black and 54% were white; mean age was 54.6 ± 8.3 years; 15% were over 64 years old; median household income was \$6,944 with 87% earning up to \$15,000; mean years of education were 10.5 ± 2.8 , with 55% having less than 12 years; 27% were married.

In this population, 42% had never had a mammogram and 13% had never had a clinical breast exam (CBE). Those with education above 12 years and income above \$15,000 had higher mammography and CBE rates. Lack of recommendation by the physician, placing low-value on yearly checkup, embarrassment with the breast exam, fear of doctors, fear of test result, perceived cost, lack of awareness of services were negatively associated with mammography rates. Those who were aware of these tests received more cancer information, had higher cancer knowledge scores or lower personal barrier scores had higher mammography rates. Regression analyses revealed that personal barrier scores were largely predicted by education level and cancer knowledge; economic barriers were negatively associated with currently married status; while system barriers were predicted positively by income, and negatively by amount of cancer information received and marital status.

We conclude that cancer knowledge is a key determinant to overcoming barriers. It is recommended that the cancer information should be promoted through managed care settings and other channels to reach the underserved population in order to increase the utilization of health care. Please begin typing abstract here.

The U.S. Army Medical Research and Materiel Command under DAMD17-96-1-6277 supported this work.

Agenda

Promoting Breast Cancer Screening in a Low Income Managed Care Population Project

Intervention Outreach Training Session

Monday, July 12, 1999
10:00 A.M. UNTIL 12:30 P.M.

Tennessee Managed Care Network
431 East M.L. King Boulevard
Chattanooga, Tennessee 37403

Welcome & Introductions.....Mrs. Linda Morris

Attendance & Material Distribution.....Ms. LeMonica Lewis

Training Overview.....Mrs. Tonya Micah

Project Update

Role of the CHORWS

REACH-PROMOTE-ACTION-FOLLOW UP

⇒ **Reaching The Targeted Access Med...PLUS Patients**

- ⇒ Patient Listing
- ⇒ Use Of Additional Resources
- ⇒ Home Visits And Telephone Calls

⇒ **Promoting Mammogram Screening**

- ⇒ Use Of The Script
- ⇒ Use Of Brochures And Other Educational Materials
- ⇒ Forms To Complete

⇒ **Action & Follow Up**

- ⇒ Checking The Primary Care Physician (PCP) List
- ⇒ Helping The Patient Get A Doctor's Appointment
- ⇒ The Reminder Calendar

Question & Answer Session

Closure & Lunch

Promoting Breast Cancer Screening in a Low Income Managed Care Population

DOD Level 3 Intervention Script

Purpose: To successfully reach Access MedPLUS female members 40 years and older who have not had their annual mammogram that are listed for comprehensive breast cancer screening prevention.

To be used by: Community Health Outreach Workers and other health professionals assigned to this task.

Caution: This must be utilized as a guide for reaching and teaching the Access MedPLUS members with the breast cancer screening mammogram messages. It should never be read verbatim because each situation will be slightly different. However, this resource has been developed to ensure that generally, the subjects will be hearing basically the same message.

General Intervention Script

Hello (member's name), my name is (Chorw's name). I am a member of the Access MedPLUS Community Health Outreach Worker team. Access MedPLUS has a strong commitment to the quality of your health care. One of the ways we express this commitment is by assisting our members such as yourself to protect your health by taking certain preventive measures. (Member's name), based on the American Cancer Society's recommended guidelines, it is time to schedule your mammogram. The American Cancer Society suggests that women 40 years and older should have a mammogram yearly. You should have received letters recently from Access MedPLUS and your health care provider encouraging you to have this test.

The mammogram is simply an x-ray of the breast that helps to locate lumps, if any, in the breast. Most of these lumps are harmless, but occasionally such a lump could be cancerous. If so, the mammogram can help to find the problem early when breast cancer can be more easily treated.

Regular mammogram screenings can help to find cancer as early as two years before you or your doctor will be able to feel a lump. The earlier you find breast cancer the better your chances will be to save your breast and your life. The cost of the test is completely covered by Access MedPLUS. It only takes about 15-20 minutes to have a mammogram. Remember (member's name), you can have breast cancer and be feeling just fine. You may have symptoms but this is not always the case. Some women have no symptoms until the cancer has spread. This is what we want to help you avoid. It's a fact that one in nine American women will develop breast cancer over the course of her life. But unlike it used to be, finding and treating breast cancer does not automatically mean the loss of your

Promoting Breast Cancer Screening in a Low Income Managed Care Population

breast or your life. When found early breast cancer is being successfully treated in the majority of cases. Getting your mammogram will give you the assurance that you have taken the easiest and most effective step to protect yourself from breast cancer.

Now, let's get you scheduled for your test. Would you like me to assist you with setting up your appointment?

If yes

Take the usual steps taken in assisting members with this request.

If no:

(Inquire about the member's concerns or objections. Try to resolve any misunderstandings and misinformation so that the member will be willing to schedule her mammogram.)

When will you be able to call and schedule your appointment? Once you schedule your appointment, please call me and let me know when you are planning to go. If you need transportation or are unsure of the location, remember you can either call the place where the mammogram test is scheduled or you can call me for help. Here is my card, again, my name is (Chorw's name). I am glad you have decided to get this important test done. Thank you for allowing me to share this information with you.

We need to determine whether we will be able to provide any type of small gift for the member taking the time to listen or agree to schedule her mammogram.

Barrier or common objections

Fear of what the test may find -

Response: Most mammogram reports are good news. Of the lumps that the test finds, 80% of those will not be cancer. But if it is cancer, the mammogram can help to discover it early when the disease can be most easily treated.

I believe if I had something like cancer I would know it

Response: In the early stages of breast cancer there are usually no symptoms. Unlike other diseases, cancer like high blood pressure can be present a long time before you begin to feel ill. It is better to go and be check out just in case.

Promoting Breast Cancer Screening in a Low Income Managed Care Population

Cancer or breast cancer does not run in my family (lack of family history)-

Response: In the majority of breast cancer cases, there is no family history of the disease. This does not mean there is actually no history of the disease, it simply means either it was not discussed, shared or recorded. Only recently have women become more open to discuss breast cancer. It has historically been a disease that women have not felt comfortable to discuss.

I heard a mammogram is painful

Response: For some women the test is uncomfortable. The discomfort occurs when the breast is gently pressed down so the mammogram machine can get a good quality view of the breast. The pressure on lasts a few minutes while the picture is being taken. It is a good idea to have the test done after your menstrual, when the breast are not as tender. You can expect the discomfort to stop as soon as the image or picture is taken. The benefits of having your mammogram will far out weigh the momentary discomfort you may feel during the test. Remember only a few women report discomfort, most women describe it as simply a lot of pressure. If during your mammogram you are too uncomfortable, simply tell your nurse, and she can usually make the appropriate adjustments. If you know you are really sensitive, you may want to take a mild pain reliever about an hour before the mammogram appointment.

I've heard x-rays can cause cancer-

Response: The amount of radiation you will receive during your mammogram will be less than taking an air plane from here to Chicago. It is a low radiation test. The risk of health problems related to mammogram is extremely low.

Promoting Breast Cancer Screening in a Low Income Managed Care Population

Intervention Guidelines & Procedures

REACH <u>Home Visits</u> Whenever possible provide a home visit with the member/patient to promote breast cancer screening. This should be the primary method of reaching the designated members/patients. If the address is incomplete check with Access Med...PLUS member services to verify if additional information is available. <u>Telephone Calls</u> When it is not practical or safe to conduct a home visit, check both your provided list and the local telephone directory to see if the patient/member has a telephone number listed. Outreach attempts by telephone should be documented thoroughly with the activity form. Make sure to note that the attempt is by telephone. <u>Two Is The Limit</u> Two home visit attempts is the limit before moving on to your next lead. It is essential that each patient/member is given an opportunity to be provided with the information/invitation regarding mammography screening. Please use your discretion regarding the number of telephone attempts conducted. <i>Remember to complete your activity form for each attempt. Make sure you include all the requested information.</i>	TEACH What Every Woman Should Know About Breast Cancer ⇒ Who's At Risk ⇒ The Risk Factors ⇒ Warning Signs ⇒ Value Of Early Detection ⇒ The Benefits Of Routine Mammogram Screening DIFFUSE Widely Held Beliefs and Myths About Breast Cancer ⇒ Family History ⇒ No symptoms ⇒ Too old ⇒ No hope for survival if breast cancer strikes DISTRIBUTE Breast Health Brochure and Your Business Card
ACTION Offer to help the member/patient with setting her doctor's appointment. Verify where the patient receives her care. ⇒ If the patient/member is willing to have the appointment set by you, please do so. ⇒ Write the patient's appointed time on the provided calendar and on the back of your business card. ⇒ If the patient seems resistant, try to identify the barrier or concern. ⇒ If the patient flatly refuses to schedule a mammogram encourage her to share her reasons and document the response on your activity form. ⇒ No further intervention needed.	FOLLOW UP ⇒ Ask the member/patient to let you know when the appointment has been set if she is personally setting her appointment. ⇒ If you have set the appointment plan to send a reminder post card or if a telephone number is available jot yourself a note to place a reminder call the day previous to the appointment. ⇒ Include the member/patient's appointment time on the activity form. ⇒ <i>Remember to submit all original activity forms to your coordinator weekly. It is essential to the success of the project that all original paperwork be forwarded back to the research staff</i>

Breast Cancer Screening in A Managed Care Population

A Survey of Knowledge, Attitudes and Practices (KAP)

Questionnaire

Meharry Medical College

1996

Breast Cancer Screening in A Managed Care Population
A Survey of Knowledge, Attitudes and Practices (KAP)

Code Number: _____

Date of Interview (MM/DD/YY): _____

Name: _____

Address: _____

Telephone number (Day time): _____

(Evening time): _____

START TIME: _____

A. General Information

First, I would like to ask you some general questions.

- A1. What month, day and year were you born? _____
MM DD YY
DK..... 97 97 97
RF 99 99 99
- A2. How many people in your family? Number _____
In your family, how many adults age 18 or older? Number _____
In your family, how many children under age 18? Number _____
- A3. Do you consider yourself white, black or other? White.....1
Black.....2
Other(Specify) _____
- A4. What was the highest grade of school you completed? Highest grade completed _____
- A5. Are you ? Married.....1
Single.....2
Divorced.....3
Widow.....4
Separated.....5
- A6. What is your family's total annual income? Less than \$5,000.....1
\$5,000--\$10,000 2
\$10,001--\$15,000 3
\$15,001--\$25,000 4
More than \$25,000.....5
RF.....9

B. Health Knowledge, Attitudes and Exams

Now, I am asking you some questions about your health knowledge, attitudes and exams.

- | | | | |
|-----|---|-----------------------|---|
| B1. | How would you say your health is in general? | Poor..... | 1 |
| | | Fair..... | 2 |
| | | Good..... | 3 |
| | | Excellent..... | 4 |
| | | RF..... | 9 |
| B2. | How would you say your health is compared to other women who are close to you in age? | Much worse..... | 1 |
| | | Worse..... | 2 |
| | | Same..... | 3 |
| | | Better..... | 4 |
| | | Much better..... | 5 |
| | | RF..... | 9 |
| B3. | How serious do you think breast cancer is as a health problem for women? | Not so serious..... | 1 |
| | | Somewhat serious..... | 2 |
| | | Very serious..... | 3 |
| | | RF..... | 9 |
| B4. | Have you had a general physical exam in the past three years (check up) ? | Yes..... | 1 |
| | | No..... | 2 |
| | | RF..... | 9 |
| B5. | Do you smoke? | Yes..... | 1 |
| | | No..... | 2 |
| | | RF..... | 9 |

C. Breast Cancer History

- | | | |
|-----|--|--|
| C1. | Is there anyone in your family who has had any type of cancer | Yes.....1
No.....2
DK.....3
RF.....4
..... |
| | What type? | |
| C2. | Are there any female relatives of yours who ever had breast cancer? Female relatives include your mother, sisters, daughters, grandmother and aunts. | Mother.....1
Sister(s).....2
Daughter(s).....3
Grandmother.....4
Aunt(s).....5
None.....6
DK.....7
RF.....9 |
| C3. | Have you ever had breast cancer? | Yes.....1
No.....2
RF.....9 |
| C4. | Have you ever been told by a doctor that you had some kind of breast condition, but that it was not breast cancer? | Yes.....1
No.....2
RF.....9 |

D. Breast Cancer Screening Knowledge and Attitudes

D1. In your opinion, how likely is it that you will get breast cancer in your lifetime?	Very likely 1 Somewhat likely 2 Somewhat unlikely 3 Very unlikely 4 DK 7 RF 9
D2. Can you name any examinations that can be done to find breast cancer in its very early stage? (DO NOT READ. CHECK ALL MENTIONED. AFTER RESPONDENTS GIVE THEIR ANSWERS, ASK, "ANY OTHERS?")	Women examine their own breasts...1 Doctors or nurses do the exam.....2 Chest X-ray.....3 Mammography.....4 DK.....7 RF.....9
D3. What do you think are some warning signs or symptoms of breast cancer? (DO NOT READ. CHECK ALL MENTIONED. AFTER RESPONDENTS GIVE THEIR ANSWERS, ASK, "ANY OTHERS?")	Lumps in breast 1 Shortness of breath.....2 Pain, soreness, burning in the breast.3 Nausea.....4 Discharge from nipple.....5 Swelling or enlargement of breast....6 Changes in shape of breast or nipple7 Discoloration.....8 DK.....97 RF.....99
D4. Do you know how to examine (to check) your breasts for lumps? (If "NO", SKIP TO D7) or TO D6	Yes.....1 No.....2 RF.....9
D5. Who taught you how to exam your breasts? (CHECK ALL MENTIONED)	Doctor.....1 Nurse.....2 Other health professional.....3 Mother.....4 Friend.....5 Sister or other relative.....6 Learned in class or meeting.....7 Read in a book, magazine, etc.....8 Television.....9 Other (Specify) -----

D6. How often do you think a woman should examine her breasts? (RECORD THE CLOSEST CHOICE)	Whenever she thinks about it.....1 Yearly.....2 Monthly.....3 Weekly.....4 Daily.....5 RF.....9
D7. Women have many reasons for not examining their breasts. What would you say are the reasons they do not examine (check) theirs? (DO NOT READ. CHECK ALL MENTIONED. AFTER RESPONDENTS GIVE THEIR ANSWERS, ASK, "ANY OTHERS?")	Doctor or nurse does it.....1 Husband or partner does it.....2 No cancer in the family.....3 Afraid of what I might find.....4 Doctor said not necessary.....5 I couldn't find anything.....6 Can't remember to do it.....7 Just don't do it.....8 Don't know how to do it.....9 Other (Specify) _____ RF.....99
D8. How much have you heard about current treatment allowing the doctor to remove only the part of the breast that has the cancer if it is detected very early?	Nothing at all.....1 Very little.....2 Fair amount.....3 Great deal.....4 RF.....9
D9. How much have you heard about a clinical breast exam which is when the breast is felt for lumps by a doctor, nurse or medical assistant?	Nothing at all.....1 Very little.....2 Fair amount.....3 Great deal.....4 RF.....9
D10. About how often should a woman at your age have a clinical breast exam? (RECORD THE CLOSEST CHOICE)	Weekly.....1 Monthly.....2 Yearly.....3 Less than once a year.....4 Only when there is a problem.....5 Only when a doctor/nurse recommends.....6 DK.....7 RF.....9

D11. How much have you heard about a mammogram which is when an X-ray is taken only of the breast by a machine that presses the breast while the picture is taken)?	Nothing at all.....1 Very little.....2 Fair Amount.....3 Great Deal.....4 RF.....9
D12. Women have many reasons for not having mammogram. What would you say are their reasons for not examining (check) their breasts ? (DO NOT READ. CHECK ALL MENTIONED. AFTER RESPONDENTS GIVE THEIR ANSWERS, ASK, "ANY OTHERS?")	Procrastination.....1 Don't know I should.....2 Not needed.....3 Cost too much.....4 No insurance coverage.....5 Don't go to the doctor's office.....6 Don't have a doctor.....7 Not recommended.....8 Too embarrassing.....9 Haven't had any problems.....10 Fear.....11 Other (Specify) _____ RF.....99
D13. About how often should a woman at your age have a mammogram? (RECORD THE CLOSEST CHOICE)	Weekly.....1 Monthly.....2 Yearly.....3 Less than once a year.....4 Only when there is a problem.....5 Only when a doctor/nurse recommends.....6 DK.....7 RF.....9

E. Clinical Breast Exam

- | | | |
|-----|--|--|
| E1. | When did you have your last clinical breast exam? | Within the last year.....1
Between 1 and 2 years ago.....2
Between 2 and 5 years ago.....3
More than 5 years ago.....4
Never.....5
DK.....7
RF.....9 |
| | IF NEVER SKIP TO F1 | |
| E2. | Have you ever had a breast exam
where the results were not normal?
"Not normal" means positive problems
found in the breast exam. | Yes 1
No 2
RF 9 |
| E3. | Did your doctor ask you to have additional tests
because your results were not normal? | Yes 1
No 2
RF 9 |
| E4. | Did you have any additional tests? | Yes.....1
No 2
RF 9 |
| E5. | Did you have any surgery or other treatment | Yes.....1
No.....2
RF.....9 |
| E6. | Did the breast exam, additional tests, surgery
or other treatment indicate
that you had breast cancer?
If yes, in which year?
and in which hospital? | Yes.....1
No.....2
RF.....9
Year _____
Hospital _____
_____ |

F. Mammogram

F1.	Has a doctor or nurse ever recommended that you have a mammogram? (IF NO, SKIP TO G1)	Yes.....1 No.....2 RF.....9
F2.	Have you ever had a mammogram? (IF NO, SKIP TO G1)	Yes.....1 No.....2 RF.....9
F3.	When did you have your last mammogram?	Within the last year 1 Between 1 and 2 years ago.....2 Between 2 and 5 years ago.....3 More than 5 years ago.....4 DK.....7 RF.....9
F4.	Have you ever had a mammogram where the results were not normal? "Not normal" means positive problems found in the breast exam.	Yes.....1 No.....2 RF.....9
F5.	Did your doctor ask you to have additional tests because your results were not normal?	Yes.....1 No.....2 RF.....9
F6.	Did you have any additional tests?	Yes.....1 No.....2 RF.....9
F7.	Did you have any surgery or other treatment?	Yes.....1 No.....2 RF.....9
F8.	Did the mammogram, additional tests, surgery or other treatment indicate that you had breast cancer? If yes, in which year? and in which hospital?	Yes.....1 No.....2 RF.....9 Year _____ Hospital _____ _____

G. Knowledge About Breast Cancer

I am going to read a series of statements about breast cancer. Please tell me whether you strongly agree, agree, disagree, strongly disagree or undecided with each statement.

- | | | |
|-----|---|---|
| G1. | Many women are concerned about the possibility of getting breast cancer. | Strongly agree.....1
Agree.....2
Disagree.....3
Strongly disagree.....4
Undecided.....5 |
| G2. | Women over 50 are more likely to get breast cancer. | Strongly agree.....1
Agree.....2
Disagree.....3
Strongly disagree.....4
Undecided.....5 |
| G3. | Women whose mothers or sisters have had breast cancer are most likely to get breast cancer. | Strongly agree.....1
Agree.....2
Disagree.....3
Strongly disagree.....4
Undecided.....5 |
| G4. | Women under 50 are more likely to get breast cancer. | Strongly agree.....1
Agree.....2
Disagree.....3
Strongly disagree.....4
Undecided.....5 |
| G5. | Any woman is likely to get breast cancer. | Strongly agree.....1
Agree.....2
Disagree.....3
Strongly disagree.....4
Undecided.....5 |
| G6. | If breast cancer is found and treated early it can be cured. | Strongly agree.....1
Agree.....2
Disagree.....3
Strongly disagree.....4
Undecided.....5 |

G7.	Women who have their first child after age of 30 are more likely to get breast cancer.	Strongly agree 1 Agree.....2 Disagree.....3 Strongly disagree.....4 Undecided.....5
G8.	If a woman has a lump in her breast, it is almost always breast cancer.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4 Undecided.....5
G9.	I worry about getting breast cancer.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4 Undecided.....5
G10.	By doing a self breast exam often, it is possible to find breast cancer in time to cure it.	Strongly agree. 1 Agree.....2 Disagree.....3 Strongly disagree.....4 Undecided.....5
G11.	Women who do not have children are more likely to get breast cancer.	Strongly agree.....1 Agree.....2 Disagree.....3 Strongly disagree.....4 Undecided.....5

H. Barriers to Cancer Screening

For each statement, check the one answer that comes closest to the way you feel

	Strongly agree	Agree	Disagree	Strongly Disagree
1. Cancer treatment would be worth going through if there was a small chance that it would save my life	____ 4	____ 3	____ 2	____ 1
2. There is very little a person can do to reduce his/her chances of getting cancer.	____ 4	____ 3	____ 2	____ 1
3. Having a check-up once a year is worth the time and effort.	____ 4	____ 3	____ 2	____ 1
4. I have doubts about some of the things doctors say they can do for you.	____ 4	____ 3	____ 2	____ 1
5. I am aware of the health services in my community.	____ 4	____ 3	____ 2	____ 1
6. I would have a mammogram (breast x-ray) only if my doctor recommended it.	____ 4	____ 3	____ 2	____ 1
7. I would seek more medical services if they were not expensive.	____ 4	____ 3	____ 2	____ 1
8. I am usually afraid of what the doctor will find.	____ 4	____ 3	____ 2	____ 1
9. Breast exams embarrass me.	____ 4	____ 3	____ 2	____ 1
10. Exposure to radiation during a mammogram concerns me.	____ 4	____ 3	____ 2	____ 1
11. I appreciate reminders about my medical appointments.	____ 4	____ 3	____ 2	____ 1

		Strongly agree	Agree	Disagree	Strongly Disagree
12.	Not having transportation makes it difficult for me to keep medical appointments.	____4	____3	____2	____1
13.	The cost of medical care keeps me from going to the doctor.	____4	____3	____2	____1
14.	It takes a long time to get an appointment to see a doctor.	____4	____3	____2	____1
15.	Doctors make me feel uncomfortable.	____4	____3	____2	____1
16.	Getting the time off work makes it difficult for me to go to the doctor.	____4	____3	____2	____1
17.	The chance of finding something wrong keeps me from asking for medical advice.	____4	____3	____2	____1
18.	Doctors take their time when explaining medical procedure to me to make sure I understand.	____4	____3	____2	____1
19.	Instead of going to the doctor when I do not feel well, I just take it easy for a while.	____4	____3	____2	____1
20.	Privacy is important to me during my visit to health care facilities.	____4	____3	____2	____1
21.	I am afraid of the pain I may feel when I visit a health care facility.	____4	____3	____2	____1

END

END TIME: _____

INTERVIEWER: _____

A. THANK RESPONDENT FOR PARTICIPATING.

B. ASK RESPONDENT TO SIGN PERMISSION TO ABSTRACT MEDICAL RECORDS FORMS.

List of personnel who received pay from the research effort

- Dr. Robert E. Hardy
- Dr. Nasar U. Ahmed
- Dr. Kofi A. Semanya
- Dr. Margaret Hargreaves
- Ms. LeMonica Lewis
- Ms. Tonya H. Micah
- Mr. Justin Gatebuke

Chart 1 Research Activities Accomplished by Statement of Work

	Proposed Task	Proposed Date	Actual Date	Problem(s) Encountered	Solutions/Adjustments
1	Hire and set up administrative systems	Month 1-6, (Oct '96-March '97)	Same		
2	Develop operating procedures between project and MCO's CQI (Continuous Improvement Department)	Month 1-6, (Oct '96-March '97)	Same		
3	Develop forms	Month 1-6, (Oct '96-March '97)	Same		
4	Develop coded file system to protect subject confidentiality	Month 1-6, (Oct '96-March '97)	Same		
5	Conduct initial claims data review	Month 7, (April '97)	Same		
6	Train Lay Health Workers to administer KAP survey	Month 7, (April '97)	Month 8 (May '97)	Coordinating the schedules of the Lay Health Workers for training purposes took more time due to project implementing during their peak health fair season.	More time was allowed to complete the training.
7	Randomize the study population into three groups	Month 8, (May '97)	Same		
8	Lay Health Workers conduct KAP survey	Month 9, (June '97)	Month 12-14, (Sept-Nov'97)	Lay Health Workers were delayed reaching some of the subjects listed to complete the KAP survey because of a freeze on entering public housing during this activity period.	More time had to be allowed to complete this task.
9	Process and analyze KAP survey data		Month 14-23, (Nov '97-Aug '98)		
10	MCO prompter letter mailed to subjects in Nashville (groups 2 & 3)	Month 9, June '97	Month 15, (Dec '97)	MCO informed the project that all correspondence had to be approved by the Bureau of TennCare prior to release to any of their members.	More time had to be allowed for TennCare to approve the study prompter letters.
11	First batch of claims data for Nashville site analyzed		Month 19 (April '98)		

Chart 1 Research Activities Accomplished by Statement of Work					
	Proposed Task	Proposed Date	Actual Date	Problem(s) Encountered	Solutions/Adjustments
12	PCP prompter letter mailed to subjects in Nashville study (group 3 only)	Month 12, Sept '97	Months 19-20, (April-May '98)	Low response from primary care physicians (PCPs).	PCP offices were visited by staff and MCO representatives to solicit their support by way of signing the PCP prompter letter. The need to go back and make visits in person accounts for the additional time it took to complete this task.
13	Second batch of claims data for Nashville site analyzed		Month 24 (Sept '98)		
14	Lay Health Workers trained to conduct telephone counseling and home visits subjects assigned to group 3 in Nashville whose claims records indicated non compliance after PCP prompter letter.	Month 15-17, (Dec '97-Feb '98)	Month 23 (Aug '98)		
15	Lay Health Workers provide mammography screening education in Nashville (group 3 only) through telephone counseling and in home visits.		Month 24-26, (Sep Nov '98)	Lay Health Workers reported routine difficulty in reaching the subjects. Primary reasons given were as a result of changes in the Welfare system, more subjects working during the day and not at home, lack of telephone service or correct telephone numbers listed with MCO, subjects moving without a forwarding address.	Lay Health Workers were assigned to make attempts to reach the subjects during late evenings and weekends to increase the likelihood of personally contacting the subject.
16	Third batch of claims data for Nashville site analyzed.		Month 30, (Mar '99)		
17	Study expanded to include Chattanooga/Hamilton County, Tennessee		Month 24 (Sept '98)	Process data from Nashville revealed the need to increase the study sample size to a total of 2400	Received the appropriate approvals to modify the design.
18	Randomize the study population into three groups at the Chattanooga site.	Month 24, Sept '98	Same		

Chart 1 Research Activities Accomplished by Statement of Work

	Proposed Task	Proposed Date	Actual Date	Problem(s) Encountered	Solutions/Adjustments
19	MCO Prompter letter mailed to groups 2 & 3 in Chattanooga	Month 25, (Oct '98)	Same	Due to the appointment of a new MCO Medical Director, it was not possible to utilize the previously signed letter used during the Nashville intervention	An updated letter was signed by MCO's newly appointed Medical Director.
20	First batch of claims data for Chattanooga site analyzed.		Month 29, (Feb '99)		
21	PCP prompter letter preparation and mailing to subjects in Chattanooga study (group 3 only)	Month 28, (Jan '99)	Month 29-32, (Feb May '99)	Low response from primary care physicians (PCPs).	MCO regional coordinator followed up in person with the PCP's to expedite the receipt of their signed letters and mailing materials for the PCP prompter letter.
22	Second batch of claims data from Chattanooga site analyzed.		Month 36, (Sept '99)		
23	Lay Health Workers trained to conduct telephone and in-home counseling with subjects assigned to group 3 in Chattanooga study whose claims records indicated non compliance after PCP prompter letter.	Month 31, April '99 Month 28 & 34, (Jan '99 & Jul 99)		Due to the anticipated medical leave of the project staff coordinator, the training was conducted ahead of schedule in an effort to keep the task on schedule. However, due to the delay in getting the PCP prompter letter activity completed on time, Lay Health Workers were not able to begin their work as originally scheduled after all. The delay resulted in concerns about the Lay Health Workers having too long of a gap between being trained beginning the work to be effective.	A refresher training session was conducted to ensure the quality of the home visits and telephone counseling.
24	Lay Health Workers provide mammography screening education in Chattanooga (group 3 only) through telephone counseling and in home visits.	Month 31-32, April May '99	Month 34-38 (Jul-Nov 99)	The delay of the PCP prompter letter called for an adjustment in the time to begin the home visits.	The Lay Health Worker staff were given more hours to concentrate on this study to expedite the completion of the home visits.
25	Final claims data for Chattanooga site analyzed.	Month 42, (March '00)	Month 49, (Oct '00)	Delay in receiving data due to priority computer programming jobs in process as a result of the MCO's Y2K computer conversion plans.	
26	Writing and publishing results	Month 49, (Oct '00)			

Table 1. Demographic characteristics (in percent) of the cohort by study groups

	Group 1	Group 2	Group 3	Total	chi-square	P =
Sample Size (n)	780	791	787	2358		
<i>Race</i>					0.56	1.0
Black	42.8	42.6	42.8	42.7		
White	44.7	45.3	45.2	45.1		
Other	3.1	3.3	3.4	3.3		
Unknown	9.4	8.8	8.5	8.9		
<i>Age Groups</i>					2.26	0.89
40-49	48.3	46.6	46.9	47.3		
50-64	41.8	43.6	44.3	43.2		
65-74	6.8	6.1	5.6	6.2		
75+	3.1	3.7	3.2	3.3		
<i>Site</i>					.102	0.95
Nashville	51.3	52.1	51.7	51.7		
Chattanooga	48.7	47.9	48.3	48.3		

Table 2 Likelihood of Mammography Screening for Trial vs. Control Group after the Implementation of Each Element of Intervention in Both Sites Combined

Intervention Steps	Starting Sample	Total Screened	Relative Risk (RR)	Confidence Interval	P-Value	Risk Difference	Attributable Fraction Percent
<i>Medical Director's Letter</i>							
Group 1	780	34	Referent				
Group 2	791	44	1.28	(0.82, 1.97)	0.27	1.20%	21.6%
Group 3	786	45	1.31	(0.85, 2.03)	0.21	1.37%	23.9%
<i>PCP's Letter</i>							
Group 1	746	39	Referent				
Group 2	747	34	0.87	(0.56, 1.36)	0.54	-0.68%	0.0%
Group 3	741	58	1.5	(1.11, 2.22)	0.02	2.60%	33.2%
^a Group 3	741	58	1.72	(1.14, 2.59)	0.000000	8.78%	57.1%
<i>Telephone/In-home Counseling</i>							
Group 1	707	36	Referent				
Group 2	713	47	1.29	(0.85, 1.97)	0.22	1.50%	22.8%
Group 3	683	105	3.02	(2.12, 4.34)	0.000000	10.28%	66.9%
^a Group 3	683	105	2.33	(1.68, 3.24)	0.000000	8.78%	57.1%
<i>Overall</i>							
Group 1	780	109	Referent				
Group 2	791	125	1.13	(0.89, 1.43)	0.308	1.83%	11.6%
Group 3	786	208	1.89	(1.54, 2.34)	0.000000	12.49%	47.2%
^a Group 3	786	208	1.67	(1.37, 2.04)	0.000000	10.66%	40.3%

^a Considering Group 2 as Referent

Table 3 Likelihood of Mammography Screening for Trial vs. Control Group after the Implementation of Each Element of Intervention in Nashville Site

Intervention Steps	Starting Sample	Total Screened	Relative Risk (RR)	Confidence Interval	P-Value	Risk Difference	Atributable Fraction Percent
<i>Medical Director's Letter</i>							
Group 1	400	15	Referent				
Group 2	412	15	0.97	(0.48, 1.96)	0.93	0.00%	0.0%
Group 3	407	17	1.11	(0.56, 2.20)	0.75	0.43%	10.2%
<i>PCP's Letter</i>							
Group 1	385	13	Referent				
Group 2	397	14	1.04	(0.50, 2.19)	0.9	0.15%	4.2%
Group 3	390	22	1.67	(0.85, 3.27)	0.12	2.26%	40.1%
<i>Telephone/In-home Counseling</i>							
Group 1	372	11	Referent				
Group 2	383	14	1.24	(0.57, 2.69)	0.59	0.70%	19.1%
Group 3	368	34	3.12	(1.61, 6.07)	0.0003	6.28%	68.0%
^a Group 3	368	34	2.53	(1.38, 4.63)	0.0017	5.58%	60.4%
<i>Overall</i>							
Group 1	400	39	Referent				
Group 2	412	43	1.07	(0.71, 1.61)	0.7453	0.69%	6.6%
Group 3	407	73	1.84	(1.28, 2.65)	0.00077	8.19%	45.6%
^a Group 3	407	73	1.72	(1.21, 2.44)	0.002	7.50%	41.8%

^a Considering Group 2 as Referent

Table 4. Likelihood of Mammography Screening for Trial vs. Control Group after the Implementation of Each Element of Intervention in Chattanooga Site

Intervention Steps	Starting Sample	Total Screened	Relative Risk (RR)	Confidence Interval	P-Value	Risk Difference	Attributable Fraction Percent
<i>Medical Director's Letter</i>							
Group 1	380	19	Referent				
Group 2	379	29	1.53	(0.87, 2.68)	0.13	2.65%	34.7%
Group 3	379	28	1.48	(0.84, 2.60)	0.17	2.39%	32.3%
<i>PCP's Letter</i>							
Group 1	361	26	Referent				
Group 2	350	20	0.79	(0.45, 1.39)	0.42	-1.49%	0.0%
Group 3	351	36	1.42	(0.88, 2.31)	0.14	3.05%	29.8%
<i>Telephone/In-home Counseling</i>							
Group 1	335	25	Referent				
Group 2	330	33	1.34	(0.82, 2.20)	0.24	2.54%	25.4%
Group 3	315	71	3.02	(1.97, 4.64)	0.000000	15.08%	66.9%
^a Group 3	315	71	2.25	(1.54, 3.31)	0.000015	12.54%	55.6%
<i>Overall</i>							
Group 1	380	70	Referent				
Group 2	379	82	1.17	(0.88, 1.55)	0.26	3.21%	14.9%
Group 3	379	135	1.93	(1.50, 2.49)	0.000000	17.20%	48.3%
^a Group 3	379	135	1.65	(1.30, 2.08)	0.000021	13.98%	39.3%

^a Considering Group 2 as Referent

Fig. 1 Number of mammograms done by groups during different phases of the intervention: All Sites

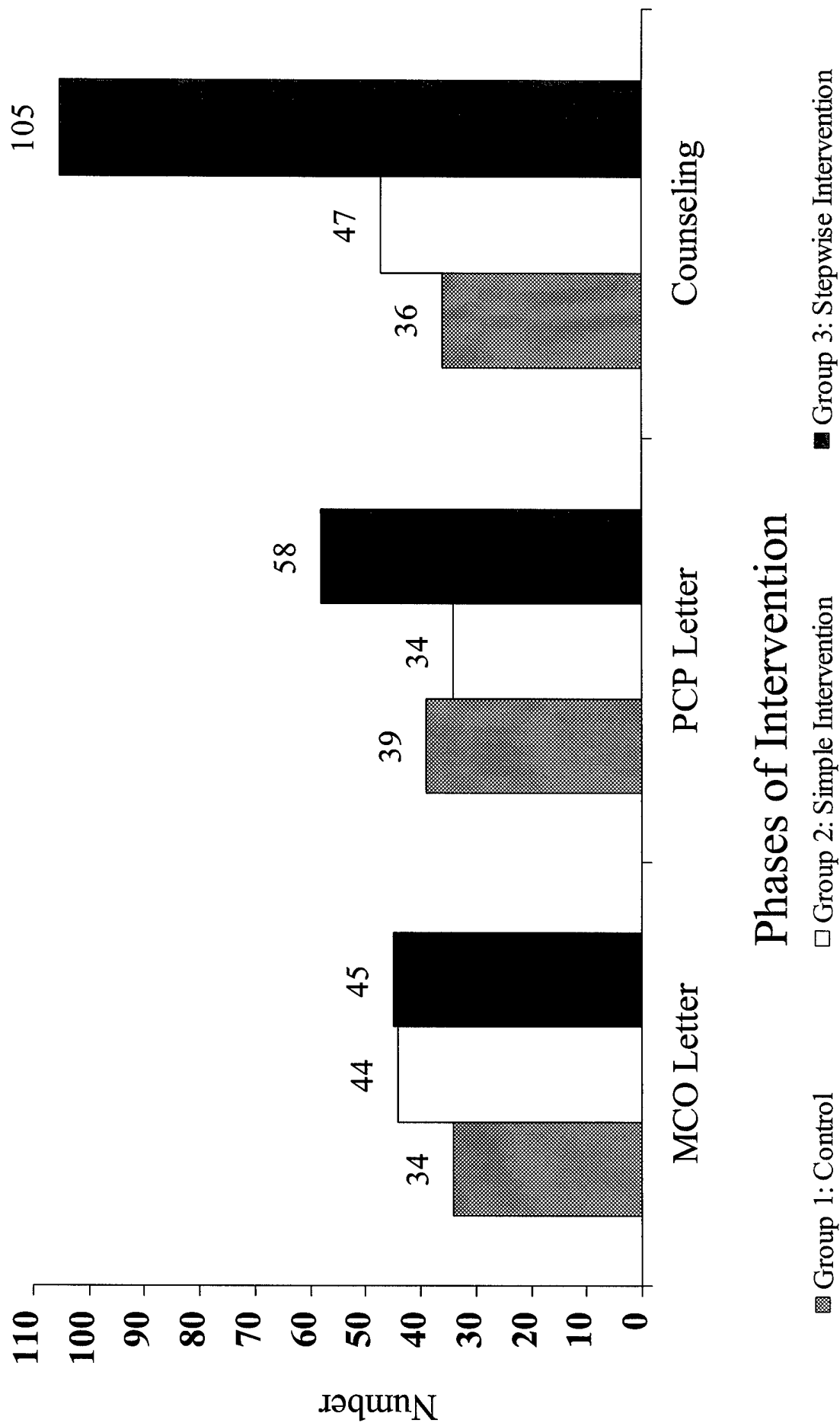


Fig. 2 Total number of mammograms
done by groups

