



Section IX: Breast and Cervical Cancer Control Program

Program Management

MPR I

Coordinate with Michigan Department of Health & Human Services (MDHHS) 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 Centers for Disease Control and Prevention (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 sending required documentation to MDHHS for review.

Evaluation Question:

None



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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 Breast and Cervical Cancer Control Program (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 (if appropriate).

This indicator may be met by:

All of the following:

The local health department has a written policy/procedure for describing how they:

- Retrieve clinical service data from each BCCCP subcontracted provider/clinic or has access to client clinical service and billing data via an Electronic Medical Record.
- Verify the accuracy of all clinical and non-clinical client data prior to entering it in the Michigan Breast and Cervical Information System (MBCIS).
- Communicate important program information/changes to BCCCP staff at the local health department and subcontracted provider staff.

Documentation Requested:

- Written policy outlining the procedure for gathering clinical service data from each BCCCP provider/clinic, verifying the accuracy of the data, and communicating important program information/changes to BCCCP staff at the local health department and subcontracted provider staff.
- Is there evidence of correspondence/emails/memos/phone calls/meeting minutes to providers within the last 6 months?

Evaluation Questions:

- Is there a written policy outlining the procedures identified under, "This Indicator May Be Met By". Has the local health department provided the specified documentation required for the evaluation?



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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 expand/maintain the BCCCP delivery network, are planned and implemented with involvement from other healthcare organizations (e.g Federally Qualified Healthcare Centers) 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 by itself or in conjunction with other organizations through Public Service Announcements (PSA), public awareness flyers, semi-annual newsletters, and information packets.

Documentation Requested:

- Documentation of collaboration with community/other healthcare organizations representing target populations are shown through meeting minutes, phone calls, emails, written correspondence, etc showing from community groups.

Evaluation Question:

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



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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 (age, income, and insurance status) for identifying target populations as defined by CDC and federal law. 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 MDHHS/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 MDHHS and CDC.
- Identify and recruit women never or rarely screened in the program as defined by CDC.

Documentation Requested:

- Evidence (written or verbal) 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 Questions:

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



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Coordination/Patient Navigation/Case Management of Clinical Care Delivery

MPR 5

Assure that screening and follow-up services meet program requirements as specified by 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).

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 5.1

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.
- Plan of action to implement when a provider does not follow the medical protocol.

Documentation Required:

- Copy of policy/procedure describing the process for distributing and reviewing the BCCCP Medical Protocol with contracted providers and addressing non-adherence to the medical protocol in delivering screening and/or diagnostic clinical services.

Evaluation Question:

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

Indicator 5.2

The local coordinating agency provides evidence describing their role in assisting women to obtain needed cancer treatment services.

This indicator may be met by

- The local coordinating agency is able to produce a policy/procedure describing the process for assisting women diagnosed with breast or cervical cancer with obtaining cancer treatment services.



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Documentation Required:

- Written policy/procedure describing the process for assisting program women with obtaining cancer treatment.

Evaluation Question:

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



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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 that includes explaining the process for obtaining the client's informed consent and release of medical information. The informed consent MUST include the following information:

1. Program eligibility 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.
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 1-4 above are included.
- 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 and/or diagnostic 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.

Evaluation Questions:

- Has the agency provided a copy of their informed consent along with a written process describing requirements as outlined under "This indicator may be met by"?



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Monitoring/Reimbursement of Clinical Services

MPR 7

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

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

Indicator 7.1

Each client’s eligibility is reviewed at the time of enrollment and at each rescreening visit. Based upon BCCCP’s current Eligibility Requirement Policy, for underinsured clients, 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.

This indicator may be met by:

The local health department maintains on file:

- A front and back copy of each underinsured client’s insurance card that is made at the time of enrollment and each rescreening visit – based on BCCCP’s eligibility requirements - 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 underinsured women.

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.

Evaluation Questions:

- Has the local health department provided written policy for evaluation with all specified documentation required?
- Do specified chart records/ insurance records of the last fiscal year ended (or, if no insured clients seen in month specified, most recent month in which insured clients were served) show evidence that each client’s insurance information is 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 8

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 8.1

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 contract language stating that the provider:

1. Agrees to accept up to the BCCCP reimbursement rate as payment in full (less insurance payment) for each BCCCP service; **AND**
2. 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**
3. That outlines corrective measures that will be implemented when inappropriate billing occurs. Inappropriate billing is defined as the following:
 - Billing the BCCCP for services that are not part of the BCCCP reimbursement rate schedule
 - 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.

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.

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?



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Indicator 8.2

Assure that providers are provided a copy of the BCCCP Unit Cost Reimbursement Rate Schedule which indicates the maximum rates for BCCCP screening and diagnostic services. Providers may bill the MDHHS Cancer Prevention and Control Section billing service up to the usual and customary charge; however, the reimbursement amount, 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 providers 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:

- 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?



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MPR 9

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

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

Indicator 9.1

A tracking system is used to monitor and guide care-coordination, case management, and patient navigation services in providing screening, and/or associated follow-up care for eligible program 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 using agency identified reports database for:
 - Tracking and notifying program women requiring short-term follow-up
 - Identifying and notifying eligible women with normal test results when next annual screening visit is scheduled.

This indicator may be met by:

- Data from MBCIS and agency specific reports database are used to monitor and guide the care provided to every enrolled woman appropriately; **AND**
- Written process/procedure is in place that describes information contained in # 1, and 2, above:

Documentation Requested:

- Identification of lead Discoverer user at the agency responsible for Discoverer reports.
- Written process/procedure identifying plan for using Case Management and Discoverer reports to track care provided to program women.

Evaluation Question:

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

Indicator 9.2

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

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

This indicator may be met by:

For technical assistance, please contact Tory Doney at 517-335-8854 or DoneyT@michigan.gov



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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. MDHHS/Cancer Prevention and Control Section reviews off-site.

Evaluation Question:

None at site visit

Indicator 9.3

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)

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 a plan for achieving CDC Performance Indicators.

Documentation Required:

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

Evaluation Question:

None at site visit

Indicator 9.4

All individuals that access MBCIS have a completed, signed Secured Application User Agreement Access form on file at MDHHS/Cancer Prevention and Control Section.

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This indicator may be met by:

The local health department must provide a signed copy of the Secured Application User Agreement Access form. The copies must match the MBCIS Secured Application User Agreement Access Forms on file at MDHHS/Cancer Prevention and Control Section.

Documentation Required:

A signed copy of the Secured Application User Agreement Access form 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 Secured Application User Agreement Access form on file at MDHHS?