

DAS

(Direct Appointment Scheduling)

Training Manual



**Within the Minnesota Department of Health's
Cancer Control Section**

Sage Screening Program

The Sage Screening Program is a statewide, comprehensive breast and cervical cancer control program whose primary objective is to increase the number of women who are screened for breast and cervical cancer.

What we pay for. . .

The following services are free to eligible women at participating facilities. Special arrangements may be needed for some services--check with your Regional Coordinator. For reimbursable CPT codes, see rate schedule.

Screening services:

- Office visit for breast and cervical exam
- Screening mammogram (breast exam required)
- Pap smear

Diagnostic Services:

- Office visit for breast or cervical services (i.e. for exam or results counseling)
- Diagnostic mammogram
- Fine needle aspiration of breast lump, including pathology reading
- Colposcopy, including biopsy
- Breast Ultrasound
- Breast biopsy (with prior arrangement)
- Diagnostic services for HPV testing and endometrial biopsies--refer to Provider Manual or call your Regional Coordinator

*Age exceptions for breast services:

Sage services are intended for women age 40 and older. However, we do recognize that there are some situations where services are indicated in younger women. If during an office visit and breast exam on a woman under 40, the clinician feels that a mammogram is indicated (for example, to screen a woman with a strong family history, or to follow-up on an abnormal breast exam finding), you can then enroll the woman and Sage will cover her office visit and mammogram. If further follow-up is needed, the woman could also have a diagnostic mammogram, breast ultrasound, or outpatient breast biopsy through Sage/Race for the Cure.

Sage web site: www.MNSage.com

Who is eligible?

Women who meet **all three** criteria:

- Age 40 or older*
- Have no insurance or are underinsured**
- Income within our guidelines.
(You do not need to verify income)

2007 Income Guidelines

Household Number	Monthly Income	Yearly Income
1	2,127	25,525
2	2,852	34,225
3	3,577	42,925
4	4,302	51,625
5	5,027	60,325
6	5,752	69,025

Insurance Guidelines

Self-employed or farmers should use their net income after deducting business expenses. Since monthly incomes may vary, encourage clients to use a current or recent month's estimate of their monthly income after business expenses. No documentation is required.

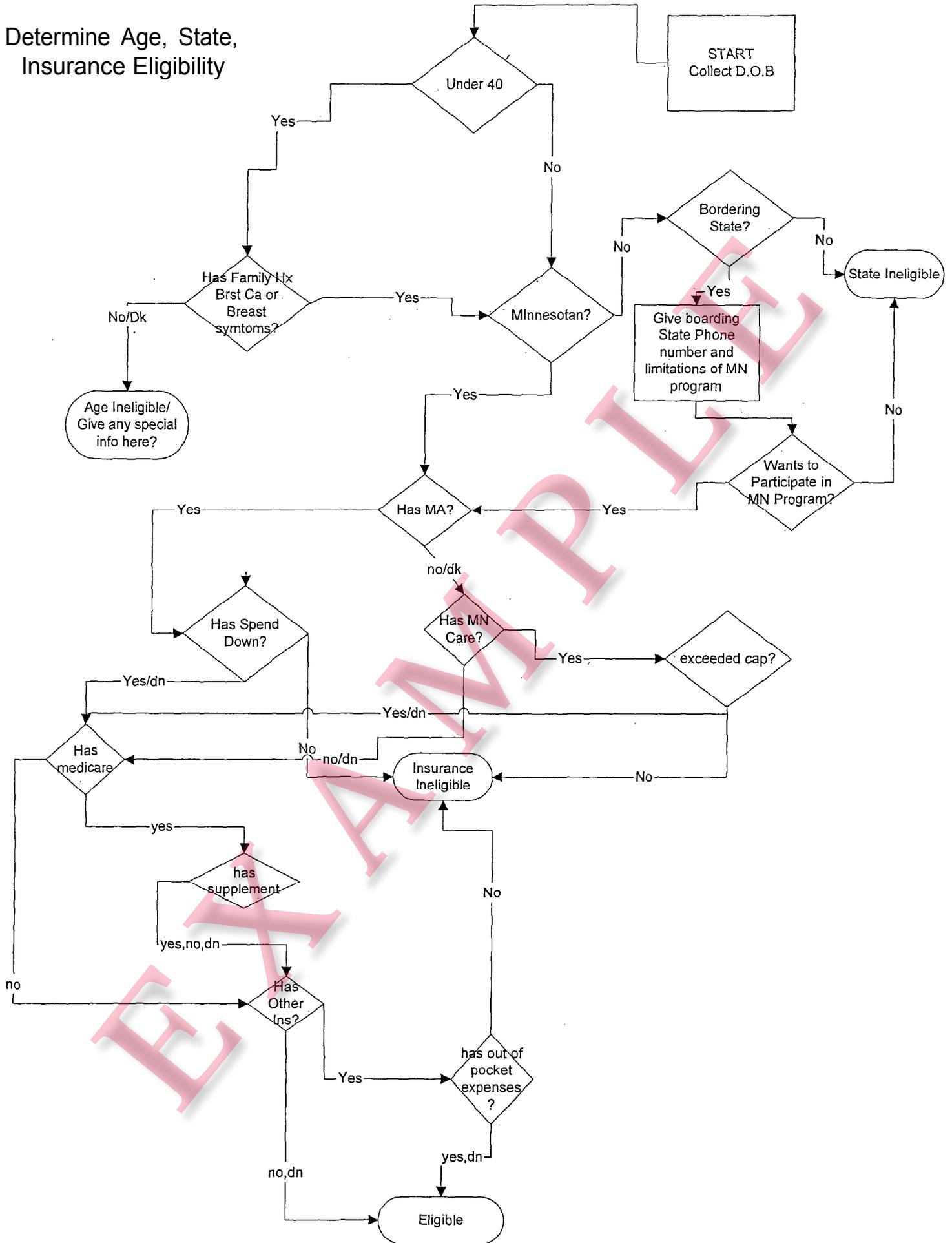
**Underinsured includes:

- Insurance that does not cover screening or insurance with unmet deductibles or co-payments.
- Women on Medicare can be enrolled to pay uncovered expenses associated with these screening or follow-up services.
- Women on MinnesotaCare and M.A. can be enrolled to pay uncovered expenses associated with such screening or follow-up services. Sage cannot cover MinnesotaCare or Medical Assistance co-pays (call for questions)

This form is for training purposes with Sage service delivery network. This form is NOT intended for public distribution.



Determine Age, State, Insurance Eligibility



1.0 Cancer Control Section Free Screening Programs Overview

Sage Screening Program

Sage Screening Program

The Sage Screening Program (Sage) is a free breast and cervical cancer screening service funded by the State of Minnesota and the Center for Disease Control and Prevention under the “Breast and Cervical Cancer Mortality Prevention Act of 1990.” The Sage Screening Program used to be known as the Minnesota Breast and Cervical Cancer Control Program and many individuals refer to the program as MBCCCP. The program serves mostly Minnesotan women age 40 and over who are uninsured or underinsured.

Sage - Eligibility Criteria

Sage - Eligibility Criteria

Eligibility criteria are based on four main factors: age, state of residency, health insurance status, and household income. If a woman is 40 or older, she is age eligible. If a woman is younger than 40 years old, she may be eligible if she meets the following criteria:

- has pains in her breasts, which are not associated with her menstrual cycles
- has a lump in one of her, breasts
- has a family history of breast cancer, then she is age eligible

All other women are not age eligible.

***Note: Sage only covers the breast exam and mammogram for women under 40.**

In order for a woman to be state eligible, she must be a resident of Minnesota and plan on living in Minnesota for the next six months. If a woman lives in a bordering state (ie, North Dakota, South Dakota, Iowa, and Wisconsin) and is interested in Sage, she may be eligible for the free breast exam, Pap test, and mammogram; however, if an abnormal result is found, she will not be eligible for MA-BC – Minnesota’s free breast and cervical cancer treatment coverage program. (For more information on MA-BC and other states breast and cervical cancer screening programs, see *Appendix A: MA-BC.*)

A woman must be either uninsured or underinsured to be insurance eligible. Uninsured means that a woman does not have any health insurance at all. Underinsured means that a woman has health insurance, but the insurance doesn’t cover all medical costs; this includes deductibles, co-pays, 20/80 plans, Health Savings Accounts (HSA), etc. (For more information on Health Savings Accounts, see *Appendix A: HSA.*) Women on Medical Assistance, Minnesota Care, and/or Medicare may be insurance eligible given the following guidelines:

- a woman on Medical Assistance has not used all of her spend down;
- a woman on Minnesota Care has exceeded her spending cap;
- a woman on Medicare has not met her deductible and/or does not have any supplemental insurance or her supplemental insurance does not cover the full cost of medical care.

A spend down is the amount an individual needs to spend before Medical Assistance will begin to cover all medical costs. (It is similar to a deductible.) Sage will cover the costs of clinical breast exams, Pap tests, mammograms, and other Sage covered services if a woman’s spend down has not been met. (For more information on Medical Assistance, see *Appendix A: MN Health Care Programs.*)

A spending cap is the set amount of dollars worth of insurance that an individual on Minnesota Care is able to spend, such as \$10,000. Once an individual surpasses his/her spending cap, all medical costs will be the individual’s responsibility. If a woman has a spending cap, the clinic

will bill Minnesota Care first and then Sage will pick up on the additional visit cost not covered by Minnesota Care.* Sage is the payer of last resort. Note though that having a clinical breast exam, Pap test, and mammogram through Sage may use all of the woman’s insurance benefit for the year because Minnesota Care will be billed first. A woman may not know if she is near exceeding her spending cap. In this case, she should call the number on the back of her insurance card and find out. (For more information on Minnesota Care, see *Appendix A: MN Health Care Programs.*) ***Note: Let the woman know that the clinics are required to bill their insurance company first, including MA, MinnesotaCare, and Medicare.**

Medicare covers screening mammograms every year and Pap tests every two years; however, there may be some cost to the patient. Sage will pay for screening services when Medicare does not. (For more information on Medicare coverage, see *Appendix A: Medicare.*)

Minnesota Comprehensive Health Care Association (MCHCA) health insurance is a state-funded **private** health insurance for people who can’t get any other health care. It has a deductible and a co-payment and as a result, women covered by MCHCA will be eligible for Sage, if they meet the age, residency, and income guidelines.

The last eligibility criterion is based on a self-reported household income. A woman’s gross household income must be at or below 250% of federal poverty guidelines as indicated in the table below. This income includes all wages, commissions and tips, Social Security, disability, child support, alimony, and public assistance. Farmers and self-employed individuals may report their net income - income after deducting business expenses. The income guideline changes every year around April. The total number of persons living in the household is defined as the total number of persons in the same house and supported by the reported income.

2007 Income Guidelines		
Household	Monthly	Yearly
1	\$2,127	\$25,525
2	\$2,852	\$34,225
3	\$3,577	\$42,925
4	\$4,302	\$51,625
5	\$5,027	\$60,325
6	\$5,752	\$69,025
Add for each additional	\$725	\$8,700

*** A woman must meet all of the four eligibility criteria listed previously to receive Sage services.**

Enrollments

In order for a woman to have her mammogram covered by Sage, she must have a clinical breast exam prior to the mammogram. Sage covers both the clinical breast exam and mammogram. Clinical breast exams are usually scheduled under the term “physical,” which may also include a Pap test (see age eligibility for whether Sage covers for the Pap test or not). During the clinical breast exam visit, the participant completes a blue enrollment form. After the clinical breast exam (and Pap test) is completed, an encounter number is given to the participant, by the clinic, and she