



Medical Assistance for Breast or Cervical Cancer

Collaboration and coordination between Minnesota agencies to improve health outcomes



health.state.mn.us



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Sage Program Basics

- Sage Program is Minnesota's Breast and Cervical Cancer Screening Program funded by the Centers for Disease Control and Prevention(CDC).
- Sage Program is a program administered through the Minnesota Department of Health (MDH).
- It provides free breast and cervical cancer screening and diagnostic testing to clients who meet the eligibility criteria and get enrolled at a Sage Enrollment Clinic.

What does Sage Cover?

- Breast and cervical cancer **screenings** such as:
 - Breast Exams/Office Visit
 - Mammograms
 - Pap/HPV testing
- Breast and cervical cancer **diagnostic testing** such as:
 - Breast Ultrasound
 - Breast Biopsy
 - Fine Needle Aspiration
 - Colposcopy

Sage Screening Program Eligibility

- Criteria for Sage Program Eligibility:
 - Be uninsured or underinsured
 - Household income at or below 250 % of federal poverty guidelines
 - Live in Minnesota
 - Age criteria:
 - Breast Cancer Screening
 - Patients who are 40-64
 - 30-39 can be seen for diagnostic services and/or they have a family history of a first degree relative with breast cancer
 - Cervical Cancer Screening Services
 - Patients who are 30-64

Visit www.mnsage.com for additional Sage Screening Program information.

What is MA-BC?

Medical Assistance for a Person with Breast or Cervical Cancer (MA-BC) provides health care coverage to people enrolled in the Sage Program who need treatment for breast or cervical cancer or precancerous conditions.

- MA-BC is a [Minnesota Health Care Program \(MHCP\)](https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/breast-cervical-cancer.jsp)
(mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/breast-cervical-cancer.jsp)
- MHCP is a program of Minnesota Department of Human Services (DHS)

Two MA-BC paths

- ***Presumptive Eligibility (PE) MA-BC***: Temporary MA-BC that is determined and granted by an enrolled MHCP provider participating in the Sage program.
- ***Ongoing MA-BC***: MA-BC eligibility that is determined and granted by the county servicing agency where the patient lives. MA coverage is ongoing, rather than temporary.

Presumptive Eligibility MA-BC

Who can become a presumptive eligibility (PE) provider?

- An enrolled Minnesota Health Care Programs (MHCP) provider participating in Sage
- Received MA-BC training (satisfied by reviewing this slide deck)
- Signed [Sage and Screen Our Circle Screening Programs Medical Assistance \(MA\) Presumptive Eligibility Agreement \(DHS-4786-ENG\)\(edocs.dhs.state.mn.us/lfserver/Public/DHS-4786-ENG\)](#) and submitted it to DHS
 - Fax the signed and completed DHS-4786-ENG to MHCP Provider Eligibility and Compliance at 651-431-4762
 - Upload a copy to the facility's enrollment record through an Enrollment Record request in the [Minnesota Provider Screening and Enrollment \(MPSE\) Portal \(mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/mpse/\)](#)

Presumptive Eligibility MA-BC (2)

Patients who are eligible for Temporary or Presumptive MA-BC coverage are:

1. Screened by the Minnesota Department of Health Sage Screening Program
2. Require treatment, including staging services, to determine the extent and course of treatment for breast or cervical cancer, including pre-cancerous cervical lesions, and early-stage breast cancer
3. Are under age 65
4. Are uninsured
5. Live in Minnesota

Presumptive Eligibility MA-BC (3)

Presumptive Eligibility (PE) MA-BC lasts for two months

- When does it start?
 - PE MA-BC starts the first day of the month PE is approved by the presumptive eligibility provider.
- When does it end?
 - PE MA-BC continues through the month after PE was approved.

Presumptive Eligibility MA-BC (4)

To enroll a patient in PE MA-BC, the presumptive eligibility (PE) provider submits two forms:

- [Sage Enrollment Form \(www.health.state.mn.us/diseases/cancer/sage/docs/enrolleng.pdf\)](http://www.health.state.mn.us/diseases/cancer/sage/docs/enrolleng.pdf): all four pages
- [Temporary Medical Assistance Authorization \(DHS-3525B-ENG\) \(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3525B-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3525B-ENG): Page 1

Send to the designated MA-BC contact in the county where the patient lives:

- [MA-BC contact \(www.health.state.mn.us/diseases/cancer/sage/documents/mabccontacts.pdf\)](http://www.health.state.mn.us/diseases/cancer/sage/documents/mabccontacts.pdf)

Important: A person approved for PE can show a health care facility or provider the completed Temporary Medical Assistance Authorization (DHS-3525B-ENG) to access care and services

- The approved person does not need to wait for an MHCP card to starting using MA-BC.

To be eligible for ongoing MA-BC, the person must be:

- Screened by Sage or another CDC-funded [National Breast and Cervical Cancer Early Detection Program \(www.cdc.gov/cancer/nbccedp/\)](http://www.cdc.gov/cancer/nbccedp/)
- In need of treatment or further diagnostic services for breast or cervical cancer
- A Minnesota resident
- A U.S. citizen or have an MA qualified immigration status
- Have a Social Security Number or meet an exception
- Age 64 or younger
- Not otherwise eligible for MA under mandatory MA bases
- Not enrolled in other creditable health care coverage, such as
 - Group or individual health care coverage, unless the plan does not cover the needed treatment
 - Medicare

To apply for ongoing MA-BC, the patient submits

- Two forms:
 - [Sage Enrollment Form \(www.health.state.mn.us/diseases/cancer/sage/docs/enrolleng.pdf\)](http://www.health.state.mn.us/diseases/cancer/sage/docs/enrolleng.pdf)
 - All four pages
 - [MHCP Application and Renewal Form for MA-BC \(DHS-3525-ENG\) \(edocs.dhs.state.mn.us/lfservlet/Public/DHS-3525-ENG\)](http://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3525-ENG)
 - All four pages
 - Also available in Spanish, Somali, Hmong, Russian, and Vietnamese at [DHS eDocs \(mn.gov/dhs/general-public/publications-forms-resources/edocs/\)](http://mn.gov/dhs/general-public/publications-forms-resources/edocs/)
- To the designated MA-BC contact at the county where the patient lives

Important: A patient with PE MA-BC must apply for ongoing MA-BC within 30 days of the date PE MA-BC was approved.

The county agency processes the forms for ongoing MA-BC

- Determines eligibility using the criteria for ongoing MA-BC (from prior slide)
- Can take up to 45 days
- Each county has a [designated MA-BC contact](http://www.health.state.mn.us/diseases/cancer/sage/documents/mabccontacts.pdf)
[\(\[www.health.state.mn.us/diseases/cancer/sage/documents/mabccontacts.pdf\]\(http://www.health.state.mn.us/diseases/cancer/sage/documents/mabccontacts.pdf\)\)](http://www.health.state.mn.us/diseases/cancer/sage/documents/mabccontacts.pdf)

When does ongoing MA-BC start?

- For a patient that starts with PE MA-BC
 - MA-BC continues uninterrupted from PE MA-BC into ongoing MA-BC
- For a patient that does not start with PE MA-BC
 - Ongoing MA-BC starts the first day of the month that the person applied
 - Retroactive eligibility for up to 3 months is available to people who meet all MA-BC criteria in retroactive months

MA-BC Renewals

- Occur every 12 months
 - The renewal month is the month of application
 - Example: If a person applied for ongoing MA-BC in January 2023, their renewal month in subsequent years would be January.
- Are processed by counties
 - The county mails the MA-BC enrollee the renewal forms prior to the renewal month
 - If the person is not eligible for MA-BC anymore, the county will decide if the person is eligible for another health care coverage program

Renewing Ongoing MA-BC continued

To renew MA-BC eligibility, the enrollee submits:

- Two forms
 - [MHCP Application and Renewal Form for MA-BC \(DHS-3525-ENG\)](https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3525-ENG) (edocs.dhs.state.mn.us/lfservlet/Public/DHS-3525-ENG) four pages
 - Also available in Spanish, Somali, Hmong Russian and Vietnamese at [DHS eDocs](https://mn.gov/dhs/general-public/publications-forms-resources/edocs/) (<https://mn.gov/dhs/general-public/publications-forms-resources/edocs/>)
 - Completed by the MA-BC enrollee
 - [MHCP Certification of Further Treatment Required \(DHS-3525A-ENG\)](https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3525A-ENG) (edocs.dhs.state.mn.us/lfservlet/Public/DHS-3525A-ENG) two pages
 - Completed by the MA-BC enrollee's doctor
- Send to the designated MA-BC contact in the county where the patient lives
 - [MA-BC contacts](http://www.health.state.mn.us/diseases/cancer/sage/documents/mabcontacts.pdf) (www.health.state.mn.us/diseases/cancer/sage/documents/mabcontacts.pdf)

Sage Enrollment Form

Find Sage Enrollment Form at:

Sage Forms

www.health.state.mn.us/diseases/cancer/sage/docs/enrolleng.pdf

Sage Consent/Enrollment Form		Sage Encounter Number Assign a new number for each visit
Version 3.0		<input type="text"/>
<p>The Minnesota Department of Health (MDH) manages the Sage Scopes Colorectal Cancer Screening Program, the Sage Breast and Cervical Cancer Screening Program, and SagePlus (Well Integrated Screening and Evaluation for Women Across the Nation/"WISEWOMAN"). These programs are collectively called "Sage Programs" (we/us/our). Sage Programs are paid for by the Centers for Disease Control and Prevention (CDC) and the State of Minnesota.</p>		
<p>Please read and sign this consent form if you want Sage Programs to pay for your cancer screening.</p>		
<p>How to participate. Sage Programs needs to collect some medical and personal information from you and your previous doctors. Federal and state laws protect the information that we collect, create, or maintain about you. All of your information will be kept private and we will not disclose it to others except as authorized by you in this form or as allowed or required by Minnesota or federal law.</p>		
<p>You are not required to provide any information to us, however, if you do not provide the requested information, you will not be able to receive services from Sage Programs. Your Social Security number allows us to better coordinate your care, but you may participate in the program even if you choose not to provide it.</p>		
<p>Sage Programs will use your information to:</p> <ul style="list-style-type: none">• Determine your eligibility for the program• Assure that you receive appropriate preparation, screening, and diagnostic follow-up• Assist in locating resources to support your treatment (if needed)• Manage and evaluate the program• Remind you of future screening opportunities		
<p>If you agree to participate, you authorize your doctors and other medical providers (including hospitals, clinics, and labs) to give the following to Sage Programs:</p> <ul style="list-style-type: none">• All requested personal information, including your name, date of birth, address, phone number, and Social Security number (if provided)• Contact information for your doctors and other health care providers• Medical information collected before or during your participation in the program• Cost data related to procedures covered by Sage Programs		
<p>You further authorize Sage Programs to share medical, cost, and demographic information required by the CDC and its data contractor with doctors and health care providers involved in your medical care. If you need coverage for treatment, you also authorize Sage Programs to release this information to the Minnesota Department of Human Services.</p>		
<p>You may withdraw from Sage Programs and cancel the permissions authorized in this consent form at any time. In order to cancel your permission, you must send a letter to Sage Programs. The letter must include the date, your name, date of birth, a statement canceling your permission to release your information, and your signature. PLEASE NOTE: If you cancel your permission, you will no longer be enrolled in Sage Programs and may be financially responsible for any outstanding medical bills that we incurred on your behalf.</p>		
<p>I choose to participate in the services offered by Sage Programs and agree to the conditions described above.</p>		
Patient Name: (printed) _____ Date of Birth: _____ (mo.) _____ (day) _____ (yr.)		
Patient Signature: _____ Signature Date: _____ (mo.) _____ (day) _____ (yr.)		
<p>Note to health care providers: This document complies with the requirements of HIPAA (Health Insurance Portability and Accountability Act), the Federal Privacy Act of 1974, the Minnesota Government Data Practices Act, and the Minnesota Health Records Act, regarding authorizations to disclose protected health information. See C.F.R. § 164.508(c) (1); 5 U.S.C. 552a; Minn. Stat. §§ 13.05, subd. 4(d), 144.291 to 144.298.</p>		
		
Pg. 1		

MA Presumptive Eligibility Grantor Agreement

Are you interested in becoming a Presumptive Eligibility Grantor?

- After reviewing this PowerPoint: Complete this Form submit to DHS before a MHCP participating provider can grant Temporary Medical Assistance
- Find Form DHS-4786-ENG:
- [Medical Assistance Presumptive Eligibility Agreement \(edocs.dhs.state.mn.us/lfs/Server/Public/DHS-4786-ENG\)](https://edocs.dhs.state.mn.us/lfs/Server/Public/DHS-4786-ENG)

mn DEPARTMENT OF HUMAN SERVICES
MINNESOTA HEALTH CARE PROGRAMS (MHCP)

DHS-4786-ENG 2.21

Sage and Screen Our Circle Screening Programs Medical Assistance (MA) Presumptive Eligibility Agreement

Provider information

PROVIDER NAME		INDIVIDUAL NPI	
ORGANIZATION NAME	PHONE NUMBER	ORGANIZATION NPI	
STREET ADDRESS	CITY	STATE	ZIP CODE

The Minnesota Department of Human Services (DHS) hereby enters into agreement with the Minnesota Health Care Programs (MHCP) enrolled provider listed on this form to participate in conducting presumptive eligibility for women who are identified through Sage or Screen Our Circle as in need of treatment for breast or cervical cancer or precancerous conditions.

Both parties agree that the term "screened under Sage or Screen Our Circle" means **Women who received services provided all or in part by Sage's or Screen Our Circle's Title XV funds.**

The provider, who identifies women eligible for free screening services under Sage or Screen Our Circle and provides services according to the requirements established by Sage or Screen Our Circle, agrees to:

1. Assist women enrolled in a screening program in applying for MA. Use the [Application and Renewal for Medical Assistance for Women with Breast or Cervical Cancer \(MA-BC\) \(DHS-3525\) \(PDF\)](#). Complete the "Provider Use Only" section at the top of page 1.
2. Grant MA presumptive eligibility for women screened under Sage or Screen Our Circle who:
 - Require treatment for breast or cervical cancer or precancerous conditions
 - Are under age 65
 - Are uninsured
3. Give women who are presumed eligible a copy of the:
 - Completed and signed [Temporary Medical Assistance Authorization \(DHS-3525B\) \(PDF\)](#)
 - Completed Sage or Screen Our Circle Enrollment form

The applicant must submit the following forms to the county servicing agency for MA-BC eligibility determination:

- Application and Renewal for Medical Assistance for Women with Breast or Cervical Cancer (MA-BC) (DHS-3525)
- Sage or Screen Our Circle Enrollment form

4. Take any and all required training led by Minnesota Department of Health or the American Indian Cancer Foundation.

DHS agrees to:

1. Provide materials and instruction necessary for the provider to determine presumptive eligibility
2. Provide ongoing consultation and support as requested by the provider
3. Inform the provider of the locations and business hours of places where women who have been screened under Sage or Screen Our Circle may apply for MA benefits

This agreement is effective until terminated by one of the parties. This agreement is executed in addition to the Title XIX (Medicaid) Agreement and includes all conditions of the agreement.

Page 1 of 2

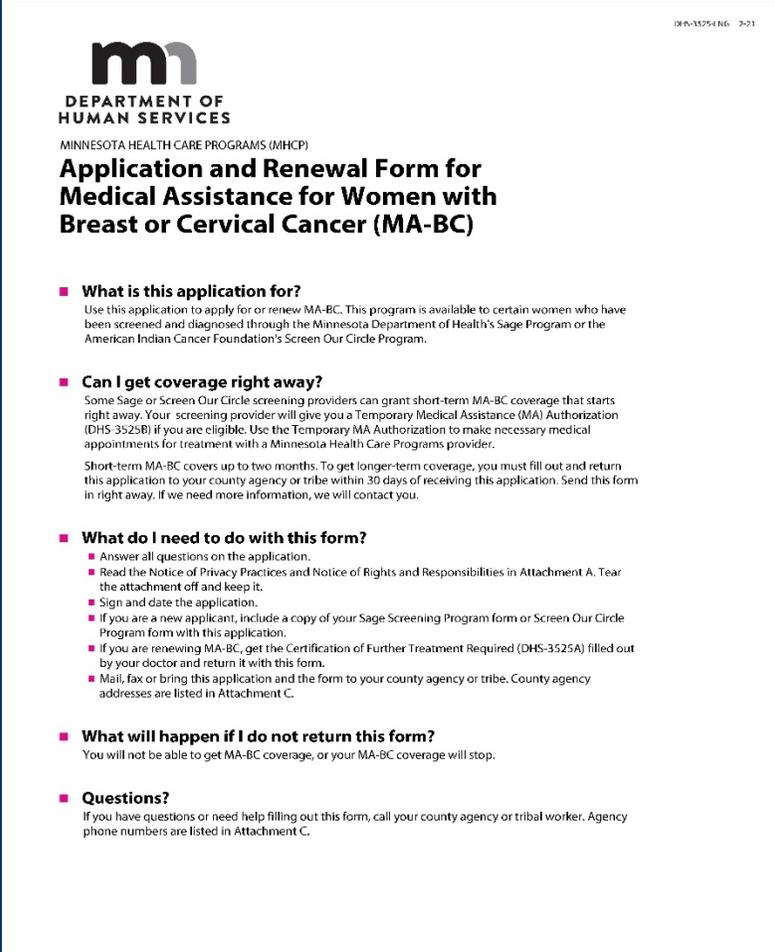
MA-BC Application/Renewal

Find Form DHS-3525 at:

[Minnesota Health Care Programs](https://www.mn.gov/minnesota-health-care-programs)

[Application](https://www.mn.gov/minnesota-health-care-programs/application)

[\(edocs.dhs.state.mn.us/lfserver/Public/DHS-3525-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3525-ENG)



The image shows the cover page of the 'Application and Renewal Form for Medical Assistance for Women with Breast or Cervical Cancer (MA-BC)'. The page features the Minnesota Department of Human Services logo and title. The form number 'DHS-3525-ENG 2-21' is in the top right corner. The main title is 'Application and Renewal Form for Medical Assistance for Women with Breast or Cervical Cancer (MA-BC)'. Below the title, there are several sections with bullet points: 'What is this application for?', 'Can I get coverage right away?', 'What do I need to do with this form?', 'What will happen if I do not return this form?', and 'Questions?'. Each section provides detailed instructions and requirements for applicants.

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DEPARTMENT OF
HUMAN SERVICES
MINNESOTA HEALTH CARE PROGRAMS (MHCP)

**Application and Renewal Form for
Medical Assistance for Women with
Breast or Cervical Cancer (MA-BC)**

What is this application for?
Use this application to apply for or renew MA-BC. This program is available to certain women who have been screened and diagnosed through the Minnesota Department of Health's Sage Program or the American Indian Cancer Foundation's Screen Our Circle Program.

Can I get coverage right away?
Some Sage or Screen Our Circle screening providers can grant short-term MA-BC coverage that starts right away. Your screening provider will give you a Temporary Medical Assistance (MA) Authorization (DHS-3525B) if you are eligible. Use the Temporary MA Authorization to make necessary medical appointments for treatment with a Minnesota Health Care Programs provider.
Short-term MA-BC covers up to two months. To get longer-term coverage, you must fill out and return this application to your county agency or tribe within 30 days of receiving this application. Send this form in right away. If we need more information, we will contact you.

What do I need to do with this form?

- Answer all questions on the application.
- Read the Notice of Privacy Practices and Notice of Rights and Responsibilities in Attachment A. Tear the attachment off and keep it.
- Sign and date the application.
- If you are a new applicant, include a copy of your Sage Screening Program form or Screen Our Circle Program form with this application.
- If you are renewing MA-BC, get the Certification of Further Treatment Required (DHS-3525A) filled out by your doctor and return it with this form.
- Mail, fax or bring this application and the form to your county agency or tribe. County agency addresses are listed in Attachment C.

What will happen if I do not return this form?
You will not be able to get MA-BC coverage, or your MA-BC coverage will stop.

Questions?
If you have questions or need help filling out this form, call your county agency or tribal worker. Agency phone numbers are listed in Attachment C.

Temporary Medical Assistance/Presumptive Eligibility (PE) Form

Find Form DHS-3525B at:

[Temporary Medical Assistance Authorization \(edocs.dhs.state.mn.us/lfserver/Public/DHS-3525B-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3525B-ENG)



MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Temporary Medical Assistance Authorization

For Women Presumed Eligible for MA-BC



DHS-3525B-ENG

1-21

Date: _____

Patient name: _____
Address: _____
City, State, Zip: _____

Dear _____:

You are eligible for temporary Medical Assistance for women with breast or cervical cancer (MA-BC). This eligibility is based on your Sage or Screen Our Circle breast or cervical cancer screening results.

Your temporary MA coverage begins today and is based on your need for treatment. It continues through whichever of these dates is later:

- 30 days from the date shown at the top of this letter
- The last day of the next month

You will get a Minnesota Health Care Programs (MHCP) ID card in the mail. **Until you get your card, show this letter when you go for medical services such as doctor visits and prescriptions.**

MA will only pay providers who are enrolled as Minnesota Health Care Program providers. If you have questions about getting medical services from a particular provider, call the Member Help Desk at 651-431-2670 or 800-657-3739. Or, you can search a list online of all enrolled MHCP providers at [Minnesota Department of Human Services Provider Directory](#). A link for this information can be found on the Minnesota Department of Human Services (DHS) website.

To enroll in this program and receive ongoing coverage, you must complete the [Application and Renewal Form for Medical Assistance for Women with Breast or Cervical Cancer \(MA-BC\) \(DHS-3525\) \(PDF\)](#) and mail it to your county agency or tribe. You must do this within 30 days of the date on this letter. The application is available from your provider or from your servicing agency. You may also download the application from the DHS website.

Your temporary MA eligibility is confirmed by:

NAME OF MHCP SAGE OR SCREEN OUR CIRCLE PROVIDER Authorizing Temporary MA eligibility (PRINT)	PHONE NUMBER
_____	_____
SIGNATURE OF MHCP SAGE OR SCREEN OUR CIRCLE PROVIDER	DATE
_____	_____

Provider: Fax this Temporary Medical Assistance Authorization (DHS-3525B) to the county's designated MA-BC staff. Also fax copies of the member's: 1) signed consent form and 2) completed Sage Screening Program or Screen Our Circle form.

Health Care Providers – See Back for Instructions



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. ADA1 (2-18)

Certification for Further Treatment

Find Form DHS-3525A-ENG at:

[Certification for Further Treatment Form
\(edocs.dhs.state.mn.us/lfserver/Public/DHS-3525A-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3525A-ENG)

[Clear Form](#)



Minnesota Health Care Programs
Certification of Further Treatment Required

To: _____
TREATING PHYSICIAN

Regarding: _____
NAME DATE OF BIRTH

Date: _____
Case number: _____
Case name: _____
Worker name: _____
Worker phone number: _____
Fax number: _____
Agency name: _____
Agency address: _____

Why am I getting this form?

We need to verify with your doctor that you still need treatment for breast or cervical cancer, precancerous conditions or early stage cancer. If you want the doctor to use this form, read and sign the Consent to Share Information section below then take it to your doctor and ask him/her to answer the questions on the back.

Consent to Share Information

By signing this form, I give permission to the persons or agencies listed above to exchange information about my health care.

Your Privacy Rights: State and federal privacy laws protect my records. I know:

- I must give my written consent before agencies can share information about me
- Why I am being asked for this information
- I do not have to sign this form
- I may stop this consent by giving written notice at any time. This written notice will not affect information the agency has already requested
- The person or agency who gets my information may share it with others as the law allows.

What will happen if I do not sign this form?

You may not be able to get health care benefits if the county cannot get the information they need.

This consent will end one year from the date you sign it – per Minnesota Data Privacy Act (MN Statutes, Chapter 13).

SIGNATURE OF CLIENT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

Doctor: Please provide the information requested on the back of this form and return it to the agency listed above. Part of this form includes a signed consent to release this information to the human service agency.

DHS Resources for MA-BC

Minnesota Health Care Provider Provider Resource Center

- [MHCP Provider Resource Center \(mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers/\)](https://mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers/)
- Phone: 651-431-2700
- Email: dhs.healthcare-providers@state.mn.us

For MA-BC information

- **General information:** [Medical Assistance for Breast or Cervical Cancer \(MA-BC\) \(mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/breast-cervical-cancer.jsp\)](https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/breast-cervical-cancer.jsp)
- **MHCP Provider Manual:** [Breast and Cervical Cancer \(BRCA\) Genetic Testing and Presumptive Eligibility Services \(https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_137810\)](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_137810)
- **MA-BC Eligibility Policy:** [MHCP Eligibility Policy Manual \(https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/breast-cervical-cancer.jsp\)](https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/breast-cervical-cancer.jsp)
 - [2.5.1 MA-BC for a Person with Breast or Cervical Cancer https://hcopub.dhs.state.mn.us/epm/2_5_1.htm](https://hcopub.dhs.state.mn.us/epm/2_5_1.htm) (open > for policy detail)

MDH-Sage Program Resources

- MNSage.com: Find more information about Sage Programs
 - Link to MDH MA-BC Information on Sage website: [Following up on Abnormal Results \(www.health.state.mn.us/diseases/cancer/sage/providers/abnormals.html\)](http://www.health.state.mn.us/diseases/cancer/sage/providers/abnormals.html)
 - Call Center phone number: 888-643-2584
 - Sage Provider Manual: Coming Soon
 - Resources: [Sage Resources for Cancer Patients \(www.health.state.mn.us/diseases/cancer/sage/about/resources.html\)](http://www.health.state.mn.us/diseases/cancer/sage/about/resources.html)
 - Sage Patient Stories: [Sage Stories \(www.health.state.mn.us/diseases/cancer/sage/sagestories/index.html\)](http://www.health.state.mn.us/diseases/cancer/sage/sagestories/index.html)
 - Videos: [Sage Program Videos-Webinar Links \(www.health.state.mn.us/diseases/cancer/sage/about/videos.html\)](http://www.health.state.mn.us/diseases/cancer/sage/about/videos.html)

Questions or Comments?

Contact your Sage Clinical Services Staff

Nikki Kuechenmeister, Follow-Up Coordinator

651-201-5904

Nikki.Kuechenmeister@state.mn.us

Haley Storms-Kruchten, Clinical Services Coordinator

651-201-4803

Haley.Storms-Kruchten@state.mn.us

Carlie Koberstine, Clinical Services Consultant

651-201-4969

Carlie.Koberstine@state.mn.us



Thank You!