

## PARTNERS...

A newsletter for the partners and providers of Early Detection Works,  
Kansas breast and cervical cancer screening and detection program

### *Director's Message*



Please consider attending Cultivating Healthy Kansans: A Leadership Summit on Health Promotion & Chronic Disease Prevention, to be held December 1 – 3 at the Capitol Plaza Hotel in Topeka. A number of nationally known speakers will provide interesting and informative presentations about chronic disease and health promotion issues. Please refer to the expanded information about the conference on page 4 and check out the conference website for details.

All client forms for EDW services were due to regional nurses by August 15. Forms for services provided between July 1, 2008 and January 1, 2009, may still be submitted even though they are very late. Payments will be made if possible. As always, this time of year we are inundated with late forms and it takes time for staff to review and process each service. Forms that were submitted by August 15 will receive payments. We appreciate your patience.

We will continue to host provider calls this fall. Please watch your e-mail for the next dates and times. If you have topics or subjects that you would like to see on the agenda, please let me know directly, or share your thoughts with your regional nurse.

The Kansas Cancer Partnership continues to revise and update the Kansas Cancer Control and Prevention Plan which will be published in March 2010. Most of the Partnership's work is accomplished by six workgroups which meet via monthly conference calls. If you are interested in providing input, your participation will be greatly appreciated. The six groups from which to choose are Patient Advocacy/Navigator, Professional Education, Public Education, Research and Data, Survivorship and Policy. If you are interested in being a part of the Kansas Cancer Partnership, please e-mail Pati O'Hara (pohara@kdheks.gov) for more information.

*Janet Neff, Director  
Cancer Prevention and Control Program*

**PLEASE NOTE: The EDW Kansas Breast & Cervical Cancer Screening Program Policy & Procedures Manual has been revised and is available for viewing at: [www.kdheks.gov/edw/download/programmanual.pdf](http://www.kdheks.gov/edw/download/programmanual.pdf)**

### Regional Nurses

#### Northeast

Linda Redding, RN  
785-832-1701

#### North Central

Karla Schmidt, RN  
620-241-6465

#### South Central

Sherry Haworth, RN  
316-660-7332

#### Southeast

Stephanie Thompson, RN  
620-235-7136

#### West

Shelly Nelson, RN  
Toll-Free  
1-877-275-5302

Early Detection Works  
Toll-Free Hotline  
1-877-277-1368

Early detection can save your life.



## Fee Schedule Update

You should have received a letter shortly after July 1 referencing the updated Attachment C, Reimbursement Fee Schedule with the current payment rates for EDW payable services. These rates will be in effect for services dated July 1, 2009 – June 30, 2010. Copies have been mailed to all current contractors and subcontractors. It is also posted on the EDW website and may be found at [http://kdheks.gov/edw/download/Attachment\\_C.pdf](http://kdheks.gov/edw/download/Attachment_C.pdf).

EDW is now able to reimburse for digital mammography at the approved Medicare rates. Forms must indicate whether the mammogram was film or digital. Unmarked forms will be paid at the film rate. Also of note is a change in payments for EDW procedures and facility fees. There are now two payment rates for procedures. If a procedure is performed “in office” or in a “procedure room” the higher rate will apply. If a procedure is performed in a “facility” setting the lower payment rate will be paid. It then becomes appropriate for the contracted “facility” to bill EDW for a Facility Fee. CDC has indicated that a facility is a hospital, a medical center or a certified ambulatory surgical center. They do not consider a procedure room in a physician office or clinic a “facility.”

If you have any questions about these changes please contact your Regional Nurse or Topeka EDW staff.

## Electronic Forms -- Looking to the Future

EDW staff are looking into the possibility of creating forms that can be completed on your computer. While we are far from an actual “Electronic Medical Record,” our goal is to find a way for those of you that keep records on computers to be able to fill out EDW forms electronically. Our first attempt was an Intake and Visit form as a Word document. With this tool, each individual form had to be saved as a unique file.

Currently we are working on an Intake and Visit form that is based on an Access database. We are hopeful that this will have demographic data that can be retrievable from form to form. With information stored in the database, it will make it easier to work with your records. Another benefit will be the requirement for fields to be completed, eliminating forms that get sent in with missing information. This fall we hope to have a beta system in place for a pilot project. If you are interested in being involved in the pilot project, please let your Regional Nurse know.

Even with computerized forms in place, paper copies will still need to be submitted to your Regional Nurse. At this time we do not have a secure means to transmit confidential information electronically.



## September is Ovarian Cancer and Prostate Cancer Awareness Month

**Ovarian cancer** is the eighth most common cancer and the fifth leading cause of cancer death in U.S. women, but found in its early stages, treatment can be very effective. Ovarian cancer often causes signs and symptoms including: pain in the pelvic or abdominal area; back pain; being tired all the time; bloating; frequency or urgency of urination; upset stomach or heartburn; or abnormal vaginal discharge, including abnormal bleeding. These symptoms may have other causes, but women should consult their health care professional if any of these symptoms worsen or last for two weeks or longer.

**Prostate cancer** is the second leading cause of cancer deaths among men in the U.S. and the most common form of cancer in men (other than some forms of skin cancer). Medical experts do not know what causes prostate cancer or how to prevent it. While all men are at risk, factors that increase risk include age, family history and race/ethnicity. Some prostate cancers become a serious threat to health, while others never do and don't affect how long a man lives. The main screening tools for prostate cancer are the digital rectal examination and the prostate-specific antigen test. These tests do not detect prostate cancer and only suggest the need for further tests. Evidence is mixed about whether early detection improves health outcomes. Given the uncertainty about the benefit of screening, CDC supports informed decision making about screening. When a man understands the nature and risks of prostate cancer and the risks, benefits, and alternatives to screening, he can make a decision consistent with his preferences and values.

## Flawless Forms?

Flawless forms in the EDW program will ensure that payments are processed quickly, often within only a few weeks of submission. However, forms with errors cannot be processed for payment until corrections are completed.

When EDW providers submit their forms, they are reviewed for accuracy, completeness of data and case management by the regional nurse and a reviewing nurse in Topeka prior to submitting to the Accounting Specialist for payment. If any required information is missing or appears inaccurate or illegible, the forms are held pending corrections or additions.

Some common errors found on forms include:

- Missing date of service
- Missing test results
- Missing CPT codes for office visits or consults
- Marking the CPT code for office visit 'new patient' when the client was not new to the provider site
- No indication of 'digital' or 'film' mammography (mammograms are typically paid at the 'film' rate unless 'digital' is indicated rather than delay payments)
- Illegible name, date of birth or other key identifiers
- Incomplete Section 5 on diagnostic forms, even if the diagnosis is 'benign'

In addition, there may be questions about the results of the Clinical Breast Exam (CBE). A *Discrete Palpable Mass (DPM) benign* is a lump that was identified before and diagnosed as benign. It does not require further follow-up. A *DPM suspicious* is a lump that requires follow-up with ultrasound or at the very minimum, a repeat CBE. Case management of an abnormal test result is very important. Although there are clinical guidelines for follow-up, EDW expects medical professionals to exercise clinical judgment that may fall outside of established EDW guidelines. In any unusual situation, please contact your regional nurse to clarify these issues so that EDW will pay for appropriate services. Your communication prior to submitting client bills will assist in prompt payments and fewer phone calls.

Billing accuracy is critically important. EDW pays for appropriate services based on how those services are billed with the assumption that the correct codes and other information are indicated on the forms. EDW can only pay based on the information provided on client forms and based on CDC guidelines. The forms contain the data (without individual identifiers) submitted to CDC on April 15 and October 15 each year. This data is one of the major factors in grant awards to the State of Kansas. Kansas has the reputation of excellent data quality, largely due to providers' accuracy and EDW nurses who diligently review forms.

Correct, complete and timely submissions ensure rapid payments to providers and their subcontractors. EDW staff appreciate the collaboration of providers and contractors in continuing to maintain an effective and efficient program.



## October is National Breast Cancer Awareness Month

**Breast cancer** is the most commonly diagnosed cancer among American women, other than skin cancer. Mammograms are the best way to detect breast cancer. According to the American Cancer Society (ACS), an estimated 192,370 new cases of invasive breast cancer are expected to be diagnosed among women in the United States this year. An estimated 40,170 women are expected to die from the disease in 2009 alone. Today, there are about 2.5 million breast cancer survivors living in the United States. In 2005 in Kansas (the most recent year for which statistics are available), 1,871 women were diagnosed and 386 women died of breast cancer.

Men also get breast cancer. However, it is very rare. For every 100 cases of breast cancer, less than one is in men. Per CDC guidelines, men are not eligible for EDW services.

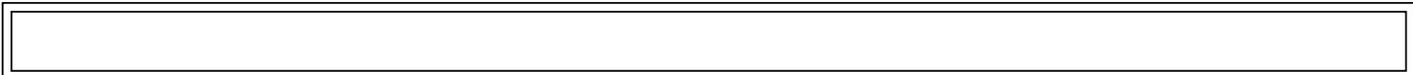
A graphic for the 2009 Summit 'Cultivating Healthy Kansans'. It features a large orange flower on the left and green vines with leaves on the right. The text is centered and includes the event title, dates, location, and contact information.

**2009 Summit**  
**Cultivating Healthy Kansans**  
A Leadership Summit on Health Promotion & Chronic Disease Prevention  
**December 1st, 2nd & 3rd**  
**2009**

**Topeka Capitol Plaza Hotel  
&  
Maner Conference Center**

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**For Summit Information**  
[www.cultivatinghealthykansans.org](http://www.cultivatinghealthykansans.org)  
**785-296-8916**



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