

# Provider Update

## After 17 Years Breastcare is Still Screening Women and Saving Lives

The BreastCare Phone Center closed on July 1, 2011. Women ages 40-64 now enroll in the BreastCare program by calling or visiting a local primary care provider who contracts with BreastCare. They learn immediately if they are eligible and receive an identification card if they are enrolled.

Eligible women receive an appointment for their exam and mammography referral. At her appointment the enrollee receives the "Welcome to BreastCare" pamphlet, a list of covered and non-covered services, and an important patient information sheet describing the program and patient's responsibilities.

BreastCare enrolled 12,267 women in FY12. BreastCare screening efforts detected 199 breast cancers and 31 cervical cancers. (BreastCare FY2012 Fourth Quarter Report, April – June 2012)

## BreastCare Billing

Effective 9/24/12, claims for PCP office visits will not be paid until patient visit information in the BreastCare online system is complete. It is the responsibility of participating primary care providers to assess patient eligibility and enroll patients into the program, provide screening exams, mammography referrals and follow up.

Documentation of these patient services in the online BreastCare system is critical to our funding and is required for reporting purposes. Currently there are many patients whose office visits, procedures and results have not been entered online. These claims for office visits will be denied if the screening visit, Pap result and mammogram result are not in the BreastCare online system when HP receives the claim.

Providers will receive an RA to update the BreastCare online system with the patient's data including procedure results and re-file claim for payment processing. The Center for Disease Control and Prevention requires this information in an electronic report every six months.

**Deadlines for Filing Claims:** BreastCare providers must submit claims within 60 days from the date of service. After 120 days from the date of service, claims may be suspended for failure to submit the claim by the filing deadline.

**Remittance Advices (RA)** are now distributed in PDF format, known as WebRA. Providers must register to have access to their RAs on the Medicaid website. WebRAs are available for 35 days before they are removed from the website.

After an RA is removed, HP will charge for retrieving the RA, if requested to do so. Providers who have extenuating circumstances, such as limited or no internet access, may opt out of WebRA by completing a Hardship Waiver and faxing it to the ADH Provider Enrollment Unit at 501-661-2009. The form can be found at:

[http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Documents/ProviderForms/HardshipWaiver\\_Implementation\\_Revised.pdf](http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Documents/ProviderForms/HardshipWaiver_Implementation_Revised.pdf).

## Say Yes to a Mammogram!

**Most Common Rejections** – HP processes and pays BreastCare claims for the Arkansas Department of Health (ADH). Claims with no issues are paid each week. However, if a claim is rejected, HP provides the submitter with a reason the claim was rejected whether it was submitted through HP’s free claims submission software (PES) or through a vendor system.

**Once you correct the claim, resubmit it for payment.** Included here are a list of the most common rejections and the appropriate method of correction.

Rejection Code	Description	Method of Correction
2940/2950	Valid result code is required (breast/cervical)	Add appropriate codes and resubmit. See section 530 of BC Billing Manual.
3330	Recipient not eligible for treatment procedure	Verify client's eligibility or call 1-855-661-7830
3350	Recipient ineligible for service	Verify client's plan and see approved services in the billing manual
3740	Diagnosis invalid for procedure	Verify diagnosis is valid for procedure billed in the BC billing manual
1610	System derived TOS	Procedure requires the appropriate modifier, correct and resubmit
2500	Recipient not on file	Verify client's ID and resubmit

## U.S. Preventive Services Task Force 2012 Recommendations for Routine Pap Testing

Effective immediately, a woman can choose to have a Pap test every three years, or if she would like to lengthen the time between testing, she can choose to have a Pap test and HPV test every five years. Established patients who have had normal results and are not high risk are transitioned to either the three or five year track based on the date of the last documented Pap test. Once a patient has selected a Pap track, she must stay on that track for routine screening. She cannot alternate between tracks. Unless she has a problem, it is no longer necessary to have three consecutive, negative Pap tests before reducing the frequency.

High risk patients will continue to receive Pap tests every year. “Know Your Choices for Routine Pap Testing” is an informational handout developed for the patient so that she can make an informed decision about her Pap frequency. You can find this form and updated Provider resources at: [http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Documents/ProviderForms/Education/KnowYourChoices\\_english.pdf](http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Documents/ProviderForms/Education/KnowYourChoices_english.pdf).

Call Renee House at 501-661-2018 with questions.

## Recent Online System Improvements

BreastCare providers have done a tremendous job implementing and using the on-line BreastCare system. BreastCare will continue to work for system improvements and your suggestions are always welcome. Some improvements include:

- CHCs can now select the name of the CHC clinic for "Case Manager" on the Cycle Input Page. The Regional Care Coordinator is no longer selected for use as CHC Case Manager.
- A patient can be re-enrolled any time during the month that her BreastCare ID card expires.
- A field has been added to the Patient Information Page for non-ADH providers to enter the patient's e-mail address. It is very important to obtain and enter this address so reminders can be sent to patients.

## Online Reports for Primary Care Providers

There is a "Reports" link on the Search Page that takes you to several reports that will help you monitor follow-up for your BreastCare patients. Here is the list.

- Overdue Diagnosis (final diagnosis pending for 30 days) – Use this report to assure that follow-up is complete on your patients having abnormal results.
- Overdue Results (no procedure results online for two weeks) – Use this report to track result entries that are delinquent.
- Cancer Diagnosis – Use this report to track your patients with a cancer diagnosis.
- Diagnosis Status – Use this report to assure your BreastCare patient receives the necessary diagnostic follow-up.
- Overdue Treatments – Use this report to assure that your BreastCare patients receive treatment.
- Unsatisfactory Pap Tests – Use this report for QA.

## Patient Navigation Available To Your Patients

A Regional Care Coordinator is located in each of the Arkansas Department of Health's five regions to assist you with follow-up of abnormal mammograms and Pap tests:

Central	<a href="mailto:polly.lockett-fox@arkansas.gov">polly.lockett-fox@arkansas.gov</a>	501-944-2241
Northeast	<a href="mailto:lisa.martin@arkansas.gov">lisa.martin@arkansas.gov</a>	501-425-3031
Northwest	<a href="mailto:debby.harris@arkansas.gov">debby.harris@arkansas.gov</a>	501-425-3054
Southeast	<a href="mailto:s.renee.roland@arkansas.gov">s.renee.roland@arkansas.gov</a>	870-270-9510
Southwest	<a href="mailto:julie.huntley@arkansas.gov">julie.huntley@arkansas.gov</a>	903-748-8276

The following abnormal screening results must be referred to a Care Coordinator for follow-up and tracking:

- Mammography – Suspicious abnormality (Category 4) and highly suggestive of malignancy (Category 5).
- Ultrasound – Solid mass suspicious for cancer.
- Abnormal clinical breast exam requiring a breast biopsy.
- Enrollees who refuse follow-up or are lost to follow-up after an abnormal test result.
- Post-menopausal bleeding.
- Pap results of ASC-US with positive HPV, LGSIL, ASC-H, AEC, AGC, AGC-EM, HGSIL/ Carcinoma-in-situ, and squamous cell carcinoma.

All patients with a breast or cervical cancer diagnosis or precancerous cervical condition must be referred to the Care Coordinator for possible transition to the BreastCare Medicaid Program. Referrals are made within five days of a biopsy positive for cancer.

**Note: For clients not enrolled in BreastCare, providers may refer diagnosed patients to BreastCare Medicaid Case Managers by calling 501-661-2513 or faxing pathology report to 501-661-2009.**

## Mobile Mammography at Mass Flu Clinics in October

Uninsured women age 40-64 were offered the unique opportunity to enroll in BreastCare and get a mammogram at some of the mass flu clinics across the state. St. Bernards' mammography van was on-site at three mass flu clinics in Poinsett County.

UAMS mobile was onsite at mass flu clinics in Saline, Perry, Garland, Lee and Lonoke counties.

So far over 100 women have been served.

## Slot Availability

You can look on the Patient Information Page for available plans before you assess a patient's eligibility. Each plan is independent of each other. Plans A (statewide) and KA (63 designated counties) are for women ages 40-49.

Plan C is for women ages 50-64. For example, the Patient Information Page may show that no slots are available for one plan but there are slots open for the other plan.

However, remember that if you have a symptomatic patient who needs to be enrolled and no slots are available for her age, call Kenesha Carbage at 501-280-4117 and she will help you.

## Provider Enrollment System More User-Friendly for FY 2014

The online provider enrollment system is being revised to increase efficiency. The new procedure and renewal notices will be sent via email. Please make sure that BreastCare has your current information on file. **ALL CURRENT AGREEMENTS WILL NEED TO BE RENEWED BEFORE JUNE 30, 2013.**

To keep BreastCare Public Health Service Agreements up to date, notify us of any changes that you may have within your organization. To add/delete a provider from your group, please go to:

[http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Pages/](http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Pages/ProviderFormsManuals.aspx)

[ProviderFormsManuals.aspx](http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare/Pages/ProviderFormsManuals.aspx) to access Provider Name and Specialty Form and Instructions. Completed form should be faxed with copies of current license and DEA to Wanda Lung'aho at 501-661-2189.

**Primary Care Providers must set up a password after your contract is approved to gain access to the Patient Management System to enroll patients. For help, contact Shiela Couch at 501-661-2836 or [shiela.couch@arkansas.gov](mailto:shiela.couch@arkansas.gov).**

### What Are Your Thoughts? We are Listening.

Watch for an online Provider Survey to come your way via e-mail. Please take a minute to complete this and share your honest opinion. This will help BreastCare make improvements where needed. To make sure we have your correct e-mail address, please send it to [BreastCare@arkansas.gov](mailto:BreastCare@arkansas.gov).

## Frequently Asked Questions (FAQ)

**Q: Can BreastCare accept a screening mammogram report interpreted as BIRADS 3-probably benign?**

A: No, the American College of Radiology and the Centers for Disease Control and Prevention have recommended that additional diagnostic images be taken before a final interpretation of BIRADS 3 is reported.

**Q: Is pelvic ultrasound covered by BreastCare for postmenopausal bleeding?**

A: No, not at this time.

**Q: Is a surgical consult required for an abnormal Clinical Breast Exam (skin dimpling, nipple discharge or retraction, palpable mass) if the mammogram and ultrasound are negative?**

A: Yes, a mammogram and ultrasound are not 100% accurate at finding an abnormality so a cancer could have been missed.

**Q: What tests should be ordered when a woman has a palpable lump on clinical exam?**

A: She should receive a diagnostic mammogram and breast ultrasound at the same visit. Many times the ultrasound will rule out a solid mass and a surgical referral is not needed.

**Q: Does BreastCare send annual re-enrollment reminders?**

A: Yes, if we have the client's e-mail address, an e-mail message is sent to her on the month that her enrollment ends.



Arkansas Department of Health

**BreastCare**  
*Say Yes to a Mammogram!*

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