I Providing Patient Navigation Services
Navigation services can be provided by one person or shared by several individuals. Consistent documentation by all persons providing navigation services is essential to maintain continuity of care. As part of navigation, and in order to maintain allocation of funds for navigation services, BCCCP staff are required to perform the following activities as described in this document.

II Requirements for Patient Navigation Reimbursement
The following MUST be completed and submitted by the required due dates as a requirement for the continued allocation of the $30.00 for patient navigation
A. Completion of FY15 Outreach and Recruitment Plan to Increase Caseload
B. Completion of Patient Navigation Quarterly Report
C. Appropriate documentation of referrals/services provided for uninsured and underinsured women.

III Completion of FY15 Outreach and Recruitment Plan to Increase Caseload (Appendix A)
A. Plan consists of 3 objectives to be answered by the agency identifying activities/strategies employed to increase caseload through targeted patient and provider outreach and recruitment
B. Plan is due to E.J. Siegl by December 1, 2014.

IV Completion of the Patient Navigation Quarterly Report (Appendix B)
A. The Patient Navigation Quarterly Report summarizes patient navigation activities provided by agency staff in the following 3 areas:
   1. Patient Navigation Services
      • # of Title X/Family Planning women < age 40 enrolled in BCCCP for follow-up of abnormal CBE result
      • # of women with stated incomes ≤ 138% FPL referred to HMP
      • # of women with stated incomes 139%-250% FPL referred to Health Navigators at Enroll Michigan to obtain Marketplace Insurance
      • # of women in the community, regardless of insurance status, and whom may or may not be eligible for BCCCP, referred for appropriate services
      • # of women with breast/cervical cancer diagnosis referred to ACS
   2. Outreach/Recruitment Strategies to identify eligible uninsured/underinsured women
      • # of UNINSURED eligible women enrolled in BCCCP
      • # of UNDERINSURED eligible women referred to BCCCP from outside the program with an abnormal breast or cervical cancer screening result requiring diagnostic services

October 30, 2014
3. Provider Outreach to increase patient referrals
   • # current/new providers contacted/informed of diagnostic services available through BCCCP

B. Deadlines for report completion and submission are as follows:
   • January 15, 2015 (FY 15 first quarter)
   • April 15, 2015 (FY 15 second quarter)
   • July 15, 2015 (FY 15 third quarter)
   • October 15, 2015 (FY 15 fourth quarter)

NOTE: ONLY THE 1 PAGE QUARTERLY REPORT IN APPENDIX B NEEDS TO BE SUBMITTED QUARTERLY

V Documentation Guidelines for Referrals/Services provided for Uninsured/Underinsured Women

A. UNINSURED women (stated income ≤ 138% FPL)
   1. Verify that the woman does not have Medicaid or the Healthy Michigan Plan.
   2. Enroll the woman first in BCCCP and provided needed screening and/or diagnostic services.
   3. At the time of enrollment, explain to the woman that she may be eligible for HMP (based on her income) and provide HMP program information.
   4. Refer the woman to a certified health insurance enrollment counselor at ENROLL MICHIGAN (http://enrollmichigan.com/) OR the website www.michigan.gov/mibridges.
   5. Check the HMP/Medicaid Referral Box on the Enrollments Tab in MBCIS
   6. For women referred to HMP who DO NOT receive BCCCP services prior to HMP enrollment
      a. On the BCCCP Enrollment form document the following:
         • Client Contact Information
         • Race and Ethnicity
         • Number of Household Members and Household Income
         • “Referral to HMP/Medicaid Check Box” under the section “For BCCCP Admin Use Only”
B. UNINSURED WOMEN whose stated income is > 138% but ≤ 250% FPL
1. Enroll the woman in BCCCP to received screening and/or diagnostic Services.

2. Check the ACA/Marketplace Referral box on the Enrollments Tab in MBCIS.

3. Explain to the woman that she may be eligible to enroll in a health plan during open enrollment for the Health Insurance Marketplace.

4. Refer the women to a certified health insurance enrollment counselor at Enroll Michigan. (http://enrollmichigan.com/) or give information on enrollment dates for health insurance through the Marketplace.

C. UNDERINSURED WOMEN whose stated income is > 138% but ≤ 250% FPL
1. Women with insurance may be eligible for the BCCCP if they are identified with a breast or cervical abnormality requiring diagnostic follow-up but they have a high deductible that must be met and/or inadequate coverage for diagnostic tests.

2. Obtain Documentation on abnormal breast or cervical screening result from Provider. This includes any/all of the following:
   • Progress note(s) describing abnormal clinical breast exam
   • Mammogram and/or Ultrasound Report
   • Abnormal Pap test result

3. MBCIS Documentation:
   a. Enter all enrollment information and open a new Enrollment Cycle.
   b. Check the Insurance Box on the Enrollments Tab in MBCIS.
   c. Enter a date in the Referral Field (Referral date is same as Enrollment Date)
   d. Code Work-up Plan as Immediate Follow-up
e. Document the following information for the abnormal test screening results in the Service Summary.
   - For abnormal CBE result: Enter CBE as Exam type with result of Abnormality: Rule/Out Cancer for the affected breast.
   - For abnormal mammogram result: Enter Mammogram Surveillance as exam type with abnormal result.
   - For abnormal Pap test result: Enter Pap Surveillance as exam type with abnormal result.
   - Document appropriate follow-up services along with a diagnosis disposition, final diagnosis, diagnosis date, and treatment disposition and start date (if cancer diagnosed).

NOTE: If BCCCP DID NOT reimburse for screening services the funding source MUST be entered as NON-BCCCP and the PAY box is NOT checked.
APPENDIX A

FY 15 OUTREACH AND RECRUITMENT PLAN TO INCREASE CASELOAD
Due December 1, 2014
## Objective 1: Briefly describe how your agency will implement a targeted outreach plan within your communities to identify women eligible for BCCCP screening. You may use maps from the DCH Cancer Mapper application to support your plan.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Time Frame for Completion</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include a list of strategies your agency has identified for contacting community providers to inform them of BCCCP eligibility and services provided as well as recruiting women in need of services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategies Identified to Contact Providers:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Objective 2: Briefly describe your plan to reduce barriers that may prevent women from making and keeping breast and cervical cancer screening and/or follow up appointments.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Time Frame for Completion</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include a list of potential and/or actual barriers women may experience in scheduling appointments and in keeping appointments. E.g. specific problems with scheduling appointments at an individual provider office; problems with transportation to the appointment, coverage for follow-up services, if needed, child care issues, translation services required, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Barriers Identified:

Plan to Reduce Barriers
Objective 3: Briefly describe how you plan to inform community providers (current and new) of the availability through the BCCCP of diagnostic services for women with abnormal screening results.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Time Frame for Completion</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Include strategies your agency implemented during FY 14 to inform current providers of changes in program requirements in terms of client eligibility and reimbursement of services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Describe how you plan to maintain contact with providers throughout the year in order to 1. Obtain screening/diagnostic test results, and 2. Communicate any changes in program requirements.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FY 14 Strategies Implemented**

Plan to maintain contact with providers throughout FY 15 in:

- Obtaining Screening/Diagnostic Test Results
- Communicating Changes in Program Requirements
APPENDIX B
PATIENT NAVIGATION QUARTERLY REPORT

Deadline for report completion and submission are as follows:
- January 15, 2015 (FY 15 first quarter)
- April 15, 2015 (FY 15 second quarter)
- July 15, 2015 (FY 15 third quarter)
- October 15, 2015 (FY 15 fourth quarter)
**PATIENT NAVIGATION QUARTERLY REPORT**

Agency Name _________________________________  Date submitted _______________________

Report to be submitted all 4 quarters by due dates to E.J. Siegl at siegle@michigan.gov.

<table>
<thead>
<tr>
<th>A. Goal 1: Provide patient navigation (PN) services for women age 40-64 (or &lt; age 40 according to protocol for follow-up of abnormal CBE result) based on identified need. Refer women not eligible for BCCCP to appropriate agencies to receive services.</th>
<th>1 Q Due</th>
<th>2 Q Due</th>
<th>3 Q Due</th>
<th>4 Q Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PN services provided for Title X women &lt; age 40 requiring diagnostic follow-up for an abnormal CBE result.</td>
<td># of Title X women &lt; age 40 enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. PN services provided to women with stated incomes &lt;138% FPL referred to HMP</td>
<td># of women referred to HMP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. PN services provided to women stated incomes 139%-250% referred to Health Navigators at Enroll Michigan to obtain Marketplace Insurance</td>
<td># of women referred to Marketplace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. PN services provided to women in the community (regardless of insurance status) whom may or may not be eligible for BCCCP.</td>
<td># community women assisted with services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Women with a diagnosis of breast or cervical cancer referred to ACS for Patient Navigation Care. (Mark NA if no women diagnosed during the quarter)</td>
<td># Referrals to ACS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Goal 2: Identify eligible uninsured/underinsured women through implementation of targeted outreach and recruitment strategies and enroll or refer them to receive appropriate services.</th>
<th>1 Q Due</th>
<th>2 Q Due</th>
<th>3 Q Due</th>
<th>4 Q Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. UNINSURED eligible women, including undocumented women, (non-citizens), enrolled in BCCCP for screening and/or diagnostic services</td>
<td># uninsured women enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. UNDERINSURED eligible women with abnormal breast/cervical screening results enrolled in BCCCP for follow-up</td>
<td># underinsured women enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 3: Increase provider participation in referring women to BCCCP.</th>
<th>1 Q Due</th>
<th>2 Q Due</th>
<th>3 Q Due</th>
<th>4 Q Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current and new providers contacted/informed of the availability of diagnostic services for uninsured and underinsured women with abnormal breast/cervical cancer</td>
<td># Providers contacted</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>