



Section IX: Breast and Cervical Cancer Control Navigation Program (BCCCNP)

Caseload and Navigation-Only Services - Program Management

MPR I

Coordinate with the Michigan Department of Health and Human Services (MDHHS) a scheduled review of minimum program and reporting requirements.

References: PL 101-354, Section 1501 (a)(6); CDC Administrative Guidance; CPBC provision, 2015 CDC Navigation Services Only Policy

Indicator I.1

Requirements to provide assistance to insured, underinsured, and uninsured eligible women aimed at identifying and addressing barriers which would impede access to receiving timely and appropriate breast and/or cervical cancer screening, diagnosis and/or treatment services.

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) and program requirements in delivering both caseload and navigation services to eligible program women.

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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Caseload Services - Program Management

MPR 2

Assure that an accurate and integrated system of fiscal management is maintained on-site for health departments providing and coordinating 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 procedure for communicating between local health department staff and BCCCNP providers is established 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 has a written policy/procedure for describing how they:

- Retrieve clinical service data from each BCCCNP subcontracted provider/clinic or have 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 BCCCNP staff at the local health department and subcontracted provider staff

Documentation Requested:

- Written policy outlining the procedure for gathering clinical service data from each BCCCNP provider/clinic, verifying the accuracy of the data, and communicating important program information/changes to BCCCNP staff at the local health department and subcontracted provider staff
- Evidence of correspondence/emails/memos/phone calls/meeting minutes to providers within the last six 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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Caseload Services - Outreach/Recruitment

MPR 3

Establish a media/promotion plan targeted to eligible women that promotes BCCCNP screening and diagnostic caseload services.

Establish a process working with medical and community providers in identifying and recruiting women eligible to receive BCCCNP caseload services based on program criteria (age, income, and insurance status) as defined by CDC and federal law.

References: PL 101-354, 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 BCCCNP delivery network, are planned and implemented with involvement from other healthcare organizations (E.g. Federally Qualified Healthcare Centers) and community groups representing priority populations*.

* Priority populations for caseload services are defined as uninsured and underinsured women age 40-64 requiring breast/cervical cancer screening, diagnostic, and/or treatment services.

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 development of public service announcements, media campaigns, patient brochures, public awareness flyers, semi-annual newsletters, and information packets.

Documentation Requested:

- Examples of promotional media aimed at identified priority populations
- Documentation of collaboration with community/other healthcare organizations representing target populations is shown through meeting minutes, phone calls, emails, written correspondence, etc.

Evaluation Question:

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



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Indicator 3.2

Establish relationships with medical and community providers to assist the agency in recruiting BCCCNP eligible women based on program criteria (age, income, and insurance status). This includes women from the following categories:

1. Underinsured women (139% - 250% of the federal poverty level (FPL)) identified with an abnormal breast or cervical cancer screening result and require diagnostic follow-up but have a high insurance deductible/co-pay.
2. Uninsured women (\leq 250% FPL) requiring breast and/or cervical screening/diagnostic services.
3. Women age 50-64 (percentage recruited is based on CDC's program criteria)
4. Women never or rarely screened for cervical cancer (CDC defines never or rarely screened as the number of NEWLY enrolled women requiring caseload services who have never had a Pap test or not had a Pap test in \geq 5 years. Does not apply to women previously screened in the program or only receiving diagnostic services in the program).

This indicator may be met by:

A plan exists to recruit the target populations of women as defined above into the local BCCCNP. The local coordinating agency must describe, in writing, how they collaborate with medical and community providers to:

- Identify underinsured and uninsured women eligible to receive caseload services in the program.
- 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 for cervical cancer in the program as defined by CDC.

Documentation Requested:

- WRITTEN procedure/plan describing agency's process for identifying and recruiting target populations as described under "This indicator may be met by"

Evaluation Questions:

- Has the local health department provided the documentation requested?



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Caseload Services – Clinical Care Delivery

MPR 4

Assure that screening and follow-up services meet program requirements as specified by adherence to the BCCCNP 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 4.1

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 BCCCNP medical protocol.

This indicator may be met by:

The local coordinating agency can produce a copy of a written policy/procedure describing:

- Process for ensuring all contracted providers receive and review the current BCCCNP 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 BCCCNP 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?



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Indicator 4.2

The local coordinating agency provides evidence describing their role in assisting women diagnosed with cancer in the program to obtain needed 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.

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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Caseload Services – Clinical Care Delivery

MPR 5

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

References: State Advisory Committee Policy (WCDC).

Indicator 5.1

Documentation exists that describes how the local coordinating agency maintains systems for orienting women to BCCCNP 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/diagnostic 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 in # 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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Caseload Services – Program Reimbursement of Clinical Services

MPR 6

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

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

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

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

Indicator 6.1

Each client’s eligibility to receive caseload services reimbursed by the program is reviewed at the time of enrollment. For underinsured clients, a front and back copy of each insured client’s insurance card is made at the time of enrollment.

This indicator may be met by:

The local health department maintains on file:

- A front and back copy of all underinsured clients insurance cards is made upon enrollment
 - NOTE: a print-out of the client’s insurance eligibility from an online service, such as CHAMPS, is not acceptable.
- Written evidence of the local health department’s process/procedure for obtaining copy of client’s insurance card and for billing client’s insurance first prior to reimbursing for BCCCNP services.

Documentation Requested:

- Client chart records, and copy of front and back of the insurance cards 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).

Evaluation Questions:

- 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. (e.g., copy of insurance card, accurately documented on the client enrollment form, etc.)?
- Has the local health department provided a policy statement stating that the agency follows the BCCCNP Caseload Services policy for enrolling underinsured women in the program?



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Indicator 6.2

Fully executed, current, written arrangements, consistent with BCCCNP 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 BCCCNP clinical service provider. The local coordinating agency provides documentation of contract language stating that the provider:

1. Agrees to accept up to the BCCCNP reimbursement rate as payment in full (less insurance payment) for each BCCCNP service; **AND**
2. Has agreed, to the best of their ability, to not bill any BCCCNP client for any service that is partially or fully covered by the BCCCNP 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 BCCCNP for services that are not part of BCCCNP reimbursement rate schedule
 - Balance billing the client for charges above BCCCNP approved reimbursement rate

This indicator may be met by:

The local health department maintains on file a contract or letter of agreement with each BCCCNP clinical service provider stating that the provider:

- Agrees to accept up to BCCCNP reimbursement rate as payment in full (less insurance payment) for each BCCCNP service; **AND**
- Will not bill any BCCCNP client for any service that is partially or fully covered by the BCCCNP reimbursement amount for that service or similar language.

Documentation Requested:

- All signed last fiscal year ended BCCCNP clinical service provider contracts or letters of agreement should be made available to reviewers. Reviewers will request a sample of signed BCCCNP 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 reviewers, reflect the providers' agreement to accept the BCCCNP reimbursement rate as payment in full for each BCCCNP authorized procedure?



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Indicator 6.3

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

This indicator may be met by:

The local coordinating agency maintains on file:

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

Documentation Required:

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

Evaluation Question:

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



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Navigation-Only Services - Outreach/Recruitment

MPR 7

Establish a network of medical and community providers that will assist the agency in:

1. Identifying insured eligible women (<250% FPL) requiring assistance (navigation-only services) in accessing the health care system to obtain needed breast/cervical cancer services through their insurer
2. Identifying resources available for resolving barriers that may impede the woman from receiving breast/cervical cancer screening services

*References: PL101-354, Sections 1501 (a)(3) and 1504 (a); CDC Administrative Guidance.
2015 CDC Navigation-Only Services Policy*

Indicator 7.1

A written outreach/recruitment plan is in place listing strategies to be implemented by the agency to identify eligible women requiring navigation-only services only through the BCCCNP. A list of resources available for resolving barriers is included as part of this plan.

This indicator may be met by:

The local health department has a written plan that describes strategies for identifying women eligible to receive navigation-only services and a list of resources to assist them, if needed, in overcoming barriers;

Documentation Requested:

- Written plan describing the information identified under “This indicator may be met by”

Evaluation Question:

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



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Caseload and Navigation-Only Services - Documentation of Data

MPR 8

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 caseload clients and navigation-only clients.

References: PL 101-354, Section 1501 (a)(6); CDC Administrative Guidance; CDC Performance Indicators, BCCCNP Caseload Services and Navigation-Only Services Policies.

Indicator 8.1

1. A tracking system is used to monitor all caseload services AND navigation-only services provided to eligible program; **AND**
2. Written process/procedure is in place that describes a plan for utilizing the monthly “Abnormal Result” report and other specific agency reports through Discoverer to identify caseload services provided to women with abnormalities requiring immediate follow-up according to the BCCCNP Medical Protocol; **AND**
3. Written process/procedure is in place describing a plan for tracking insured women requiring navigation-only services.

This indicator may be met by:

1. Caseload services data from the Michigan Breast and Cervical Information System (MBCIS) and the “Abnormal Result” report are used to monitor and guide the care provided to every enrolled uninsured/underinsured woman appropriately; **AND**
2. Navigation-Only services data from MBCIS and agency specific reports are used to monitor completion of navigation-only services (receipt of screening/diagnostic/ and/or treatment services) provided to insured women; **AND**
3. Written process/procedure is in place that describes the plan for reviewing specified agency reports to monitor care provided to women receiving caseload or navigation-only services.

Documentation Requested:

- Identification of a lead Discoverer user at the agency who is responsible for Discoverer reports.
- Written process/procedure identifying how the agencies monitors care provided to women receiving caseload services or navigation-only services.

Evaluation Question:

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



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Indicator 8.2

For clients receiving caseload services:

Evidence is available for clients 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**
- Records demonstrate 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



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Indicator 8.3

Review of CDC Completeness Performance indicator data in BCCCNP 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 follow-up care according to the CDC Performance Indicators; **OR**
- Records 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



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Indicator 8.4

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

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 for all MBCIS users.

Evaluation Question:

Do all individuals with access have a Secured Application User Agreement Access form on file at MDHHS?