

Sage Screening Programs: Breast and Cervical Cancer Screening Program

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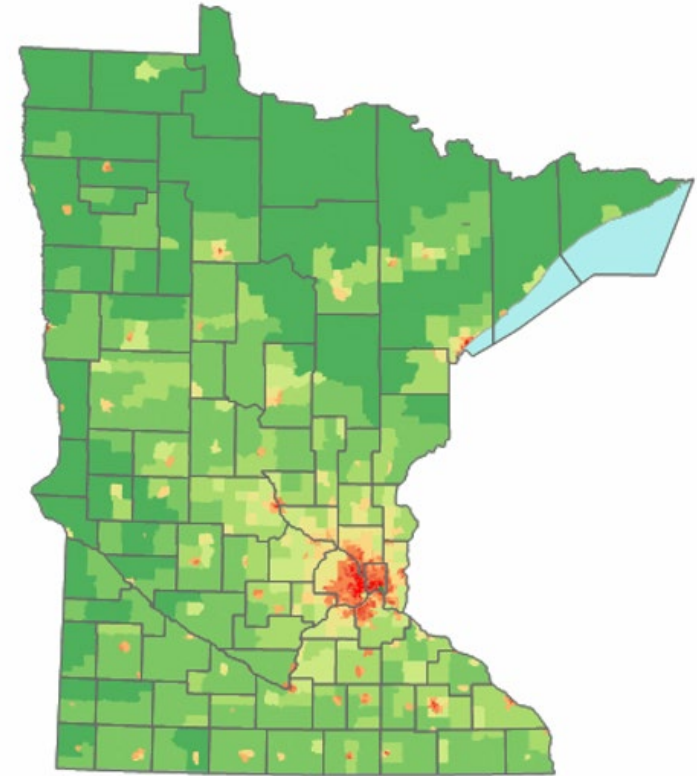
- The Sage screening program includes screening for breast and cervical cancer, and covers breast and cervical diagnostic services for the underserved Minnesota population
- The program has been active since 1991, and individuals can access services in over 400 clinics
- Individuals qualify for Sage based on age, income and family size, and insurance status

- The Sage Screening Programs is part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- Minnesota was one of the first four states to receive federal funding to develop a program to provide breast and cervical cancer screening to uninsured or under-insured, lower income individuals.
- Between the start of the Sage Program in 1991, and June of 2023, over **171,269** women have received services through Sage. Over **3,086** breast cancers (invasive and in-situ), over **121** cervical cancers and **8,775** cervical pre-cancers have been detected.

Take part in this free cancer screening program if:

- You are female or transgender male or female
- You are 30 – 64 years old
 - 40 – 64 for mammogram screening
 - 30 – 64 for Pap tests
- You do not have health insurance
 - You have health insurance but have a co-pay or unmet deductible
 - Your health insurance does not cover Pap tests or mammograms
- Your household income is within guidelines (250% of the Federal Poverty Level)

- The Sage Program serves Minnesota residents
- Every state has a program similar to Sage
 - Individuals from other states should access services through their state of residence





What Constitutes “Under-Insured”?

Patients with insurance may qualify for Sage if:

- Their insurance does not cover breast or cervical cancer screening or diagnostic tests
- They have an unmet deductible (including individuals who have coverage for their screening services, but must meet their deductible before their insurance will cover breast or cervical **diagnostic** services)
- They have excessive co-payments

- Based on patient self-report
- 250% of FPL (see income guidelines on slide 8) and changes yearly
- Income is based on an individual's gross income
- Self-employed or farmers should use their net income *after* deducting business expenses.

2024 Income Guidelines

Household Size	Monthly Income	Yearly Income
1	\$3,138	\$37,650
2	\$4,258	\$51,100
3	\$5,379	\$64,550
4	\$6,500	\$78,000
5	\$7,621	\$91,450
6	\$8,742	\$104,900
Add for each additional	\$1,121	\$13,450

Self-employed or farmers: use household net income (after business expenses)



Which Screening Services are Covered?

- Office visits for breast and cervical exam and/or breast health education
- Screening mammogram
 - Breast exam recommended
- Pap smear
 - Pap smear every three years, or a Pap accompanied by HPV co-testing every five years
 - HPV test

Which Diagnostic Services are Covered?

- Office visit to review abnormal screening results
 - Breast surgical consult
 - Diagnostic mammogram
 - Fine needle aspiration of breast lump, including pathology reading
 - Colposcopy, including biopsy
 - Endometrial Biopsy (when done as a follow-up for a Pap with abnormal result of Endometrial cells or Adenocarcinoma)
 - High Risk HPV Panels (when done as a follow-up for a Sage-covered Pap as follow-up per ASCCP algorithm)
 - Note: low risk panel is not reimbursable
 - Breast ultrasound
 - Breast biopsy
- Note:** *Treatment for non-insured, Sage patients may be covered by the Medical Assistance for Breast or Cervical Cancer (MA-BC).*



Which Services are NOT Covered?

- Sage can only pay for the breast and cervical cancer screening and diagnostic tests mentioned on previous slides
- If a provider wants to order a non-covered service, the patient must agree to pay for the testing/services
- Examples of non-covered services include
 - Breast MRIs, cholesterol check, urinalysis, STD tests, removal of cervical polyp, pelvic ultrasound, etc.
- If you are uncertain if a test will be covered, contact the Sage Program at 651-201-5600

Determining Eligibility

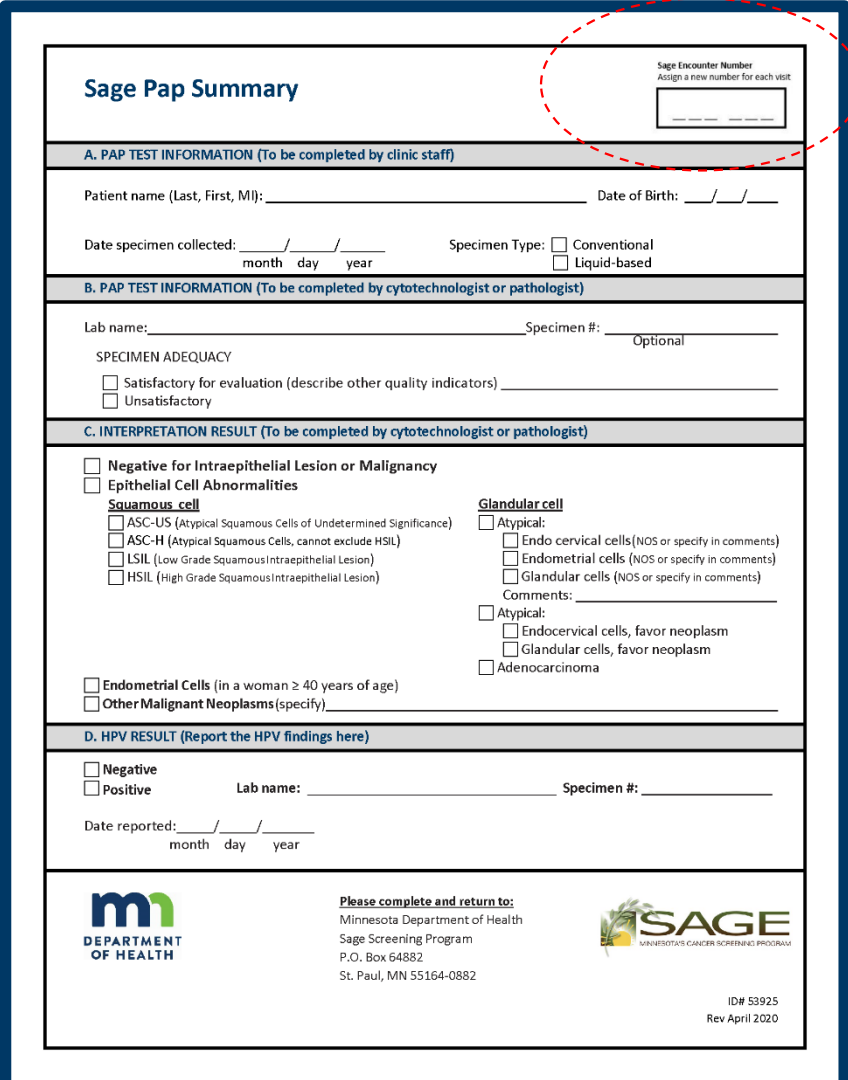
- Your clinic can determine if a patient qualifies for Sage services
 - Clinic staff should determine patient eligibility prior to enrollment form completion
- The Sage phone center can determine whether an individual qualifies for Sage by calling 1-866-643-2584
- Clinic staff should determine eligibility prior to enrollment form completion
- All eligibility criteria and services covered can be found on the Sage website - [Sage Cancer Screenings Covered Services and Eligibility - MN Dept. of Health \(state.mn.us\)](#)

Three important forms:

- Sage Enrollment Form
- Sage Imaging Form
- Sage Pap Summary
- Sage encounter number (i.e., ABC123)
 - Each time a patient returns for Sage services (i.e., yearly) they get a **new** encounter number

Sage Pap Summary Form

- The Sage Pap Summary form gets sent with the patient's pap specimen to the lab and needs to include the Sage encounter number
- Sage pap summary is required to track a patient's results as well as to be able to pay for the service



The image shows a 'Sage Pap Summary' form. At the top right, there is a field for 'Sage Encounter Number' with the instruction 'Assign a new number for each visit'. Below this is section 'A. PAP TEST INFORMATION (To be completed by clinic staff)' containing fields for 'Patient name (Last, First, MI):', 'Date of Birth: __/__/__', 'Date specimen collected: __/__/__' (with sub-fields for month, day, year), and 'Specimen Type: Conventional Liquid-based'. Section 'B. PAP TEST INFORMATION (To be completed by cytotechnologist or pathologist)' includes 'Lab name: _____', 'Specimen #: _____', and 'SPECIMEN ADEQUACY' with checkboxes for 'Satisfactory for evaluation (describe other quality indicators) _____' and 'Unsatisfactory'. Section 'C. INTERPRETATION RESULT (To be completed by cytotechnologist or pathologist)' lists various findings: 'Negative for Intraepithelial Lesion or Malignancy', 'Epithelial Cell Abnormalities' (with sub-sections for 'Squamous cell' including ASC-US, ASC-H, LSIL, and HSIL; and 'Glandular cell' including 'Atypical' with 'Endo cervical cells', 'Endometrial cells', and 'Glandular cells', and 'Adenocarcinoma'); 'Endometrial Cells (in a woman ≥ 40 years of age)'; and 'Other Malignant Neoplasms (specify) _____'. Section 'D. HPV RESULT (Report the HPV findings here)' has checkboxes for 'Negative' and 'Positive', and fields for 'Lab name: _____', 'Specimen #: _____', and 'Date reported: __/__/__' (with sub-fields for month, day, year). The bottom of the form features the 'm DEPARTMENT OF HEALTH' logo, contact information for the Sage Screening Program (P.O. Box 64882, St. Paul, MN 55164-0882), the 'SAGE MINNESOTA CANCER SCREENING PROGRAM' logo, and the ID# 53925, Rev April 2020.

Sage Enrollment Form

- Needs to be completed at each new visit
- The patient completes pages 1 – 3 of the [Sage Enrollment Form](#), and the clinician, nurse, or other clinic staff completes page 4 “Visit Summary”
- Clinic assigns an encounter number to the Sage paperwork

Sage Consent/Enrollment Form

Version 4.0

The Minnesota Department of Health (MDH) manages the Sage Colorectal Cancer 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). Sage Programs are paid for by the Centers for Disease Control and Prevention (CDC) and the State of Minnesota.

Please read and sign this consent form to receive program-covered services paid for by Sage Programs.

How to participate. Sage Programs needs to collect some medical and personal information from you and your Sage providers. Federal and state laws protect the information that we collect, create, or maintain about you. All of your private information will be kept securely and we will not disclose it to others except as permitted by you in this form, or as allowed or required by law.

You are not required to provide any information to us, however, if you do not provide all of the requested information, you may not be able to receive certain services from Sage Programs.

Sage Programs will use your information to:

- Determine your eligibility for the program
- Assure that you receive appropriate preparation, screening, and diagnostic follow-up
- Help connect you to resources to support your treatment (if needed)
- Manage and evaluate the program
- Remind you about upcoming screenings and alert you to other program opportunities

If you agree to sign up, you give permission for your Sage providers to give the following to Sage Programs:

- Personal information, including your name, date of birth, address, and phone number
- Contact information for your doctors and other health care providers
- Medical information collected while participating in the program
- Cost data related to services covered by Sage Programs

You also give Sage Programs permission to share information it has about you with your Sage providers. If you need additional coverage for treatment, you also authorize Sage Programs to release this information to your state and county human services agencies.



You may withdraw from Sage Programs and cancel the permissions given 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 cancelling 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 costs incurred while you were enrolled.**

I choose to participate in the services offered by Sage Programs and agree to the conditions described above.

Patient Name: (printed) _____ Date of Birth: _____ (mo.) _____ (day) _____ (yr.)

Patient Signature: _____ Signature Date: _____ (mo.) _____ (day) _____ (yr.)

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.

Pg. 1

Sage Imaging Summary Form

- The [Sage Imaging Summary](#) form gets sent to the imaging provider/mammogram facility and needs to include the Sage encounter number.
- Sage Imaging summary is required to track a patient's results as well as to be able to pay for the service



The image shows a 'Sage Imaging Summary' form. At the top right, there is a box for 'Sage Encounter Number' with the instruction 'Assign a new number for each visit'. Below this is a section for 'PLEASE COMPLETE ALL INFORMATION (only complete forms can be processed)'. Section A, 'IMAGING CATEGORY', includes checkboxes for 'Screening Mammogram', 'Additional Mammogram', and 'Breast Ultrasound'. Section B, 'IMAGING INFORMATION', contains fields for 'Patient name (Last, First, MI)', 'Date of Birth', 'Imaging facility (name/location)', and 'Imaging date'. It also has checkboxes for 'Type' (Bilateral, Unilateral - Left, Unilateral - Right) and 'Format' (Digital, Conventional). Section C, 'Radiologist's Assessment and Recommendation', is divided into 'ACR ASSESSMENT CATEGORY' and 'RECOMMENDATIONS'. The ACR categories range from 0 (incomplete) to 5 (highly suggestive of malignancy). Recommendations include magnification views, additional projections, spot compression, ultrasound examination, and film comparison. At the bottom, there is a reminder about follow-up mammograms, a 'Date reported' field, and contact information for the Minnesota Department of Health Sage Screening Program, including the address and phone number. The Sage logo is also present.

Sage Imaging Summary

Sage Encounter Number
Assign a new number for each visit

PLEASE COMPLETE ALL INFORMATION (only complete forms can be processed)

A. IMAGING CATEGORY (check only ONE type. A separate form is needed for each imaging type.)

Screening Mammogram Additional Mammogram Breast Ultrasound

B. IMAGING INFORMATION

Patient name (Last, First, MI): _____ Date of Birth: ____/____/____
Imaging facility (name/location): _____
Imaging date: ____/____/____ Radiology #: (Optional) _____

Type: Format:
 Bilateral Digital
 Unilateral - Left or
 Unilateral - Right Conventional

C. Radiologist's Assessment and Recommendation (check appropriate boxes)


ACR ASSESSMENT CATEGORY	RECOMMENDATIONS
<input type="checkbox"/> 0 Assessment is incomplete – need additional imaging evaluation	<input type="checkbox"/> Magnification views
	<input type="checkbox"/> Additional projections
	<input type="checkbox"/> Spot compression
	<input type="checkbox"/> Ultrasound examination
	<input type="checkbox"/> Film comparison (compare to prior mamm.) <small>(only used for screening mamm. result)</small>
<input type="checkbox"/> 1 Negative	<input type="checkbox"/> Mammogram in year(s)
<input type="checkbox"/> 2 Benign finding	<input type="checkbox"/> Mammogram in year(s)
<input type="checkbox"/> 3 Probably benign finding – short interval follow-up suggested	<input type="checkbox"/> Imaging in month(s)
<input type="checkbox"/> 4 Suspicious abnormality – biopsy should be considered	<input type="checkbox"/> Surgical consult/biopsy
<input type="checkbox"/> 5 Highly suggestive of malignancy – appropriate action should be taken	<input type="checkbox"/> Surgical consult/biopsy

Remember that 3 or 6 month follow-up mammograms or ultrasounds need a new Sage encounter number assigned by the clinic.

Date reported: ____/____/____

 **DEPARTMENT OF HEALTH**

Please complete and return to:
Minnesota Department of Health
Sage Screening Program
P.O. Box 64882
St. Paul, MN 55164-0882

 **SAGE**
MINNESOTA DEPARTMENT OF HEALTH

Current Sage Forms Handling

Sage forms can be downloaded for printing and encounter labels can be ordered from the [Sage website: Provider Resources](#).

Materials

Sage Forms and Encounter Labels

To download and print forms and to order encounter labels visit: [Sage Forms and Encounter Labels](#).

Outreach and Educational Materials

To order complete the [Sage Outreach/Educational Materials Order Form](#).



Options for Submitting Forms:

- Email completed forms to health.sagebilling@state.mn.us
- Fax completed forms to 1-877-495-7545

- Sage Provider Agreement must be signed/in place before Sage can pay
- Complete/Accurate Sage forms must be received before Sage can pay*
 - *within **120** days of the Date of Service
- Sage is the Payor of Last Resort – patient insurance must be billed first*
 - *Exception - Sage should be billed first if patient has insurance through IHS
- All Sage covered services are free to the patient
- Sage reimburses at the Medicare rate
- **Use the current Encounter Number when billing services**
 - The encounter number follows patient throughout cycle of care regardless of where patients are referred to

Sage Billing Continued...

- Ideally, bill Sage electronically
- How to set up electronic billing: Sage [billing webpage](#) (clearinghouse info)
- Claim status: Must use the paper remit (Sage not set up for the 276/277 claim status request and response files)
- Claim still not paid/denied after sending forms → Contact us:
 - Phone: 651-201-5630
 - Email: health.sagebilling@state.mn.us



Sage Program Abnormal Follow-up for Breast and Cervical

- When screening clients for breast and cervical cancer abnormal findings are just a part of the process
- Sage clients have access to high quality diagnostic services/follow-up at our Sage Participating Clinics
- Being enrolled into the Sage Program also gives them potential access to the vital treatment resource Medical Assistance for Breast and Cervical Cancer(MABC), if they are diagnosed with Breast or Cervical Cancer or need treatment for a cervical dysplasia needing treatment



Name: _____ Date of Birth: _____
 Medical Record #: _____ Sage ID #: _____

mi DEPARTMENT OF HEALTH
SAGE MINNESOTA CANCER SCREENING PROGRAM

Sage Abnormal Breast Screening Follow-Up Report

Breast Screening Procedures Ordered / Done		
CBE:	Date: _____	Encounter #: _____
Mammogram:	_____	_____
Breast Ultrasound:	_____	_____

Breast Screening Procedures Ordered / Done		
Date Completed	Findings	
Repeat breast exam and/or surgical consultation	____/____/____ mo. day year	<input type="checkbox"/> Benign (includes fibrocystic changes) <input type="checkbox"/> Further evaluation required
Comparison with old films (Date comparison made)	____/____/____ mo. day year	<input type="checkbox"/> Assessment Incomplete <input type="checkbox"/> Probably Benign <input type="checkbox"/> Negative <input type="checkbox"/> Suspicious Abnormality, Bx should be considered <input type="checkbox"/> Benign <input type="checkbox"/> Highly Suggestive of Malignancy
Additional mamographic views, including mag, compression views	____/____/____ mo. day year	<input type="checkbox"/> Assessment Incomplete <input type="checkbox"/> Probably Benign <input type="checkbox"/> Negative <input type="checkbox"/> Suspicious Abnormality, Bx should be considered <input type="checkbox"/> Benign <input type="checkbox"/> Highly Suggestive of Malignancy
Breast ultrasound	____/____/____ mo. day year	<input type="checkbox"/> Assessment Incomplete <input type="checkbox"/> Probably Benign <input type="checkbox"/> Negative <input type="checkbox"/> Suspicious Abnormality, Bx should be considered <input type="checkbox"/> Benign <input type="checkbox"/> Highly Suggestive of Malignancy
Simple cyst aspiration	____/____/____ mo. day year	<input type="checkbox"/> Benign <input type="checkbox"/> Further evaluation required
Fine needle aspiration	____/____/____ mo. day year	<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Suspicious for Malignancy
Breast biopsy	____/____/____ mo. day year	<input type="checkbox"/> Benign (fibrocystic, fibroadenoma, etc.) <input type="checkbox"/> Benign with atypical hyperplasia <input type="checkbox"/> Malignant

Status of Diagnostic Work-Up

Complete - All recommended diagnostic / treatment procedures have been completed
 Incomplete - Explain: _____

Rescreen Plan

When is the next mammogram recommended? ____/____/____
 mo. day year

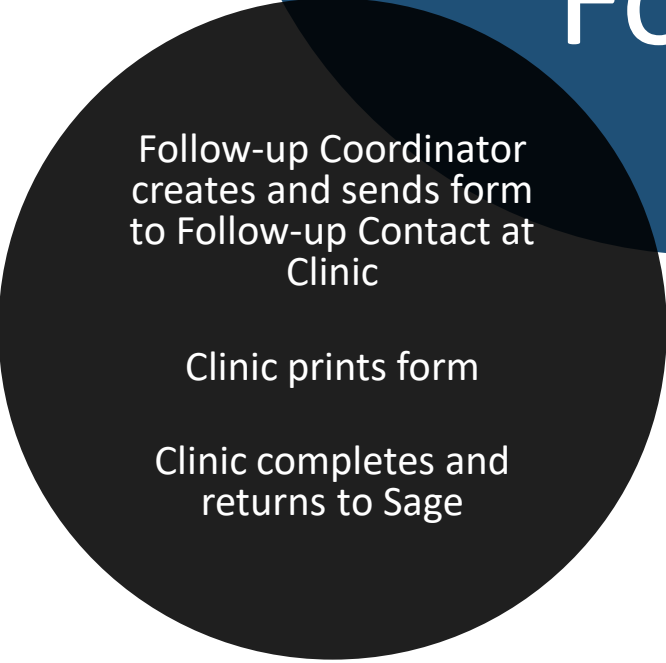
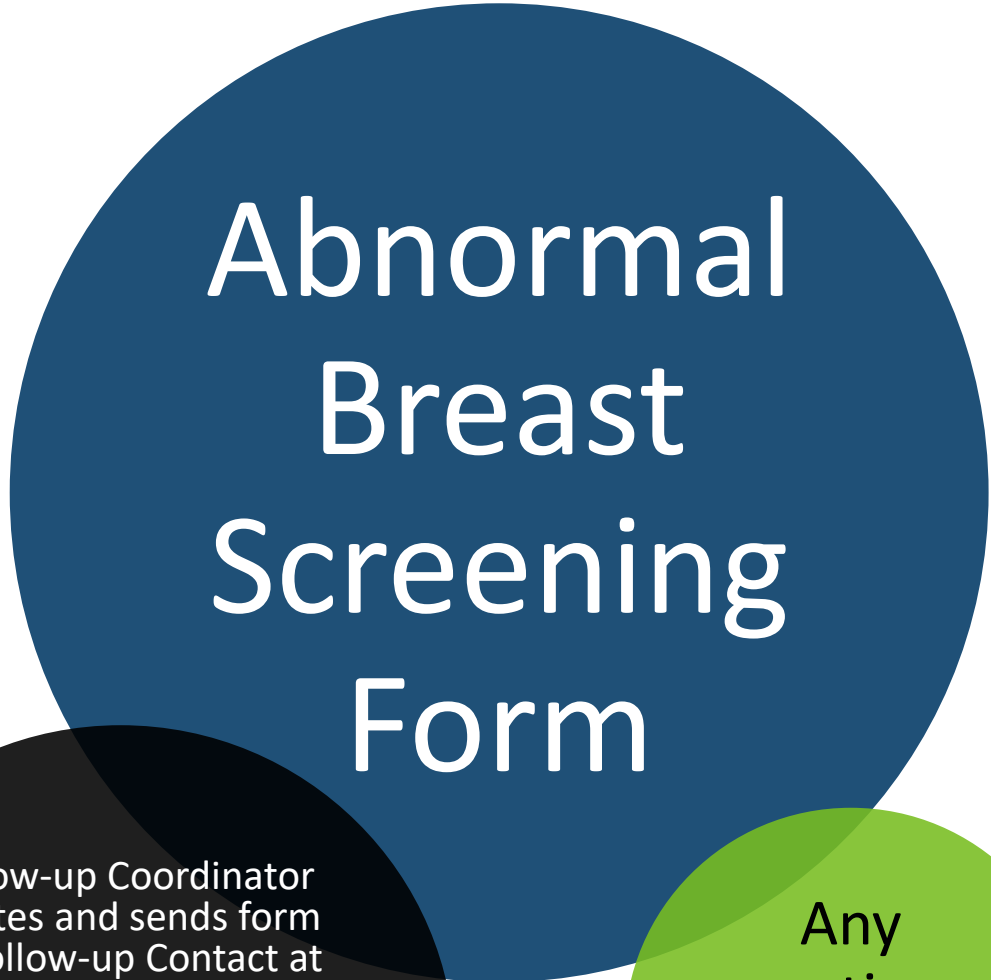
Transfer of care (Complete if Patient's care has been transferred to another physician)

Name: _____ Phone: _____
 Address: _____ City/ST/Zip: _____

Comments: _____

Please return to:
 Minnesota Department of Health, Cancer Control Section
 Sage Screening Program
 P.O. Box 64882, St. Paul, MN 55164-0882

Sage Use Only	
Final Dx:	_____
Final Imag:	_____
Dx Disp:	_____
Tx Disp:	_____



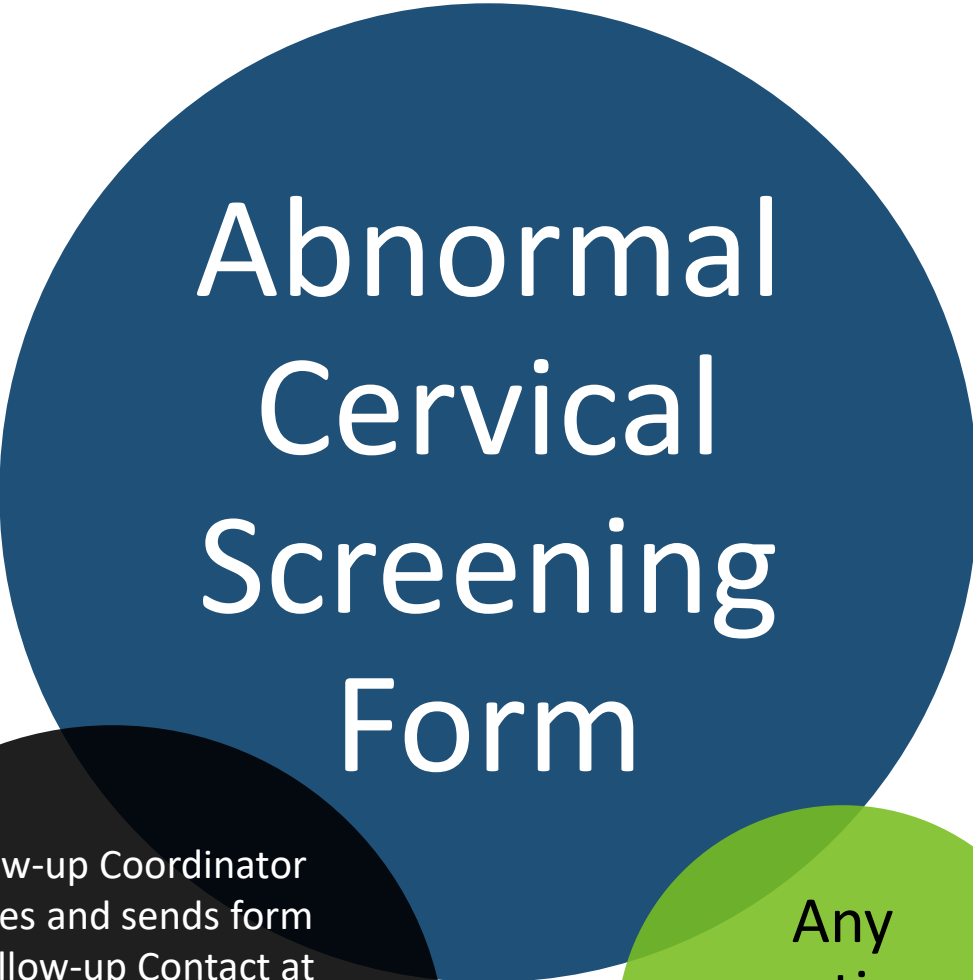


Name: _____ Date of Birth: _____
 Medical Record #: _____ Sage ID #: _____

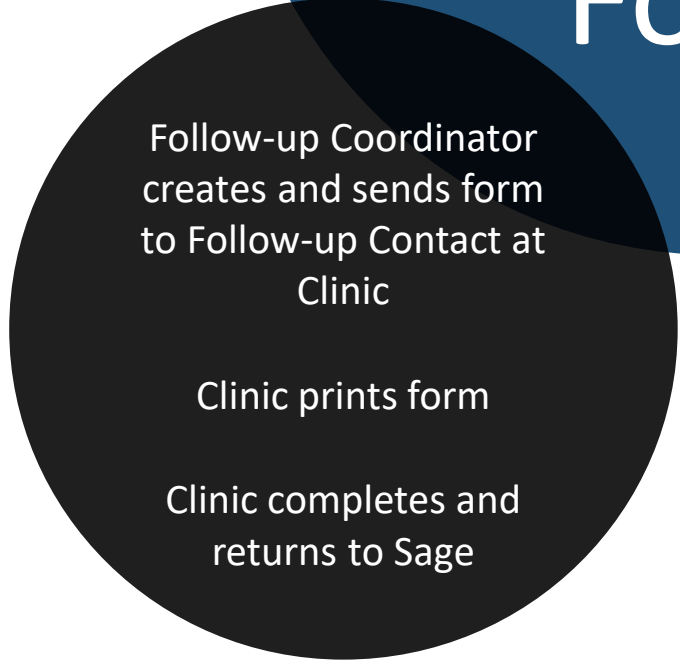
m DEPARTMENT OF HEALTH **SAGE** SCREENING PROGRAM

Sage Abnormal Cervical Screening Follow-Up Report

Pap / Colposcopy Results	
Pap Date: _____	Pap Result: _____
HPV Date: _____	High Risk HPV Results: _____
Was a colposcopy performed? <input type="checkbox"/> No, not indicated <input type="checkbox"/> Needed, but not performed <input type="checkbox"/> Yes - Date of colposcopy: _____ Colpo Encounter #: _____	
Was a CERVICAL biopsy done with this colposcopy? <input type="checkbox"/> No <input type="checkbox"/> Yes - CERVICAL Biopsy results: <input type="checkbox"/> Normal/benign reaction <input type="checkbox"/> HPV/condylomata/atypical <input type="checkbox"/> CIN 1/mild dysplasia <input type="checkbox"/> CIN 2/moderate dysplasia <input type="checkbox"/> CIN 3/severe dysplasia/CIS <input type="checkbox"/> Invasive squamous cell cancer <input type="checkbox"/> Other _____	Was a HISTOLOGICAL endocervical sampling (ECS) done with this colposcopy? <input type="checkbox"/> No <input type="checkbox"/> Yes - ECS results: <input type="checkbox"/> Normal/benign reaction <input type="checkbox"/> HPV/condylomata/atypical <input type="checkbox"/> CIN 1/mild dysplasia <input type="checkbox"/> CIN 2/moderate dysplasia <input type="checkbox"/> CIN 3/severe dysplasia/CIS <input type="checkbox"/> Invasive squamous cell cancer <input type="checkbox"/> Other _____
Work-up for Sage AGCUS/AdenoCA Paps:	
Endometrial Bx Date: _____ Endometrial Bx Results: _____ <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Simple hyperplasia <input type="checkbox"/> Complex hyperplasia <input type="checkbox"/> Malignant <input type="checkbox"/> Other: Attach path report	
Follow-Up Recommendations / Plan	
Were additional procedures (other than repeat Pap or colposcopy) recommended or performed? <input type="checkbox"/> No <input type="checkbox"/> Yes* - Check all that apply	
	Date Planned Date Performed
<input type="checkbox"/> Cryosurgery	____/____/____
<input type="checkbox"/> Laser	____/____/____
<input type="checkbox"/> Loop Electroexcision (LEEP)	____/____/____
<input type="checkbox"/> Conization	____/____/____
<input type="checkbox"/> Hysterectomy	____/____/____
<input type="checkbox"/> Other (specify in _____)	____/____/____
<small>* If pathology report available from these procedures, please attach a copy to this form.</small>	
Status of Diagnostic Work-Up / Treatment	Rescreen Plan
<input type="checkbox"/> Complete- All recommended diagnostic/treatment procedures have been completed. <input type="checkbox"/> Incomplete- Explain: _____	If workup is complete, when is the next screening Pap smear recommended? ____/____/____ mo. / year
Transfer of care (Complete if Patient's care has been transferred to another physician)	
Name: _____	Phone: _____
Address: _____	City/State/Zip: _____
Comments	Please return to: Minnesota Department of Health, Cancer Control Section Sage Screening Program P.O. Box 64882, St. Paul, MN 55164-0882
Sage Use Only	
Final Dx: _____	
Dx Disp: _____	
Tx: Disp: _____	



Abnormal Cervical Screening Form



Follow-up Coordinator creates and sends form to Follow-up Contact at Clinic

Clinic prints form

Clinic completes and returns to Sage



Any questions, please call

Q & A



Thank You!

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Candace Burke | Billing Coordinator | Candace.Burke@state.mn.us