Policy for Administering the BCCCNP
Effective 07/01/2016

Policy Statement:
Local Coordinating Agencies (LCAs) who contract with the Michigan Department of Health and Human Services (MDHHS) to participate in the Breast and Cervical Cancer Control Navigation Program (BCCCNP) are responsible for meeting the program’s minimum program requirements and applying all policies and procedures in order to provide appropriate caseload and/or navigation-only services to eligible women in the program.

Purpose:
Provide guidance to LCAs to assure the following:
1. Adherence to both Minimum Program Requirements (MPRs) and all program policies/procedures
2. Implementation of program components in order to deliver caseload services and/or navigation-only services to women in the program
3. Correct documentation of clinical and program data in the Michigan Breast and Cervical Information System (MBCIS)
4. Appropriate financial monitoring of program and clinical services
5. Minimum of 30-day prior notification to MDHHS BCCCNP Director, along with a transition plan of care for currently enrolled clients, if agency determines BCCCNP services will cease to be provided by the agency

I. Implementation of Minimum Program Requirements (MPRs)/Policies/Procedures
   A. Agencies are responsible for:
      1. Implementation of all Minimum Program Requirements (MPRs) as described under the most current Michigan Local Public Health Accreditation Program.
         • Agency review occurs every 3 years and is an off-site review
         • Requested documents are sent to MDHHS reviewer one week prior to review
         • Evaluation summary conference call arranged between MDHHS and the local agency to discuss evaluation findings
      2. Implementation of Program Policies and Procedures
         a. Caseload Services Policies
            • BCCCNP Client Eligibility for Caseload Enrollment
            • Informed Consent
            • Clients Lost to Follow-up/Refusal of Services
            • BCCCNP Medical Protocol
BCCCNP
Breast and Cervical Cancer
Control Navigation Program

- Medicaid Treatment Act (MTA) Client Eligibility and Reimbursement
  Policy Guidelines
- Record Retention

b. Navigation-Only Services Policies
   - BCCCNP Client Eligibility for Navigation-Only Services
   - Medicaid Treatment Act (MTA) Client Eligibility and Reimbursement
     Policy Guidelines

B. Agencies are also responsible for ensuring adequate staff is in place to oversee and
   implement the BCCCNP
1. Minimal staff requirements include:
   a. Program Coordinator
   b. Data entry staff person
   c. Clinical staff onsite to provide screening services and/or agency contracts
      with community providers to provide screening and/or diagnostic services

2. MDHHS BCCCNP Director is to be notified within 30 days prior to changes in
   BCCCNP agency staff
   a. Include plans for program coverage during staff transition

II. Process for providing BCCCNP Clinical Services
A. Caseload Services – Responsibilities of BCCCNP LCA staff include:
   1. Annually – Review all subcontracted providers contact information to assure
      provider, names, address, provider ID, billing staff names and phone numbers
      are current.
   2. Annually – Submit annual outreach and recruitment report that documents
      strategies the agency plans to use to:
      • Identify uninsured/underinsured women (< 250% FPL) eligible for
        caseload services
      • Identify community organizations (i.e. Federally Qualified Health
        Centers, Health Plans, provider practices, Mammography Facilities
        etc.) who will identify eligible women and refer them to BCCCNP for
        caseload services

   3. Monthly – monitor the number of clients completing screening/diagnostic
      services who count towards agency allocated caseload
      • Agency will strive to achieve the caseload target established by MDHHS
      • As needed, agency will adjust caseload allocation appropriately when
        requested by MDHHS, based upon feasibility of achieving caseload
        target by the end of the fiscal year
      • Final agency adjusted caseload will require approval by MDHHS
      • Failure to achieve agreed-upon caseload target will result in coordination
        funds for unused caseload being returned to MDHHS unless exceptions
        to this requirement have been made by MDHHS
4. Caseload Clinical Services Monitoring
   - Weekly – Tracking caseload clients with abnormal breast or cervical screening results to assure they receive timely and appropriate care according to BCCCNP Medical Protocol and CDC Clinical Performance Indicators (See Table 1)

<table>
<thead>
<tr>
<th>Timeliness of Care</th>
<th>75% abnormal BREAST cases have a final diagnosis within 60 days</th>
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<tr>
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<td>75% abnormal CERVICAL cases have a final diagnosis within 90 days</td>
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<td>80% of all breast and cervical cancer diagnoses should begin treatment within 60 days of the final diagnosis</td>
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<td>Completeness of Care</td>
<td>90% of abnormal breast or cervical cases requiring follow-up have at least ONE follow-up diagnostic procedure and a final diagnosis documented</td>
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<td>100% of cases with a breast or cervical cancer diagnosis have a treatment disposition documented within 100 days of the diagnosis</td>
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- Monthly – Review of BCCCNP Abnormal Follow-up Report to identify missing data in MBCIS
- Monthly – Monitor reimbursement for BCCCNP approved clinical services through the use of identified financial reports

B. Navigation-Only Services – Responsibilities of BCCCNP Agency staff include:
   1. Establishing a network of medical and community providers to assist in:
      - Identifying insured eligible women (< 250% FPL) who require assistance obtaining needed breast/cervical cancer services
      - Identifying community resources to resolve barriers preventing women from receiving breast/cervical cancer services
      - Identifying providers whose patients may benefit from receiving local agency resources (i.e. gas cards) that can assist the patient in receiving services
   2. Targeting both providers/patients, the agency will develop outreach strategies to identify insured women eligible to receive Navigation-Only services
   3. Provide assistance to navigators (as needed) to assure a client’s episode of care is completed which must include the following:
      a. At least 2 client encounters (2-way communication via mail, email, telephone)
b. Identification and resolution of barriers that are impeding the client’s access to care

c. Subsequent receipt of needed screening, diagnostic, and/or treatment services

5. As needed, assure a process is in place for referring underinsured Navigation-Only clients to caseload services to receive diagnostic follow-up

6. Assuring client’s data are entered in MBCIS for one service only: caseload or navigation-only, not both

7. Navigation-only clients are may be offered WISEWOMAN services (nutrition/physical activity) if available, at enrollment

8. Transfer to WISEWOMAN program will occur once breast/cervical screening services are complete

C. MTA Navigation Services: As needed, responsibilities of the local agency BCCCNP Coordinator is to provide assistance to navigators to assure:
1. Newly enrolled caseload MTA clients do not have the same data “double entered” as navigation clients

2. Re-enrolling MTA clients receive at least 2 client encounters (2-way communication via mail, email, telephone) AND are actively receiving treatment or care related to side effects(s) of treatment

3. New and re-enrolling MTA clients are offered benefits of WISEWOMAN services (nutrition/physical activity) if available

4. Clients discontinuing MTA coverage are offered assistance to obtain community resources (if needed), and insurance guidance

III. Documentation of Essential Clinical and Program Data

BCCCNP Coordinator or designated staff person is responsible for both A and B below:

A. Program Data
1. Completion of required reports as requested by MDHHS (E.g. Annual Agency Outreach/Recruitment Report)

B. Clinical Data
1. Assuring MBCIS User Agreement/User Access Form, and online application request is completed for staff requiring access to specific program applications

2. Assuring all data entry staff take the MBCIS Course.
   – Passing grade of 80% is required before staff will be granted access to MBCIS
   – For everyone entering data, MBCIS course review must be completed every 2 years. Failure to do so will result in access privileges to MBCIS being revoked
C. MDHHS staff will approve all user agreements, online application requests, and agency staff access to MBCIS.

IV. Monitor appropriate reimbursement of BCCCNP approved services for program clients.
   The local agency BCCCNP Coordinator is responsible to:
   A. Program Services Reimbursement
      1. Monitor reimbursement for BCCCNP approved clinical services through the use of identified financial reports
      2. Assure BCCCNP is compliant with the “funds of last resort” requirement in the federal law
   B. Provider Payment
      1. Assure contracted providers are provided the current fiscal year program financial resources:
         - Federal Poverty Level (FPL) guidelines
         - Unit Cost Reimbursement Rate Schedule
      2. Assure reimbursement amount for each BCCCNP approved service is accepted by providers as payment in full

V. Possible Agency Discontinuance of BCCCNP services
   A. MDHHS BCCCNP Director is to be notified of agency’s decision to terminate BCCCNP services.
      1. Agency must give 30 days’ notice prior to the date of program termination
      2. Agency coordinator must work closely with MDHHS BCCCNP Director to develop a transition plan for caseload, Navigation-Only and MTA Navigation clients
   3. Caseload Clients
      - Agencies must assure screening services for currently scheduled clients
      - Clients undergoing diagnostic procedures for follow-up of a screening abnormality must have all services completed (to confirm or rule out a cancer diagnosis) prior to agency withdrawing from the program.
      - Agency must notify contracted providers of change in program administration and plans for continued coordination by another agency
      - Completion of all data in MBCIS
      - Agencies will be reimbursed coordination funds for caseload clients that have received at least one service paid through the program prior to the date of program termination
      - Coordination funds for unused caseload allocated to the agency at the beginning of the fiscal year will be returned to MDHHS
   4. Navigation-Only Clients: Agencies must complete the following:
      - Documenting client assistance provided and estimate date for client completion of breast/cervical services
• Completion of all newly enrolled clients into MTA and all current month redetermination of clients
• Transfer of pertinent client data for Navigation-Only and MTA clients
• Agencies will be reimbursed for Navigation-only clients that have completed services prior to the date of program termination

B. For Agencies remaining in the BCCCNP as a provider only:
1. Agencies that discontinue as a BCCCNP coordinating agency have the option of becoming a BCCCNP screening provider (providing screening services to eligible program women) or providing navigation-only services to eligible BCCCNP clients

2. If agency chooses to become a screening provider for the BCCCNP:
   • The agency will receive reimbursement for services provided to the client at the agency
   • No coordination reimbursement will be provided

3. If the agency chooses to provide navigation-only services to clients:
   • Agency will receive $60 for each client who successfully is navigated through the health system and receives identified breast/cervical screening services
   • No coordination reimbursement will be provided
Policy for Administering the B CCCNP Signature Form

I have read and understand the above policy requirements for the B CCCNP beginning July 1, 2016.

__________________________    _______________
BCCCNP Coordinator Signature    Date Signed

Please fax this form to E.J. Siegl, BCCCNP Director at 517-335-8752 by June 1, 2016.