



Kentucky Women's Cancer Screening Program (KWCSP) *Training Manual*

August 2023



Kentucky Women’s Cancer Screening Program (KWCSPP)

Eligibility: women • 21 or older • no health insurance • household income at or below 250% of federal poverty level

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Kentucky Women's Cancer Screening Program (KWCS)

Eligibility: women • 21 or older • no health insurance • household income at or below 250% of federal poverty level

1. Welcome



CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH

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December 14, 2020

On behalf of the Division of Women's Health,

Thank you for your commitment to providing Women's Health services in your community.

By partnering with local agencies like yours, the Division of Women's Health works hard to ensure that women in Kentucky have access to the preventive women's health services they need such as cancer screenings through the Kentucky Women's Cancer Screening Program (KWCS) and family planning services.

Public Health in Kentucky is transforming. This transformation influences how women's cancer screenings and family planning services are provided across Kentucky and in your community. Initiating new partnerships and in some cases, strengthening existing partnerships, we can assure access to these much needed services, especially for our vulnerable populations.

In this training manual, you will find Program basics needed to transition these services to your organization. Since Women's Cancer Screening and Family Planning are both federally funded grant programs, they can seem a bit burdensome initially, however, once you and your staff are fully trained to determine eligibility, collect and report data and adjust your billing processes, your organization can financially benefit from these programs.

Know that while we feel comfortable in providing you with the necessary tools and training, the Division of Women's Health staff stand ready to provide ongoing technical assistance at any time.

I am so excited about the opportunities that lie ahead and look forward to expanding our network of providers and stakeholders who are committed to improving the health of individuals we serve across the Commonwealth.

Sincerely,

Jan Chamness, MPH
Division Director

Kentucky Women's Cancer Screening Program (KWCSPP)

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2. Program Overview

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention's (CDC's) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program provides grant awards to states for breast and cervical cancer screening exams to underserved women, including those who have low incomes or are members of racial and ethnic minority groups. The program operates in all 50 states, the District of Columbia, 6 U.S. territories, and 13 tribes or tribal organizations. Additionally, in 1990, legislation (KRS 214.554) established the **Kentucky Women's Cancer Screening Program (KWCSPP)** in the Department for Public Health, in the Division of Women's Health.

Program Eligibility

The KWCSPP provides breast and cervical cancer screenings, diagnostic follow-up services and case management for women:

- 21 years of age or older
- Household income at or below 250% of the federal poverty level
- Uninsured (no Medicare, no Medicaid and no private health insurance)

The KWCSPP is the state branch of the NBCCEDP and is 100% funded by the CDC. The KWCSPP allocates federal funds to local health departments who commit to provide KWCSPP services; to federally qualified health centers (FQHCs), FQHC Look-a-Like, Rural Health Clinics, and university based primary care clinics. KWCSPP allocations are determined annually based on a formula which includes the availability of funds, and the number of unduplicated KWCSPP clients seen in the previous calendar year. Reimbursements to health systems occur through contractual agreements approved by the Cabinet for Health and Family Services.

Kentucky Women's Cancer Screening Program (KWCS)

Eligibility: women • 21 or older • no health insurance • household income at or below 250% of federal poverty level

2. Program Overview cont.

Program Requirements

Fiscal

- Clinic EMR is able to increase sliding fee scale to 250% of FPL for program eligibility determination
- Clinic EMR identifies KWCS-eligibles and waives sliding fee scale/co-pay charges for KWCS services
- Clinic will accept reimbursements at 100% of the Medicare Part B rate

Clinical

- Clinic provides program covered services and promotes regular screening and early detection
- Clinic ensures women with abnormal screening result be provided patient navigation services
- Clinic ensures patient navigation services include the required activities per federal guidelines
- Clinic EMR client assessment includes tobacco smoking status and QUIT line discussion
- Clinic EMR client assessment includes high risk cancer assessments (breast and cervical)
- Clinic EMR tracks referral process for mammography, lab services and all diagnostic follow-up
- Clinic ensures a woman's cycle of care is completely closed in a timely manner
 - Time between abnormal breast or cervical cancer screening and final diagnosis should be no more than 60 days
- Clinic ensures a woman with a diagnosis of breast/cervical cancer receives timely referral to BCCTP
 - Time from final diagnosis to initiation of treatment should be no more than 60 days

Data and Reporting

- Clinic assures required program specific data elements are obtainable
- Clinic submits Minimum Data Elements (MDEs) to KWCS on a monthly basis initially
- Clinic submits patient navigation data, if applicable (KWCS will provide template)
- Clinic submits clinical service delivery invoices accurately, timely and complete

KWCS Will Provide

- MDE (data collection) training and technical assistance to appropriate staff
- Clinical service delivery invoicing and reimbursement training for covered services
- Patient navigation training (if applicable) to appropriate clinic staff and include:
Partnership Goals, Identifying Eligibles, Clinical Service Delivery, Breast and Cervical Cancer Treatment Program (BCCTP).

Kentucky Women's Cancer Screening Program (KWCSPP)

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3. Covered Services

Allowable Use of Funds for KWCSPP-Eligible

Breast Cancer Screening

- Screening/diagnostics for women age 40 and older, every 1-2 years*
 - *Priority population - women age 50 and older*
 - Screening/diagnostics for transgender women (male to female) who have taken or are taking hormones
 - Screening/diagnostics for transgender men (female to male) who have not undergone a bilateral mastectomy
 - Assess women for high-risk status, age 25-30, update regularly
 - *Provider can determine what method/tool to use for determining high-risk status. Below are two options to consider:*
 - <https://ibis.ikonopedia.com/>
 - <https://bcrisktool.cancer.gov/>
 - Use CDC's definition of high-risk
 - *High-risk means any of the following are true, if the woman has a:*
 - *Known BRCA mutation*
 - *History of breast cancer*
 - *First-degree relative with a history of premenopausal breast cancer or a known BRCA mutation*
 - *Lifetime risk of 20% or greater for developing breast cancer, as defined by a risk assessment model that is largely dependent on family history*
 - *History of radiation treatment to the chest wall*
 - *Personal or family history of genetic syndromes such as Li-Fraumeni syndrome*
 - Screening high-risk women with both an annual mammogram and annual breast MRI
 - Evaluating women under the age of 40 who are determined to be high-risk
 - Evaluating women under the age of 40 who are symptomatic
 - Surveillance of program-eligible woman with a history of breast cancer
 - Breast MRI, only when:
 - *MRI is used with a mammogram as part of screening for a high-risk woman*
 - *MRI is used to better assess an area of concern on a mammogram*
 - *MRI is used for evaluation of a client with a history of breast cancer, after completing treatment*
- Funds **cannot** be used for breast MRI when:
- *MRI is used alone as a screening tool*
 - *MRI is used to assess the extent of disease in a woman already diagnosed (with breast cancer)*
- Counsel women on the benefits/risks of mammography
 - Follow-up Intervals:
 - *Timeframe between abnormal breast cancer screening and final diagnosis should be **60** days or less*
 - *Timeframe between diagnosis of breast cancer and initiation of treatment should be **60** days or less*

***Providers can determine which nationally recognized breast cancer screening guidelines to follow. ACS, USPSTF, and ACOG guidelines are all compatible with KWCSPP reimbursement.**

Kentucky Women's Cancer Screening Program (KWCSPP)

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3. Covered Services cont.

Cervical Cancer Screening

- Screening/diagnostics for women 21-65
 - *Priority population – women never screened*
 - Average-risk women age 21-29 screened with the Pap test every 3 years
 - Average-risk women age 30-65 screened with one of three options:
 - *Pap testing alone, every 3 years*
 - *Co-testing (Pap and HPV) every 5 years*
 - *Primary hrHPV testing every 5 years*
- Screening/diagnostics for transgender men (female to male) who still have a cervix
- Screening/diagnostics for women past the age of 65, if she:
 - Has not yet had a 10 year history of negative screening results
 - Has less than 20 years of screening since treatment for a cervical neoplasia or in situ disease
 - Is still in good health and has a history of invasive cervical cancer
- Assess for high-risk status. *High-risk* includes:
 - History of cervical cancer or pre-cancer
 - In-utero DES exposure
 - Immuno-compromised
- Frequent screening (as often as annually) of women considered high-risk
- Testing for high-risk HPV types. Low risk HPV types will not be reimbursed
- Screening women who have had a hysterectomy, if:
 - She still has a portion of the cervix
 - She no longer has a cervix, but the reason for the hysterectomy was treatment for cervical neoplasia or cervical cancer
 - Reason for her hysterectomy is unknown or not documented - *These women should be screened until there is a 10-year history of negative screening results, including documenting satisfactory Pap tests*
 - It is unknown if the cervix was removed at the time of the hysterectomy, funds can be used for an office visit (to perform a pelvic exam) to determine if the cervix is present
- Follow-up Intervals:
 - Timeframe between abnormal cervical cancer screening and final diagnosis should be **60** days or less
 - Timeframe between cervical cancer diagnosis and initiation of treatment should be **60** days or less

Patient Navigation Services, if applicable - For all services funded by KWCSPP:

- Submit required patient navigation data elements to KWCSPP
- Provide patient navigation on all women receiving an abnormal screening/diagnostic result, which includes CDC required navigation activities:
 1. Assessment of patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment
 2. Patient education and support
 3. Resolution of patient barriers (e.g., transportation, translation services)
 4. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment
 5. A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship
 6. Collection of data to evaluate the primary outcomes of patient navigation -- cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed
 7. Linking women to other needed health, community, and social services.
- Complete smoking status assessment and provide referrals to tobacco QUITlines for users

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4. Breast and Cervical Cancer Treatment Program (BCCTP)

Administered by the KY Department for Medicaid Services

Introduction – Once a woman is screened and/or diagnosed through the KWCSPP and is diagnosed with a pre-cancer or cancer of the breast or cervix, the staff shall begin the application process for the Breast and Cervical Cancer Treatment Program (BCCTP). A BCCTP eligible receives the full range of Medicaid Services in addition to her cancer treatment. Services include dentists, emergency rooms, laboratory services, inpatient hospitalization, vision services, screening services and health department services.

Eligibility Requirements – A woman is eligible for the BCCTP if she:

- Has received at least one KWCSPP service from a KWCSPP provider
- Has been found to be in need of treatment for either breast or cervical cancer, including a precancerous condition or early stage cancer*
- Is 21 or older and less than 65 years of age
- Has a household income at or below 250% of the federal poverty guideline
- Does not have creditable health insurance coverage
- Is a United States citizen or qualified alien
- Is a resident of Kentucky
- Is not eligible for medical assistance or public insurance in any other eligible group
- Is not a resident of a public institution (e.g. prison)

NOTE: Eligibility for the KWCSPP does not guarantee eligibility for Medicaid services via the BCCTP (e.g., women over the age of 65, undocumented women not eligible).

Below are some conditions that are considered pre-cancerous conditions. **If a woman receives one of these diagnoses, or a diagnosis of cancer, she is eligible to apply for the BCCTP:*

- *Breast conditions*
 - *Lobular carcinoma-in-situ*
 - *Atypical hyperplasia*
 - *Benign phylloides tumors*
 - *Some types of papillomatosis*
 - *Radial scar, sometimes referred to as sclerosing lesions*
- *Cervical conditions*
 - *High grade squamous epithelial lesions (HSIL)*
 - *Adenocarcinoma-in-Situ*

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4. Breast and Cervical Cancer Treatment Program (BCCTP) cont.

Administered by the KY Department for Medicaid Services

Enrollment – *Clinics Determine Eligibility & Submit the BCCTP Application Through [Kentucky Online Gateway](#)*

The **MAP-813B** is a pre-screening eligibility form, which will help identify which clients are eligible to apply for the BCCTP. Its use is optional. It cannot be completed online.

The client for whom the BCCTP application is being filed should be instructed to provide the following, to be copied and saved in the client's chart:

- Social Security Number
- Health Insurance (if any)
- Proof of immigration status for non-citizens
- Proof of citizenship
- Proof of identity

The **MAP-813** form is a paper application and must be completed, signed and saved in the patient's chart. The information can then be transferred to the on-line application, which will be the one submitted to DMS. To gain access to the on-line application, the designated staff at the KWCSPP-participating clinic must send a request to KWCSPP@ky.gov. Once the online application is submitted a BCCTP Confirmation page will pop up. This should be printed and given to the client to serve as her BCCTP card.

Eligibility Periods – The length of Medicaid coverage is below:

- Breast Cancer 4 months
- Cervical Cancer 3 months
- Precancerous Condition 2 months

Extension of Eligibility Period – Some patients may require longer than the standard period of treatment and may be granted a Medicaid eligibility extension. During the initial BCCTP application process the patient must be informed to contact her provider at the clinic 2 weeks prior to the end of her Medicaid eligibility period if her treatment plan will extend past that eligibility period. The KWCSPP-provider will initiate a Request for Treatment Extension using a **MAP-813D** form to be faxed to the treating physician to complete and sign. The treating physician will then send the form back to the clinic. **The clinic will fax the MAP-813D form to BCCTP Extensions: 502-564-0039.** Call Medicaid's extension office at 502-564-6890 to ensure receipt and uninterrupted coverage. When a MAP-813D form is used, a signed copy of that form must also be saved in the patient's chart.

Refer to the DMS website for forms related to the BCCTP:

<https://chfs.ky.gov/agencies/dms/dpo/epb/Pages/bcctp.aspx>.

Call 800-635-2570 for all BCCTP inquiries.

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5. Data Requirements

What are Minimum Data Elements (MDEs)?

MDEs are a set of standardized data elements used to collect demographic and clinical information (screening and/or diagnostic) on women screened using KWCSPP funds. The MDEs are collected from our partners and reported to CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) twice a year. Each MDE record describes a screening cycle that starts with a screening test and tracks the women through any immediate follow-up of abnormal findings needed to complete diagnostic evaluation and initiate treatment*. **A unique patient identification number is required in order to track screening services to a woman over time.** MDEs must meet all data quality standards set by CDC.

Data Collection

- Provides quality assurance and evaluation of services rendered by health system
- Ensures services are **timely, complete, accurate**
- Measures KWCSPP's efficiency and effectiveness
- Drives federal grant award amount
- Communicates efforts and successes to the public, legislators, Congress, and advocates.

The KWCSPP's primary goal is to increase the number of quality screenings and diagnostics among our partnering health systems to decrease the burden of cancer in our Commonwealth. Data collection on increased breast/cervical cancer screening services drives the KWCSPP funding amounts to our partners – the more we screen the more funds we receive from our federal partners.

There are 36 data elements, most of which we are confident you are already collection in your EMR.

Five (5) data collection form includes CATEGORIES for both BREAST and CERVICAL services:

1. DEMOGRAPHICS on ALL KWCSPP patients
2. SCREENING services
3. RESULTS of screening services
4. DIAGNOSIS services
5. TREATMENT if needed*

*Historically, only 10% of women diagnosed with cancer through the program are eligible for treatment through Medicaid's Breast and Cervical Cancer Treatment Program (BCCTP). Since BCCTP's inception in 2001, the KWCSPP referred more than 7,000 patients to the BCCTP for cancer treatment services of the breast and cervix.

Your Data Will Be Part of the Big Picture

KWCSPP has been recognized by the CDC as one of a dozen programs, among the 68 national programs, that continues to meet all the performance indicators for quality of breast and cervical cancers!

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6. Invoicing and Reimbursements

Identify KWCSPP-Eligible

During the patient's registration/check-in at the clinic, office staff will identify women who are eligible to receive their breast/cervical cancer screening/diagnostic services paid for through KWCSPP. Again, there are only three requirements for KWCSPP eligibility:

1. Woman must be at least 21 years of age
2. Household income at or below 250% of the federal poverty level
3. No health insurance (No Medicaid or Medicare, or any other third party payor source)

Once a woman is deemed KWCSPP eligible, the EMR should reflect KWCSPP as her payer source.

Use [KWCSPP Approved CPT Codes](#)

This list of CPT codes/rates include technical, professional and global components. The CDC determines the program's reimbursable codes and CMS (Centers for Medicare and Medicaid Services) determines the reimbursable rates. This list is adjusted and updated annually (January or February) – so always visit the [KWCSPP webpage](#) for the most current version.

Create an Invoice

After the woman receives her KWCSPP services, the health system will track those services by entering the appropriate KWCSPP-approved CPT codes in the EMR. The health system will then send to KWCSPP a listing of all the KWCSPP-approved CPT codes used, representing services rendered, during an agreed upon time-period (monthly or quarterly). This listing should also include services rendered by the health system's contracted providers. This listing may serve as the invoice for reimbursement. You may also contact KWCSPP to request a billing invoice template. The KWCSPP reimburses the health system for these CPT codes at 100% of the Medicare Part B rate.

In addition to the CPT codes, invoices should include the following components:

- Name and address
- KWCSPP contract #
- Dates of services (e.g. Feb. 1, 2021-Feb. 28, 2021)
- Invoice #
- Invoice date (date the invoice is completed)
- Amount due for the agreed upon billing period (e.g. monthly)
- Cumulative total for all invoices to date
- Description of services provided (CPT codes)

E-mail invoices to: womenshealthinvoices@ky.gov and copy (cc) Alex.Glykas@ky.gov .

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6. Invoicing and Reimbursements cont.

Reimbursements

Reimbursements from the KWCSPP are based upon the CDC-approved KWCSPP CPT codes and the CMS-approved rates. Payment from KWCSPP is conditional upon:

- receipt of appropriate, accurate and acceptable invoices submitted in a timely manner
- availability of federal funds

The Kentucky Department for Public Health/KWCSPP will reimburse the health system for services provided during the agreed upon time period (e.g. monthly). Reimbursement will be at 100% of the Medicare Part B rate. The health system will then reimburse their contracted providers at a previously negotiated rate, exhibited in the provider contract.

Note: Any negotiated rate that is greater than the KWCSPP rate of reimbursement will be the responsibility of the health system.

KWCSPP Invoicing / Reimbursement Contacts:

- Invoicing: Contact Alex - alex.glykas@ky.gov
- Contracts: Contact Ellen - ellen.barnard@ky.gov
- CPT codes/reimbursement rates: Contact Ram - sivaramr.maratha@ky.gov

Note: Facilities may use their own invoices or may request the KWCSPP invoice template.

7. Contacts

Director, Div. of Women’s Health
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KWCSPP Director
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