WOMEN SCREENED AND SAVED

SINCE THE PROGRAM’S BEGINNING IN 1996:
- 68,414 Women Screened
- 103,502 CBEs
- 84,820 Mammograms
- 61,824 Pap smears
- 1,270 Breast Cancers Detected
- 325 Cervical Cancers Detected

LAST GRANT YEAR:
- 10,429 Women Screened
- 8,378 CBEs
- 9,094 Mammograms
- 4,021 Pap smears
- 144 Breast Cancers Detected
- 27 Cervical Cancers Detected

PARTNERS

Several organizations in Alabama contribute time, resources, and money to help ABCCEDP reach and serve women in Alabama. Often our partners recruit providers to participate, educate women about the importance of screening, refer women to our program and provide money for screening and diagnostic services. Without their work across the state and in each community, the program would not be successful.

- Alabama Breast Cancer Roundtable
- American Cancer Society
- Avon – Butterfly Project
- Deep South Network
- Joy to Life Foundation
- USA Mitchell Cancer Institute
- National Breast Cancer Foundation
- REACH US
- Susan G. Komen for the Cure
- UAB Comprehensive Cancer Center
- UAB HealthFinders
- State of Alabama

TREATMENT FOR CANCER AVAILABLE

Women under age 64, who have no insurance and meet income guidelines, are eligible for Medicaid if they have been diagnosed with breast, cervical, or pre-cervical cancer (CINII, CINIII).
FINANCIAL CORNER

ADDITIONS/CHANGES IN MEDICARE REIMBURSABLE RATES

1) Effective July 1, 2010 digital mammograms will be reimbursable at the digital mammogram Medicare rate. Previously the program was only able to reimburse for digital mammograms at the film rate. When billing for a digital mammogram, please use G0202, screening mammogram, digital image. The rate is $112.94 as compared to the film rate of $69.54. See table below.

2) CPT Code 88331, “Pathology consultation during surgery, first tissue block, with frozen section, single specimen” has been added to the reimbursement list.

3) The Cervista HPV HR test is an acceptable procedure for HPV screening, however, it will be reimbursed at the Digene HPV rate only.

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening Mammogram</td>
<td>77057</td>
<td>$69.54</td>
<td>$33.04</td>
<td>$36.50</td>
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<tr>
<td>Screening Mammogram, digital image</td>
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<td>$112.94</td>
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<td>$80.21</td>
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<tr>
<td>Diagnostic</td>
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<tr>
<td>Diagnostic Unilateral Mammogram</td>
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<td>Diagnostic Bilateral Mammogram</td>
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<td>$41.09</td>
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<td>Diagnostic Bilateral Mammogram, digital image</td>
<td>G0204</td>
<td>$134.84</td>
<td>$40.78</td>
<td>$94.06</td>
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</table>

END OF GRANT YEAR INVOICE DEADLINE

We are once again approaching the end of our grant year. Remember, all invoices for services provided from June 30, 2009 to June 29, 2010 must be submitted by August 31, 2010 in order to be reimbursed.

A list of patients that have been enrolled in the program, but for which we have not received a bill has been sent to primary care providers at the end of April.

This policy is necessary as annual funding for the ABCCEDP comes from the CDC and runs from June 30th through June 29th. Funds cannot be carried forward from one grant year to the next. They must be spent within 60 days of the end of the grant year or the funds are lost to the program with the overall result being less available funds for services. In order to ensure the provision of services and fiscal stability of the program, we must adhere to 60 days.

INVOICE PAYMENTS

Generally, once completed paperwork and invoices are received by your regional coordinator, it will take 60 days to receive reimbursement. If you have not received payment within 90 days, please contact your regional coordinator to follow-up on the claim. Requests to follow-up on claims less than 60 days are not necessary/helpful.
In a recent audit of the program, it became clear that clarification was needed regarding initial and follow-up screening for breast cancer. Below are the areas of concern.

1) For mammograms with a BIRADS “0” result, please schedule immediate follow-up tests. Approval from the primary care provider is not required. Follow-up testing will be reimbursed without any prior approval, based on the radiologist’s determination that the testing is needed. (Follow-up tests include diagnostic spot compression, ultrasound or both. MRIs and ductograms are not eligible for reimbursement)

2) When a screening mammogram is ordered by the primary care provider, it must be the initial test performed. A diagnostic mammogram should only be performed if it is indicated by the screening mammogram results or has been specifically ordered by the referring clinician. Only in these instances, will a provider be reimbursed at the diagnostic mammogram rate.

3) Young women under the age of 30 with a positive clinical breast exam should initially have a diagnostic ultrasound. The results of the ultrasound will determine whether a diagnostic mammogram is needed. The program will reimburse for diagnostic ultrasounds for women under age 30.

NEW MAMMOGRAPHY RECOMMENDATIONS FROM U.S. PREVENTIVE SERVICES TASK FORCE
The new guidelines released by the U.S. Preventive Services Task Force regarding breast cancer screening do not change the services provided by the Alabama Breast and Cervical Cancer Early Detection Program.

The new recommendations are that routine breast cancer screening should begin at age 50, and take place every two years. Services provided by ABCCEDP continue to be available annually for women age 40-64 who meet eligibility criteria.

The Centers for Disease Control and Prevention’s (CDC) funds the National Breast and Cervical Cancer Early Detection Program, of which ABCCEDP is a part. CDC’s policy for providing coverage of mammography for women has not changed. Specifically, CDC’s policy is that 75% of each state’s program funds go toward providing mammograms every one or two years to women 50-64 years of age. ABCCEDP has consistently followed this policy since program inception in 1996.

Our program has been able to provide annual screening mammograms to women 40-49 years of age due to the provision of private funds from Susan G. Komen for the Cure, the Joy to Life Foundation, and the National Breast Cancer Foundation.

Provision of breast cancer screening for 40-49 year old women using private funds will continue as normal until private funders change their policy on how their dollars are to be spent.

CDC has stated they will consult the national Federal Advisory Committee in the near future to determine whether the program should change its coverage to biennial screening for asymptomatic women age 50-64. They have also stated that more emphasis should be placed on having women talk to their healthcare provider regarding their individual need for screening sooner than every two years.

ABCCEDP ELIGIBILITY UPDATE

ELIGIBILITY CRITERIA
ABCCEDP continues to be able to provide services to women 40-64. We are also able to provide breast screening services only to women under 40 who have a breast complaint.

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RADIOLOGY REIMBURSEMENT CLARIFICATION SCREENING & DIAGNOSTIC TESTING

In a recent audit of the program, it became clear that clarification was needed regarding initial and follow-up screening for breast cancer. Below are the areas of concern.

1) For mammograms with a BIRADS “0” result, please schedule immediate follow-up tests. Approval from the primary care provider is not required. Follow-up testing will be reimbursed without any prior approval, based on the radiologist’s determination that the testing is needed. (Follow-up tests include diagnostic spot compression, ultrasound or both. MRIs and ductograms are not eligible for reimbursement)

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3) Young women under the age of 30 with a positive clinical breast exam should initially have a diagnostic ultrasound. The results of the ultrasound will determine whether a diagnostic mammogram is needed. The program will reimburse for diagnostic ultrasounds for women under age 30.
Educational opportunities, eligibility information and several forms are available on our website at http://www.adph.org/earlydetection. Forms include income guidelines, screening forms, mammography vouchers, CPT Code Reimbursement lists and CME opportunities.

Recent additions to the site are training videos targeting clinicians, nurses, social workers, and health educators. The video topics are:

1) ABCs of Breast Cancer: Donna Lynn Dyess, M.D., Surgical Oncologist, University of South Alabama Medical Center

2) Cervical Cancer: Diagnosis and Treatment, presented by Michael Finan, M.D., gynecological oncologist at the USA Mitchell Cancer Institute and Warner Huh, M.D., gynecological oncologist at the UAB Comprehensive Cancer Center

3) HPV and Cervical Cancer, presented by Grace Thomas, M.D., Medical Director of the Women’s Health Division of the Alabama Department of Public Health and Lucille Latham, Health Educator with the Coffee County Family Services Center.

Once again, 100% of CDC’s core program performance indicators met!
Our program submits data to CDC twice yearly, and the last submission in October 2009 demonstrated the wonderful job you have done! We met all 11 of CDC’s core program performance indicators! This ensures continued federal funding.

<table>
<thead>
<tr>
<th>Indicator Type</th>
<th>Program Performance Indicator</th>
<th>CDC Standard</th>
<th>Alabama Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>Initial Program Pap Tests; Rarely or Never Screened</td>
<td>≥ 20%</td>
<td>28.4%</td>
</tr>
<tr>
<td></td>
<td>Screening Mammograms Provided to Women ≥ 50 Years of Age</td>
<td>≥ 75%</td>
<td>85.7%</td>
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<tr>
<td>Cervical Cancer Diagnostic Indicators</td>
<td>Abnormal Screening Results with Complete Follow-Up</td>
<td>≥ 90%</td>
<td>90%</td>
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<tr>
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<td>Abnormal Screening Results; Time from Screening to Diagnosis &gt; 60 Days</td>
<td>≤ 25%</td>
<td>11.9%</td>
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<td></td>
<td>Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive</td>
<td>≥ 90%</td>
<td>100%</td>
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<td></td>
<td>HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment &gt; 90 Days</td>
<td>≤ 20%</td>
<td>4.5%</td>
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<tr>
<td></td>
<td>Invasive Carcinoma; Time from Diagnosis to Treatment &gt; 60 Days</td>
<td>≤ 20%</td>
<td>0%</td>
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<tr>
<td>Breast Cancer Diagnostic Indicators</td>
<td>Abnormal Screening Results with Complete Follow-Up</td>
<td>≥ 90%</td>
<td>91.7%</td>
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<tr>
<td></td>
<td>Abnormal Screening Results; Time from Screening to Diagnosis &gt; 60 Days</td>
<td>≤ 25%</td>
<td>6.1%</td>
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<tr>
<td></td>
<td>Treatment Started for Breast Cancer</td>
<td>≥ 90%</td>
<td>98.4%</td>
</tr>
<tr>
<td></td>
<td>Breast Cancer; Time from Diagnosis to Treatment &gt; 60 Days</td>
<td>≤ 20%</td>
<td>4.0%</td>
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</table>