Early Detection Works (EDW) Training Handbook

-Scheduling
-Payment Requests
-Accounts Receivable

MARCH 2016

Kansas Department of Health and Environment
Health Promotion

Division of Health
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Topeka, KS 66612

AD ASTRA PER ASPERA

Kansas

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Susan Mosier, MD, Secretary | Department of Health & Environment | Sam Brownback, Governor

February 2, 2016

Dear EDW Providers:

Welcome to Early Detection Works Training! The Early Detection Works (EDW) Training Handbook covers scheduling, payment requests and accounts receivable for breast and cervical cancer screening services. You may keep the handbook for reference once you start scheduling appointments and requesting payments for services provided to women enrolled in the EDW program, and for reconciling accounts after you receive payment for services.

With your support, EDW has grown. This new system will better handle the more than 24,000 payments for services that you provide to more than 6,000 unique women each year. This training will show you how to enter payment requests for these services. Entering your own payments will enable you to control when payments are submitted, and the payments will enter the system faster and more accurately. EDW staff will be able to process payments faster. The goal is for you to have your payments in hand within 10 weeks of the date your payment request was submitted.

Together, our hard work is paying off. In Fiscal Year 15, non- or under-insured, low income Kansas women were diagnosed with 82 cases of cervical cancer and 66 cases of breast cancer through the program. Thank you for your work in making this happen!

A separate policy and procedure manual provides detailed information on EDW contracts, program eligibility, breast and cervical cancer screening guidelines, referrals for women who have been diagnosed with breast or cervical cancer through the EDW program and other useful information for practitioners.

Sincerely,

Julie F. Sergeant

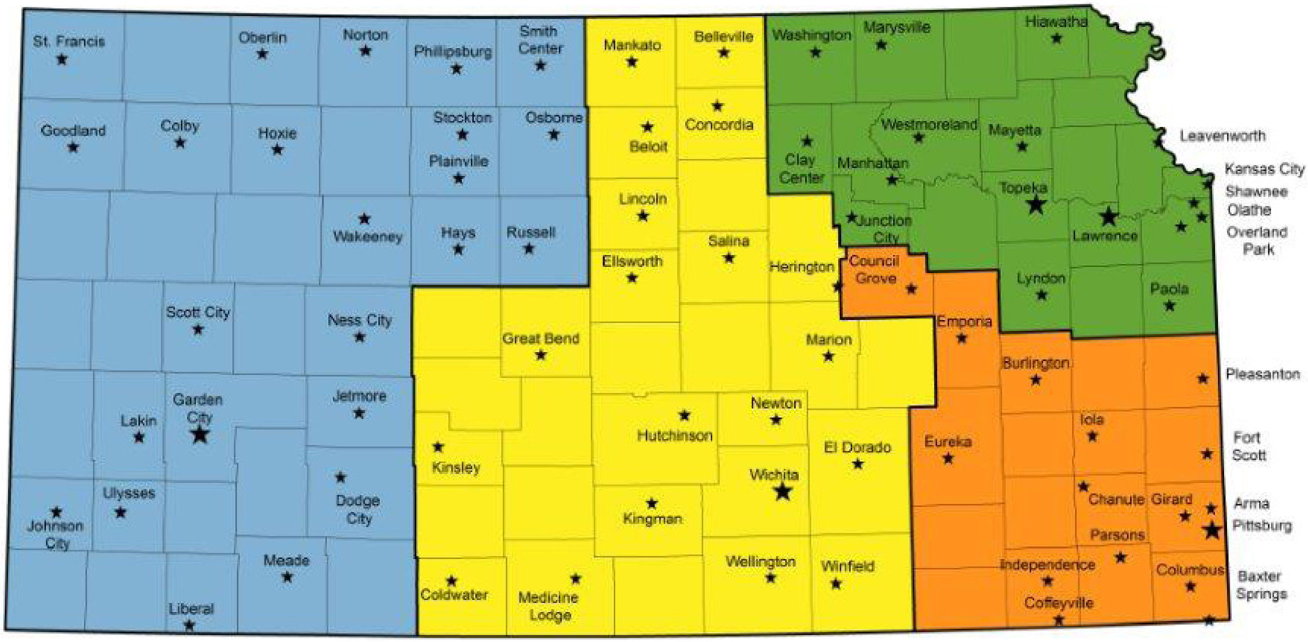
Julie F. Sergeant
Health Systems Initiatives Section Director
Cancer Prevention and Control Program Director

jsergeant@kdheks.gov
785-296-1207

Training Manual Contents

Regional Early Detection Works (EDW) Staff

Regional staff help resolve challenging situations, assist with the payment request process, and provide community education and recruitment. For assistance, please contact your regional staff. Every county in Kansas is covered by regional EDW Staff. EDW's central staff are located in Topeka. Refer to the map of primary providers below to determine which staff serves each county. You may also look for copies of this map at www.kdheks.gov/edw/.



Central

Debbie Snyder RN BSN, Regional Nurse dgsnyder@kdheks.gov 316-337-6110

Marcela Cousens, Regional Outreach mcousens@kdheks.gov 316-337-6114

Audrey Nguyen, Regional Outreach anguyen@kdheks.gov 316-337-6047

Northeast

Suzanne Duckworth RN BSN, Regional Nurse sduckworth@kdheks.gov 785-207-3464 (cell)

Kelly Nightengale, Regional Outreach knightengale@kdheks.gov 785-832-1701

Southeast

Shelly Hipfl RN BSN, Regional Nurse shipfl@crawfordcohd.org 620-235-7136

Kelly York, Regional Outreach kyork@crawfordcohd.org 620-231-5411 Ext. 313

West

Lauren Base RN, Regional Nurse lbase@ummam.org 620-640-6026 (cell)

Maria Elena Terrazas, Regional Outreach mterrazas@ummam.org 620-275-1766

Early Detection Works Central Office Program Staff

Liz Varner
Administrative Assistant, lvarner@kdheks.gov, 785-296-1207

Serves as primary point of contact for EDW Central Office staff, ensures questions are directed to the person best able to respond.

Rita Davenport
Clinical Nurse Manager, rdavenport@kdheks.gov, 785-291-3738

Manages the statewide system for delivery of breast and cervical cancer screenings, diagnostics and treatment referrals for eligible women. Establishes EDW clinical protocols and ensures their implementation through case reviews and approvals. Ensures technical assistance is available to providers. Coordinates the EDW Medical Advisory Board.

Cynthia Snyder
Data Manager, csnyder@kdheks.gov, 785-296-2923

Manages program operations and quality assurance, including data management. Develops and implements provider training to ensure adherence with state, national and funder guidelines. Responsible for system improvements and CDC data submissions.

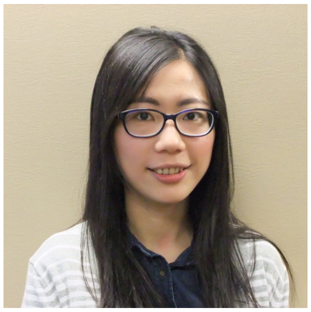
Toni Merrill
Billing Specialist, tmerrill@kdheks.gov, 785-368-7057

Reviews payment requests, coding and eligibility to verify payments are accurate and properly recorded, develops purchase orders and submits purchase orders for payment. Provides technical assistance to providers regarding payments.

Alicia Adame
Data Entry Specialist, aadame@kdheks.gov, 785-368-7288
Reviews client data to verify accuracy and completeness. Conducts limited case review under the supervision of the Clinical Nurse Manager. Oversees the maintenance of client files.

Stephanie Jackson
Education Information Officer, sjackson@kdheks.gov, 785-296-8161

Coordinates EDW enrollment process, ensuring that women meet EDW eligibility and enrolls eligible women into the program. Answers questions about contracts. Coordinates provider trainings.



Mickey Wu
Cancer Epidemiologist, mwu@kdheks.gov, 785-296-1917

Plans and implements population-based data collection strategies to measure cancer screening, incidence and prevalence in Kansas. Responsible for the development of the EDW evaluation plan.

Vacant
Public Health Educator,

Coordinates outreach and education projects for the EDW program. Collaborates with partners to develop and maintain public health education activities, including the EDW website and educational materials.

Barbara VanCortlandt
Health Systems Program Manager, bvancortlandt@kdheks.gov, 785-296-8126

Manages private funding sources for the EDW program and coordinates EDW activities with the state cancer coalition, Kansas Cancer Partnership

Elizabeth Cornish, Administrative Assistant, ecomish@kdheks.gov, 785-296-7289

Performs clerical functions, maintains filing system, and maintains provider contact information. Please notify Elizabeth if your contact information changes.

Julie Sergeant
Program Director, jsergeant@kdheks.gov, 785-296-5868

Directs implementation of Cancer Prevention and Control Programs. Formulates program policies, goals and objectives that are integrated with regional, state and national efforts. Responsible for overall project administration and development.

Getting Started

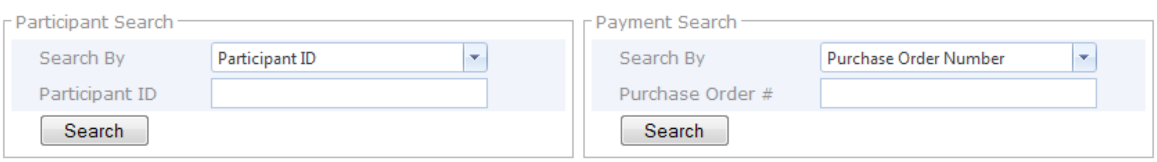
Login Page

uat.catalystserver.com (Training environment) versus Login Page – catalystserver.com (Live environment)

The training environment changes last names, street addresses, phone numbers, emails, etc. to protect the confidentiality of EDW participants and providers, while providing as close to a real environment for testing enhancements and training. Enter your username and password, then press login.

Home Page

Return to the Home Page from any other screen, by pressing the Home Icon in the upper right hand corner by your name.

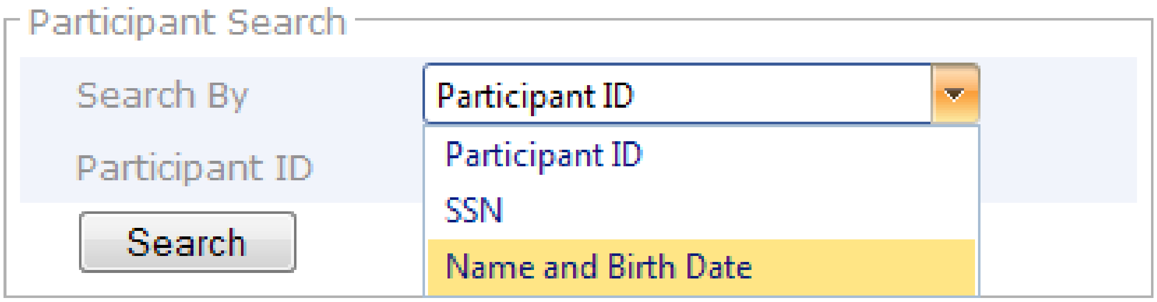


BCC SQI Submissions

MDE Indicators	CDC Standard	KS		Caritas Clinic 1157	
		Percentage	Standard Met/Unmet	Percentage	Standard Met/Unmet
Percentage of initial program Pap tests provided to never/rarely screened women	≥20%			Numbers Coming Soon	-
Percentage of abnormal Pap tests with complete follow-up	≥90%			Numbers Coming Soon	-
Percentage of abnormal Pap tests where the time between the Pap test/referral and final diagnosis was > 90 days	≤25%			Numbers Coming Soon	-
Percentage of final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical carcinoma where treatment has been started	≥90%			Numbers Coming Soon	-
Percentage of final diagnosis of HSIL, CIN2, or CIN3/CIS where the time between the date of final diagnosis and the date of treatment initiation is > 90 days	≤20%			Numbers Coming Soon	-
Percentage of final diagnosis of invasive cervical carcinoma where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	≤20%			Numbers Coming Soon	-
Percentage of NBCCEDP funded mammograms provided to women 50 years of age and older	≥75%			Numbers Coming Soon	-
Percentage of abnormal breast screenings with complete follow-up	≥90%			Numbers Coming Soon	-
Percentage of abnormal breast screenings where the time between the screening/referral and final diagnosis was > 60 days	≤25%			Numbers Coming Soon	-
Percentage of final diagnosis of breast cancer where treatment has been started	≥90%			Numbers Coming Soon	-
Percentage of final diagnosis of breast cancer where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	≤20%			Numbers Coming Soon	-

Search Options -
Participant Search and Payment Search

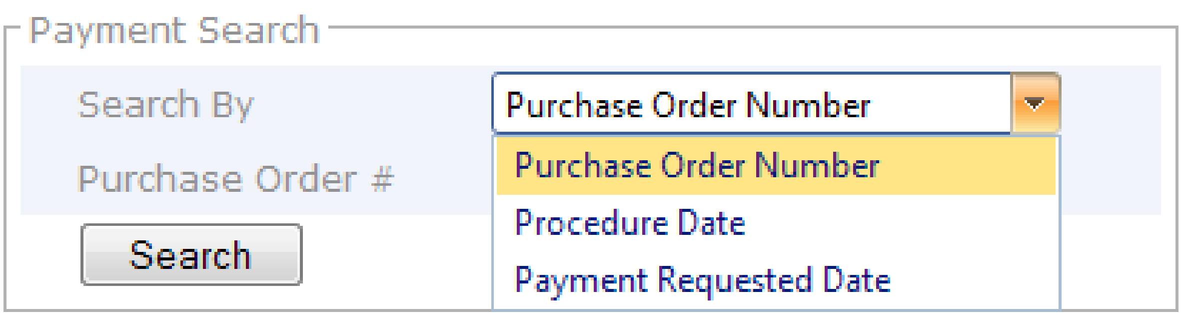
Participant Search



To search for a participant, providers can search by participant ID number, last 4 of Social Security number, or name and birth date.

With search by name and date of birth, two out of the three entered fields will yield a list of participants.

Payment Search



To search for a payment, providers can search by PO Number as listed on the check envelope or billing register, Procedure Date and Payment Requested Date

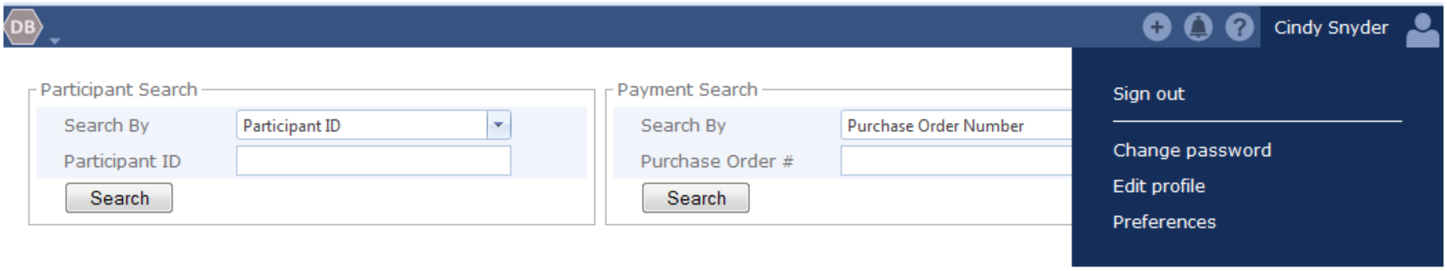
Purchase Order Number - Find all the participants on the Purchase Order

Procedure Date – Find all the participants who had service dates in a given week, month, etc.

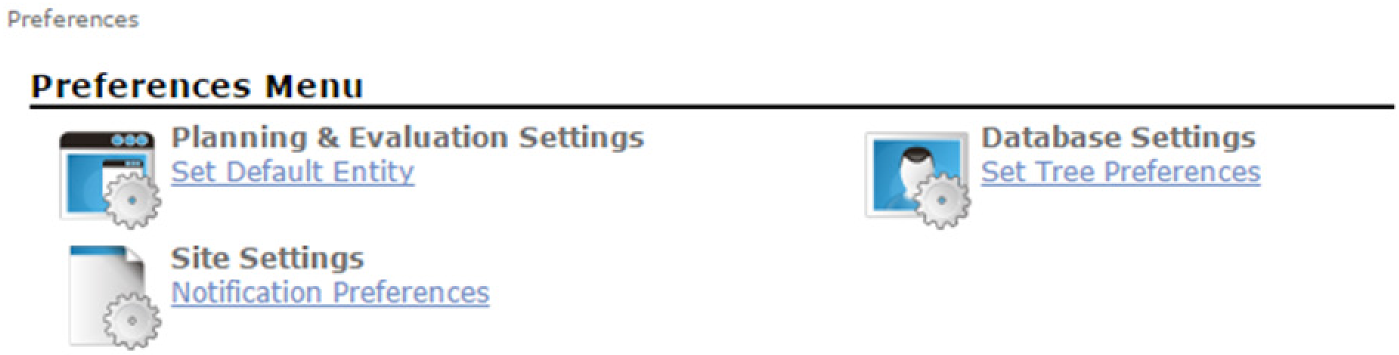
Payment Requested Date – Find all the participants who had payment requests entered in a given week, month, etc.

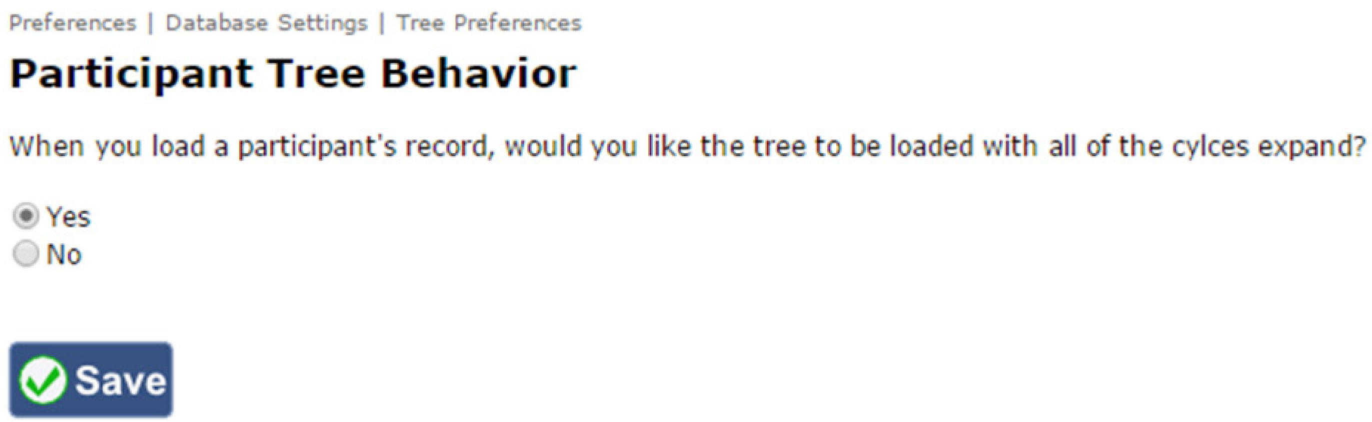
Changing Passwords and Participant Tree Behavior

By clicking on your name, you can access several features: changing password, edit profile and preferences. When you login to Catalyst for the first time, use the change password option to customize your password to something easy to remember. Also select your tree preferences from the drop down. “Yes” opens all the information on the side of a participants tree.



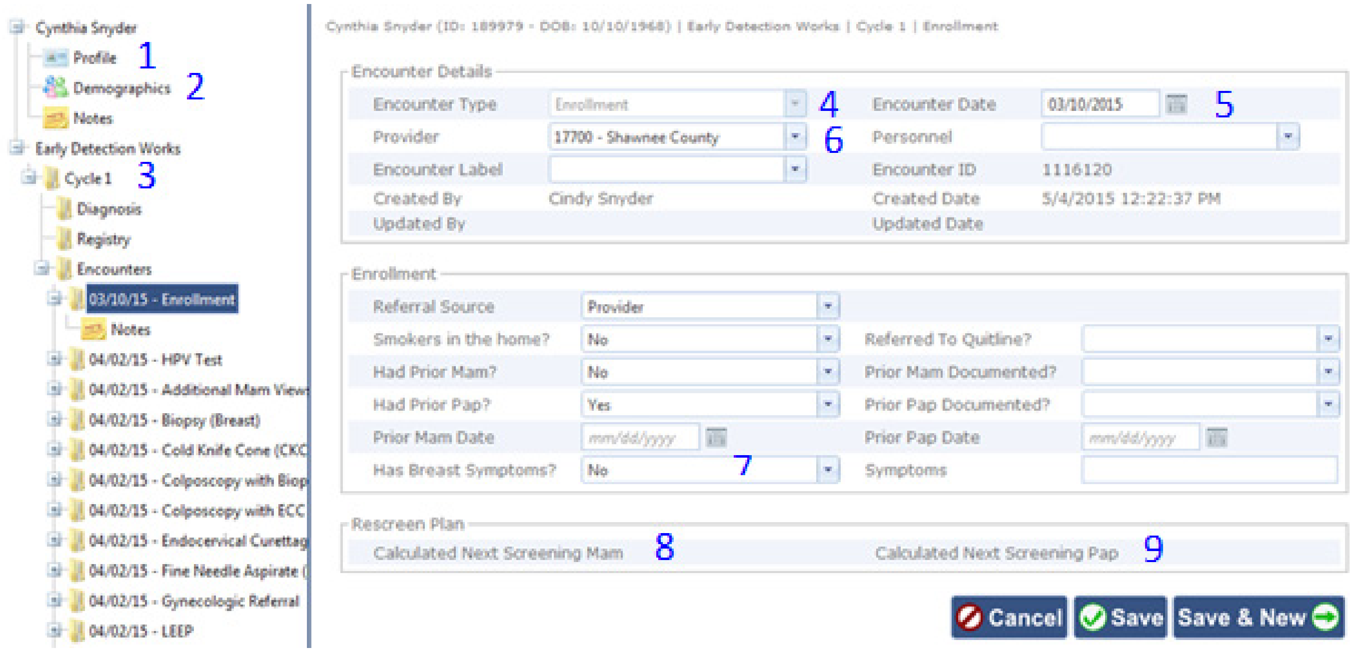
Setting Preferences





Participant’s Profile Tree and Enrollment Encounter

After searching for a participant, you will land on that participant’s tree. All of the participant’s information can be reached from the tree. Under the participant’s name, there is profile (1) and demographic information (2). All the cycles (3) are listed on the left side with the most recent cycle on top.



1 — Profile: Contains name, address and phone number. Information can be used to verify client from more than one participant with the same name.

2 — Demographics: Contains CDC required information on race/ethnicity, income, insurance, and family cancer history.

3 — Cycle of service refers to the current evaluation. It starts with an enrollment and ends with a normal screening or a diagnosis.

4 — Encounter Type is Enrollment

5 — Enrollment Encounter Date (only services after this date and part of the current cycle are eligible for pay-ment)

6 —This is the Primary Provider associated with this client’s enrollment

7 — Client Reported Breast Symptoms

8 — Calculated Next Screening Mam Date (Blank in the first cycle)

9 — Calculated Next Screening Pap Date (Blank in the first cycle)

A current enrollment is defined as being an enrollment encounter date within 4 months prior to the first service and 6 months prior to the last service. For example, a woman enrolled May 6, 2015, would need to start EDW services with her Primary Provider by September 6, 2015. If she hadn’t completed all her EDW services by November 6, 2015, she would need to contact EDW and update her enrollment information to ensure there had not been a change in her eligibility.

Process Cycle

All cycles start with an enrollment and end in one of two ways: normal or negative CBE, Pap/HPV, and first mammogram OR a diagnosis (cancer or not cancer). All the EDW payable diagnostics that occur between the enrollment and the diagnostic that determines diagnosis go in one cycle. Some cycles have breast and cervical services. For example, a typical screening would include a CBE, Pap test and First Mammogram. Some cycles have only cervical (repeat Pap immediately or other cervical short term follow up; breast services refused). Some cycles have only breast services (not due for EDW payable Pap/HPV test; cervical refused). Note about cervical services: there is only one Pap test per cycle. Pap tests that are repeated immediately for unsatisfactory Paps will start a new cycle.

Starts at Enrollment → Normal Pap/ HPV → Normal CBE → Normal First Mammogram → Ends at Screening

Starts at Enrollment → Diagonostics → Ends at Diagnosis

Starts at Enrollment → Normal Pap/ HPV → Abnormal CBE → Ultrasound → Ends at Diagnosis

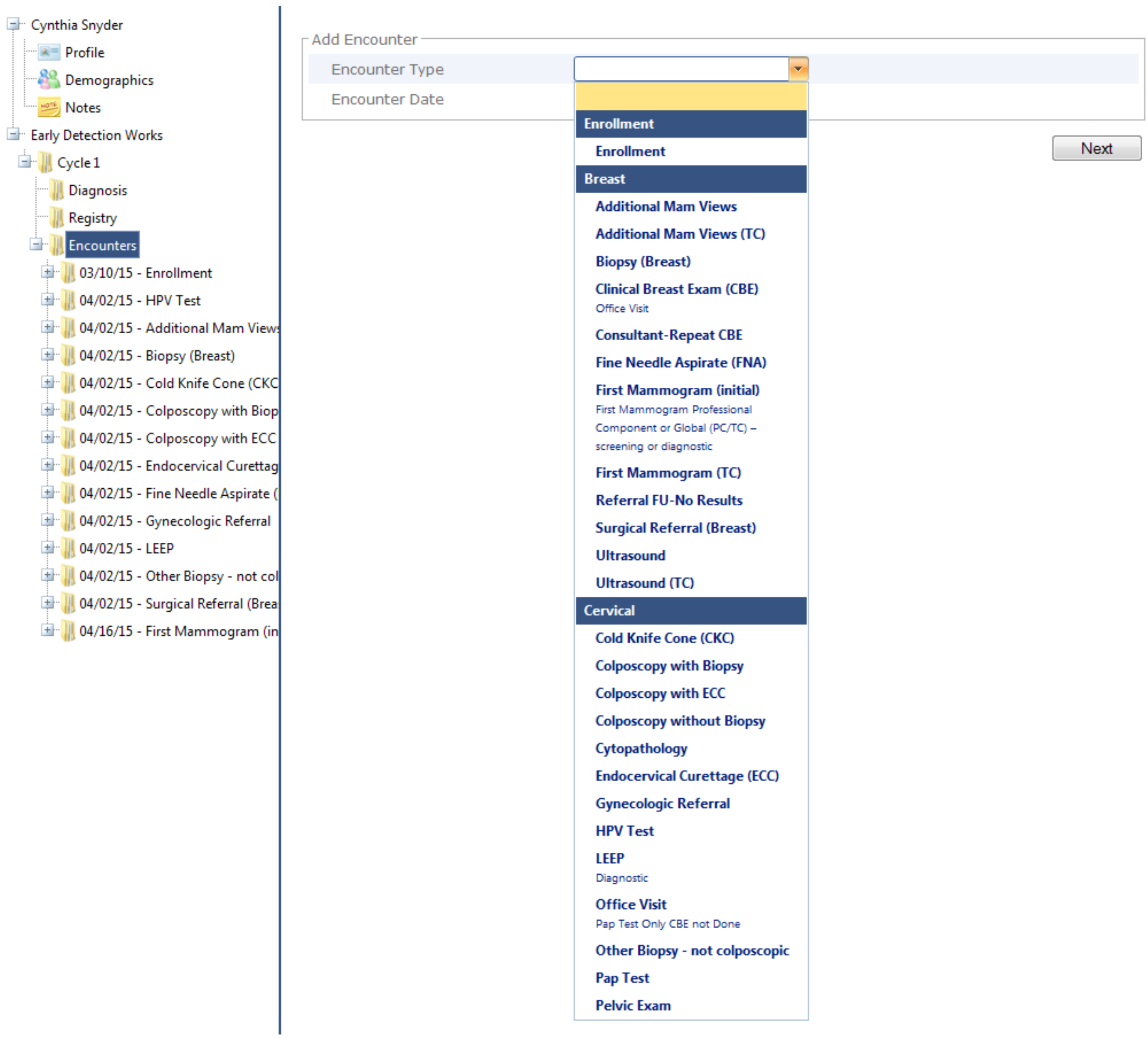
Starts at Enrollment → Follow-Up Mammogram → Ultrasound → Biopsy → Ends at Diagnosis

Outside Mammogram prior to Enrollment → Enrollment → Additional Mammogram View → Ends at Diagnosis

Payment Requests

Adding a Procedure for Payment

All payments are submitted under the predefined categories of procedures or encounters. Each encounter has required fields of clinical information and payment information.

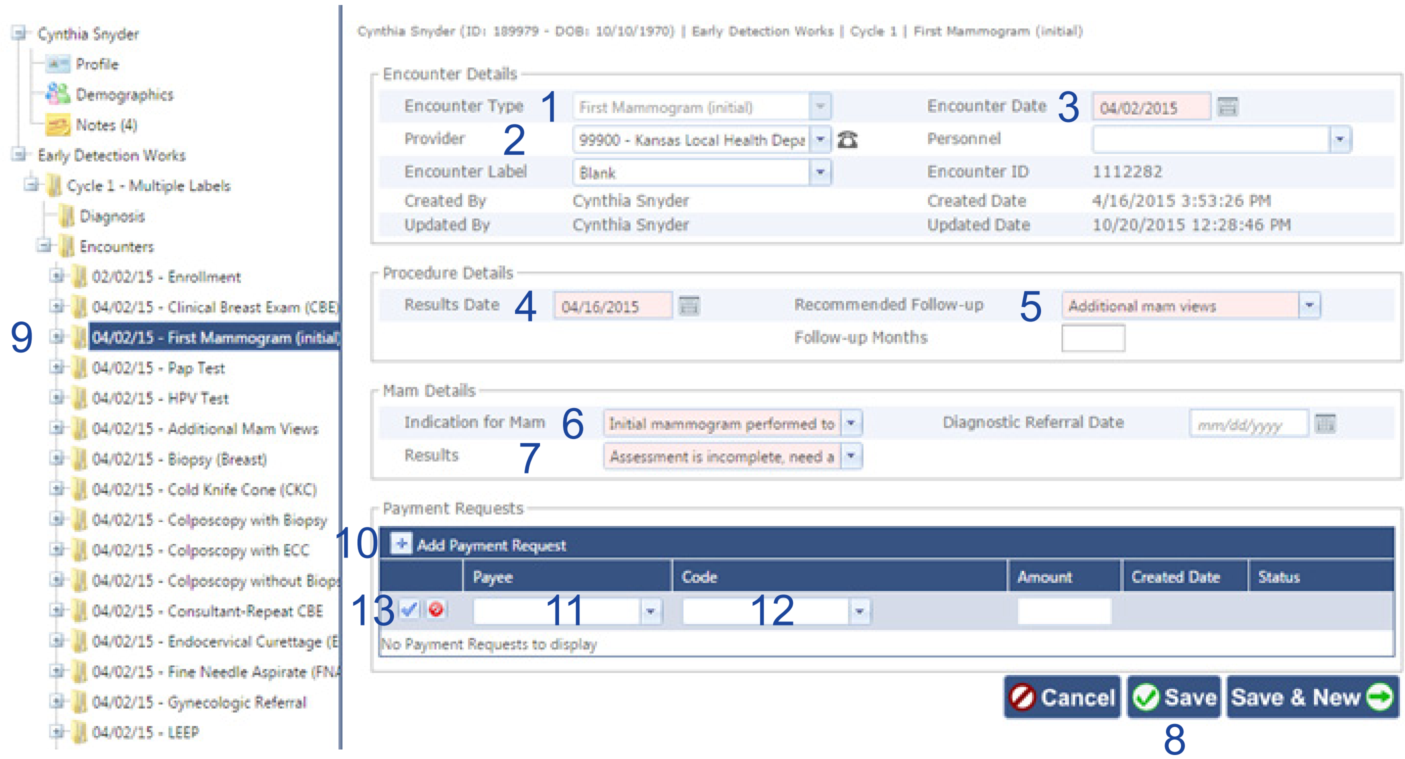


To request a payment:

1. Search for the participant and go to her tree
2. Click on the word “Encounter” in the cycle that has a current enrollment
3. Select the encounter type that matches the service provided
4. Add the date of the procedure
5. Click “Next”

First Mammogram Encounter - Screening or Diagnostic

If you select the First Mammogram as the encounter while adding an encounter, the form for the clinical information of the screening or diagnostic mammogram performed during the cycle will show on the participant's tree page. Once all the required fields have been entered and saved, the fields for payment requests will also show on the screen.



Key Fields

1 — Encounter Type: Procedure name based on the drop down list in add encounters

2 — Provider: Health organization associated with your login

3 — Encounter Date: Date the procedure was performed

4 — Received Results Date: The day that the results were received. For a CBE or an ultrasound it would be the same day. For other procedures it may be a few days to a week after the procedure date.

5 — Recommended Follow-up: Based on the results of the current procedure, what is the next step?

6 — Indication for Mam: If the mammogram was part of a routine screening, select the first in the drop down menu, "Routine screening mammogram." If the mammogram was done to evaluate a symptom, select the second in the drop down menu, "Initial mammogram performed to evaluate symptoms, positive CBE result or previous abnormal result.“ If the mammogram was done outside of the EDW program and the client is being referred in for diagnostics (data only) select, “Initial mammogram done outside of the Program and referred into the program for diagnostic evaluation.” The remaining options are for KDHE staff.

7 — Results: Select the appropriate Bi-Rads

8 — Save: Select the Save button at the bottom of the screen

9 — Refresh the saved encounter by selecting the procedure on the encounter screen

10 — Add Payment Request: Click the plus icon

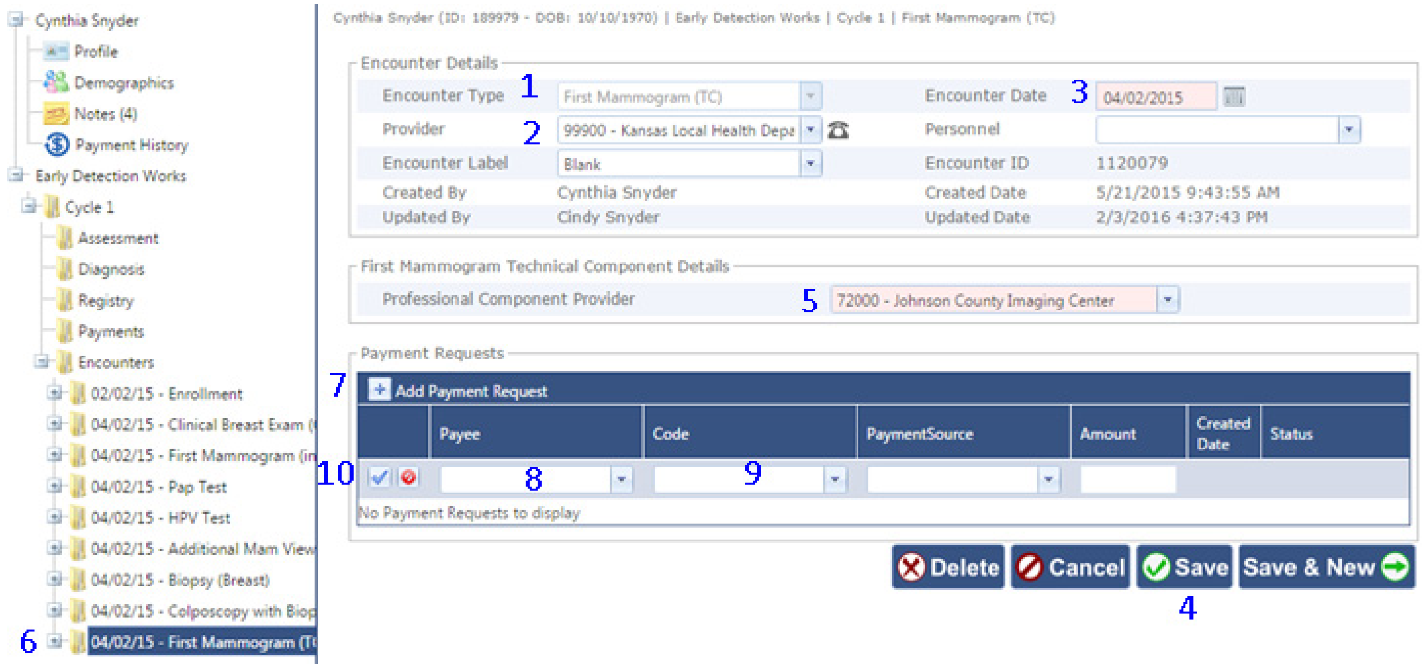
11 — Payee: Provider receiving payment

12 — Code: CPT codes associated with the procedure

13 — Save: Blue check must be selected for each payment. A properly saved request will have “Entered” in the status section.

First Mammogram Encounter - Technical Component

If you select the First Mammogram (TC) as the encounter during adding an encounter, the form will show on the participant's tree page. This encounter is for the technical component only. The professional component is entered in the First Mammogram Professional Component or Global. Only use this encounter if the TC and PC components are being entered by seperate organizations. Once all the required fields have been entered and saved, the fields for payment requests will also show on the screen.



Key Fields

1 — Encounter Type: Procedure name based on the drop down list in add encounters

2 — Provider: Health organization associated with your login

3 — Encounter Date: Date the procedure was performed

4 — Save: Select the Save button at the bottom of the screen

5 — Professional Component Providor: Radiology group reading the mammogram

6 — Refresh the save encounter by selecting the procedure on the encounter screen

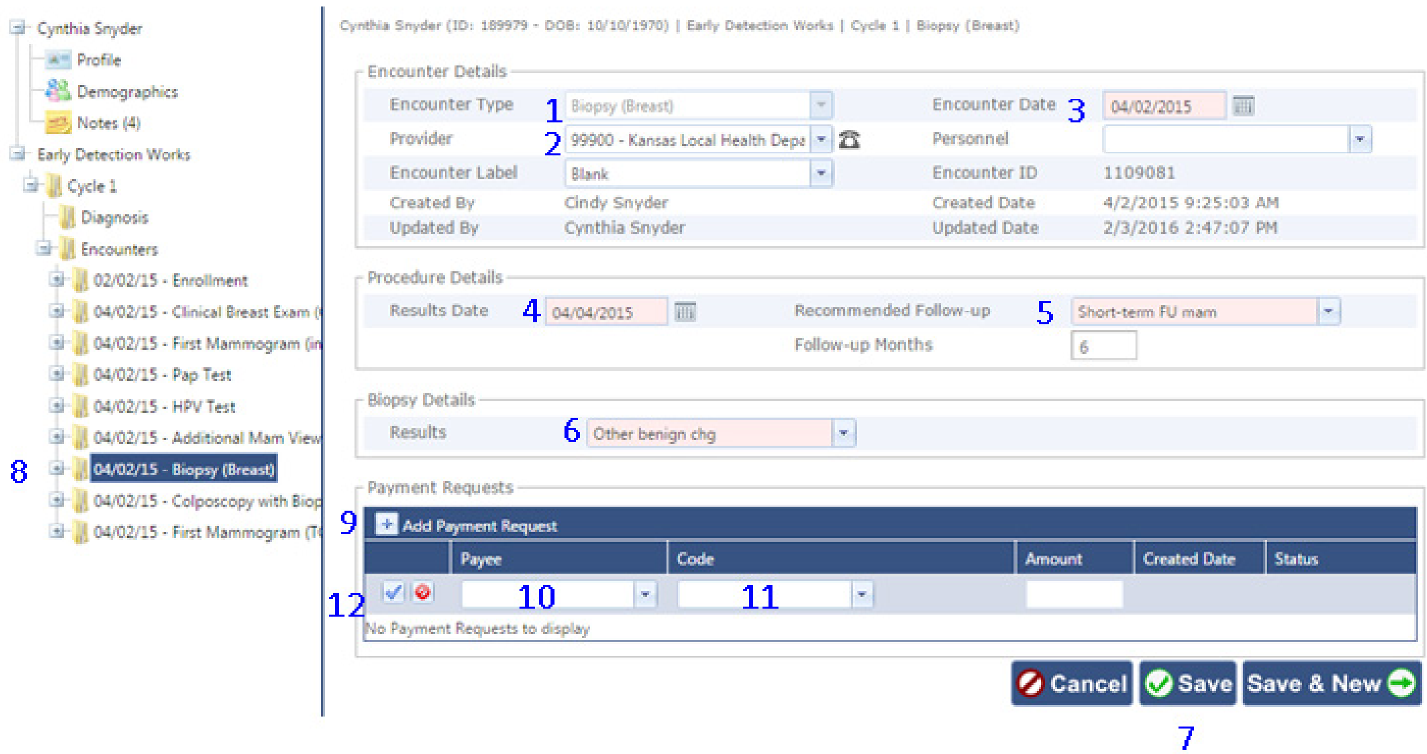
7 — Add Payment Request: Click the plus icon

8 — Payee: Provider receiving payment

9 — Code: CPT codes associated with the procedure

10 — Save: Blue check must be selected for each payment. A properly saved request will have "Entered" in the status section

Breast Biopsy Encounter



Key Fields

1 — Encounter Type: Procedure name based on the drop down list in add encounters

2 — Provider: Health organization associated with your login

3 — Encounter Date: Date the procedure was performed

4 — Received Results Date: The day that the results were received. For a breast biopsy, it may be a few days to a week after the procedure date.

5 — Recommended Follow-up: Based on the results of the current procedure, what is the next step?

6 — Results: Select the results drop-down list

7 — Save: Select the Save button at the bottom of the screen

8 — Refresh the saved encounter by selecting the procedure on the encounter screen

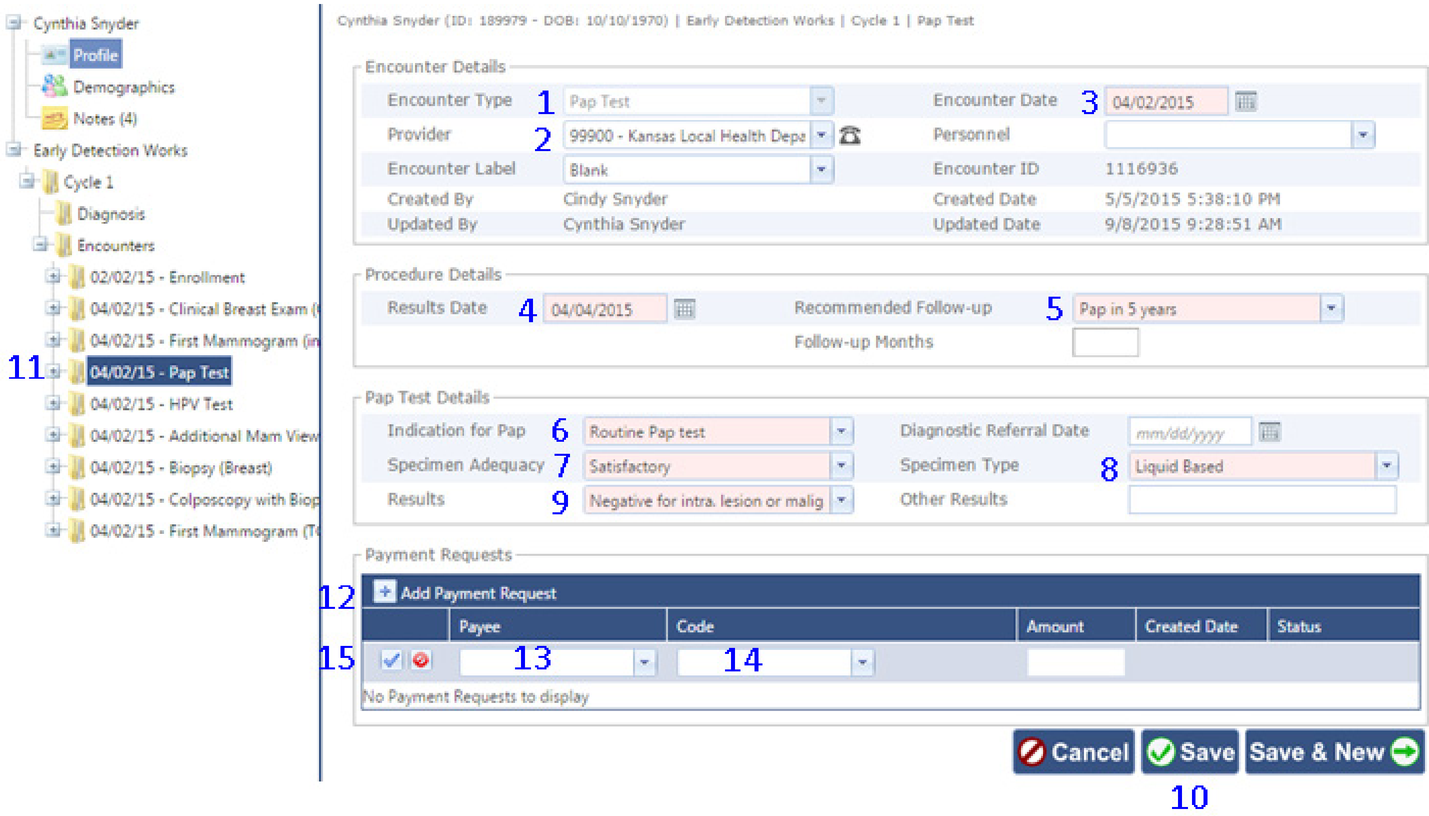
9 — Add Payment Request: Click the plus icon

10 — Payee: Provider receiving payment

11 — Code: CPT codes associated with the procedure

12 — Save: Blue check must be selected for each payment. A properly saved request will have “Entered” in the status section

Pap Test Encounter



Key Fields

1 — Encounter Type: Procedure name based on the drop down list in add encounters

2 — Provider: Health organization associated with your login

3 — Encounter Date: Date the procedure was performed

4 — Received Results Date: The day that the results were received. For a Pap test, it may be a few days to a week after the procedure date.

5 — Recommended Follow-up: Based on the results of the current procedure, what is the next step?

6 — Indication for Pap: If the Pap test was part of a routine screening, select the first in the drop down menu, “Routine Pap test.“ If the Pap test was done to evaluate a symptom or previous abnormal, select the second in the drop down menu, “Patient under surveillance for a previous abnormal test.” If the Pap test was done outside of the EDW program and the client is being referred in for diagnostics (data only) select, “Pap test done outside of the Program and referred into the program for diagnostic evaluation.” The remaining options are for KDHE staff.

7 — Specimen Adequacy: Select Satisfactory or Unsatisfactory

8 — Specimen Type: Select Conventional or Liquid Based

9 — Results: Select the appropriate Result

10 — Save: Select the Save button at the bottom of the screen

11 — Refresh the saved encounter by selecting the procedure on the encounter screen

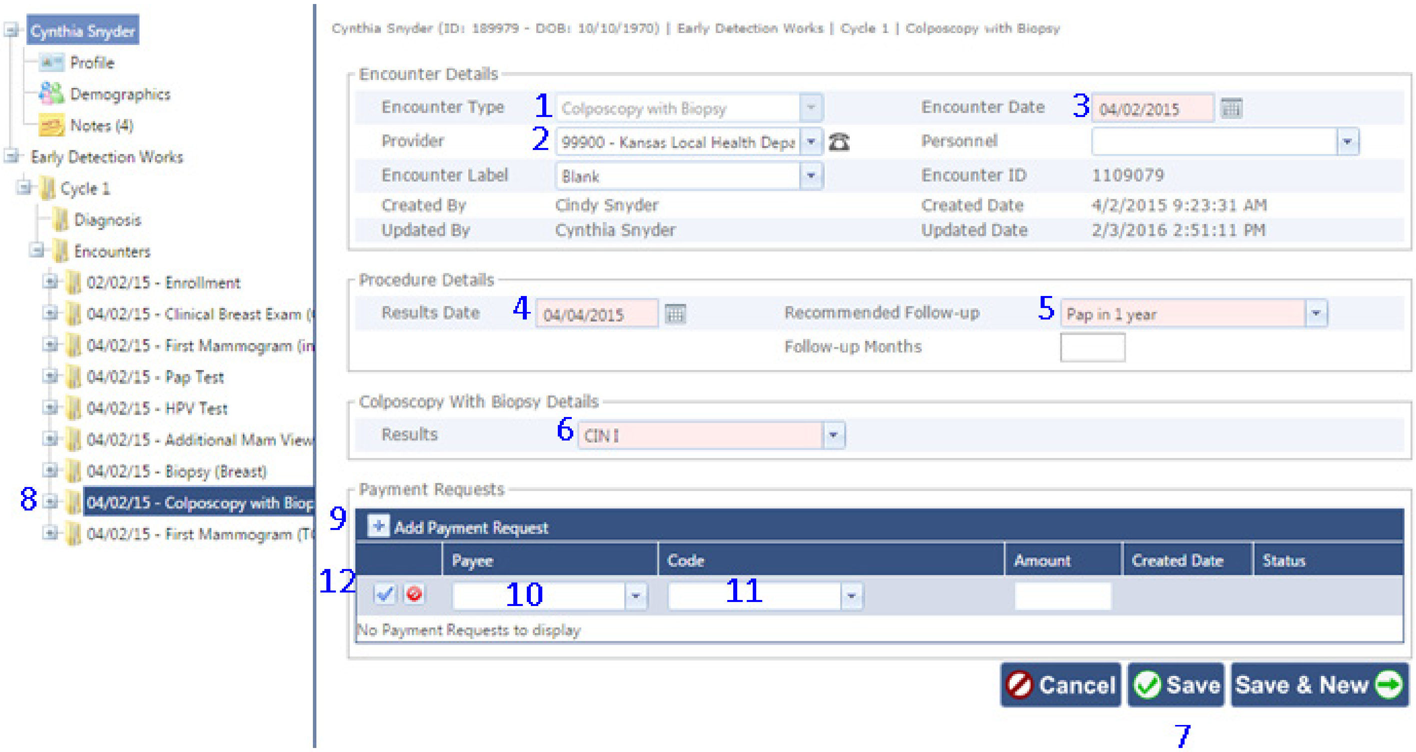
12 — Add Payment Request: Click the plus icon

13 — Payee: Provider receiving payment

14 — Code: CPT codes associated with the procedure

15 — Save: Blue check must be selected for each payment. A properly saved request will have "Entered" in the status section.

Colposcopy with Biopsy Encounter



Key Fields

1 — Encounter Type: Procedure name based on the drop down list in add encounters

2 — Provider: Health organization associated with your login

3 — Encounter Date: Date the procedure was performed

4 — Received Results Date: The day that the results were received. For a colposcopy, it may be a few days to a week after the procedure date.

5 — Recommended Follow-up: Based on the results of the current procedure, what is the next step?

6 — Results: Select the results drop-down list

7 — Save: Select the Save button at the bottom of the screen

8 — Refresh the saved encounter by selecting the procedure on the encounter screen

9 — Add Payment Request: Click the plus icon

10 — Payee: Provider receiving payment

11 — Code: CPT codes associated with the procedure

12 — Save: Blue check must be selected for each payment. A properly saved request will have “Entered” in the status section

Office Visit Encounters

EDW serves women who are rarely or never screened, and they may have other medical issues that need to be addressed in addition to breast and cervical screening and diagnostic services. **Important** — Providers may only bill Early Detection Works for the portion of the office visit that pertains to breast or cervical cancer screening. EDW is unable to reimburse for time spent addressing hypertension, diabetes, family planning, etc. To select the correct office visit encounter for an office visit, see the combinations below.

CBE, No Pap Test

Clinical Breast Exam (CBE) Office Visit Encounter

CBE and a Pap Test/HPV

Clinical Breast Exam (CBE) Office Visit Encounter

Pap Test/HPV, No CBE

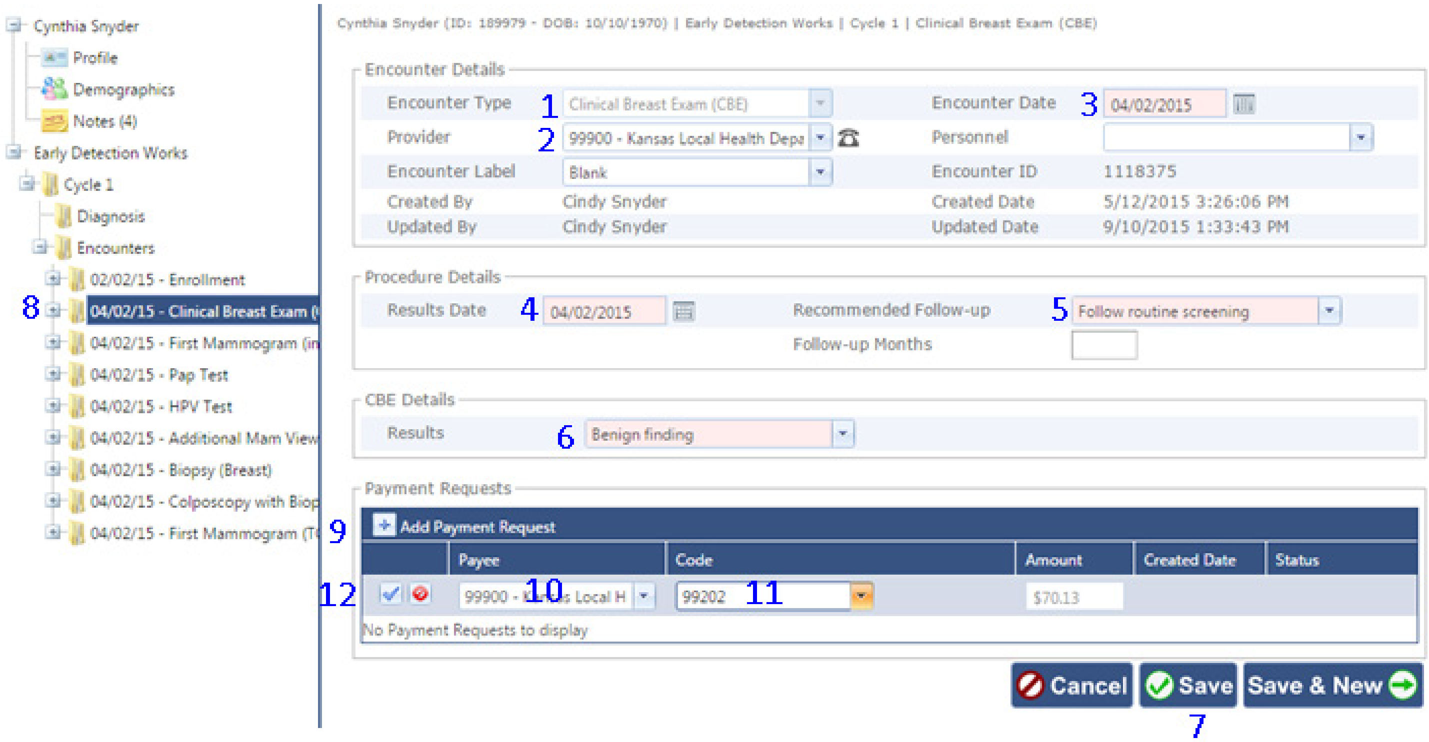
Office Visit (Pap Test Only CBE not Done) Encounter

Pelvic Exam Only

Pelvic Exam Encounter

No payment associated — EDW only pays for an office visit with a CBE or Pap test

Clinical Breast Exam (CBE) Encounter



Key Fields

1 — Encounter Type: Procedure name based on the drop down list in add encounters

2 — Provider: Health organization associated with your login

3 — Encounter Date: Date the procedure was performed

4 — Received Results Date: The day that the results were received. For a CBE, it would be the same day.

5 — Recommended Follow-up: Based on the results of the current procedure, what is the next step?

6 — Results: Select the results drop-down list

7 — Save: Select the save button at the bottom of the screen

8 — Refresh the saved encounter by selecting the procedure on the encounter screen

9 — Add Payment Request: Click the plus icon

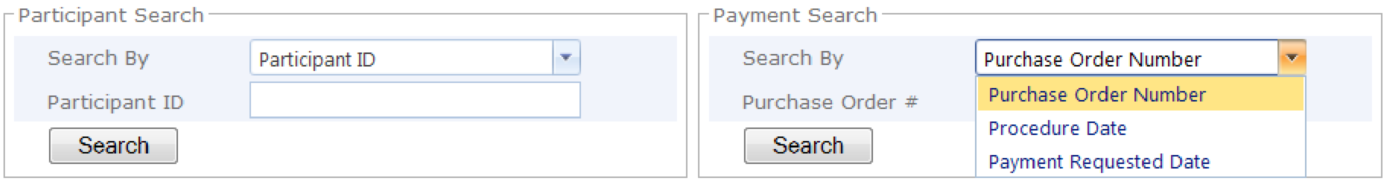
10 — Payee: Provider receiving payment

11 — Code: CPT codes associated with the procedure

12 — Save: Blue check must be selected for each payment. A properly saved request will have “Entered” in the status section

Payment Status

Searching for Payment Status



From the home page, there are a number of options for searching for payments. Each search returns a list of participants that meet that criteria.

1	2	3	4	5	6	7	8	9
Participant ID	Participant Name	Encounter	Code	DOS	Status	Amount	Comment	Claim #
189979	Cynthia Snyder	Clinical Breast Exam (CBE)	99201	04/02/2015	Entered	$40.58		

1 — Participant ID — Unique identifier associated with participant

2 — Participant Name — First and last name as it appears in the Profile section

3 — Encounter — Procedure associated with the payment

4 — Code — CPT code entered for payment

5 — DOS — Date of Service that the procedure associated with the payment occurred

6 — Status — One of the following status options: Entered, Approved or Paid

Entered — Payment has been entered and is awaiting approval

Approved — Payment has been approved for payment and will be submitted to KDHE fiscal for payment

Paid Status — Payment has been submitted to KDHE fiscal for payment

7 — Amount — Medicare rate

8 — Comment — Reason for denial

9 — Claim # — Unique number added to the payment table at the time of payment request

Searching for Payment Status

Participant Search

Search By: Participant ID

Participant ID:

Search

Payment Search

Search By: Purchase Order Number

Purchase Order #: 333

Search

Participant ID	Participant Name	Encounter	Code	DOS	Status
116781	Amelia Parker	Clinical Breast Exam (CBE)	99213	06/04/2013	Paid
95412	Viviana Olson	Clinical Breast Exam (CBE)	99213	05/21/2013	Paid
97184	Catalina Moore	Clinical Breast Exam (CBE)	99213	05/15/2013	Paid

Participant Search

Search By: Participant ID

Participant ID:

Search

Payment Search

Search By: Procedure Date

Start Date: 06/01/2013

End Date: 06/03/2013

Search

Participant ID	Participant Name	Encounter	Code	DOS	Status
117252	Maria Vincent	Mammogram (initial)	G0202tc	06/03/2013	Paid
117252	Maria Vincent	Mammogram (initial)	G0202pc	06/03/2013	Paid
88849	Martha Vincent	Mammogram (initial)	G0202tc	06/03/2013	Paid
88849	Martha Vincent	Mammogram (initial)	G0202pc	06/03/2013	Paid

Participant Search

Search By: Participant ID

Participant ID:

Search

Payment Search

Search By: Payment Requested Date

Start Date: 01/01/2014

End Date: 01/03/2014

Search

Participant ID	Participant Name	Encounter	Code	DOS	Status
115136	Olga Green	Office Visit	99213	06/20/2013	Paid
115136	Olga Green	Pap Test	88175	06/20/2013	Paid
115136	Olga Green	HPV Test	87621	06/20/2013	Paid

Additional Information

How to Use Reports in Catalyst

There are two provider reports in Catalyst:

1) Enrollment Report and 2) Incomplete Encounter Report

The Enrollment Report

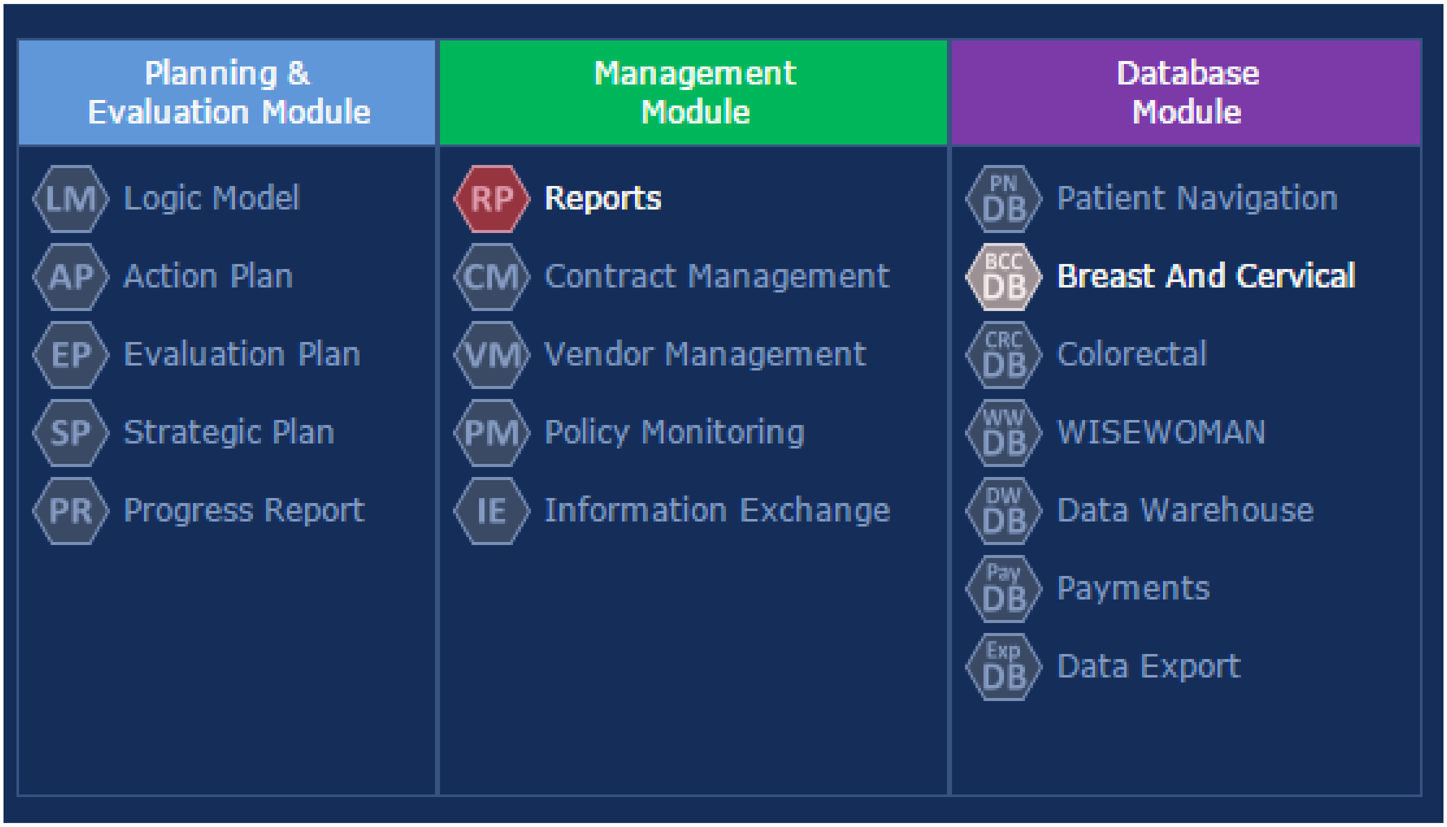
- Lists all the EDW women enrolled between the Enrollment Dates selected on the main report screen.
- For Primary Providers, the report lists all the EDW women who indicated at the time of enrollment that they would be starting their EDW services with your organizations (CBE and Pap test).
- For Other Providers, the enrollment report lists all the women enrolled with all the EDW Primary Providers in your referral networks.

The Incomplete Encounter Report

- Lists all the encounters that have been started by the provider, but are incomplete (e.g., missing a result or other required information).
- Incomplete encounters will not have payments associated with the encounter.
- For example, Primary Providers might start the Pap test or HPV encounter at the same time they enter the CBE information into Catalyst. The Pap or HPV tests will not have results until the information comes back from the lab in a few days and the payments cannot be completed until that time.
- Using the hyperlink from the report, provider staff can easily complete the encounter and add the payments.
- This report also includes encounters with unsaved payments.

Reports Module of Catalyst

From the home page, there is a six sided figure in the upper left hand corner. Click on the Database (DB) icon to access the reports. Select Reports located in the middle, top of the Management Module. Breast and Cervical in the Database Module will return you to the data entry module.1) Enrollment Report and 2) Incomplete Encounter Report



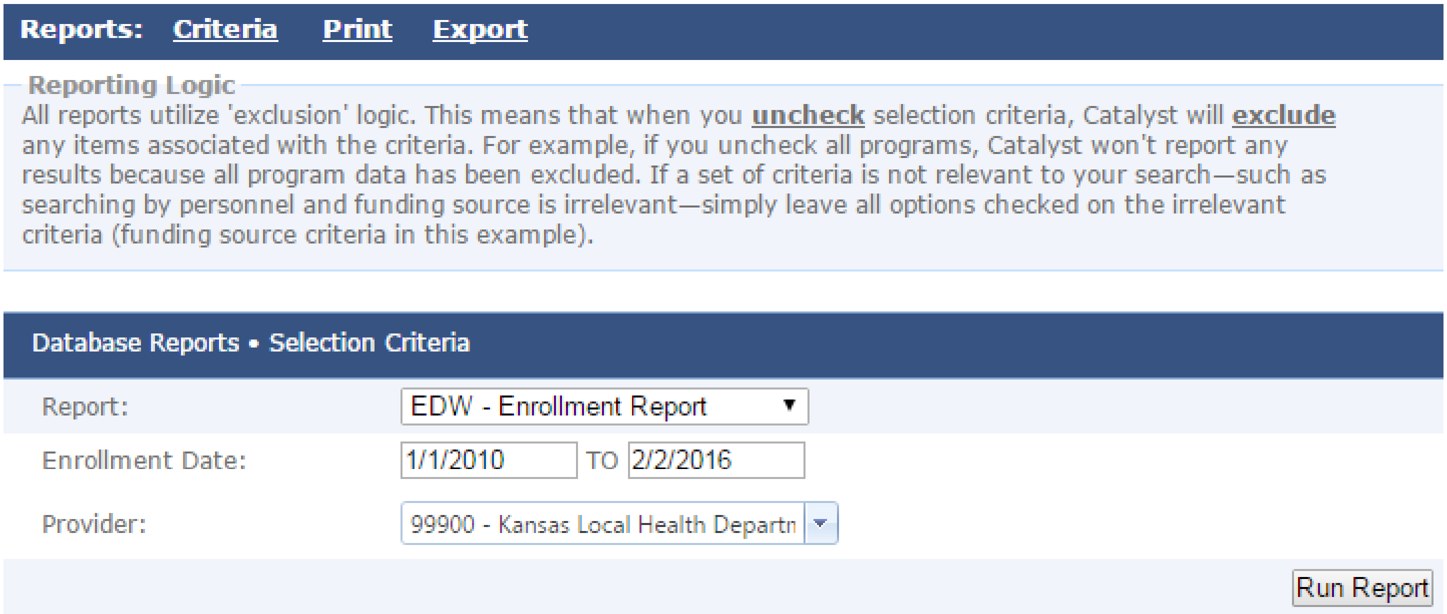
1 – Choose either the Enrollment Report or the Incomplete Encounter Report

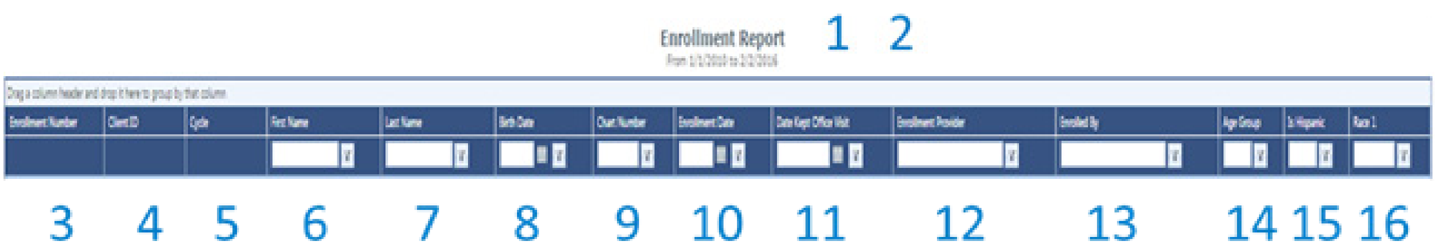
2 – For the Enrollment Report select the enrollment date range. For the Incomplete Encounter Report select the date range the incomplete encounter was created

3 – Your organization will be auto-populated and all the information on the report will be specific to your organization

4 – Select Run Report

Enrollment Report





Enrollment Report

1 — Title of the Report

2 — Dates selected on the previous screen

3 — Enrollment Number — # given to EDW participant at the time of the enrollment. Also the Encounter Code on the Enrollment Encounter

4 — Client ID Unique number specific to participant / same as the participant ID

5 — Cycle – The grouping of all the procedures between an enrollment and a normal screening or diagnosis

6 — First Name

7 — Last Name

8 — Birth Date

9 — Chart Number — Provider listed number

10 — Enrollment Date

11 — Date Kept Office Visit — Date of the CBE Encounter associated with the enrollment

12 — Enrollment Provider — Primary Provider (or referring provider) selected by woman at the time of enrollment

13 — Enrolled By — EDW staff member who enrolled the participant

14 — Age Group — The following categories: <40, 40-49, 50-64, and 65+

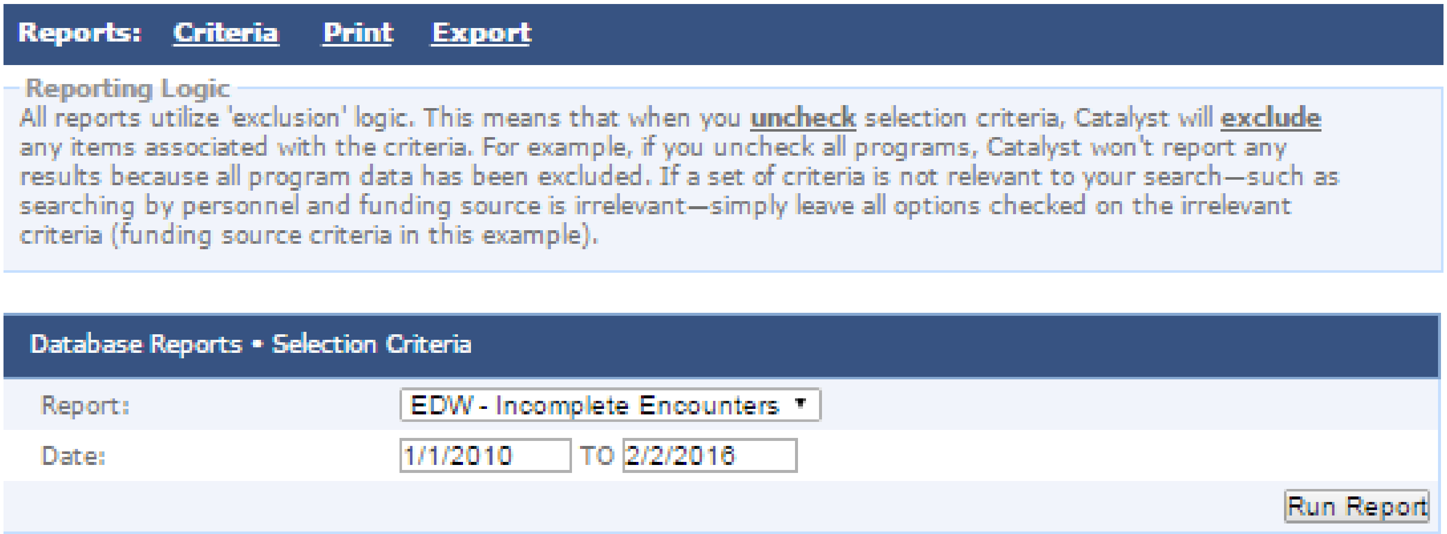
15 — Is Hispanic — Yes, self-reported Hispanic ethnicity; No, self-reported non-Hispanic ethnicity

16 — Race1 — Self-reported race, independent of ethnicity

Uses:

- Track EDW participants
- Generate data for reports

Incomplete Encounters Report



Reports: Criteria Print Export

Reporting Logic

All reports utilize 'exclusion' logic. This means that when you **uncheck** selection criteria, Catalyst will **exclude** any items associated with the criteria. For example, if you uncheck all programs, Catalyst won't report any results because all program data has been excluded. If a set of criteria is not relevant to your search—such as searching by personnel and funding source is irrelevant—simply leave all options checked on the irrelevant criteria (funding source criteria in this example).

Database Reports • Selection Criteria

Report:	EDW - Incomplete Encounters
Date:	1/1/2010 TO 2/2/2016

Run Report

Enrollment Report

1 — Title of the Report

2 — Dates selected on the previous screen

3 — Encounter ID — The unique ID specific to the incomplete encounter

4 — Participant ID – The unique ID for the EDW participant

5 — First Name

6 — Last Name

7 — Encounter Type

8 — Encounter Provider – Provider associated with the staff member who created the encounter

9 — Date of Service — Date of the procedure associated with the encounter

10 — Created By — Provider staff member who created the encounter

11 — Created Date — The date the encounter was created (not the date of service)

12 — Days Since Created — Calculated date for the number of days since the encounter was created to today

13 — Enrollment Provider — Primary Provider (or referring provider) selected by the woman at the time of enrollment

14 — Cycle — The grouping for all the procedures between an enrollment and a normal screening or diagnosis

Uses:

- Follow up for lab results
- Double checking for missing payments

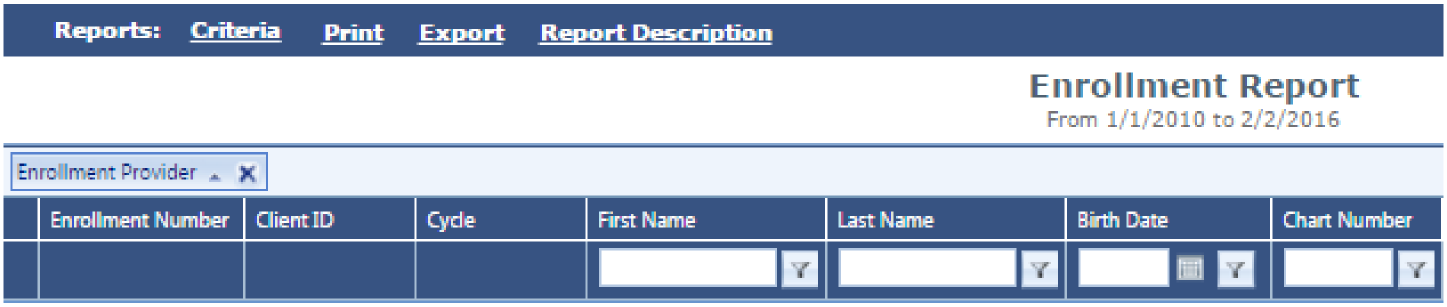
Report Features

Export allows you to take the information from the table you just created and export the information to an Excel Workbook.

Group by any of the column headings

For example, if you are a referral provider and want to group all the women by enrollment provider:

- hover over the column heading until the pointer is a four corner arrow,
- left click and hold,
- drag the column heading to left area of the screen (when you are in the correct spot there are two black arrows visible) and
- release the mouse.



Sort by any of the column headings in ascending or descending order

For example, if you want the list in alphabetical order by last name:

- hover over the column heading until the pointer is a finger,
- left click and release, and
- click again to reverse the order.

Filter by any keyword by typing in the white box of the column heading and selecting an option from the sort icon.

For example, if you want to look for all the women enrolled with the last name of Smith:

- type Smith into the white area under Last Name,
- click on the funnel icon next to the white box, and
- choose “Contains” as this option will also return hyphenated last names with Smith

Additional Training Materials

Additional Training Materials are available on the EDW Provider Webpage http://www.kdheks.gov/edw/ks_provider_entry_training.htm, including:

EDW Enhanced Attachment C Guidance — The guidance document is organized by encounter and provides the EDW billing guidelines associated with each EDW payable CPT code.

EDW Provider Network Tool for Encounters and CPT Codes — This Excel file can be used as a tool to make a customized entry spreadsheet for your provider network.

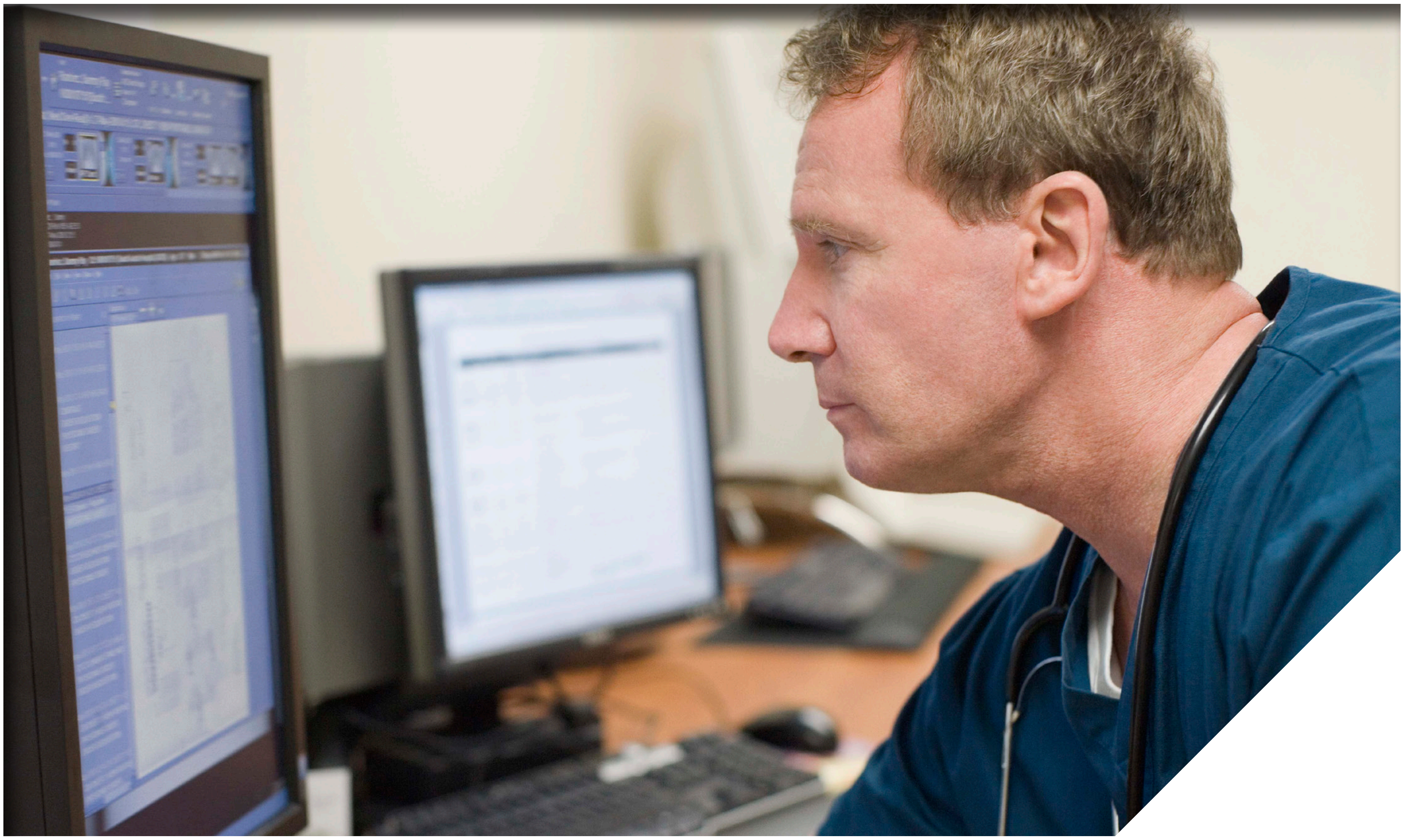
Provider Expectations

Coordinate participation within your EDW provider network, which includes the primary provider and the health care entities that provider makes referrals to. Currently, primary providers bill on behalf of subproviders. With the new system, primary providers need to ensure that all health facilities that you make referrals to intend on submitting payment requests themselves. You need a way to communicate which women are EDW clients. This information on which patients will be paid through EDW needs to be communicated during the referral.

Subproviders need to let the primary providers know if they plan on submitting payment requests themselves or if they would like the primary provider to continue to bill on their behalf. We already know that there will be a few members of your referral network who will be unable to bill EDW directly. For example, primary providers will need to continue to bill for at least some lab services.

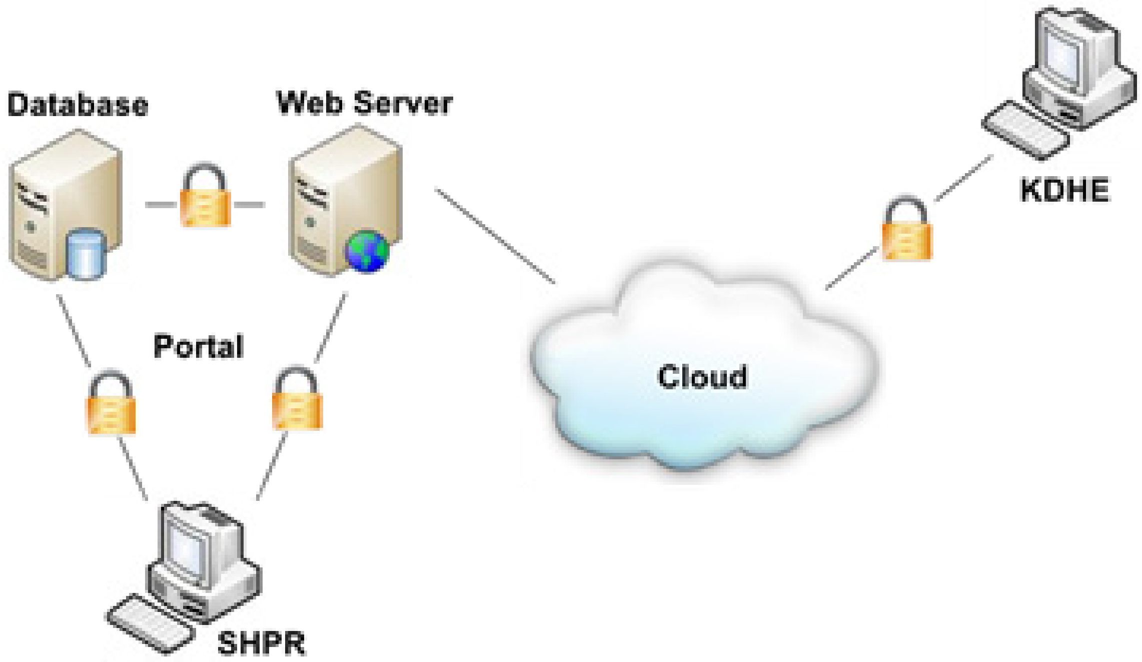
All providers need to identify a way to track which women are EDW clients. EDW staff will be available for technical assistance with this.

Computer Needs



Catalyst software uses cloud technology so your organizations do not need special software – the data management system is accessed through your web browser.

You will need a computer with access to the Internet. Preferred browsers are Internet Explorer 10 and Chrome. We will provide this recommendation in writing, if needed.



Both your computer and the software vendor connect to the EDW data system by going to a secure website. Once there, you will enter your login and a password. Security measures are in place at every level shown.

The weakest part of any security system is at the level of the user. Login and passwords are individual and will be assigned once each person has attended the full training and signed a confidentiality statement.

Confidentiality of patient data is a priority. Access to data is on a need to know basis. Login credentials are assigned an access level that allows that individual to access only the data for his or her organizations patients. Provider organizations will have access to payment information screens and reports that provide payment status for your patients only.

Data security is also a priority.

The data management system is hosted in a 370,000 square foot data center in Atlanta, GA.

- State of the art security
- Monitored 24 hours a day, 7 days a week, 365 days a year
- Dedicated server space is biometrically secured
- Incremental back-ups are run daily and full back ups are run weekly

Frequently Asked Questions

Q: Will KDHE contact subproviders and provide them the training so they can do the billing submission themselves?

A: Yes, we are currently contacting all providers to participate in the Overview Webinar and the Hands-on Training, but communication between main providers and subproviders will be essential to know the “who” and “how” of services being entered in Catalyst. We encourage two-way communication between primary providers and subproviders. Labs may have a problem entering data online and many primary providers may have to bill on their behalf. All other subproviders we have spoken with are excited to bill online because they get paid faster.

Q: Do we have ability to look up the patient’s follow-up diagnostic test results if the subprovider submits the billing?

A: Primary providers will continue to get detailed reports from their subproviders like they always have. Within Catalyst, primary providers will be able to see everything that the sub-providers enter, but subproviders will only be able to see what they enter. Data elements included with payment requests often include: date of service, received/sent results date, results, plan for additional diagnostics, recommended follow-up, and with Paps, specimen type and specimen adequacy.

Q: Are providers of mammograms, etc. going to have to be on Catalyst to get paid?

A: Yes, providers of mammograms and other services will enter their payments online. If online entry is not an option for your organization, we will be happy to work with you and your primary provider to make arrangements for payment on your behalf.

Q: Are these hands-on trainings at my site or will I be required to travel?

A: The hands-on trainings will be in the cities where most of the providers are located. We are currently planning six trainings in the Northeast to minimize travel for that area. We will offer multiple training sites in each region to minimize travel. We are looking for locations for the trainings. If you have a computer lab at your facility that we might use for the trainings, please let Cynthia Snyder know and I would love to include that as a training site.

Q: If I get on Catalyst for the grants will I use the same sign in information?

A: Yes, you can use the same login. Once logged in, select Breast and Cervical module.

Q: When will the training take place for the lower counties in the state? The map that was shown at the end of the Webinar just showed the cities and counties in the top half of the state.

A: We are starting with the northeast. During the next year, we will train the entire state. We will train a region and start the cohort in the live environment. We will start the next region's training and so on until the state is trained. The training areas will be northeast, southeast, central, and west and roughly follow the EDW regions.

Q: Since we're a laboratory providing services across Kansas, we're wondering how online payment submission will work since the whole state won't be going live all at the same time. We were under the impression that everyone will be training at different times & therefore going live at different times.

A: Labs have some unique challenges, including working with a large number of providers all over the state and providing results to third party payers. Many primary providers will continue to bill through primary providers and the primary providers will enter the payments in Catalyst on the lab's behalf. For labs that would like to enter their own payment requests, we need to look at the locations (training regions) of their primary providers and develop a transition plan for that lab. For example, labs could bill through the primary provider until the state was trained and go live with the last group. Another example might utilize a "live" indicator as part of the EDW participant identification code so labs knew that participant needed to be entered online.

Q: Will there be a webinar for the hands on training?

A: For those unable to travel or those wanting to participate online, we will offer several "Virtual" hands-on trainings. These trainings will be small group through a GoToMeeting format. Participants will have a PDF version of the training manual. Participants will be expected to show their screens to the group and take turns demonstrating the exercises and actively participating in discussions.

Q: If the provider chooses not to enroll for access and wants to continue billing as they always have, will the contract need to be changed?

A: There may some providers that are unable to participate. If you are a Primary Provider that is unable to enter your payments online, you will need to make special arrangements with the Clinical Nurse Manger.

Q: Should there be more than one person getting trained so there's a back-up?

A: That certainly is an option, but the decision will be up to the individual organizations.

Q: With ACA will there still be women enrolling in EDW?

A: Yes, the average woman participating in EDW is 89% of Federal poverty level and does not qualify for subsidies with ACA.

Q: What are the fail-safe measures?

A: There are a number of features in the system that ensure data quality and correct payment requests. Required fields must be completed before a payment can be submitted. The drop down menus offer prepopulated options, such as listing only EDW payable CPT codes.

Q: Will I know if my subprovider has entered a payment request?

A: Primary providers will be able to see the encounters entered by subproviders and the payment requests associated with those encounters. A primary provider can pull up a participant's profile, look for the date of service/type of service on the side "tree," and open the encounter to see the payment request associated with that service.

Q: Can I attend a training more than once?

A: Yes, you can attend a training again. If you want more practice after attending a hands on training in the computer lab, you can also sign up for a virtual training.

Q: What is the best way to resolve and document the differences in CPT codes between recorded services and EDW allowable codes? Specifically, if a surgeon has an office visit that is extensive and documented as a 99215, but EDW will only pay for a 99213, what is the correct way to put the CPT code into Catalyst?

A: The short-term solution to document the difference is to use the free text field on the payment. Originally, this field was designed for specimen numbers or chart numbers, but it is an open field to be used at the provider's discretion.

Q: How will participation in Catalyst work with outsourced billing?

A: The short answer is that it depends. Here are a few of the options: 1) the outsource biller is the entity that enters the payments in Catalyst online; 2) the clinic enters the payments in Catalyst; and 3) for low volume subproviders, the primary provider may choose to enter on their behalf. Each network will have a unique solution to the "who" and "how" of entry into Catalyst. If your organization or network is facing challenges setting up the network, contact your regional staff or Cynthia csnyder@kdheks.gov and we can problem solve.

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