

Interest items:

- www.mnsage.com
- Sage Contact #'s
Phone: 651-201-5600
Fax: 651-201-5601



Thanks to you!
From the **96,660** Minnesota women that have been screened through the Sage Program.

Training Resource:

"Sage Billing 2006"

www.health.state.mn.us/divs/hpcd/ccs//training/Billing2006.ppt

Or

www.health.state.mn.us/divs/hpcd/ccs//training/Billing2006.htm

Sage Program Services: How much time between visits?

We are often asked if Sage will cover a woman's annual screening office visit when it has been less than 12 months since her last one. The short answer is yes, but it is more complicated than such an answer would indicate. Sage is a program where our screening dollars are becoming stretched. We may not be able to continue being flexible. That is why we ask your help.

Scheduling a woman with insurance for her annual screening office visit less than 12 months since her last one can result in some insurances not paying because **their** rules

require 12 months between visits. This would result in Sage paying more than we might have if the woman had waited a full year. For this and other reasons we ask that you try to make sure that any woman has a compelling reason to come in early. If not, please ask her to wait until 12 months have elapsed.



Local Recruitment Idea: "Over 40, Think Sage"

Family Medical Center in Minneapolis was seeing pink on July 6 when a program was presented to the medical staff and residents with the aim of simplifying the Sage process.

"Red-hat ladies" used humorous vignettes to light-heartedly illustrate some of the pitfalls to Sage enrollment at the clinic, and how to increase Sage awareness and facilitate the process. The "red-hat ladies" wore several hats during this presentation. First, they were two women over 40 having tea discussing the Sage Program. Then one of the women tried to call the clinic to schedule a Sage visit; a frustrating encounter. Next, the women portrayed a nurse and a provider who didn't have a clue about the Sage paperwork; where or how. Last, a frustrated nurse was trying to

deal with incomplete or missing Sage paperwork. Using humor was an entertaining way to highlight important information about Sage to the medical staff.

The objective of "Over 40, Think Sage" was to provide an overview of the Sage program, and to increase awareness of how Sage can benefit the clinic patients. An review of enrollment paperwork and the follow-up involved, a one-page tool for staff and providers, and the "ABC's of Sage" were presented. As a result, providers will now be able to review the "ABC's" at each patient visit. The presentation, the "ABC's", and the Sage forms are available to FMC clinic staff in each team center.

For more information on "Over 40, think Sage", contact Betty Knosalla at Family Medical Center (651) 545-9132.

Meet: Liz Wilson-Lopp

Liz Wilson-Lopp has been with the Minnesota Department of Health for 25 years. She started out in our Sexually Transmitted Disease investigation unit. She came to the Cancer Control Section 14 years ago when the program that became Sage was just getting going.

Liz's is Sage's Case Manager. It is her job to contact women for whom clinics have asked assistance

in arranging follow-up. These are often women who are not easy to track down or maybe are refusing to get the appropriate follow-up care (or treatment). Liz has helped many of these women get the help they need.

If you would like Liz's help with a patient call her at 651-201-5617.





“it is important for the practitioner to be able to confidently interpret the significance of a family history of cancer”

Family History and Breast Cancer

A family history of breast cancer is an independent risk factor for developing breast and other types of cancer in otherwise healthy people. A positive family history of breast cancer may also be associated with an increased risk for ovarian and prostate cancers, as well. Most cases of breast, ovarian and prostate cancers are not familial. However, for those patients with a significant family history of breast or other cancers, it is important for the practitioner to be able to confidently interpret the significance of a family history of cancer, to understand the potential consequences for their patient's health, and to determine appropriate follow up and screening.

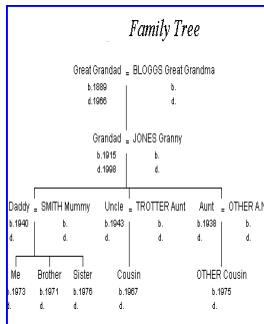
Interpreting a family history of breast and other associated cancers is directly dependant upon the number of relatives who are affected and with the age of onset when the cancers are diagnosed. In general, the risk for your patient increases as the age of onset of cancer in the family gets younger and the number of relatives who are affected with cancer increases. In addition, the closer the degree of relationship of an affected relative, the greater the risk of cancer is for your patient. It is also important to remember that the father's family history of breast cancer is just as important as

the family history from the mother's side.

For women who have a significant familial risk for breast cancer, mammograms may be offered earlier or more often than what is recommended for women without a significant family history of cancer. The National Comprehensive Cancer Network (NCCN) has disseminated specific guidelines for screening for women with a family history of breast cancer in January 2006 (<http://www.nccn.org/>). The NCCN recommends starting monthly breast self examinations and annual clinical breast examinations at age 18. Annual or biannual clinical breast examinations and yearly mammograms are recommended when the patient is five to ten years younger than the youngest age of onset of cancer in her family.

Both women and men with a significant family history of breast or other cancers may benefit from a comprehensive cancer risk assessment that may include genetic testing. This assessment can provide personalized assessment of risk and recommendations for follow up. Information on centers that provide this service in Minnesota and the surrounding states is available through the Sage Program.

-Kristin Oehlke, State Genomics Coordinator



Screening for Women With a Family History

Women With a Hereditary Breast or Ovarian Cancer Syndrome

- ◆ Monthly breast self-exams and a yearly clinical breast exam (CBE) starting at age 18
- ◆ A CBE every 6-12 months and yearly mammograms starting at age 25

Women With a Family History of Breast Cancer

- ◆ Monthly breast self-exams and a yearly CBE starting at age 18
- ◆ A CBE every 6-12 months and yearly mammograms 5-10 years before the youngest breast cancer case in the family

A Common Billing Problem: “date of service does not match...”

This is an error message that comes up all too often on many Sage Remittance Advice. It is frustrating when you are sure that you have a valid date of service. To understand how to fix these problems, knowing the following may help:

The complete error message from Sage is: date of service (submitted on your claim) does not match the date of service previously submitted to Sage (on the form for that service). The reason you get this may depend on who you are. If you are an imaging facility, the reason probably is

that you are billing for an additional mammographic view and are using the same encounter # as the screening mammogram. Remember to put the “-A” after the encounter # for additional views. If you are billing a 76090 this is undoubtedly the case. If you are a clinic billing for an office visit, you may be using an encounter number from a prior date of service. Check with your clinic Sage contact to see if there is a more recent encounter # for that patient. Otherwise, you can always call Dwight 651-201-5630.

He can track down the problem and fix it for you.

Sage Screening Program
Cancer Control Section
Minnesota Department of Health

Newsletter Contact Information:
Phone: 651-201-5600
Fax: 651-201-5601
E-mail: jim.mclean@health.state.mn.us