Section IX: Breast and Cervical Cancer Control Program (BCCCP)

Program Management

MPR 1

Coordinate with MDCH an annual review of minimum program and reporting requirements.

References: *PL 101-354, Section 1501 (a)(6); CDC Administrative Guidance; CPBC provision.*

Indicator 1.1

Requirements to continue screening services are met as evident from the annual site evaluation.

This indicator may be met by:

There must be evidence that the local health department is continuously meeting the CDC program requirements as outlined in each of the following categories: Program Management, Outreach and Recruitment, Coordination/Case Management of Clinical Care Delivery, Monitoring Reimbursement of Clinical Services, and Data Quality.

Documentation Requested:

None specifically for this indicator. This indicator is met as a result of scheduling the accreditation visit.

Evaluation Question:

None

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

MPR 2

Assure that an accurate and integrated system of fiscal management is maintained on-site for health departments providing clinical services; assure that a system of communication is maintained across all other sites of clinical service delivery.

References: *PL 101-354, Section 1504 (e); CDC Administrative Guidance.*

Indicator 2.1

A system of communication exists between local health department staff and BCCCP providers to enable accurate and timely processing of clinical service data, and to assure adequate provider training and support in resolving clinical and billing issues.

This indicator may be met by:

All of the following:

- The local health department either maintains on file OR has access to client information via an Electronic Medical Record the following: clinical data forms, screening/diagnostic test results, provider clinical/consultation notes, and insurance billing documentation **AND**
- The BCCCP Coordinator maintains on file a description of the required communications between BCCCP staff at the local health department and subcontracted provider staff; **AND**
- Written evidence of the local health department's process/procedure for gathering clinical service data from each BCCCP provider/clinic and verifying the accuracy of the data.

Documentation Requested:

- Description of the system the local health department uses to access client information as described under "this indicator may be met by".
- Description of the required communications between BCCCP staff at the local health department and subcontracted provider staff.
- Written policy outlining the procedure for gathering clinical service data from each BCCCP provider/clinic and verifying the accuracy of the data.

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Evaluation Questions:

- Is there evidence of a system (e.g., flow chart, regular staff minutes, etc.) for routing information from MBCIS Data Forms and/or test results or copies of exam results to all appropriate individuals?
- Is there a description of the required communications (e.g., data form requirements, scheduled visits by the Coordinator, specific individual contacts, etc.) between BCCCP staff at the local health department and subcontracted provider staff maintained on file at the local health department?
- Is there a written policy outlining the procedure for gathering clinical service data?

Indicator 2.2

Evidence exists of processes for routine communications with providers who are part of the BCCCP delivery network, e.g., advisory committee proceedings, regular meetings with key providers, individually or in groups; key contact people identified throughout the BCCCP delivery network; and activities designed to increase general provider awareness of the BCCCP, for example distribution of packets and newsletters.

This indicator may be met by:

The local health department maintains on file evidence of routine communications through minutes from meetings, agendas, letters, email, correspondence, and faxes.

Documentation Requested:

Combination of the following should demonstrate routine communications such that all providers are contacted with program updates, opportunities to address provider concerns, and access to at least annual training for new staff:

- Agenda/minutes/membership of most recent provider/advisory meetings.
- Provider mailing list for BCCCP Newsletter.
- Correspondence/memos/phone calls to providers within the last 6 months.

Evaluation Question:

Has the local health department provided the specified documentation required for the evaluation?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

Indicator 2.3

The local health department has a policy that requires the review of provider licenses at the time of initial hire or contract; in the event of transfers or promotions upon individual attainment of a new level of provider license; and routinely at specified intervals for all local health department and subcontracted providers.

This indicator may be met by:

The local health department has a written policy on file that requires review of provider licenses: at the time of initial hire or contract; upon transfers or promotions upon individual attainment of a new level of provider license; and routinely at specified intervals for all local health department and subcontracted providers.

Documentation Requested:

Written policy stating that provider licenses are reviewed at specified intervals – as stated in "This indicator may be met by."

Evaluation Question:

Does the local health department have a written policy stating the procedure for review of provider licenses?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

Outreach/Recruitment

MPR 3

Assure that there is community involvement with issues related to relationships with the medical community, resources for follow-up care, and recruitment of target populations.

References: *PL101-354, Sections 1501 (a)(3) and 1504 (a); CDC Administrative Guidance.*

Indicator 3.1

Evidence exists that recruitment and promotion efforts, and efforts to maintain and expand the BCCCP delivery network, are planned and implemented with involvement from the local ACS and community groups representing priority populations.

This indicator may be met by:

- The local health department maintains on file evidence that recruitment and promotion efforts are planned and implemented through PSAs, public awareness flyers, semi-annual newsletters, and information packets; **AND**
- Efforts to maintain and expand the BCCCP delivery network are planned and implemented through meeting minutes; increasing the number of providers and/or the number of providers is maintained.

Documentation Requested:

Combinations of the following that describes efforts to address provider concerns, increase provider awareness, and assure the satisfaction of providers with the program:

- Steering committee membership list.
- Steering committee/advisory meeting minutes from last 12 months.
- Other documentation of ACS or other community organization collaboration (i.e., advisory committee proceedings, phone calls, written correspondence, etc. are planned and implemented with involvement from the local ACS and community groups representing target populations).

Evaluation Question:

Has the local health department provided the specified documentation required for the evaluation?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

MPR 4

Recruit women eligible for the BCCCP, giving priority to minorities and women aged 50 to 64 and women who have previously been screened through the BCCCP.

References: *PL 101-354, Sections 1501 (a)(3) and 1504 (a); CDC Administrative Guidance.*

Indicator 4.1

Recruit women eligible for the BCCCP based on program criteria for identifying target populations as defined by CDC. This includes women from the following categories:

1. Minority women (percentage recruited is based on women served in the local coordinating agency's jurisdiction).
2. Women age 50-64 (percentage recruited is based on CDC's program criteria).
3. Women never or rarely screened for cervical cancer (> 20% of NEWLY enrolled women in the program are those who have never had a Pap test or not had a Pap test in >/= 5 years.

This indicator may be met by:

A plan exists to recruit target populations of women as defined above into the local BCCCP. The local coordinating agency must describe verbally or in writing how they:

- Ensure they are serving individual minority populations (at a percentage equal to or higher than the percentage of individual minority populations represented in the local coordinating agency's jurisdiction) by comparing data from the MDCH/Cancer Prevention and Control Section BCCCP database with the current demographic information;
- Identify and recruit priority women (age 50-64) to comply with caseload ratios determined by MDCH and CDC; **AND**
- Identify and recruit women never or rarely screened in the program as defined by CDC.

Documentation Requested:

ALL of the following:

- Current demographic information (e.g., census data) indicating the percentage of individual minority populations in the local health department's jurisdiction;
- Data from the BCCCP database indicating the percentage of BCCCP clients from the individual minority populations; **AND**

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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- Evidence that the agency has used and compared data from the BCCCP database with the current demographic information to ensure that it serves individual minority populations at a percentage equal to or higher than the percentage of individual minority populations represented in the local health department's jurisdiction.

Evaluation Question:

Has the local health department provided the information specified (verbal or written) required for the evaluation?

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

Coordination/Case Management of Clinical Care Delivery

MPR 5

Assure that screening and follow-up services meet minimum state/federal requirements as specified for: a.) Mammography facilities, b.) Michigan licensed: Physicians, Certified Nurse Practitioners, Certified Nurse Midwives, or Physician Assistants, c.) Adherence to the BCCCP Medical Protocol.

References: *PL 101-354, Sections 1501 (a)(5) and 1503 (c)(d)(e); Amended Section 402 (c); State Advisory Committee Policies (WCDC, MCC).*

Indicator 5.1

Evidence exists through signed clinical charts that SCREENING AND DIAGNOSTIC services are provided by Certified Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, or Physicians.

(NOTE: Clinical breast exams, Pap and pelvic exams may be provided by nurses with documented special training related to that service who are supervised on site by a Certified Nurse Practitioner, Certified Nurse Midwife, Physician Assistant, or Physician.)

This indicator may be met by:

Written policy/procedure/process is in place for nurses who are trained to perform clinical breast exams, pap exams and pelvic exams and are supervised on site by a Certified Nurse Practitioner, Physician Assistant, or Physician (if applicable).

Documentation Required:

- Evidence of signed screening and diagnostic provider contracts during current fiscal year.
- Written policy/procedure/process for nurses who are trained to perform clinical breast exams, pap exams, and pelvic exams and are supervised on site by a certified Nurse Practitioner, Physician Assistant, or Physician is in place (if applicable).

Evaluation Question:

Has the local health department provided the specified documentation required for the evaluation?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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Indicator 5.2

The local coordinating agency has and uses the most recent version of the BCCCP Medical Protocol on site.

This indicator may be met by:

The local health department produces a copy of the current BCCCP Medical Protocol upon request.

Documentation Required:

Copy of the most current BCCCP Medical Protocol.

Evaluation Question:

Has the local health department provided the specified documents required for the evaluation?

Indicator 5.3

The local coordinating agency has a policy/procedure in place that describes the process implemented to ensure all contracted providers have received and reviewed the current BCCCP medical protocol.

This indicator may be met by:

The local coordinating agency can produce a copy of a written policy/procedure describing the process for ensuring all contracted providers receive and review the current BCCCP medical protocol.

Documentation Required:

Copy of policy/procedure describing the process for distributing and reviewing the BCCCP Medical Protocol with contracted providers.

Evaluation Question:

Has the local health department provided the specified documents required for the evaluation?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

MPR 6

Obtain each woman's informed consent at the beginning of each annual screening cycle.

References: *State Advisory Committee Policy (WCDC).*

Indicator 6.1

Documentation exists that describes how the local coordinating agency maintains systems for orienting women to the BCCCP including:

Explaining the informed consent and the process for obtaining a woman's signature. The informed consent MUST include the following information:

1. Program eligibility for insured and/or uninsured women. Statement of health department's practice for verifying clients' self-reported insurance coverage and consequences for the client if insurance status is not accurately reported;
2. Description of breast and cervical cancer screening tests available;
3. Statement that not all screening and diagnostic services are reimbursed by the program and the woman may have to pay for services/procedures not covered by the program; **AND**
4. Assistance provided by the local coordinating agency in assisting women to obtain follow-up services at the time of initial screening and possibly cancer treatment if the woman is diagnosed through the program.

This indicator may be met by:

Review of agency's informed consent to assure items in # 1-4 above are included.

Documentation Required:

Informed consent containing required information as stated.

Evaluation Question:

Does the agency's informed consent contain information as stated in # 1-4 above?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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Indicator 6.2

The agency can provide a written policy/procedure describing the process for:

1. Determining a client's eligibility for the program.

2. Assuring completion of all appropriate program paperwork by the client especially for women who need assistance for any reason – such as a communication deficit.

3. Obtaining (and re-verifying) the client's informed consent on an annual basis.

4. Scheduling the appropriate screening services.

5. Describing the agency's availability to assist with seeking follow-up services at the time of initial screening and again, at the time that a woman is informed she has a cancer diagnosis.

This indicator may be met by:

Written policy/procedure describing the process for:

- Determining a client's eligibility for the program.
- Assuring completion of all appropriate program paperwork by the client.
- Obtaining (and re-verifying) the client's informed consent on an annual basis.
- Scheduling the appropriate screening services.
- Describing the agency's availability to assist with seeking follow-up services at the time of initial screening and again, at the time that a woman is informed of follow-up needed for an abnormality.
- The agency is able to show evidence of signed/initialed and dated informed consents of clients receiving services during a specified time period.

Documentation Required:

- Written process describing how BCCCP women are enrolled in the program, explained the informed consent, scheduled for screening services, and informed of the local health department's availability to assist with seeking follow up services for an abnormal screening result.

- Client charts will be reviewed for evidence of signed/initialed and dated informed consents covering the time period screening and diagnostic services were rendered (1 year from date signed on form).

Evaluation Questions:

- Has the agency provided a written process describing requirements as outlined under "This indicator may be met by"?

- The agency is able to show evidence of signed/initialed and dated informed consents of clients receiving services during a specified time period as identified by MDCH reviewers.

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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MPR 7

There is a system in place to monitor and to take corrective action as appropriate to assure that each enrolled woman is provided screening, diagnostic, and treatment services as needed, regardless of her ability to pay.

References: *PL 101-354, Sections 1501 (a)(1)(2) and 1503 (a)(1)(2)(a)(b); CDC Administrative Guidance; CDC Performance Indicators.*

Indicator 7.1

Evaluation of CDC Timeliness Performance Indicator (through Annual Chart Reviews).

Evidence is available from ANNUAL CHART REVIEWS that all women requiring IMMEDIATE follow-up based on abnormal breast and cervical screening results are receiving appropriate diagnostic services and/or treatment on a timely basis as defined in the CDC TIMELINESS Performance Indicators:

1. 75% of cases in which there is an abnormal screening result (requiring immediate follow-up) should have a final diagnosis within 60 days (for abnormal breast results) and 90 days (for abnormal cervical results) of the date of that screening result; **OR**

2. Charts of identified women requiring breast and/or cervical diagnostic and treatment services based on an abnormal breast/cervical screening results requiring immediate follow-up indicate that women: have demonstrated at least a 10% improvement towards achievement of the indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local coordinating agency's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

This indicator may be met by:

Charts of identified women requiring breast and/or cervical diagnostic and treatment services based on an abnormal breast/cervical screening results requiring immediate follow-up indicate that women:

- Have received timely care according to the CDC Performance Indicators; **OR**

- Have demonstrated at least a 10% improvement towards achievement of the indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local health department's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

Documentation Required:

None at site, part of annual medical chart review.

Evaluation Question:

None at site visit.

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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Indicator 7.2

Evaluation of CDC Completeness Performance Indicator (through Annual Chart Reviews).

Evidence is available from ANNUAL CHART REVIEWS that all women requiring IMMEDIATE follow-up based on abnormal breast and cervical screening results are receiving: Appropriate diagnostic follow-up services with a documented final diagnosis and treatment disposition as defined in the CDC COMPLETENESS Performance Indicators:

- 90% of abnormal screenings (requiring immediate follow-up) must have diagnostic work-up, final diagnosis, and treatment disposition documented.

This indicator may be met by:

Charts of identified women requiring breast and/or cervical diagnostic and treatment services based on an abnormal breast/cervical screening results requiring immediate follow-up indicate that women:

- Have received appropriate and complete care according to the CDC Performance Indicators; **OR**
- Have demonstrated at least a 10% improvement towards achievement of the indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local health department's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

Documentation Required:

None at site, part of annual medical chart review.

Evaluation Question:

None at site visit.

Indicator 7.3

The local coordinating agency provides evidence of providing assistance for BCCCP women diagnosed with breast or cervical cancer. For BCCCP women who **DO** qualify for the Medicaid Treatment Act, documentation exists of a woman's cancer diagnosis or precancerous condition and supporting documentation as required by Medicaid for coverage through the program.

This indicator may be met by:

The local coordinating agency is able to produce, upon request, ALL of the following information for an identified sample of BCCCP women who are eligible for the Medicaid Treatment Act:

1. Documentation indicating a woman's cancer diagnosis or precancerous condition;

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2. Verification of the woman's identify (photo ID);
3. Verification of the woman's citizenship status;
4. A copy of the signed Medicaid application; and
5. A copy of the Medicaid approval letter indicating the effective date of coverage.

Documentation Required:

For all women enrolled under the Medicaid Treatment Act, documentation as described under the first bullet point in "This indicator may be met by" is provided.

Evaluation Question:

Has the local health department provided the specified documentation required for the evaluation?

Indicator 7.4

The local coordinating agency provides evidence of providing assistance for BCCCP women diagnosed with breast or cervical cancer For BCCCP women who **DO NOT** qualify for the Medicaid Treatment Act, a policy/procedure is in place describing the local coordinating agency's role in assisting women to obtain needed cancer treatment services.

This indicator may be met by:

- The local coordinating agency is able to produce upon request a policy/procedure describing their role in assisting women NOT eligible for BCCCP MTA to obtain needed cancer treatment services. The policy/procedure describes how the agency will assist women with obtaining cancer treatment services.

Documentation Required:

For all women enrolled under the Medicaid Treatment Act, documentation as described under the first bullet point in "This indicator may be met by" is provided.

Evaluation Question:

Has the local health department provided the specified documentation required for the evaluation?

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Monitoring/Reimbursement of Clinical Services

MPR 8

Assure compliance with the "funds of last resort" requirement in the federal law.

Reference: *PL 101-354, Section 1504 (d)(1)(2).*

Indicator 8.1

Each client's insurance information is accurately recorded at the time of enrollment and at each rescreening visit. A front and back copy of each insured client's insurance card is made at the time of enrollment and at each rescreening visit or documentation stating reason why copy of insurance card could not be obtained. Whenever possible, coverage for BCCCP services is verified with the insurance carrier to ensure that the client's plan is not a prepaid managed care plan or other arrangement under which the client could receive coverage for BCCCP services by seeing a plan provider.

This indicator may be met by:

The local health department maintains on file:

- A front and back copy of each insured client's insurance card that is made at the time of enrollment and each rescreening visit or documentation stating reason why copy of insurance card could not be obtained; **AND**
- Written evidence of the local health department's process/procedure for determining BCCCP eligibility for insured women. This process/ procedure should include a statement of the health department's practice regarding verification of clients' self-reported insurance coverage.

Documentation Requested:

- Client chart records, and copy of front and back of the insurance cards (or record of why insurance card could not be obtained) for all insured clients documenting insurance information for services provided in May of the last fiscal year ended (or, if no insured clients seen in May, most recent month in which insured clients were served).
- Written policy outlining steps/procedures for determining BCCCP eligibility for insured women. Policy should also include a statement of the local health department's procedure for verifying self-reported insurance coverage, and should also include what steps are taken to assure that women insured through a prepaid managed care plan or comprehensive PPO are excluded from the program.

Evaluation Questions:

- Has the local health department provided written policy for evaluation with all specified documentation required?
- Do May chart records/ insurance records of the last fiscal year ended (or, if no insured clients seen in May, most recent month in which insured clients were served) show evidence that each client's insurance information is

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accurately recorded at the time of enrollment and at each rescreening visit (e.g., copy of insurance card, accurately documented on the client enrollment form, etc)?

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MPR 9

There is a system in place to monitor and take corrective action as appropriate, to assure that the reimbursement amount for each BCCCP-approved service is accepted as payment in full.

References: *PL 101-354, amended Section 402 (a)(1)(3); CDC Administrative Guidance.*

Indicator 9.1

Fully executed, current, written arrangements, consistent with BCCCP requirements, exist for all providers reimbursed by state or federal funds in the last fiscal year that has ended. This requirement is applicable to screening and/or diagnostic providers.

The local coordinating agency maintains, on file, a contract or letter of agreement with each BCCCP clinical service provider. The local coordinating agency provides documentation of a written policy or procedure stating that the provider:

- Agrees to accept up to the BCCCP reimbursement rate as payment in full (less insurance payment) for each BCCCP service; **AND**
- Has agreed, to the best of their ability, to not bill any BCCCP client for any service that is partially or fully covered by the BCCCP reimbursement amount for that service or similar language; **AND**
- That outlines corrective measures that will be implemented when inappropriate billing occurs. Inappropriate billing is defined as the following:
    - Billing for non-BCCCP approved services
    - Balance billing the client for charges above the BCCCP approved reimbursement rate

This indicator may be met by:

The local health department:

- Maintains on file a contract or letter of agreement with each BCCCP clinical service provider stating that the provider:
    - Agrees to accept up to the BCCCP reimbursement rate as payment in full (less insurance payment) for each BCCCP service; **AND**
    - Will not bill any BCCCP client for any service that is partially or fully covered by the BCCCP reimbursement amount for that service or similar language.
    - Provides documentation of a written policy or procedure that states:
    - That providers have agreed, to the best of their ability, not to bill clients for any services that have been reimbursed by the BCCCP in part or in full; **AND**
    - That outlines corrective measures that will be implemented when inappropriate billing occurs.

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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Documentation Requested:

- All signed last fiscal year ended BCCCP clinical service provider contracts or letters of agreement should be pulled from the files and made available to reviewers. Onsite reviewers will request a sample of signed BCCCP clinical service provider contracts or letters of agreement from the previous fiscal year.

- Written policy and/or procedure outlining procedure for identifying cases of inappropriate billing and corrective measures instituted to rectify inappropriate billing.

Evaluation Question:

- Does each subcontracted physician/hospital/laboratory arrangement, in the sample selected by the onsite reviewers, reflect the providers' agreement to accept the BCCCP reimbursement rate as payment in full for each BCCCP authorized procedure?

- Is there a policy outlining procedure for identifying cases of inappropriate billing and corrective measures instituted to rectify inappropriate billing.

Indicator 9.2

Assure that subcontractors are provided a copy of the BCCCP Unit Cost Reimbursement Rate Schedule which indicates the maximum rates for BCCCP screening and diagnostic services. Subcontractors may bill the MDCH Cancer Prevention and Control Section billing service up to the usual and customary charge; however, the reimbursement amount, including insurance payments, will not exceed the BCCCP approved rates.

This indicator may be met by:

The local coordinating agency maintains on file:

Agreements or communication methods documenting that subcontractors are provided a copy of the BCCCP Unit Cost Reimbursement Rate Schedule which indicates the maximum rates for BCCCP screening and diagnostic services.

Documentation Required:

- All signed last fiscal year ended BCCCP clinical service provider contracts or letters of agreement should be pulled from files and made available to reviewers. Onsite reviewers will select a sample for review.

- Copies of any communications with providers documenting all updates of BCCCP Unit Cost Reimbursement Rate Schedules during the last fiscal year ended.

Evaluation Question:

Has the local coordinating agency provided documentation of all updates to BCCCP Unit Cost Reimbursement Rate Schedules during the last fiscal year ended?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

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Indicator 9.3

(FOR HEALTH DEPARTMENTS PROVIDING CLINICAL SERVICES) – There is maximum recovery of all available insurance revenues for local coordinating agency-provided services through effective third party billing mechanisms, as evidenced by claims data/forms, Explanation of Benefits (EOB), or other auditor-approved documentation.

The local coordinating agency maintains on file billing records documenting that all available insurances have been billed appropriately and that each claim has been settled, as evidenced by EOBs or other auditor-approved documentation.

Financial documentation exists for all clinical services provided to each BCCCP client—by date of service—for local health department -provided BCCCP services. Records indicate the following information:

1. The amount billed to and paid by insurance (for insured clients as evidenced by an EOB or other auditor-approved documentation); and

2. The amount billed to the billing service contracted by MDCH to provide BCCCP reimbursement.

This indicator may be met by:

The local health department maintains on file financial records that show:

- The amount billed to the insurance company; **AND**
- The amount paid by the insurance company (if any), as evidenced by an EOB or other auditor-approved documentation; **AND**
- The amount billed to billing service.

Documentation Requested:

Financial records related to all services provided in May of the last fiscal year ended (or, if no insured clients seen in May, most recent month in which insured clients were served) as indicated in "This indicator may be met by".

Evaluation Questions:

- Have financial records related to all services provided in May of the last fiscal year ended (or, if no insured clients seen in May, most recent month in which insured clients were served) been provided for evaluation, including at least one example of each item included in "This indicator may be met by" above?
- Do the financial records indicate:
  - The amount billed to the insurance company (if applicable)?
  - The amount paid by the insurance company (if any), as evidenced by an EOB or other auditor-approved documentation?
  - The amount billed to the billing service?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

MPR 10

Maintain, and utilize a computerized system (i.e., Michigan Breast and Cervical Cancer Control Information System-{MBCIS}) for tracking and monitoring clients.

References: *PL 101-354, Section 1501 (a)(6); CDC Administrative Guidance; CDC Performance Indicators.*

Indicator 10.1

Implementation of Client Tracking System

A tracking system is used to monitor and guide the care-coordination (and case management) provided to every enrolled woman. **AND**

Written process/procedure is in place that describes all of the following:

1. Plan for utilizing the monthly Case Management Report to identify and track women with abnormalities requiring immediate follow-up are receiving timely and complete care as described by the CDC Clinical Performance Indicators and BCCCP Medical Protocol;

2. Plan for tracking and notifying program women requiring short-term follow-up; and

3. Plan for identifying and notifying current women with normal test results when next annual screening visit is scheduled.

This indicator may be met by:

- Data from patient charts and the MBCIS are used to monitor and guide the care-coordination provided to every enrolled woman appropriately; **AND**

- Written process/procedure is in place that describes information contained in # 1, 2, and 3 above.

Documentation Requested:

Documentation of written process/procedure at time of site visit.

Evaluation Question:

Has the local health department provided the specified documentation required for the evaluation?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

Indicator 10.2

Review of CDC Timeliness Performance Indicator Data in BCCCP database

Evidence is available through analysis of MBCIS DATA that demonstrates timeliness of clinical services as defined by the CDC TIMELINES Indicators:

1. 75% of cases in which there is an abnormal screening result (requiring immediate follow-up) should have a final diagnosis within 60 days of that result (for abnormal breast results) and 90 days of that result for abnormal cervical results; **AND**

2. 80% of clients with cancer diagnoses begin treatment within 60 days of the final diagnosis.

This indicator may be met by:

Computer records of identified women requiring breast and/or cervical diagnostic and treatment services based on abnormal breast/cervical screening results requiring immediate follow-up indicate that women:

- Have received appropriate care according to the CDC Performance Indicators; **OR**

- Have demonstrated at least a 10% improvement towards achievement of the indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local health department's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

Documentation Required:

None. MDCH/Cancer Prevention and Control Section reviews off-site.

Evaluation Question:

None at site visit.

Indicator 10.3

Review of CDC Completeness Performance Indicator Data in BCCCP database

Evidence is available through analysis of MBCIS DATA that demonstrates COMPLETENESS of clinical service information as defined by CDC:

1. 90% of abnormal screenings (requiring immediate follow-up) must have diagnostic work-up, final diagnosis, and treatment disposition documented; **AND**

2. 100% of clients with a cancer diagnosis need to have a treatment disposition recorded in MBCIS within 100 days of diagnosis. (if applicable)

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).

Section IX: Breast and Cervical Cancer Control Program (BCCCP)

This indicator may be met by:

Computer records of identified women requiring breast and/or cervical diagnostic and treatment services based on abnormal breast/cervical screening results requiring immediate follow-up indicate that women:

- Have received timely care according to the CDC Performance Indicators; **OR**
- Have demonstrated at least a 10% improvement towards achievement of the indicators from previous year's chart reviews. The 10% improvement will be evaluated based on evidence of implementation of the local health department's quality improvement plan/process to address plan for achieving CDC Performance Indicators.

Documentation Required:

None. MDCH/Cancer Prevention and Control Section reviews off-site.

Evaluation Question:

None at site visit.

Indicator 10.4

All individuals that access MBCIS have a completed, signed User Information/Usage Agreement form on file at MDCH/Cancer Prevention and Control Section.

This indicator may be met by:

The local health department must provide a list of MBCIS users. The list of users must match the the MBCIS User and Web Access Form on file at MDCH/Cancer Prevention and Control Section.

Documentation Required:

A list of all MBCIS users with specific notation of those with "clinical" access and Discoverer access.

Evaluation Question:

Do all individuals with "clinical" and Discoverer access have a MBCIS User and Web Access form on file at MDCH?

For technical assistance, please contact Tory Doney at 517-335-8854 (doneyt@michigan.gov) or E.J. Siegl at 517-335-8814 (siegle@michigan.gov).