1. Introduction to MBCIS

The Michigan Breast and Cervical Cancer Control Information System (MBCIS) started out as a centralized database using client/server architecture that was maintained on each user’s computer and that used a dedicated phone line to connect directly to computer servers maintained by the Michigan Department of Information Technology (MDIT) now referred to as the Michigan Department of Technology, Management and Budget (DTMB). Their help line phone number is 1-517-241-9700.

Enrollment, clinical, and financial data is stored in MBCIS for the Michigan Breast and Cervical Cancer Control Program (BCCCP), Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) and Michigan Colorectal Cancer Early Detection Program (MCRCEDP).

In 2005, MBCIS moved to a Thin Client architecture that enables users to access MBCIS through a secured internet connection. This will give users much more freedom in terms of when and where they connect to the database. MBCIS users will no longer need to maintain the database software on their own individual computer.

In order to access MBCIS the user will log on through the State of Michigan (SOM) Single Sign-On (SSO) process. It is assumed that the user has a basic understanding and navigation skills of the Web.

**MBCIS Access step-by-step instructions**

**CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORY DONEY</td>
<td>Reimbursement &amp; Billing</td>
<td><a href="mailto:DoneyT@michigan.gov">DoneyT@michigan.gov</a></td>
<td>517-335-8854 – phone</td>
</tr>
<tr>
<td>EJ SIEGL</td>
<td>Program Director</td>
<td><a href="mailto:SieglE@michigan.gov">SieglE@michigan.gov</a></td>
<td>517-335-8814 – phone</td>
</tr>
<tr>
<td>ANN GARVIN</td>
<td>Nurse Consultant</td>
<td><a href="mailto:GarvinA@michigan.gov">GarvinA@michigan.gov</a></td>
<td>517-335-9087</td>
</tr>
</tbody>
</table>
If one or more applications appear, select “Michigan Breast and Cervical Cancer Control System.”
Below you must “Acknowledge/Agree” upon entering the actual application (this occurs every time you enter the database.):

![State of Michigan Single Sign On](image)

**MDCH Systems Use Notification**

The Michigan Department of Community Health’s (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By accessing information on the Michigan Department of Community Health computer information systems, you acknowledge and agree to abide by all governing privacy and access control instructions for each authorized application.

![Acknowledge/Agree](image)
1. Introduction to MBCIS – Data Entry

1.1 Home Page:

Clinical: enter and edit client data

Clinical View: view client data only

Other: If you have more than one agency you oversee you can “Go to New Agency” here or “Exit Application”.

**WISEWOMAN** Program Manual:
http://www.michigancancer.org/bcccp/WiseWomanProgram/ProgramPoliciesProcedures.htm

**Colorectal** Program Manual:
http://www.michigancancer.org/Colorectal/LocalAgencyInformation/ProgramPoliciesAndProcedures.html

**Reports**: Link to **Discoverer** Viewer (Discoverer Viewer Manual):
2. Find Client

2. MBCIS – Find Client Screen and the Outcomes:

2.1 Outcomes:
   1. Client is new to the program
   2. Existing client belonging to another agency
   3. Existing client belonging to your agency

2.2 Perform a Client Search: You must perform a client search before you can add a new client to the MBCIS:

![MBCIS - Find Client Screen](image)

First, a **STATEWIDE SEARCH** needs to happen to ensure the client does not already exist in the database. Performing the statewide search reduces the chance of duplicate client data entry. This is extremely important because duplicate clients can have an adverse effect on the payment of claims and proper data entry and management of the client.

2.3 Search for a Client:
   - Notice the area circled in red, this is the “Add” button and it is grayed out which indicates that a Find Client Search has not occurred hence you cannot enter a new client.
   - Top three **suggested** search parameters – you can use 1 or more and also a partial name (no wildcard required)
     1. SSN (Social Security Number)
     2. Last Name
     3. Birthdate also called Date of Birth (DOB)
2. Find Client

- Two results can happen
  1. There is not a client in the system so you can go ahead and add her, or
  2. The clients exists (discuss later in the section)

2.4 Retrieval of more than one client:

If the search results retrieve more than one client, only 20 names will appear on the screen at a time. Click the “Next” link to retrieve the next 20 clients. See example below:

If you are receiving more than 20 names, consider tightening up your search parameters.

2.5 “Find Client” Search Buttons

- Search: Enter parameters to search by and then hit “Enter” and wait to see the results of your search.
2. Find Client

- **Add**: Will only activate once a client search has occurred. If the client you are searching for is not on the returned list, go ahead, click the “Add” button, and enter the client.
- **Cancel**: Stop the client search process
- **Clear**: Clear the fields to start a new client search.

2.6 Client not in the system:

Notice that the “Add” button is no longer grayed out so now you have the ability to add a new client.
2. Find Client

2.7 Transferring a client:

Client is in the system but not in your agency. You must transfer the client to your agency.

Clicking “Modify” will bring the clients information up.

If this client is truly your client now, you will need to transfer her into your agency by clicking the “Transfer LCA” Button.
2. Find Client

You will have one more chance to ensure you would like to transfer this into your agency – See warning box below. Once “OK” is clicked, the client is now yours.

A couple of things to keep in mind for clients that are transferred into your agency:
- You will be able to view all of the client’s data.
- You will not be able to edit any clinical data that was entered by the previous agency.
- You can edit data on the Clients Screen.
- You can edit any clinical data you enter into MBCIS for this client.

2.8 Client in the system, in your agency
2. Find Client

Click on “Modify” and that will bring the client information up.

<table>
<thead>
<tr>
<th>MBCIS ID</th>
<th>Client ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Enrollment Site</th>
<th>Birth Date</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>299859</td>
<td></td>
<td>FLINTSTONE</td>
<td>WILMA</td>
<td>M.I.</td>
<td>DHD#2 - WEST BRANCH</td>
<td>05-26-1951</td>
<td>009-11-9999</td>
</tr>
</tbody>
</table>

AND (next page)
2. Find Client

### MBCIS - Add/Modify Client

**Client ID:** WILMA FLINTSTONE, Status: ACTIVE

<table>
<thead>
<tr>
<th>MBCIS ID</th>
<th>SSN</th>
<th>Client ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>200859</td>
<td>009-11-9999</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLINTSTONE</td>
<td>WILMA</td>
<td>T</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maiden</th>
<th>Birth Date</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUINN</td>
<td>05-26-1951</td>
<td>63</td>
</tr>
</tbody>
</table>

**Enroll. Site:** 1. DHD2 - WEST BRANCH

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>109 W WASHINGTON AVE</td>
<td>A2</td>
<td>LANSING</td>
<td>48913</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PO Box</th>
<th>State*</th>
<th>County*</th>
<th>Addl. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>INGHAM.MI</td>
<td>5TH FLOOR, 5.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:FLINSTONEW2015@gmail.com">FLINSTONEW2015@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add Phone*</th>
<th>Ext.</th>
<th>Type*</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>517-555-1122</td>
<td></td>
<td>Work</td>
<td></td>
</tr>
</tbody>
</table>

**Race Flags***

- Hispanic* | Ethnicity* | Unknown
- White
- American Indian/Alaskan Native
- Black
- Native Hawaiian/Other Pacific Islander
- Asian
- Unspecified

**Programs (Most recent activity)**

- BCCCP FY2014 WISEWOMAN
- COLORECTAL

### Anniversary Dates

<table>
<thead>
<tr>
<th>Breast</th>
<th>Cervical</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 2015</td>
<td>06 2013</td>
</tr>
</tbody>
</table>

**Special Considerations**

- Write Home
- Other means to Contact
- Medicare Ref. Status
- Deceased
- Not Applicable
- Family Cancer: UNKNOWN

All fields marked with * are required

[Submit] [Cancel] [Find Client] [Delete] [Enrollments]
3. Social Security Number Validation

If a client has been entered and has the same SSN, as another client the following screen will appear:

The user has two options:

1. If the clients are the same, click on the “Modify” link and transfer the client into your agency; OR

2. If the clients are not the same, the user will need to verify that the SSN is correct. Once the correct SSN is obtained, click the “Add” button and re-enter the client’s information. If the SSN that was given is correct, the user needs to notify the agency with the client that has the same SSN. That agency will need to obtain the correct SSN for their client. They will also need to remove the SSN from MBCIS.
3. Social Security Number Validation

3.1 Buttons

- **“Submit”**: Saves the data entered.
- **“Cancel”**: Takes the user back to the MBCIS – *Find Client screen*.
- **“Find Client”**: Takes the user back to the MBCIS – *Find Client screen*.
- **“Delete”**: Deletes data from MBCIS.
- **“Enrollments”**: Takes the user to the MBCIS – *Enrollments screen*. 
4. Clients Tab

4.1 Clients Tab:

4.2 Seven tabs on the client’s tab:
- Clients
- Contacts
- Insurance
- Medical History
- Reminders
- Claims
- Final Claims

Do not use – OLD
Health Advantage data
5. Clients Tab

- Area not high-lighted are optional fields
- Area’s high-lighted in yellow are auto-populated fields
- Area’s high-lighted in green are REQUIRED fields
5. Clients Tab

5.1 Clients Tab filled in:

This client will be referred to as client “290859” throughout the training. When you interact with the state staff you need to use the client’s MBCIS number (290859) not her name. This is a good practice to get into to avoid the accidental disclosure of PHI (Personal Health Information).

All fields with an asterisk (*) are required fields.
5.2 Client Information Details

- **MBCIS ID**: This number is auto-populated once the Client’s tab has been completed.
- **SSN**: While the SSN field is not required, but claims cannot be processed until the field is populated. If the client does not have or refuses to provide a SSN, contact a Program Technical Analyst (866-930-6324) and they will provide you with a billing ID.
- **Client ID**: This field is for agency use only and tracking Family Planning (FP) clients.
- **Last Name***: Client’s current last name.
- **First Name***: Client’s first name.
- **M.I.:** Client’s middle initial.
- **Maiden**: Last name client was given at birth.
- **Birthdate***: Client’s birthdate.

For the months of January through September, the leading zero needs to be entered. For example, enter “05” for May.

- **Age**: Auto populated based on the birth date entered.
  
  Please check before continuing that a valid age is in this field.

- **Enroll. (Enrollment) Site**: Is the agency/facility/clinic where the client enrolled into the program (filled out enrollment paperwork). This field will be auto-populated and will match the current enrollment cycle site. Enrollment cycle will be discussed later in the manual.
5. Clients Tab

5.3 Contact Details

- **Street**: Clients primary address
- **Apt**: If client lives in an apartment, enter the apartment number
- **City**: City of primary residence
- **PO Box**: PO Box number. Do not enter “PO Box” – just enter the number
- **State**: State of primary residence
- **Zip Code**: Zip code of primary residence
- **County**: County of primary residence
- **Addl. Address**: Summer/Winter address, Agency use, etc.
- **Email Address**: Email address
- **Phone*/Ext./Type*: Dashes are automatically added
- **Special Considerations**: Agency use
- **Deceased check box**: Automatically populated when the client is made ‘inactive – deceased’ on the Enrollments tab.
- **Write Home check box**: Used to indicate if a client wishes the agency to write home as a form of communication.
- **Other means to Contact**: Used to indicate how the client would like to be contacted
- **Medicare Ref (referral) Status**: IGNORE
- **Family Cancer**: Auto-populated based on Family History questions on the Medical History Tab
5. Clients Tab

5.4 Race Flags Section (Required Section)

- **Hispanic**: This is a very important field. Hispanic is an important statistic that is tracked by the Centers for Disease Control and Prevention (CDC). If the client does not answer this question on the enrollment form, please do not guess, leave it as unknown or refused.
  - Yes
  - No
  - Unknown
  - Refused

- **Ethnicity**: Ethnicity can be used instead of selecting a race type. If no ethnicity is selected on the enrollment form, leave this field as unknown or select refused. The following are the ethnicity types that can be selected:
  - European
  - Middle Eastern, North African or Arab
  - African or Caribbean Islander
  - Spaniard, Mexican, Central, South, or Latin American, Puerto Rican, Cuban
  - Canadian, Latin American Indian
  - Unknown
  - Refused

**ONE/OR Both**

- **Race Field**:
  - White
  - Black
  - Asian
  - American Indian/Alaskan Native
  - Native Hawaiian/Other Pacific Islander
  - Unspecified

5.5 Programs (Most recent activity)
5. Clients Tab

5.6 Anniversary Dates

Breast and Cervical Anniversary Dates: These are system-generated dates that can be overridden based on client’s needs or clinicians assessment.

- MBCIS generated closed dates are based on the enrollment cycle close date.
- Anniversary dates need to be one year from the cycle close date.
6. Contacts Tab

This tab is where client contact information is entered. This is an optional tab but the information can be useful in locating a client if she has moved or changed her phone number after her last visit.

The following is the first screen a user will see when this tab is selected; no contacts exist for the client. To enter a contact for the client click on the Add button.
6. Contacts Tab

This screen is where client contact information is entered. This information is taken from the Client Enrollment form.

Last Name*
First Name*
Relation*: Relationship to the client. The following are relationship types that a user can select:
- Child
- Friend
- Neighbor
- Other
- Relative
- Social Worker
- Spouse
- Co-Worker

Primary Contact check box: Indicates whether or not this is a primary contact for the client.

Street
Apt: If applicable.

City
State: Unlike the Client tab, this field is not automatically populated.

Zip Code
Phone: Contact’s phone number, dashes are automatically entered.
Ext. (Extension): If applicable.
Comments: Any comments that maybe helpful.
To view or edit contact information, click on the “Modify” link.

To delete a contact, click on the Modify link:

Warning message will appear. Click “OK” if you really want the contact deleted or “CANCEL” if you do not want the contact deleted.

Now the contact is gone.
Try to get more information than just the required information. Having only the required information is not much help without an address or phone number.
This is an optional tab. Client insurance information can be entered here for easy access to the information.

If a client does have insurance, place a copy of the front and back of the insurance card in the client’s permanent medical record. The provider or LCA enrolling the client is responsible for obtaining the copy of the insurance card.

The following is the first screen a user will see when the user clicks on this tab; no insurance information exists currently for this client. Click the “Add” button to enter client’s insurance information.
The user will see this screen when client insurance information is entered. This information is taken from the client insurance card.

Required fields are the following:

- Insurance Company*
- Insurance Type* – automatically populated
- Contract ID*
- Last Name*
- First Name*
- Relation*

Populating the Insurance screen and deleting is the same process used with the Contacts tab.
This tab contains information on the client’s personal history related to cancer, smoking habits, screening habits, and family history of cancer. This information is obtained from the Client Enrollment form.
8. Medical History Tab

8.1 Client Cancer History Section

Client’s cancer and smoking history is entered here.

8.2 Prior to Initial Enrollment Section

A series of questions are asked here. There are three required questions:

- Ever had a Pap*?
- Ever had a Mam*?
- Ever had a CBE*?

Ever had a Pap*? Extremely important for tracking “Rarely or Never Screened”. Twenty percent of all new clients need to fall into this category according to CDC. This has funding implications for the Program!

Do you have a cervix? Answering NO to this question will automatically make the client’s pap eligibility date 12/31/9999 and you will not be able to enter a pap on the Service Summary page.
**8. Medical History Tab**

**Immunocompromised:** Having an impaired immune system; examples include due to medications given to organ transplant recipients, use of high-dose steroids, or AIDS

---

**8.3 Client Prior Exams Section**

If a client has answered yes to any of required questions in the Prior to Initial Enrollment Section then this section needs to be filled out for each service with a ‘yes’. If the client cannot remember the exact date, ask her for what year the service took place. Then you can enter it as ‘1/1/ccyy’.

---

**8.4 Family Medical History Section**

Indicates who in the family has had Breast, Cervical, Ovarian, and/or Colorectal cancer. Required fields are the following: Family Relation and Cancer Type.
To delete a line in the Client Prior Exams or Family Medical History Section, check the check box next to the line to be deleted and then click the Delete button.
9. Reminders Tab

9. Reminders

MBCIS – Client Reminders

This is to record annual reminders once services have been rendered. Office visit reminder is automatically placed in the Reminder tab upon completion of all 4 screening services or the cycle has been closed out. The four screening services are the CBE, Pelvic Exam, Pap test, and Mammogram.

The following is the first screen a user will see when entering this tab; no reminders exist for the client. To enter a reminder for the client click on the Add button.

This screen is where reminder information is entered.

Reminder Date*: Date the client is due for her screening.
Reminder Type*: Type of reminder that will be utilized for this client. The types of reminders are the following:
- Mail
- Phone
- Other
Exam Type*: Enter appropriate exam for the reminder.
Date Completed field: Date the exam was completed
Status field:
9. Reminders Tab

- Open: reminder has not been sent yet
- Closed: reminder has been sent
- Cancelled: no reminder will be sent

Example:

This screen shows all reminders for this client. To edit any of these, click on the Modify link.

To delete a reminder follow the instructions in the Contacts Section.

This is to record annual reminders once services have been rendered. Office visit reminder is automatically placed in the Reminders tab upon completion of all 4 screening services or the cycle has been closed out. The four screening services are the CBE, Pelvic Exam, Pap test, and Mammogram.
9. Reminders Tab

The following is the first screen a user will see when entering this tab; no reminders exist for the client. To enter a reminder for the client click on the Add button. Entry of an office visit will put a reminder in the system.

![Reminders Tab Screen](image)
10. MBCIS – Client Enrollments Window

There are two ways to get to this screen. The first way is to go to the Clients tab and click on the Enrollments button. This is located at the on the bottom of the Clients tab.

![MBCIS - Enrollments](image)

The second way is from the MBCIS Home Page. Select the Enrollment Information link. This will take you to the MBCIS – Find Client Screen. Here you can search for your client and then go directly into enrollments.
11. Enrollment Screen

11.1 Overview of the Enrollments Screen

This screen consists of four tabs in the following order:

- Enrollments
- Service Summary
- Diagnosis and Treatment
- Appointments
11. Enrollment Screen

11.2 Enrollments Screen

This is the first screen you will see when you entered the Enrollments tab is below; no enrollment cycles exist for this client.

To open an enrollment cycle, click the “Add” button.
11. Enrollment Screen

11.3 More than one Enrollment Cycle:

The following is the screen a user will see when the client already has more than one enrollment cycle. Each line represents one enrollment cycle. A woman may have more than one screening cycle during the same year; if for example, a new abnormality develops. A screening cycle consists of a breast and/or cervical services. Click on the “Modify” link next to the enrollment cycle you want to work in.

First enrollment cycle is “Initial” and then any cycle after that is “Anniversary”. This will apply even if she has been seen by a different agency or had not been seen for years. The system auto-populates this system so please do not change it.

![Enrollment Screen Screenshot](image-url)
### 11. Enrollment Screen

**MBCIS - Client Enrollments**

**Client:** TERRY QUINN  Age: 47  
**MBCIS ID:** 282607  **LCA:** MARQUETTE COUNTY HEALTH DEPARTMENT

<table>
<thead>
<tr>
<th>Enrollment Cycle</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Site*</td>
<td>Select Enrollment Site</td>
</tr>
<tr>
<td>Site Type*</td>
<td>LCA</td>
</tr>
<tr>
<td>Status*</td>
<td>Active</td>
</tr>
<tr>
<td>Program*</td>
<td>BCCCP</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>Enroll. Date*</td>
<td></td>
</tr>
<tr>
<td>Close Date</td>
<td></td>
</tr>
<tr>
<td>Enroll. Type*</td>
<td>Initial</td>
</tr>
<tr>
<td>Agency Purchased Caseload</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Household, Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Education</td>
<td>Select Education</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Select Marital Status</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Employment Status</td>
</tr>
<tr>
<td>Income*</td>
<td>0</td>
</tr>
<tr>
<td>Members*</td>
<td>1</td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Care Provider**  
[click here to select from list]

- Last Name/Group Name
- First Name

**Recent breast symptoms noted by client**

- Lump
- Nipple Discharge
- Skin Changes
- Pain
- Other

All fields marked with * are required

- Submit
- Cancel
- Find Client
11. Enrollment Screen

This screen is where client enrollment cycles are entered. Yellow highlighted areas are required fields. This information is taken off the following forms:

- BCCCP Enrollment Form
- BCCCP Screening Form

http://www.michigancancer.org/bcccp/LocalAgencyInformation/Forms.html

11.4 Enrollment Cycle:
11. Enrollment Screen

**Enrollment Site***: Name of the Agency/Facility/Clinic site that enrolled the client into the program. Select the correct enrollment site from the drop down list.

**Site Type***: Automatically generated based on the enrollment site selected. Do not change. The possible Site Type options are the following:
- LCA
- Enrollment Site
- Tribal Agency

**Enroll. Date***: Date the client was enrolled or re-enrolled in the program (i.e., date eligibility information was obtained or date woman completed enrollment paperwork). It does not need to match the first date of service. This date can be the same as or before the client’s first screening service date. However, the enrollment date cannot be after the first date of service.

**Family Planning/BCCCP Joint Project clients:**
- No data on FP client should be entered into MBCIS prior to the client receiving a diagnostic service in the BCCC Program.
- Clients, who are referred to the BCCCP for follow-up, but do not receive the service, are not considered BCCCP clients and should not be coded as “lost to follow-up” or “work-up refused”. They should not be entered into MBCIS.
- FP clients who have an abnormal Pap test indicating a possible cervical cancer diagnosis must receive their colposcopy within **90 days** of the date the referral was received by the BCCCP agency.

**Status***: Code should be **Active** for all cycles containing services. A client’s cycle cannot be coded as inactive if there are services attached to the cycle. There can be a variety of reasons why a client would be coded as inactive, see list below.
- Inactive: Deceased → client is deceased
- Inact: Client refused → client refused services
- Inact: Can’t locate → LCA unable to locate client
- Inact: Non-BCCCP → client no longer qualifies for the BCCC Program
- Inact: Prepaid MC/HMO → client has Managed Care or HMO insurance
- Inact: Income Amount → client’s income too high
- Inact: Medicaid → client qualifies for Medicaid
- Inact: Moved → client has moved out of the area
- Inact: Medicare A + B → client qualifies for Medicare
- Inact: HMP/Medicaid → client qualifies for HMP or the Medicaid expansion program

Clients who are no longer eligible for the program should code as “Inactive” in MBCIS on the enrollment screen. In order for clients no longer participating in the
11. Enrollment Screen

program to receive false reminders, please remove reminders and/or anniversary information from MBCIS.

To code a client as inactive:
- Open a NEW enrollment cycle. The user cannot code a client inactive if there are services attached to an enrollment cycle.
- Code the client with the appropriate inactive code in the “Status” field (see above).

Close Date: Once all services and results are in MBCIS, the enrollment cycle is completed. The close date will be auto-populated but the clinician/coordinator still has the flexibility in deciding what screening and diagnostic services belong to which enrollment cycle.

Program*: All women are considered BCCCP clients and they may also participate in other programs. Select one of the following from the drop down list:
- BCCCP
- FAMILY PLANNING

Enroll. Type*: If this is the client’s first enrollment cycle, this field automatically defaults to “Initial”. Anything after that, even if more than a year elapses between enrollment cycles, it will default to “Anniversary”.

Comments: Enter any comments that could be helpful.

Agency Purchased Caseload:
- No
- Yes

11.6 Demographics:

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Household, Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Education</td>
<td>Income*</td>
</tr>
<tr>
<td></td>
<td>Members*</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
<td>Insurance</td>
</tr>
<tr>
<td></td>
<td>ACA Marketplace referral</td>
</tr>
</tbody>
</table>

Level of Education: Select the correct level of education from the drop down list.
- Less than high school
- High school graduate
- Some college
- College graduate
11. Enrollment Screen

Marital Status: Select the correct marital status from the drop down list.
- Married
- Never married
- Widowed
- Divorced
- Separated

Employment Status: Select the correct employment status from the drop down list.
- Full Time
- Not Employed
- Part Time
- Retired

Income*: To be eligible to receive BCCCP services, clients must have incomes that are less than or equal to 250% of the Federal Poverty Level (FPL). The FPL is published yearly and also updated in MBCIS yearly.
- Income eligibility is determined once a year

- If more than one screening cycle is opened during the year, the income and household members do not need to be re-verified as long as the new cycle is within one year from the previous one.
- If a client’s income is too high; the client will automatically be made inactive.

Members*: Automatically defaults to “1”. If more than just the client lives in the household supported by the indicated income, then enter the appropriate number of household members. This field should never be 0.

Insurance: If the Insurance tab was filled out this will automatically be checked.

Referred to HMP/Medicaid: Please check this box if your LCA spoke to the client and has referred them on to HMP or the Medicaid expansion program.

ACA Marketplace Referral: Please check this box if your LCA spoke to the client and has referred them on to the ACA Marketplace.
11. Enrollment Screen

11.7 Primary Care Provider Section

This section is optional. A user can enter client primary care provider information here.

```
<table>
<thead>
<tr>
<th>Primary Care Provider</th>
<th>click here to select from list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name/Group Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Send Results to Primary Care Provider</td>
<td></td>
</tr>
</tbody>
</table>
```

11.8 Recent Breast Symptoms noted by Client Section

This section should be completed if the client indicates recent breast symptoms on the Client Enrollment Form. Check all the boxes that apply.

```
<table>
<thead>
<tr>
<th>Recent breast symptoms noted by client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lump</td>
</tr>
<tr>
<td>Nipple Discharge</td>
</tr>
<tr>
<td>Skin Changes</td>
</tr>
<tr>
<td>Pain</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
```

11.9 Buttons

- “Submit”: Saves the data entered
- “Cancel”: Takes the user back to the MBCIS – Find Client screen
- “Find Client”: Takes the user back to the MBCIS – Find Client screen
- “Delete”: Removes data from MBCIS
- “Outreach Recruitment”: Takes the user to the Outreach and Recruitment questions (optional). This button will appear after enrollment data has been entered and saved (“Submit”).

January 2015
11. Enrollment Screen

11.10 Completed Enrollments Screen:

[Image of the MBCIS - Client Enrollments screen with various fields filled out, including enrollment site, site type, status, program, and demographic information.]
11. Enrollment Screen

11.11 MBCIS – Outreach Recruitment Section

Also on the Enrollments tab are the Outreach Recruitment questions. These questions are used to gather outreach and recruitment data. Depending on which type of cycle the user is in, initial or anniversary, will dictate which questions will appear. Use the client’s responses from the Client Enrollment form to check the appropriate boxes on the screen. To advance to the next question, use the drop down list. Under OTHER (SPECIFY) you may enter a specific response given by a client. If there was no information filled out on the Client Enrollment form, then leave this section blank.

To get the Outreach questions, the user must click the Outreach Recruitment button at the bottom of the Enrollments tab.

The following 2 screen shots are of the initial client questions:
Please check client response to the outreach recruitment questions. Note: Clicking Submit or Cancel buttons, you will be returned to the enrollments screen.

### Question 2: How new client heard of program?

<table>
<thead>
<tr>
<th>Response</th>
<th>Enrollment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTICLE / NEWS IN NEWSPAPER</td>
<td>Initial</td>
</tr>
<tr>
<td>AD IN NEWSPAPER OR SHOPPING GUIDE</td>
<td></td>
</tr>
<tr>
<td>PAMPHLET, MAILED NOTICE, FLYER</td>
<td></td>
</tr>
<tr>
<td>SOCIAL GROUP / CHURCH</td>
<td></td>
</tr>
<tr>
<td>WORK</td>
<td></td>
</tr>
<tr>
<td>DOCTOR OR NURSE</td>
<td></td>
</tr>
<tr>
<td>COMMUNITY OUTREACH WORKER - (PEER ADVISOR / PEER EDUCATOR)</td>
<td></td>
</tr>
<tr>
<td>ANOTHER WOMAN SCREENED IN THIS PROGRAM</td>
<td></td>
</tr>
<tr>
<td>OTHER PERSON (E.G. RELATIVE, FRIEND)</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td></td>
</tr>
<tr>
<td>RADIO</td>
<td></td>
</tr>
</tbody>
</table>

Note: Clicking Submit or Cancel buttons, you will be returned to the enrollments screen.
The following two screen shots are of the returning client questions:

**MBCIS - Outreach Recruitment**

- **Client**: TERRY QUINN Age: 47
- **MBCIS ID**: 262507  LCA : MARQUETTE COUNTY HEALTH DEPARTMENT

Please check client response to the outreach recruitment questions. Note: Clicking Submit or Cancel buttons, you will be returned to the enrollments screen.

### Question: 3
**Question 3: How clients reminded of annual re-screening?**
- **Enrollment Type**: ANNIVERSARY

### Response:
- MAILED REMINDER (CARD, LETTER)
- REMINDER PHONE CALL
- RADIO / TV / NEWSPAPER / SHOPPING GUIDE AD.
- COMMUNITY OUTREACH WORKER (PEER ADVISOR / PEER EDUCATOR)
- OTHER PERSON (E.G. RELATIVE, FRIEND)
- OTHER (SPECIFY)

**Note**: Clicking Submit or Cancel buttons, you will be returned to the enrollments screen.

---

**MBCIS - Outreach Recruitment**

- **Client**: TERRY QUINN Age: 47
- **MBCIS ID**: 262507  LCA : MARQUETTE COUNTY HEALTH DEPARTMENT

Please check client response to the outreach recruitment questions. Note: Clicking Submit or Cancel buttons, you will be returned to the enrollments screen.

### Question: 4
**Question 4: Why Clients Returned?**
- **Enrollment Type**: ANNIVERSARY

### Response:
- MY DOCTOR OR NURSE RECOMMENDED IT.
- I RECEIVED QUALITY CARE DURING MY LAST VISIT HERE.
- I FELT COMFORTABLE WITH THE STAFF.
- THE LOCATION OF THE PROGRAM IS CONVENIENT FOR ME.
- THE PROGRAM OFFERS FEMALE PROVIDERS.
- THE PROGRAM OFFERS SERVICES THAT I COULD NOT GET ANYWHERE ELSE.
- I KNOW THAT ANNUAL BREAST AND CERVICAL SCREENING TESTS ARE IMPORTANT TO MY HEALTH.
- OTHER (SPECIFY):
- MY DOCTOR OR NURSE RECOMMENDED IT.

**Note**: Clicking Submit or Cancel buttons, you will be returned to the enrollments screen.
12. Service Summary Screen

Data collected is from the following forms:

- BCCCP Screening Form
- BCCCP Breast Follow Up Form
- BCCCP Cervical Follow Up Form
- BCCCP Mammography Examination Form

http://www.michigancancer.org/bcccp/LocalAgencyInformation/Forms.html
Service Type*: This should correspond to the correct screening or diagnostic service that was entered under Exam Type. The following Service Types are available from the drop down list:

- Breast
- Cervical

Exam Type*: A breast and/or cervical screening service has to be documented in MBCIS for an enrollment cycle to exist.

- Breast screening service includes a Clinical Breast Exam (CBE) and/or Mammogram (screening or diagnostic).

  There are times when a diagnostic mammogram can be considered a screening exam in our program when it is based on the client’s history.

- Cervical screening services include a Pelvic Exam and/or Pap test.
- Office visits: General rule is one body part = partial office visit and two body parts = full office visit.

Rpt (Repeat): Check this only if the Mammogram film or Pap test was unsatisfactory and a final result could not be reached. If this occurs, the test will need to be repeated.
Clarification of “Repeat” and “Follow-up” Exams
The following guidelines can to help eliminate data entry errors:
- “Follow-up” confirming or ruling out cancer
- “Repeat” unsatisfactory test

Service Date: Service Date is the date the procedure occurred not the date the data was received. Agency staff should not enter service information until the service was performed and results received.

Services “omitted” or “refused” need to be coded as such:
- If a service was not performed, then the service date must be blank and the result date would indicate the date that the service was omitted or refused.
- Results are entered as either “omitted” or “refused”

LCA name: Agency name

Funding Source*:
- Federal BCCCP – for all BCCCP services
- Non-BCCCP – for non-BCCCP funded services (i.e., FP screening Pap test and purchased caseload)
- State – Screening Mammograms for women 40-49 years, only
- Other

SCREENING Mammograms: 75% of your screening mammograms must be women 50-64 and 25% can be women 40-49.
**Please note** this has been waived for FY15.

A “typical” initial screening cycle consists of the following:
- CBE – SCREENING
- PELVIC EXAM
- PAP SMEAR
- HPV TYPING
- FULL OFFICE VISIT – B
- MAMMOGRAM – SCREENING
12. Service Summary Screen

BREAST procedures: The service information must be entered into MBCIS after it has been verified by the user that the service was performed. This needs to be completed before the service can be authorized to be paid.

- BREAST BIOPSY
- BREAST CONSULT
- CBE – SCREENING
- CYTOLOGY EXAM BREAST OR NIPPLE ASPIRATE
- DIAGNOSTIC MAMMOGRAM
- FINE NEEDLE/ CYST ASPIRATION
- FOLLOWUP CBE
- FULL OFFICE VISIT – B
- MAMMOGRAM – SCREENING
- MAMMOGRAM SURVEILLANCE
- PARTIAL OFFICE VISIT – B
- POST BX MAMM/CLIP PLACEMENT
- ULTRASOUND

CERVICAL DIAGNOSTIC services must have service information entered into MBCIS after verification by the user that the service was performed before the Pay box may be checked.

- CERVICAL CONSULT
- COLPOSCOPY
- COLPOSCOPY WITH BIOPSY
- COLPOSCOPY WITH BIOPSY & ECC
- COLPOSCOPY WITH ECC
- FULL OFFICE VISIT – C
- PAP SURVEILLANCE
- PARTIAL OFFICE VISIT – C

Nurse Consultant services can only be approved by and entered into MBCIS by a EJ SIEGL (siegle@michigan.gov) OR ANN GARVIN (garvina@michigan.gov):

- LEEP
- EMB
- CONE
- CASE MANAGEMENT
- AXILLA ULTRASOUND
- DUCTOGRAM/GALACTOGRAM
- MRI – BREAST
- BIOPSY - PUNCH

Other Exam Description: PLEASE USE FOR COMMENTS REGARDING SERVICE

Units: # of biopsies

Facility name: Facility where the procedure was performed

Workup Plan: Based on the service result. Work up plan must be indicated for each screening services entered. The following Workup Plans are available from the drop down list:

- Immediate Follow Up
- Short Term Follow Up
- No Work Up Needed
12. Service Summary Screen

Adequacy field: Indicates the adequacy of the sample of a Pap test. The following adequacies are available from the drop down list:
- Satisfactory
- Unsatisfactory
- Unknown

Type of Pap test field: indicated type of Pap test performed. The following types of Pap test are available from the drop down list:
- Conventional
- Liquid Based
- Other
- Unknown

Referral Date: Date a client was referred to our program by a non-BCCCP participating provider. This mostly affects Family Planning clients.

Comments text box: agency use

Body Location*: Automatically generated based on the service entered.

Service Date*: Automatically generated based on the service date entered.

Results*: Enter the service results here. Use the drop down list to select the appropriate result.

Comments text box: Agency use

Delete: Will be explained later in the manual

Add New: Adds a new line to enter additional results for a service, just click on the “Add New” link.
12. Service Summary Screen

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Exam Type</th>
<th>Rpt Service Date</th>
<th>LCA Name</th>
<th>Funding Source</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>CBE - SCREENING</td>
<td>03 - 15 - 2012</td>
<td>MARQUETTE COUNTY HEALTH DEPARTMENT</td>
<td>Federal BCCP</td>
<td></td>
</tr>
</tbody>
</table>

**Add New Service Results**

<table>
<thead>
<tr>
<th>Body Location</th>
<th>Service Date</th>
<th>Results</th>
<th>Comments</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Breast</td>
<td>03 - 15 - 2012</td>
<td>BENIGN BREAST CONDITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Breast</td>
<td>03 - 15 - 2012</td>
<td>BENIGN BREAST CONDITION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Service Summary Screen

12.1 Service Summary Overview:

This is a snap shot of the services entered for a particular cycle. It is located at the top of the Service Summary tab.

Colors of the Services:
- Service high-lighted in orange requires immediate workup
- Service high-lighted in yellow indicate what service information you are viewing in the Program Service section.
- All other service are high-lighted white and gray alternating

Modify Link: allows a user to view or edit a particular service. The user needs to click on the “Modify” link next to the service they wish view or edit.

Last Export Date: Date the authorization was sent for claim processing. The date is generated automatically by MBCIS. This is often referred to as the authorization date.

Pay:
- “Y” – indicates the pay box has been checked
- “N” – indicates the pay box was not been checked and the service will not be paid.
13. MBCIS - Diagnosis and Treatment Tab (BREAST)

This tab is used only when Immediate Follow-Up has been documented in MBCIS.

Documentation on this screen is not required for short-term follow-ups.

Start at the Service Summary tab and select the breast service that indicates immediate follow-up.

Click on the Diagnosis and Treatment tab, which will automatically take you to the Breast Diagnosis and Treatment screen.

![MBCIS - Diagnosis & Treatment](image-url)
13 Diagnosis and Treatment Details Section

**Episode/Cancer Type**: will automatically populate based on the service the user selected on the Service Summary tab.

### 13.2 Diagnosis Details:

**Final Diagnosis Status**: Use the drop-down list to select the appropriate Final Diagnosis Status. The following are the available choices a user has:

- Work up complete
- Work up pending
- Work up refused
- Seeing non BCCCP provider
- Moved out of Michigan
- Cannot locate client
- Deceased
- Work up interrupted other

**Body Location**: Automatically defaults to proper body location.

**Final Diagnosis**: If a breast biopsy was performed then a final diagnosis must be entered:

- Ductal Cancer In Situ (DCIS)
- Lobular Cancer In Situ (LCIS)
- Cancer invasive
- Not breast cancer (other)
- Not applicable

**Stage of Diagnosis**: Only use for **Invasive Cancer** diagnosis

- AJCC Stage 0
- AJCC Stage I
- AJCC Stage II
- AJCC Stage III
- AJCC Stage IV
- Summary Local
- Summary Regional
- Summary Distant
- Unknown/Unstaged
- Not Applicable
13 Diagnosis and Treatment Screen - Breast

**Tumor Size:** Only required for **Invasive Cancer** diagnosis
The following are the choices a user has:

- 0 - <= 1cm
- > 1cm - <= 2cm
- > 2cm - <= 5cm
- > 5cm
- Unknown
- Not Applicable
- No response

**Comment Tx (Treatment):** Any helpful comments may be entered here

**Delete:** This will be discussed later

### 13.3 Treatment Details:

<table>
<thead>
<tr>
<th>Treatment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Disposition</td>
</tr>
<tr>
<td>Body Location*</td>
</tr>
<tr>
<td>Select</td>
</tr>
</tbody>
</table>

All fields marked with * are required

**Treatment Disposition:**
Select one of the following:

- Treatment started
- Treatment pending
- Treatment refused
- Treatment not needed
- Moved out of Michigan
- Cannot locate client
- Deceased
- Unknown

**Body Location***: select either left or right breast

**Treatment Date***: date treatment started

**Treatment Type:**
Select one of the following:

- Chemotherapy
- Hormone therapy
- Radiation therapy
- Surgery
- Other therapy
**Comment TX (Treatment):** Additional treatments that the client received can be added here

**Delete:** Will be explained later in the manual
14. MBCIS - Diagnosis and Treatment Screen (Cervical)

Start at the Service Summary tab and select the cervical service with the immediate follow-up. Click on the Diagnosis and Treatment tab, which will automatically take you to the Cervical Diagnosis and Treatment screen.

14.1 Diagnosis and Treatment Details Section

**Episode/Cancer Type:** Will automatically populate based on the service the user had selected on the Service Summary tab.
14 Diagnosis and Treatment Screen - Cervical

14.2 Diagnosis Details

Final Diagnosis Status:
- Work up completed
- Work up pending
- Work up refused
- Seeing a non-BCCCP provider
- Moved out of Michigan
- Cannot locate client
- Deceased
- Work up interrupted other

Body Location: Make sure Cervical is selected

Diagnosis Date: Date of the colposcopy

Final Diagnosis*: If a cervical biopsy was performed, then one of the following final diagnosis should be selected:
- HPV/Condylomata/Atypia
- CIN I
- CIN II
- CINIII/CIS
- Invasive squamous cell carcinoma
- Invasive adenocarcinoma
- Not Cancer
- Not applicable
- OTHER

“Not applicable”: should only be used if the client was lost to follow-up or refused diagnostic work-up

Stage of Diagnosis: Only use for Invasive Cancer diagnosis
The following are the choices a user has:
- AJCC Stage 0
- AJCC Stage I
- AJCC Stage II
- AJCC Stage III
- AJCC Stage IV
- Summary Local
- Summary Regional
- Summary Distant
- Unknown/Unstaged
- Not Applicable

Comment Tx (Treatment): Any helpful comments may be entered here

Delete check box: Will be explained later
14 Diagnosis and Treatment Screen - Cervical

14.3 Treatment Details Section

<table>
<thead>
<tr>
<th>Treatment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Disposition</td>
</tr>
<tr>
<td>Body Location*</td>
</tr>
<tr>
<td>Select</td>
</tr>
</tbody>
</table>

All fields marked with * are required

- Submit
- Cancel
- Delete

Treatment Disposition: select one of the following:

- Treatment started
- Treatment pending
- Treatment refused
- Treatment not needed
- Moved out of Michigan
- Cannot locate client
- Deceased
- Unknown

Body Location*: Select cervical.

Treatment Date*: Date treatment started.

Treatment Type: Select one of the following:

- Chemotherapy
- Hormone therapy
- Radiation therapy
- Surgery
- Other therapy

Comment TX (Treatment): Additional treatments that the client received can recorded here.

Delete: Will be explained later in the manual
14.4 Key Points about the Diagnosis and Treatment Tab

Diagnosis follow-up data can be obtained from any of the following:

- Pathology reports
- X-ray reports
- Physician progress notes/letters
- BCCCP Breast Follow Up Form
- BCCCP Cervical Follow Up Form
- BCCCP Mammogram Examination Form

If during the CBE, Mammogram, or Pap Screening an abnormality is found requiring Short Term or Immediate Follow-up, the Breast or Cervical Follow-up Form needs to be completed (http://www.michigancancer.org/bcccp/LocalAgencyInformation/Forms.html).

For Short-Term Follow Up:

- Enter diagnostic services in the Service Summary tab.
- DO NOT enter any information into the Diagnosis and Treatment tab because no final diagnosis is required for short-term follow-ups.
For Immediate Follow Up:

- Enter diagnostic services in the Service Summary tab.
- A diagnosis status, final diagnosis, diagnosis date, and treatment disposition MUST be entered in the Diagnosis and Treatment tab.
- If cancer was diagnosed, enter the date treatment was initiated and the type of treatment.

14.5 Documentation of Clients Identified as “Lost to Follow-up or Work-up Refused”

If, after two months (60 days) from an abnormal screening result, the woman does not respond to repeated phone contacts and/or certified letter to schedule additional diagnostic procedures the work-up disposition in the Diagnosis and Treatment tab will be coded as one of the following:

- “Lost to follow-up” - For women unable to be contacted via phone, post card or certified letter.
- “Work-up Refused” - For women who refuse additional diagnostic tests or do not show 2 times for scheduled follow-up appointments.

The woman’s screening cycle is closed at that time to either “lost to follow-up” or “work-up refused”.

- Document the date of the last contact with the client as the “lost to follow-up” or “Work-up refused” in MBCIS. (Date must be within 60 days of the screening abnormality)

Exceptions: Women who receive diagnostic services after the final diagnosis is recorded as “lost to follow-up” or “work-up refused” or women who schedule follow-up diagnostic services after the screening cycle has been closed can still receive those services as long as they remain eligible for the program. The procedure for documenting these services is as follows:

- Open a new enrollment cycle with either a CBE (for breast f/u services) or Pap test (for cervical follow-up services)
- Code the CBE or Pap test result as “Needed but not performed”
- Mark work up plan as immediate follow-up
- Document follow-up procedures in Service Summary

Enter a final diagnosis and diagnosis date (based on the date of the diagnostic procedure and result) under Diagnosis and Treatment. Document in “Comments” the reason for the delay in obtaining follow-up.
15 Deleting

15. Deleting

15.1 Deleting Services

Go to the Service Summary tab and then select the service to be deleted by clicking the “Modify” link. Then click the “Delete” button on the bottom of the page.
The following pop up warning will appear. Click “OK” to continue with the deletion or “Cancel” to stop the process.

The service has now been successfully deleted from MBCIS.
15 Deleting

15.2 Deleting Enrollment Cycles

First, all the services in the Service Summary tab need to be deleted (see Deleting Services). Once that is completed, go back to the Enrollments tab. Click the “Delete” button.
Once the user clicks on the “Delete” button, the following pop up warning will appear. Click “OK” to continue the deletion process or “Cancel” to stop it.

If you clicked OK, the following message indicates the deletion was completed. Then click on “Open Client” button to return to the Clients tab.

Sometimes when a user goes to delete a service there may be a diagnosis and treatment information attached to it. In that case, the following pop up message will appear. Click “OK” to continue the deletion process or “Cancel” to stop it.

By selecting “OK” you will not only remove the service but all the information in the Diagnosis and Treatment tab.
15 Deleting

15.3 Deleting a Client

First, all services and enrollment cycles must be removed from the client (see Deleting Services and Deleting Enrollment Cycles). If not, the user will receive the following message at the top of the Clients tab.

- Cannot delete Clients while dependent Cycles exists

On the Clients tab, click the Delete button.
Once the user clicks on the Delete button, the following pop up warning will appear. Click OK to continue the deletion process or Cancel to stop it.

If the user clicked OK, the following message indicates the deletion was completed and the user is taken back to the MBCIS – Find Client screen.

REMINDER – you must delete all COloRECTAL enrollments AND all WISEWOMAN enrollments before you can delete the BCCCP client completely.

ALSO – if for ANY reason the system won’t allow you to delete something, please contact Tory Doney (DoneyT@michigan.gov or 517-335-8854). More than likely, there are claims associated with the client. We’ll want to ensure we have take backs in place (with comments on the claims) before we delete the client out of the system.