

New Hampshire Breast and Cervical Cancer Program (BCCP)

Policy and Procedure Manual



LET **NO WOMAN** BE OVERLOOKED • FREE BREAST AND CERVICAL
CANCER SCREENING

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Let No Woman Be Overlooked **BREAST AND CERVICAL CANCER PROGRAM**

Mission

- ◆ The mission of the New Hampshire *Let No Woman Be Overlooked* Breast and Cervical Cancer Program (BCCP) is “to plan, promote, and implement programs of education and screening to reduce mortality rates through early detection of breast and cervical cancer among New Hampshire clients.”

History and Funding

- ◆ New Hampshire has had a state-funded Breast and Cervical Cancer Screening Program since 1985, when the Chronic Disease Mortality Assessment and Control Act was established. In 1990, the U.S. Congress passed the [Breast and Cervical Cancer Mortality Prevention Act of 1990](#), which mandated funding for the National Breast and Cervical Cancer Early Detection Program.
- ◆ New Hampshire was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) in 1993 for capacity building in the state, and in 1997 was awarded funding for breast and cervical cancer screening. This funding dramatically increased the capacity of the state to offer screening services to low income uninsured clients, and to monitor the quality of the program.
- ◆ On October 24, 2000, President William Clinton signed into law the [Breast and Cervical Cancer Prevention and Treatment Act of 2000 \(Public Law 106-354\)](#). This Act gives states the option to provide medical assistance through Medicaid to eligible clients who were screened for and found to have breast or cervical cancer, including pre-cancerous conditions, through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Strategies of the BCCP

- ◆ Seven strategies are addressed through the BCCP: (1) Program collaboration; (2) External partnerships; (3) Cancer data and surveillance; (4) Environmental approaches for sustainable cancer control; (5) Community-clinical linkages to aid client support; (6) Health systems changes; and (7) Program monitoring and evaluation.

CLIENT CONFIDENTIALITY

- ◆ All BCCP vendors, providers and contractors must have a written policy that outlines methods to protect the confidentiality of clients. Confidentiality must be maintained for each BCCP client, in all aspects of the program.
- ◆ This policy must be in compliance with HIPPA regulations. All envelopes and faxes containing client identifying information must be marked “**Confidential**” before submitting.
- ◆ All electronic correspondence (i.e. email) of confidential information containing personal identifiers must be transferred and/or exchanged via a secure electronic system.

BCCP - CLIENT ELIGIBILITY

In order to be eligible for enrollment into the BCCP, a client must be:

- over the age of 21
 - living at or below 250% of poverty according to the federal poverty guidelines <https://aspe.hhs.gov/poverty-guidelines>
 - uninsured or have a deductible or co-payment
 - a New Hampshire resident (or York county, or bordering town of Maine)
- ◆ If a client is 65 years or older, they must be ineligible for Medicare or not enrolled in Medicare part B.
- ◆ Eligibility for the program will be determined at the screening site at the time of enrollment.
- ◆ BCCP screening sites should follow their agency's policy regarding '**proof of income.**' The BCCP state office does not collect banking or wage/income documentation.
- ◆ Eligibility in BCCP is valid for 12 months. All clients can re-enroll every 12 months, provided they continue to meet the eligibility criteria.

DATA MANAGEMENT

- ◆ In September 2016 - BCCP transitioned from the data collection system "CaST" to a web-based database system "Med-IT" – through Oxbow Data Management Systems.
- ◆ Med-IT is a secure web-based data collection and billing system that follows HIPAA safeguards. All data collected in Med-IT is encrypted and is stored on physical servers located in a secure, high performance data center.
- ◆ BCCP screening site coordinators have the opportunity to enter their own client data directly into Med-IT. This replaces the need to submit/fax data forms to the State BCCP office for central data entry. Training as well as a step-by-step User's Manual are available to all BCCP screening sites for data entry. Please contact the state BCCP Data Manager if interested in receiving training on this process. If screening sites are not doing direct data entry, they should continue to submit/fax the following data forms to the State BCCP office in a timely manner for each BCCP client enrolled:
- Enrollment Form (**completed on every client**),
 - Informed Consent Form (**completed on every client**), *This is the only form that does NOT need to be forwarded to the state BCCP office. A copy should stay at the client's screening site and the client should also be given a copy for their records.
 - Screening Data Reporting Form (**completed on every client**)
 - Cervical Cancer Diagnostic and Treatment Data Reporting Form (**2 pages**) - completed for each client referred for further procedures as a result of an abnormal Pap test.

- Breast Cancer Diagnostic and Treatment Data Reporting Form (**2 pages**) - completed for each client referred for further procedures as a result of an abnormal clinical breast exam or mammogram.
- ◆ The BCCP has plans in place to develop an interface that will download certain demographic data from an EMR (electronic medical record) to be able to upload into Med-IT. Sites will be notified once this is in place.
- ◆ The BCCP is required by the CDC to collect specified **minimum data elements (MDEs)**. This is data gathered from BCCP screening sites and entered into Med-IT including: enrollment, screening and diagnostics. MDEs are submitted without any personal identifiers to CDC twice per year (April 15th, October 15th). The BCCP's federal funding from CDC is contingent upon successful submission of MDEs as well as meeting specified **Core Program Performance Indicators** which include:
 - Initial Program Pap Tests; Rarely or Never Screened ($\geq 20\%$)
 - Mammograms Provided to Clients ≥ 50 Years of Age ($\geq 75\%$)
 - Abnormal Cervical Cancer Screening Results with Complete Follow-Up ($\geq 90\%$)
 - Abnormal Cervical Cancer Screening Results; Time from Screening to Diagnosis > 90 Days ($\leq 25\%$)
 - Treatment Started for Diagnosis of HSIL, CIN2, CIN3, CIS, Invasive ($\geq 90\%$)
 - HSIL, CIN2, CIN3, CIS; Time from Diagnosis to Treatment > 90 days ($\leq 20\%$)
 - Invasive Cervical Carcinoma; Time from Diagnosis to Treatment > 60 days ($\leq 20\%$)
 - Abnormal Breast Cancer Screening Results with Complete Follow-Up ($\geq 90\%$)
 - Abnormal Breast Cancer Screening Results; Time from Screening to Diagnosis > 60 days ($\leq 25\%$)
 - Treatment started for Breast Cancer ($\geq 90\%$)
 - Breast Cancer; Time from Diagnosis to Treatment > 60 days ($\leq 20\%$)

Due Dates for BCCP Screening Sites to Submit Data to the State BCCP Office:

- ⌘ **Enrollment Form** data must be submitted to the state office of the BCCP **within one week of the screening appointment**, and the signed Informed Consent Form is filed in the client's record. The informed consent form must be signed by an agency staff member, verifying the client understands the consent form.
- ⌘ **Screening Data Reporting Forms** will be completed by the case manager and submitted to the BCCP **within one week of receiving the screening results**.
- ⌘ Each **Diagnostic and Treatment Data Reporting Form** will be completed by the case manager and forwarded to the **BCCP within one week of determining final disposition**.

No claim can be paid through the BCCP until the corresponding data is received by the BCCP screening site. Claims are often times forwarded to the State BCCP office for payment within a week or two of the procedure being performed.

ENROLLING CLIENTS FOR DIAGNOSTIC TESTING ONLY

- ◆ Clients may be enrolled in the BCCP for **diagnostic testing only**, if:
 - they have a symptom (either found by themselves or by a provider, and they were not enrolled in BCCP at the time).
- OR...
- they receive an abnormal screening test that is not funded by the BCCP and they require additional follow-up.

- ◆ Clients enrolled for diagnostic procedures must still meet all eligibility requirements, and all corresponding data must also be collected on the client. Documenting abnormal findings from previous screenings is especially helpful and would be marked as “unfunded” in the Med-IT database.
- ◆ Case management of all clients enrolled for diagnostic procedures, through definitive diagnosis and treatment, must be carried out by the case manager or site coordinator. Follow up and tracking must also take place.

PROGRAM REIMBURSEMENT POLICY

- ◆ The BCCP will reimburse for specified services at a negotiated rate, not to exceed the federal Medicare CPT (current procedural terminology) code schedule for reimbursement, based on availability of funding.
- ◆ Only services for eligible clients can be billed.
 - ⌘ The data manager at the state office will verify:
 - the client is enrolled in the program,
 - valid accepted CPT codes have been used,
 - corresponding data has been received by the State BCCP office, and
 - the accuracy of the fees for services.
 - ⌘ Approved bills will be forwarded to State of NH, Dept. of Health and Human Services, Accounts Payable. Disallowed bills will be returned to the Vendor.
- ◆ The Provider or Facility agrees to accept clients referred by the Breast & Cervical Cancer Program for:
 - Anesthesia services •Evaluation/management services •Pathology/ Laboratory services
 - Radiological services •Surgical services
- ◆ Claims must be submitted to the Breast & Cervical Cancer Program State Office within 90 day of the date of service on a **CMS-1500 form or a UB-04 form**. Any claims received that are 90 days or older from the date of service will be denied. **A claim denied for being untimely may not be billed to the client.**
- ◆ BCCP is currently working on a billing interface for BCCP vendors to be able to electronically submit claims on a CMS-1500 or UB-04 form. Vendors will be notified when this is in place.
- ◆ An Explanation of Benefits (EOB) must be submitted for Breast & Cervical Cancer Program clients who also have other insurance. The Breast & Cervical Cancer Program is payer of last resort.
- ◆ The Provider or Facility agrees **not to** bill clients of the Breast & Cervical Cancer Program for the differential charges between the Breast & Cervical Cancer Program’s fee schedule and the usual charges.
- ◆ The Provider or Facility agrees to maintain current required licenses, certifications or other documentation as required by applicable state and federal laws which allow this provider or facility to provide services.

- ◆ The Provider or Facility acknowledges that suspension or termination from participation in the Division of Public Health Services' Breast & Cervical Cancer Program will result if convicted of a criminal offense under the Medicare or Medicaid Program, or if the New Hampshire Department of Health and Human Services has administratively determined that fraud exists.
- ◆ The Provider or Facility is considered enrolled, with the understanding that they may cancel participation in this program with a 30 day written notice to the Breast & Cervical Cancer Program.
- ◆ If there are changes to any Provider or Facilities contact or address information, please email updated information at kristen.gaudreau@dhhs.nh.gov.

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REIMBURSEMENT POLICIES FOR SCREENING SERVICES

Breast Health Screening Services

The BCCP has in place, the following program payment guidelines for breast cancer screening, based upon the most recent United States Preventive Services Task Force (USPSTF) recommendations:

Breast Cancer Screening for Clients Age 50 to 74 years

- ◆ BCCP funds may be used to reimburse screening mammography every one to two years for clients in this age group.
- ◆ A minimum of **75%** of all BCCP mammograms should be provided to program-eligible clients who are 50 years of age and older and not enrolled in Medicare Part B.

Breast Cancer Screening for Clients Age 40 to 49 years

- ◆ The decision to start regular, screening mammography before the age of 50 years should be an individual one and take client context into account, including the client's values regarding specific benefits and harms.
- ◆ BCCP funds may be used to reimburse screening mammography in this age group, if the decision to screen has been reached between a client and their health care provider.
- ◆ Mammograms provided to program-eligible clients less than 50 years of age should **NOT exceed 25%** of all mammograms provided by the BCCP.

Breast Cancer Screening for Clients under Age 40 years

- ◆ Regular mammography screening is NOT recommended in clients under age 40 years and therefore will not be reimbursed through the BCCP. However, clinical breast exam (CBE) is reimbursable on a yearly basis to all clients enrolled as a screening service.
- ◆ **Symptomatic clients under the age of 40** – BCCP funds can be used to reimburse CBEs for clients under the age of 40. If the findings of the CBE are considered to be abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a client can be provided a diagnostic mammogram or ultrasound by the program and/or referred for a surgical consultation.

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- If an abnormal finding or symptom is discovered by a client, a referral can be provided by the BCCP for a diagnostic mammogram, ultrasound or a surgical consultation.

Breast Tomosynthesis (3-D Mammography)

- ◆ CDC began authorizing the reimbursement of Breast Tomosynthesis in December 2016. Dense breasts can make it harder for mammograms to detect breast cancer. Studies show that adding 3-D mammography to regular screening mammograms can detect more cancers in dense breasts.
- ◆ While the addition of 3-D mammography may improve the sensitivity for detecting cancer in dense breasts, it might also increase the number of “false-positive” screening mammograms in some clients. Clients should be educated as to the risks and benefits of choosing to have either a 2-D or 3-D screening mammogram performed.

Breast Screening MRI

- ◆ The BCCP may reimburse for SCREENING breast MRI performed in conjunction with a mammogram when:
 - **A client has a BRCA mutation***
 - **A client has a first-degree relative who is a BRCA carrier, or**
 - **A client has a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history.**
- ◆ Breast MRI can also be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool.
- ◆ Breast MRI cannot be reimbursed for by the BCCP to assess the extent of disease in clients who have already been diagnosed with breast cancer. Providers should discuss risk factors with all clients to determine if they are at high risk for breast cancer. To be most effective, it is critical that breast MRI is done at facilities with dedicated breast MRI equipment and that can perform MRI-guided breast biopsies.

*BRCA genetic testing is currently **NOT** reimbursed for through BCCP.

Clients must meet certain high risk criteria before they're considered for BRCA testing.

If clients meet high risk criteria and have health insurance through the Marketplace - BRCA testing is considered a Preventive Health Service for clients and therefore plans must cover the testing for clients without charging a copayment or coinsurance.

*** Prior to submitting for reimbursement, screening breast MRI should first be approved by the state BCCP public health nurse**

Cervical Health Screening Services

The BCCP has in place, the following program payment guidelines for cervical cancer screening, based upon the most recent United States Preventive Services Task Force (USPSTF) recommendations:

Cervical Cancer Screening for Clients age 21 to 29 years of age

- ◆ Screening for cervical cancer in clients age 21 to 29 years with cytology (Pap test) every 3 years.

◆ Cervical Cancer Screening for Clients age 30 to 65 years of age

For clients who want to lengthen the screening interval, a combination of cytology (Pap test) and human papillomavirus (HPV) testing every 5 years, or primary HPV testing every 5 years.

Cervical Cancer Screening for Clients under the age of 21 years

- ◆ USPSTF recommends AGAINST screening for cervical cancer in clients younger than 21 years of age, neither with cytology (Pap test) alone, nor with HPV testing in combination with cytology.

Cervical Cancer Screening in Clients who have a History of (pre)Cancer of the Cervix

- ◆ Clients who have had a history of (or hysterectomy for) CIN disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65 years. Clients who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health. The exact intervals of this screening are not clear, but the recommendations define it as “every 3 years after a period of intense screening.”

Cervical Cancer Screening in Clients who have had a hysterectomy NOT related to a Cancer

- ◆ USPSTF recommends AGAINST screening for cervical cancer in clients who have had a hysterectomy with removal of the cervix and who do NOT have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

Cervical Cancer Screening in Clients older than Age 65 years.

- ◆ USPSTF recommends AGAINST screening for cervical cancer among clients older than age 65 years who have had adequate screening and are not high risk.

Cervical Cancer Screening in Clients who are High Risk

- ◆ Clients who are considered high risk (i.e. HIV positive, immunocompromised, and exposed in utero to diethylstilbestrol ‘DES’) should undergo annual testing.

Increasing Screening for BCCP-eligible Clients Never or Rarely Screened

- ◆ **20%** of all clients newly enrolled for cervical cancer screening should be clients who have never been screened for cervical cancer or who have not been screened for cervical cancer within the past 5 years.

Genotyping (i.e. Cervista HPV 16/18)

- ◆ The standard HPV test only tells if a client has an HPV infection, not which type or types of HPV are causing the infection. An HPV genotyping test can identify the specific HPV type, not just test for the presence of any type.
- ◆ Like the HPV test, this test is often taken from the same sample as the Pap test or by an additional swab of the cervix at the time of the Pap test. It is known that infection with HPV 16 or HPV 18 carry a higher risk of causing cancer than infections with other HPV types.
- ◆ If a woman 30 years of age or older, has a normal Pap test and a positive HPV test, genotyping can help decide:
 - If HPV 16 or 18 are positive – a client needs further, immediate testing (colposcopy).
 - If HPV 16 or 18 are negative – a client can wait and repeat co-testing in 1 year.

If a client receives an abnormal screening test result at any time, policies for follow-up of abnormal cervical cancer screening tests and reimbursement of diagnostic procedures should be followed.

TRANSGENDER CLIENTS (MALE-TO-FEMALE) SCREENING POLICY

The BCCP may reimburse for screening and diagnostic services for transgender clients (male-to-female):

- **Who have taken or are taking hormones and,**
 - **Meet all other program eligibility requirements**
- ◆ Although there are limited data regarding the risk for breast cancer among transgender clients, evidence has shown that long term hormone use does increase the risk for breast cancer among clients whose biological sex was female at birth.
 - ◆ While CDC does not make any recommendation about routine screening among this population, transgender clients are thus eligible under federal law to receive appropriate cancer screening. CDC recommends that grantees and providers counsel all eligible clients, including transgender clients, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.
 - ◆ The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health have developed consensus recommendations on preventive care services for the transgender population. Those recommendations include for:
 - “transclients with past or current hormone use, breast-screening mammography in clients over age 50 with additional risk factors (i.e. estrogen and progestin use > 5 years, positive family history, FMI > 35).” Those preventive care recommendations can be found at: <http://transhealth.ucsf.edu/trans?page=protocol-screening#S2X>.

TRANSGENDER CLIENTS (FEMALE-TO-MALE)

- ◆ Clients that were born female, but who have transitioned or are transitioning to male should still continue to get screened as long as they have breasts and a cervix.

All Transgender Clients should continue to feel welcome in the BCCP and sensitivity and respect for delivering optimal health care services should be followed.

REIMBURSEMENT POLICIES FOR DIAGNOSTIC SERVICES

Follow-up and Abnormal Screening Results

Adequacy of Follow-up for Clients with Abnormal Screening Results

- ◆ A client whose breast or cervical cancer screening was abnormal or suspicious must receive appropriate diagnostic procedures.
- ◆ A client with a diagnosis of breast or cervical cancer must be referred for appropriate treatment.

Timeliness of Follow-up for Clients with Abnormal Screening Results

- ◆ The interval between initial screening and diagnosis of abnormal **breast** cancer screening **should be 60 days or less.**
- ◆ The interval between initial screening and diagnosis of abnormal **cervical** cancer screening **should be 60 days or less.**
- ◆ The interval between **diagnosis and initiation of treatment** for breast cancer and invasive cervical cancer **should be 60 days or less.**
- ◆ The interval between **diagnosis and initiation of treatment** for cervical intraepithelial neoplasia (CIN) **should be 90 days or less.**

Case Management

- ◆ All BCCP-enrolled clients with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly.
- ◆ Examples of screening results which would require a case management assessment would be BIRADS 3, 4, or 5 for mammograms; and ASC-US, LSIL, and high lesions for Pap tests.
- ◆ Case management services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the BCCP.
- ◆ When a client concludes cancer treatment, has been released by a treating physician to return to a schedule of routine screening and continues to meet BCCP eligibility requirements, the client may return to the program and receive BCCP services.

Breast Cancer Diagnostic Services

Ultrasound

- ◆ Ultrasound has a number of uses in the diagnostic workup for breast cancer. The traditional role of ultrasound is to distinguish between cystic and solid masses. Ultrasound plays an important role in determining whether a mass is benign or not.
- ◆ Ultrasound-guided cyst aspiration is a procedure that can be performed when a cystic-looking lesion cannot be confidently diagnosed as a simple cyst on the basis of its sonographic appearance, or when either the client or provider desire aspiration.

- ◆ Ultrasound can guide interventional breast procedures, including: FNA, core needle biopsy, and needle localization for surgical biopsy.

Diagnostic Mammography

- ◆ Diagnostic mammography usually is conducted because a client has a specific complaint (i.e. symptoms) or specific clinical findings. Films are read by the radiologist immediately to allow for further testing. This type of mammography differs from screening mammography, which is performed in the absence of symptoms or other clinical indicators. In addition, more time will elapse before films are read for screening mammography.

Diagnostic Breast MRI

- ◆ Diagnostic breast MRI may be permissible for reimbursement through BCCP Medicaid if a client is eligible. The role of MRI holds promise in differentiating tumor from scar tissue and fibrocystic changes. When MRI is recommended for diagnostic purposes, a client must first see a breast specialist/breast surgeon for referral. If a diagnostic MRI is ordered, the client must then be enrolled under BCCP Medicaid Presumptive (if eligible). BCCP screening site coordinators/case managers will work with the State Public Health Nurse throughout this process.

Computer-Aided Detection (CAD)

- ◆ CAD can aid mammographers as an impartial “second reader” for select mammograms. This technology indicates changes on a mammogram that may need extra evaluation by the radiologist. It does not diagnose, but it looks for subtle changes on the images. The computer highlights the suspicious areas on a monitor. Since the current scientific evidence is insufficient to demonstrate that the use of CAD reduces morbidity and mortality associated with the detection of breast cancer, **BCCP does NOT provide** reimbursement for this service as an individual CPT code.
- ◆ **Computerized Tomography (CT)** – **CT has NO practical role** in the evaluation of the breast, although in rare instances it can be helpful in localizing lesions for biopsy. The role of breast scintigraphy and positron emission tomography as adjuncts to mammography are yet to be determined; hence none of these procedures are used routinely in practice and are not reimbursed by BCCP.

Breast Biopsy

- **Fine-Needle Aspiration (FNA)** – FNA can safely and reliably diagnose a breast mass as a benign simple cyst (fluid filled) if the mass completely resolves after aspiration and aspirated fluid is benign in appearance (i.e., not clear, gelatinous, or grossly bloody). FNA of solid breast masses is a valuable diagnostic tool when done by experts and interpreted by experienced cytopathologists.
- **Large-Core Needle Biopsy (LCNB)**– LCNB of the breast provides a core of tissue for histologic evaluation. When properly done, it is a safe, well-tolerated, and cost-effective alternative to surgical biopsy. LCNB specimens can be interpreted by a pathologist and can yield specific histological diagnoses. When a mass is palpable, this kind of biopsy is sometimes done by a surgeon.

A nonpalpable mass detected through screening mammography can be biopsied by a radiologist using ultrasound or mammographic (stereotactic) guidance.

Core biopsy is a sampling technique and is not intended to remove the lesion (with the possible exception of Mammotome® biopsy). This histologic result must explain or be consistent with the imaging findings – otherwise, another biopsy and/or reading of the pathology is mandatory.

- **Open Surgical Biopsy** – Surgical removal of a breast lesion is performed for dominant (i.e. defined borders) palpable masses. Surgical biopsy also may be used with nonpalpable screening-detected lesions; however, LCNB is being used more frequently in the evaluation of these lesions. Needle-localized surgical biopsy for nonpalpable breast lesions also can be used; this method has a 2% to 3% error rate, which is similar to the sampling error of LCNB.

Diagnostic procedures performed at a facility (and incurring facility charges) rather than in a provider office can NOT be covered by the BCCP, but rather the client should be enrolled under BCCP Medicaid Presumptive, if eligible.

Cervical Cancer Diagnostic Services

Managing Clients with Abnormal Cervical Cancer Screening Results

- ◆ To arrive at a definitive diagnosis for a client with an abnormal cervical cancer screening test, the BCCP will reimburse colposcopy, colposcopy-directed biopsy, endocervical curettage, and in rare cases, diagnostic excisional procedures (such as LEEP and cold-knife excisions), as well as associated pathology.

Reimbursement of HPV DNA Testing

- ◆ HPV DNA testing is a reimbursable procedure if it is used in follow-up of an ASC-US result from the screening examination, or for surveillance at 1 year following an LSIL Pap test without evidence of CIN on colposcopy-directed biopsy.

Colposcopy

- ◆ A colposcopy is the examination of the cervix, vagina, and in some instances, the vulva with a low-power operating microscope (colposcope) after the application of a 3% to 5% acetic acid solution (vinegar).
- ◆ This procedure is usually coupled with cervical biopsy and endocervical sampling to obtain specimens for histological evaluation, using biopsy forceps and an endocervical curette, or for cytological evaluation of the endocervix, using a cytobrush.
- **Satisfactory Colposcopy** – Satisfactory colposcopy indicates that the entire squamocolumnar junction and the margin of any visible lesion can be seen with a colposcope.

When no lesion or only biopsy-confirmed CIN 1 is identified after satisfactory colposcopy in clients with HSIL Pap test reports, a review of the cytology, colposcopy, and histology results should be performed, when possible.

If the review yields a revised interpretation, providers should follow guidelines for the revised interpretation; if a cytological interpretation of HSIL is upheld or if review is not possible, a diagnostic excisional procedure (e.g. LEEP) is preferred in nonpregnant clients.

A colposcopic reevaluation with endocervical assessment is acceptable in special circumstances, such as when CIN 2 or CIN 3 is not found in a young client of reproductive age or during pregnancy when invasive cancer is not suspected.

- **Unsatisfactory Colposcopy** – When no lesion is identified after unsatisfactory colposcopy in clients with HSIL, a review of the cytology, colposcopy, and histology results is performed. If

the review yields a revised interpretation, providers should follow guidelines for the revised interpretation.

- If cytological interpretation of HSIL is upheld, review is not possible, or biopsy-confirmed CIN 1 is identified, a diagnostic excisional procedure is recommended in nonpregnant clients. Ablation is unacceptable. During pregnancy, if initial colposcopy is unsatisfactory, it may become satisfactory later in pregnancy and so should be repeated within 6 to 12 weeks.
- Although client management protocols are well defined for normal and abnormal pap tests, the follow-up of an ASC-US report is more challenging. In the medical community, the ASC-US category is known as an “I don’t know” category because the laboratory is unsure about the status of the Pap test. Often, clients who receive an ASC-US result are treated as if they have an abnormal Pap test, even though only an estimated 25% to 35% of these clients actually have cervical disease.
- Omission of endocervical sampling is acceptable when a diagnostic excisional procedure is planned. In clients with HSIL in whom colposcopy suggests a high-grade lesion, initial evaluation using a diagnostic excisional procedure is also an acceptable option. Triage using either a program of repeat cytological testing or HPV DNA testing is unacceptable.

Pap and Colposcopy Same Date of Service

- ◆ There is only one scenario where BCCP funds can be used to reimburse for a Pap and colposcopy same date of service (dos). If a client is under management for HSIL, when no CIN 2 or 3 is identified, the Pap and colposcopy are done at the same time to provide cytological and histological results at the 6 month interval. When colposcopy is performed as immediate diagnostic follow-up to an abnormal Pap (performed routinely without a prior history of abnormalities), a Pap test performed at the time of colposcopy is not needed and may not be reimbursed. If the Pap test result at the 6 month interval Pap and colposcopy appointment is HSIL, a diagnostic excisional procedure is recommended.

HPV Testing for Diagnostic Purposes

- ◆ BCCP screening sites should “**reflex HPV testing**” as a follow-up to ASC-US Pap test results for **ALL clients**, regardless of age. By utilizing residual cells from the liquid-based Pap test vial to test for the presence or absence of high-risk HPV, is an efficient cost-effective process to determine a client’s high-risk HPV DNA status.
- ◆ The finding of high-risk types of HPV DNA in a cervical specimen from a client with an ASC-US Pap test suggests the presence of LSIL rather than a benign reactive process. These high-risk clients should go on to colposcopy and biopsy/treatment if indicated.
- ◆ HPV testing **is** a reimbursable procedure for all clients if it is used in the follow-up of an ASC-US result from the screening examination, or for surveillance of an LSIL test with abnormal colposcopy at the next annual examination.

LEEP, Laser Conization, and Cold-Knife Conization (Cone)

- ◆ These invasive diagnostic procedures are approved for the management of clients with HSIL, CIN 1, CIN 2, CIN 3, or invasive cervical carcinoma.

In MOST situations, LEEP and Cone are considered treatment and would be covered under BCCP Medicaid, if a client is deemed eligible.

Endometrial Biopsy (EMB)

- ◆ EMB uses a soft plastic tube with a central plunger that forms a vacuum to remove the cells lining the inside of the uterus. Pathology evaluation is used to look for changes indicating endometrial (uterine) cancer or precursor endometrial hyperplasia. EMB is indicated whenever the Pap test shows AGC (atypical glandular cells) and in a post-menopausal client with other risk factors (i.e. abnormal bleeding, endometrial cells), in order to rule out any type of endocervical component. If EMB results reveal a uterine or endometrial concern and no cervical involvement, BCCP funds cannot be used to continue additional testing.

Cervical Polyp Removal

- ◆ The chance that a cervical polyp is cancerous is quite small (<1%), however, all cervical polyps should be removed and sent for pathology. The provider should remove the polyp during an office visit. This is generally a very simple procedure, performed in the office setting at no additional cost. Very rarely, it may be appropriate to refer a client to an OB/GYN for removal. BCCP covers the office visit to remove the polyp or the gynecology consult if the polyp requires removal from an OB/GYN. BCCP also covers the pathology of the polyp.

MEDICAID ENROLLMENT

- ◆ Clients who have been screened and/or diagnosed through a BCCP provider and **found to need treatment** for breast or cervical cancer (or pre-cancerous conditions) are eligible for treatment under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) as long as they meet certain Medicaid criteria:
 - ◆ have no other health insurance,
 - ◆ be a resident of New Hampshire,
 - ◆ be a U.S. citizen OR have a green card and have been in the U.S. for at least 5 years or be considered as asylee.
- ◆ A client must also be currently enrolled in the BCCP, **have received at least one screening or diagnostic service through BCCP**, been found to need treatment for either breast or cervical cancer (including pre-cancerous conditions), and be 64 years of age or younger.
- ◆ Enrollment into BCCP Medicaid is facilitated between the BCCP site coordinator/case manager and the State BCCP office Public Health Nurse. The Public Health Nurse works directly with the Medicaid office to enroll eligible clients.
- ◆ **Required BCCP Medicaid application forms include:** Medicaid Form **369a** (Medical Assistance Enrollment form); Medicaid Form **369b** (Assisted Application for Help with Medical Costs); **770 Estate Recovery** Form, and Need of Treatment or Physician's Estimate.
 - ⌘ BCCP site coordinators will work directly with clients to complete above application paperwork. All required forms should be assembled by the site coordinator and **faxed** to the NH BCCP state office (271-0539) as soon as completed.
 - ⌘ BCCP staff will confirm BCCP enrollment and need for treatment.
 - ⌘ Once eligibility has been verified, the State BCCP Public Health Nurse will contact the respective BCCP site coordinator/case manager, providing details on enrollment and MID#.

- ⌘ The Medicaid office will postal mail additional information to the client regarding coverage as well as a Medicaid Identification Card.
- ⌘ All clients enrolled in BCCP Medicaid will be required to choose a Care Management plan within 60 days of BCCP Medicaid enrollment. If a client does not choose a plan, Medicaid will auto-assign one. Additional information on care management plans will be postal mailed directly to the client from the Office of Medicaid.
- ⌘ Prior to choosing a Care Management Plan – the BCCP Medicaid client should assure that the specialists they would like to see for care are part of the Care Management Plan’s Network of providers. The BCCP site coordinator can assist with this process as well.
- ⌘ Once a client is enrolled in BCCP Medicaid – they become inactive in the BCCP until discharged from treatment or is no longer eligible to receive Medicaid.
- ⌘ 60 days before the course of treatment is coming to an end, the State BCCP Public Health Nurse will contact each respective site coordinator, letting them know of upcoming BCCP Medicaid renewals.
- ⌘ BCCP site coordinators/case managers are responsible for contacting and working with BCCP Medicaid clients to complete renewal paperwork or, if treatment has ended or no longer eligible for Medicaid – sharing this information with the State BCCP Public Health Nurse in a timely manner.

ACA/Health Insurance and Treatment Needs

- ◆ If a client has private health insurance (even with a high deductible) and is diagnosed with breast or cervical (pre)cancer – they CANNOT be enrolled into BCCP Medicaid unless their private health insurance ends.
- ◆ If their private health insurance ends and they have been diagnosed, there is no waiting period to enroll into BCCP Medicaid if:
 - All other BCCP eligibility criteria has been met
 - The client was diagnosed through one of BCCP’s vendor facilities
 - The client was very recently diagnosed; and
 - The client has at least one paid BCCP service

MEDICAID TREATMENT ACT

ABOUT THE ACT

- ◆ On October 24TH, 2000, President William Clinton signed into law the Breast and Cervical Cancer Prevention and Treatment Act of 2000.
- ◆ This Act gives states the option **to provide medical assistance through Medicaid to eligible clients who were screened for and found to have breast or cervical cancer**, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program
- ◆ On January 15TH, 2002, President Bush signed the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001.
- ◆ This bill amends title XIX of the Social Security Act to clarify that Indian clients with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health Service or of a tribal organization are included in the optional Medicaid eligibility

category of breast or cervical cancer clients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

CLINICAL RECORDS

- ◆ All clinical records for clients enrolled in the BCCP will be integrated into the existing medical record system of the screening facility.
- ◆ BCCP screening sites will follow their facilities policy regarding length of time to retain paper files. If paper files are scanned and/or available in electronic format, there is no need to retain paper copies of BCCP data for any given period of time.
- ◆ All BCCP paperwork and/or data should be shredded in a confidential manner upon termination of retention policy.
- ◆ Detailed medical records and/or notes **should NOT** be forwarded to the state BCCP office. Only pertinent BCCP data forms should be forwarded to the State BCCP office.

RESCREENING

- ◆ Because the ultimate goal of the Breast & Cervical Cancer Program is to reduce death and morbidity from these diseases, it is imperative for clients to return for rescreening, according to recommended screening guidelines.
- ◆ Clients previously enrolled in the program and who continue to meet eligibility requirements will be given priority for rescreening.
- ◆ Quality assurance monitoring of rescreening rates will be performed monthly by the state BCCP office. Rates of CBE, mammography and Pap tests will be conducted and monitored at 12 month intervals.
 - ⌘ When a client enrolls in the BCCP, enrollment staff will inform the client that the program is available on an annual basis, provided eligibility criteria is met.
 - ⌘ When the enrolled client meets with a healthcare provider, they will be counseled on the need for routine screening, including: clinical breast exams, mammograms, pelvic exams, and Pap Tests.
 - ⌘ BCCP screening sites will receive monthly notification from the state BCCP office, of clients who have missed their appointment. Screening sites should follow-up with clients to schedule screenings respectively. If any changes have occurred in the client's status (i.e., moved, change of health insurance coverage, etc...) – the BCCP site coordinator/case manager will notify the state BCCP office in a timely manner.
 - ⌘ BCCP screening sites are encouraged to augment centralized mailings with local reminder letters, postcards or phone calls.

NEW HAMPSHIRE RESIDENCY

- ◆ All program enrollees must reside in New Hampshire or a bordering Maine town*.
- ◆ A reciprocal agreement is in place between the New Hampshire BCCP and the Maine Breast and Cervical Health Program, whereby *Maine residents residing near the New Hampshire border can be enrolled in the New Hampshire BCCP.
- ◆ Non-residents of states other than Maine will be referred to the Breast and Cervical Cancer Screening Program in their state. See the following site for a listing of national programs: https://nccd.cdc.gov/dcpc_Programs/index.aspx#/1.
- ◆ Post office addresses cannot be used to determine residency. If a client utilizes a post office box for mailing purposes, please also include a physical address in the enrollment section of BCCP.

TERMINATION OF BREAST AND CERVICAL CANCER PROGRAM SCREENING SITE

- ◆ When a contract is terminated with a screening site, clients who have been enrolled in the BCCP through the terminating site are still considered to be enrolled in the BCCP.
- ◆ All BCCP clients **will be notified at least 30 days prior** to the contract termination date. Clients will be provided with a list of at least two nearby BCCP screening sites where copies of their BCCP screening and diagnostic records can be transferred and where they can go for future rescreening.
- ◆ The state BCCP office will be advised of where each client's record is being transferred. Original records will be stored at the original screening site in the same manner as all other records of former clients of the terminating BCCP screening site.
 - ⌘ Clients will be notified through certified mail, return receipt requested, that the site will no longer be a BCCP screening site.
 - ⌘ Clients will be provided a contact name and phone number to call, to notify the screening site of where they choose to have copies of their records sent.

LANGUAGE INTERPRETATION

- ◆ All contractors shall have a written policy in place for addressing the following:
 - assessing interpreter needs of BCCP clients, and
 - determining appropriate qualifications for medical interpreters.
- ◆ The BCCP will provide reimbursement, at a rate to be determined annually, for all interpreter costs for BCCP clients needing language interpretation. Reimbursement will not be available to offset the cost of salaried agency staff. Reimbursement will only be provided in cases where additional expense is incurred for interpretation services.

- ⌘ If a client is found to be in need of language interpretation, an interpreter must be available for all subsequent interactions, including but not limited to: form completion, all one-on-one interactions with the client, and follow-up telephone calls and appointments.
- ⌘ Pertinent information shall be provided to the interpreter, prior to the interaction with the client, including but not limited to: the name of the client, language and dialect, approximate length of time services will be needed and other necessary details of the interaction. Documentation of the presence of the interpreter shall be provided in the client's record.
- ⌘ If a client refuses interpretation services, when that client has been found to be in need of language interpretation, information of the client's refusal shall be documented in the client's record.
- ⌘ If a client refuses interpretation services and desires a friend or family member as an interpreter, a trained interpreter shall be present to witness all interactions, to insure the accuracy of the interpretation. A minor should not be used for interpretation.
- ⌘ Agency staff must be available to review all paperwork with a client. At no time shall an interpreter be expected to review paperwork. An interpreter will be available to interpret language for the agency staff and client.
- ⌘ An interpreter shall not be used as a witness on the informed consent form.
- ⌘ Any agency staff providing interpretation services for BCCP clients, shall have completed medical interpretation training.

RESIGNATION/TRANSFER OF BCCP SITE COORDINATOR/CASE MANAGER

- ◆ **PRIOR** to a site coordinator/case manager leaving their position at a screening site, it is important to notify the BCCP state office as soon as possible to ensure an efficient transition of responsibilities.
- ◆ As soon as a site coordinator/case manager identify they are leaving their position in the BCCP, the Public Health Nurse must be notified.
- ◆ The state BCCP Public Health Nurse must be provided with the name of a contact person if there is a break between new site coordinator/case managers.
 - ⌘ State office staff will coordinate and conduct orientation training with new staff.

TOBACCO SCREENING AND CESSATION

- ◆ All providers must assess the smoking status of every client screened by the BCCP and refer those who smoke to tobacco quit lines.
- ◆ It is well known that tobacco use is associated with many cancers and chronic diseases that impact the health of our nation.
- ◆ As a chronic disease prevention priority, our public health cancer screening programs can promote the health of our clients by providing this great service while taking little effort.

- ◆ CDC wants to encourage providers to assess all clients as a standard of practice, whether or not they are BCCP-eligible clients.
- ◆ CDC is currently not requiring that there be documentation of this in the client record nor in the MDE (minimum data element) submission.
- ⌘ Tobacco cessation resources and quitline referrals are made as necessary.
<http://quitnownh.org/>. Telephone: 1-800-784-8669.

CASE MANAGER/SITE COORDINATOR JOB DESCRIPTION

SCOPE OF WORK

- ◆ To manage the Breast and Cervical Cancer Program, assuring that all BCCP standards, as outlined in the Policy and Procedures Manual, are met.

DUTIES AND RESPONSIBILITIES

- ◆ Determine client eligibility.
- ◆ Coordinate client appointments and referrals.
- ◆ Establish a system for the annual recall for screening of eligible clients.
- ◆ Assure that case management requirements of the BCCP are met.
- ◆ Develop a written case management plan for clients with abnormal screening and/or positive diagnostic findings, and monitor through completion.
- ◆ Review all client data for completeness and clinical logic before submission to the BCCP state office.
- ◆ Maintain a resource list of local, state and national diagnostic and treatment locations.
- ◆ Prepare response to semi-annual Review Quality Assurance Reports.
- ◆ Available for periodic site evaluation.
- ◆ Available for meeting/trainings.

MINIMUM QUALIFICATIONS

- ◆ A health care professional, preferably, a registered nurse with a current New Hampshire license, or a related health care field, working under the direct supervision of a registered nurse or APRN.

PATIENT NAVIGATION, CASE MANAGEMENT AND COMMUNITY HEALTH WORKERS (CHWs)

INTRODUCTION

- ◆ The New Hampshire Breast and Cervical Cancer Program recognizes that providing case management services for clients with abnormal clinical test results is an essential component of the BCCP. However, it must also be recognized that many clients enter the program with barriers that prevent them from being able to obtain or maintain good health. Patient navigation,

therefore, must be established as an ongoing process of identifying and resolving barriers starting at the time of enrollment.

- ◆ Each client must be assessed continually for barriers that would prevent them from obtaining screening services, understanding screening test procedures, understanding screening test results and receiving the necessary follow-up services.

TARGET POPULATION FOR CASE MANAGEMENT

- ◆ All clients enrolled in the BCCP will be provided case management and patient navigation services as needed at key crossroads of care, including: time of enrollment, negative findings, short-term follow-up, and abnormal results.

PATIENT NAVIGATION DEFINED

- ◆ For purposes of the NBCCEDP, patient navigation is defined as, “Individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.”

COMMUNITY HEALTH WORKERS (CHWs)

- ◆ Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve. CHWs bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes. CHWs generally do not have (or need) a medical background, although many serving in this role are medical assistants.
- ◆ Community health workers' (CHWs) roles and activities are tailored to meet the unique needs of their communities, and also depend on factors such as whether they work in the healthcare or social services sectors. Generally, their roles include: Creating connections between vulnerable populations and healthcare systems.
- ◆ The NH BCCP helps fund several CHWs within BCCP screening sites. These staff provide outreach and support to clients, with the goal of increasing breast and cervical cancer screening rates through various evidence based interventions such as: client reminders (letter, postcard, telephone message), one-on-one education and motivational interviewing, and addressing client barriers (i.e. financial, transportation).
- ◆ CHWs work to increase breast and cervical cancer screening rates for their entire facility, regardless of what form of insurance or financial assistance a client has to reimburse for screenings. CHWs do NOT work specifically with BCCP clients. CHWs report to a health professional (i.e. RN or APRN) and have available their clinical expertise when needed, especially in cases of abnormal screening test results.

PATIENT NAVIGATION OBJECTIVES FOR NH BCCP

- ◆ To provide notification of screening results within **30 days** of the screening date.
- ◆ To provide notification of abnormal screening results within **48 hours** of receipt by the case manager.
- ◆ To complete diagnostic workup within **60 days** of initial screening date.
- ◆ To initiate treatment within **60 days** of the date of diagnosis of cancer.

- ◆ To provide diagnostic work-up for 100% of abnormal screens.
- ◆ To initiate treatment for 100% of diagnoses of CIN II, CINIII/CIS, and cervical cancer.
- ◆ To initiate treatment for 100% diagnoses of DCIS, LCIS, and invasive breast cancer.
- ◆ To maintain the total “refused” and “lost to follow-up” categories for clients at **fewer than 5% of all clients**.

CASE MANAGEMENT & ENROLLMENT

ENROLLMENT MINIMUM STANDARDS

Assessment

- ◆ Assess whether the client meets BCCP eligibility criteria.
- ◆ Assess whether barriers to attending appointments deter participation.
- ◆ Assess whether special assistance is required to complete forms and/or give informed consent.
- ◆ Assess whether enrollment and consent forms are accurately and entirely completed, including signature of client and witness.

Planning

- ◆ Plan with the client the best times for appointments and assist to schedule any additional needed screening appointments, such as mammography.

Coordination

- ◆ Coordinate any special assistance required for clients to gain access to screening facilities.
- ◆ Coordinate with mammography/radiology for needed screening appointments.

Monitoring

- ◆ Monitor that results are communicated to client in a timely manner (goal of <30 days).

Evaluation

- ◆ Evaluate the timeliness of screening results given to client (goal of <30 days).
- ◆ Evaluate client satisfaction with screening services.
- ◆ Evaluate clinic process for seamless delivery of services and any built in delays.
- ◆ Evaluate completeness and timeliness of forms submitted to BCCP.

CASE MANAGEMENT & NEGATIVE FINDINGS

PURPOSE

- ◆ To notify each client of screening results and educate them about the importance of routine screening in order to detect cancer at the earliest time with highest chances for cure.

Assessment

- ◆ Assess client understanding of screening test results.

- ◆ Assess client understanding that the BCCP is an ongoing program available to them for rescreening as long as they meet established eligibility criteria.

Planning

- ◆ Plan with client when next routine screening should take place.
- ◆ Plan with client so that recall/reminder letters should be expected at certain intervals in the future.

Coordination

- ◆ Coordinate with client's Primary Care Provider. All documented cancer screening results should be shared when appropriate and authorized by the client.

Monitoring

- ◆ Monitor that results of screening tests were returned to the client promptly.

Evaluation

- ◆ Evaluate timeliness of return of screening test results.
- ◆ Evaluate client satisfaction with services provided.
- ◆ Evaluate completeness of forms and timeliness of submission to NH BCCP.

CASE MANAGEMENT & SHORT TERM FOLLOW-UP

PURPOSE

- ◆ To assure that clients with results requiring re-evaluation prior to annual screenings have a case management plan that follows recommended clinical guidelines for short-term follow-up.

Assessment

- ◆ Assess the client's capacity to understand screening test results and recommended steps in diagnostic follow-up.
- ◆ Assess client's need for additional educational materials regarding diagnostic testing procedures.
- ◆ Assess barriers to next recommended diagnostic testing/procedure.
- ◆ Assess support system of the client.
- ◆ Assess additional individual complicating factors such as pre-existing illness, physical, emotional or psychological limitations.

Planning

- ◆ Plan with the client the best appointment dates and times and how they will get there.
- ◆ Plan with the client emotional supports they will use until all diagnostic follow-up is complete.

Coordination

- ◆ Coordinate with diagnostic testing facilities regarding facility access needs such as transportation, childcare or other pertinent concerns of the client.
- ◆ Coordinate the manner in which results will be returned to the client and case manager or site coordinator.

Monitoring

- ◆ Monitor that results of testing are returned to the client and case manager or site coordinator in a timely fashion.
- ◆ Monitor the completion of recommended diagnostic testing.

Evaluation

- ◆ Evaluate timeliness of return of results to the client.
- ◆ Evaluate client satisfaction with services received.
- ◆ Evaluate whether notification of abnormal screening results took place within 48 hours of receipt by the case manager.
- ◆ Evaluate whether the total “refused” and “lost to follow-up” categories for clients is fewer than 5% of all clients.

CASE MANAGEMENT & ABNORMAL RESULTS

PURPOSE

- ◆ To assure that clients with abnormal screening test results have a case management care plan that will navigate them to adequate and timely diagnostic and treatment services that follow recommended clinical guidelines for the management of abnormal results.

Abnormal test results requiring case management include:

Mammography

- ⌘ assessment incomplete
- ⌘ suspicious abnormality
- ⌘ highly suggestive of malignancy

Pap Tests

- ⌘ results the clinician determines require follow-up
- ⌘ high grade SIL
- ⌘ squamous cell carcinoma

CBE

- ⌘ results the clinician determines require follow-up
 - ⌘ distinct palpable breast mass
 - ⌘ skin dimpling or retraction
 - ⌘ nipple discharge that is bloody or unilateral, spontaneous, localized to one duct
 - ⌘ skin retraction or scaliness around nipple
 - ⌘ client report of pain or other symptoms
- ◆ Clients identified as high risk due to presenting symptoms (breast lump, pain or nipple discharge) or other identified risk factors (multiple sex partners, positive family history, etc.) may also require more extensive case management beginning at the time of enrollment.
 - ◆ Close monitoring and tracking is required for clients with diagnostic results indicating suspicious for cancer. The case manager or site coordinator must have a written plan of care documented in the chart and a reminder/recall system in place that assures notification of abnormal results and missed follow-up diagnostic testing appointments.

- ◆ Client education, treatment option review, identification of available resources, evaluation of barriers to scheduling and receipt of treatment are crucial elements of the case management process. Completion of additional diagnostic report data is required to be forwarded to the NH BCCP in a timely manner.
 - ⌘ It is important to assure timely notification to the client regarding their results. Utilization of an internal tracking system will assure the retrieval of timely results. **Notification of abnormal results should be less than 48 hours from receipt of the results by the case manager.**
 - ⌘ Clients must be notified of abnormal results and further diagnostic testing and/or treatment scheduled and completed in a timely manner. Diagnostic workup should be completed in less than **60 days** from initial screening date, initiation of treatment should be less than **60 days** from date of diagnosis of cancer, and clients who refuse treatment or are lost to follow-up should be less than 5% of all clients.
 - ⌘ Communication of results should be prompt, accurate and provided in writing. Failure to do so may cause undue anxiety for the client or could lead to delayed diagnosis and reduced treatment options. In all situations, written communication may be preceded by oral communication on site or by telephone. All communication with the client should be documented.
 - ⌘ All follow-up contacts and/or attempts to contact clients and medical providers should be documented in the client's chart.
 - ⌘ All clients with abnormal results must be notified of results regardless of client status/eligibility (address, income, insurance change).
 - ⌘ Educational materials describing diagnostic testing procedures, expected outcomes, and consequences of delay or non-treatment, should be supplied to the client as needed on an individual basis.
 - ⌘ A copy of test results should be forwarded to the client's primary care provide.
 - ⌘ If the client is not reachable by phone after a minimum of three (3) attempts at various times of the day and evening, **a certified letter** asking the client to contact the office immediately should be sent. The last attempt at contact prior to discharge from service must be by certified letter. A copy of the discharge should be placed in the client's record and forwarded to the client's primary care provider.
 - ⌘ When an alternate contact name and phone number has been entered into the record, this person may also be contacted to aide in client location. Written contact may mention intent to discharge from care if that is agency policy. Agency policy should be followed regarding discharge from care and continuance of efforts to contact the client.
 - ⌘ When a client is reached but refuses recommended diagnostic testing or treatment, it is important that the case manager determine, as much as possible, the reasons for refusal. An optional home visit may be made at this time. If the client is not home, educational materials and agency contact materials should be left at the home, and a copy of these materials placed in the client's record.

- ⌘ Clients in need of financial support should receive counseling regarding resources available through the BCCP screening site as well as local, state and national resources. Financial concerns should not be a factor for decline of services. Total “refused” and “lost to follow-up” categories for clients should be fewer than 5% of all clients.
- ⌘ When a client refuses and will not reconsider their decision to decline diagnostic or treatment services, **a certified letter** should be mailed, outlining the consequences of the refusal to the client. A copy should be forwarded to the client’s primary care provider. It is recommended that for the client who refuses diagnostic testing and/or treatment receive at least one additional contact at the end of six months.
- ⌘ If a client refuses recommended follow-up services but chooses to continue with annual screening, the program should recall the client for annual screening, regardless of whether they previously refused or was lost to follow-up.
- ⌘ Review with the client the importance of continued annual screening and recommended follow-up guidelines after completion of the recommended diagnostic testing and/or treatment. At this time, the client should be placed into the annual re-screening and recall pool as appropriate.

Assessment

- ◆ Assess the client’s capacity to understand test results and treatment options presented.
- ◆ Assess client’s need for additional educational materials.
- ◆ Assess barriers to next recommended diagnostic testing/procedure and/or treatment.
- ◆ Assess support system of the client.
- ◆ Assess additional individual complicating factors such as pre-existing illness, physical, emotional or psychological limitations.

Planning

- ◆ Plan and explain to the client the next step in the diagnostic procedure.
- ◆ Plan best appointment dates and times and how the client will get there.
- ◆ Plan with the client, emotional supports they will use until all diagnostic and treatment modalities are completed.

Coordination

- ◆ Coordinate with testing facilities: access, transportation, childcare or other pertinent concerns of the client.
- ◆ Coordinate the manner in which results will be returned to the case manager or site coordinator.

Monitoring

- ◆ Monitor that results of testing are returned to the client and case manager or site coordinator in a timely fashion.
- ◆ Monitor the completion of recommended diagnostic testing and/or treatment sequence.

Evaluation

- ◆ Evaluate timeliness of return of results to the client.

- ◆ Evaluate client satisfaction with services received.
- ◆ Evaluate whether notification of abnormal screening results took place within 48 hours of receipt by the case manager or site coordinator.
- ◆ Evaluate whether the total “refused” and “lost to follow-up” categories for clients is fewer than 5% of all clients.

CLINIC EDUCATION

Each client should receive an educational intervention at their screening appointment. Topics discussed should include:

- ⌘ The screening guidelines for breast and cervical cancer, emphasizing the importance of regular screening.
- ⌘ Factors that will put a client at high risk for breast and cervical cancer.
- ⌘ The importance of early detection.
- ⌘ How the client will receive the results of their screening tests.
- ⌘ The limitations of the screening procedures.

CPT CODES AND RATES

ALLOWABLE CPT CODES

- ⌘ BCCP reimbursement rates are based on the highest allowable Medicare rates for New Hampshire.
- ⌘ Providers and BCCP vendors must accept the CPT rate as full payment for services. **balances may NOT be billed to the client.**
- ⌘ Alternative arrangements should be made for paying bills not included on the BCCP CPT code list.

CPT Code Lists are updated yearly and posted on the following websites:

www.getscreenednh.com
<http://www.dhhs.nh.gov/dphs/cdpc/bccp/index.htm>

PUBLIC EDUCATION and OUTREACH

PUBLIC EDUCATION

- ◆ Public education is defined as: “increasing the number of clients among priority populations who use breast and cervical services by: raising awareness, educating, addressing barriers, and prompting, motivating and supporting clients to complete these exams as a routine part of their healthcare.”
- ◆ How the state program and individual screening sites are able to reach clients will impact the success of the program. Through the identification of barriers to screening, and providing means to overcome the barriers, the BCCP is able to enroll clients most in need of ongoing screening services.

- ◆ Each screening site will need one telephone number to promote locally, for clients to call to schedule appointments. This number should also be available to the state BCCP office so that clients calling can be given the local number.
- ◆ The BCCP carries out a statewide public education campaign through various marketing and outreach initiatives. In general, the toll free number, **1-800-852-3345, or local 603-271-4931**, are promoted for clients to call for information of where to go for screenings. When clients call either of these numbers above, they will be given local screening site numbers to call for screening appointments.
- ◆ Promotional materials are available through the state BCCP office. Please contact the State BCCP office as needed. Periodically sites will be provided with updated promotional items and materials, especially surrounding “Awareness Months” such as **October** for “Breast Cancer Awareness Month” and **January** for “Cervical Health Awareness Month.”

PROGRAM OUTREACH

- ◆ The state BCCP office coordinates statewide media publicity and outreach. BCCP communication initiatives have included:
 - ⌘ Press releases and advertising in newspaper, radio, and television
 - ⌘ Partnerships with business and social service organizations throughout the state
 - ⌘ Articles and interviews on local radio and television

OUTREACH IDEAS FOR YOUR SCREENING SITE

- ◆ The state BCCP office handles much of the program’s marketing and communication initiatives. However, we encourage individual screening sites to do public education and outreach initiatives in their local communities. Below is a calendar of ideas to reach eligible clients in your community.

OUTREACH CALENDAR

JULY

- ◆ **Poster campaign:** Distribute BCCP posters in your screening site community.
- ◆ **Target location:** Churches, hair salons, laundromats, post office.
- ◆ **Helpful Hint:** Ask fellow staff members to assist you. Provide each person with 2 to 5 posters and ask them to post in the community.
- ◆ **Other outreach ideas:** As the new screening year begins each July, send a letter to the editor of your local newspaper to remind them, or inform them, about BCCP.

OCTOBER

- ◆ **Poster campaign:** Distribute BCCP posters at your community areas.
- ◆ **Target location:** Libraries, district offices, town halls.
- ◆ **Helpful Hint:** Bring a poster and brochures to your local library asking them to set-up a display to promote National Breast Cancer Awareness Month. The library could display BCCP materials with books focusing on breast health and breast cancer.
- ◆ **Other outreach ideas:** Hold a breast cancer awareness event at your screening site.

FEBRUARY

- ◆ **Poster campaign:** Distribute BCCP posters at local grocery stores.
- ◆ **Target locations:** Supermarkets, convenience stores, and “mom & pop” stores.
- ◆ **Helpful Hint:** Ask fellow staff members to bring a poster to the grocery store when they go shopping.
- ◆ **Other outreach ideas:** Opportunity to share: contact local radio stations to see if they would like to interview you about BCCP.

MAY

- ◆ **Poster campaign:** Distribute BCCP posters at local banks and pharmacies.
- ◆ **Target location:** Banks and pharmacies.
- ◆ **Helpful Hint:** Call ahead to see if the business is willing to post your materials.
- ◆ **Other outreach ideas:** If you have a community newsletter, request that an article or announcement be included about the program.

Also, please refer to the **Community Guide for Preventive Services** for evidence based interventions that increase breast and cervical cancer screening rates:

<https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Cancer-Screening-factsheet-and-insert.pdf>

ORDER FORM - EDUCATIONAL MATERIALS and INCENTIVE MATERIALS

| Item | Qty 25 | Qty 50 | Qty 100 |
|--|--------|--------|---------|
| Brochure - English | | | |
| Brochure - Spanish | | | |
| Brochure - French | | | |
| Brochure - Bosnian | | | |
| Brochure - Portuguese | | | |
| Brochure - Arabic | | | |
| Brochure - Napali | | | |
| Brochure - Mandarin | | | |
| Brochure - Vietnamese | | | |
| Two-Sided Purple Heart Card - English | | | |
| Two-Sided Purple Heart Card - Spanish | | | |
| Two-Sided Purple Heart Card - Portuguese | | | |
| Pink Information Post Card - English | | | |
| Pink Information Post Card - Spanish | | | |
| Enrollment Card - English | | | |

Incentive Items - *available items and quantities do vary

| | Qty 25 | Qty 50 | Qty 100 |
|--------------|--------|--------|---------|
| Pink Pens | | | |
| Posters | | | |
| Lip Balm | | | |
| Emery Boards | | | |
| Other: _____ | | | |

Data Forms

| | Form # | Package Qty |
|---|--------|-------------|
| Enrollment Form (indicate English or Spanish) | 1A | |
| Informed Consent (indicate English or Spanish) | 1B | |
| Screening Data Form | 2 | |
| Breast Diagnostic and Treatment Data Reporting Form | 3 | |
| Cervical Diagnostic and Treatment Data Reporting Form | 4 | |

MAIL MATERIALS TO:

CONTACT NAME: _____ ORGANIZATION: _____
ADDRESS: _____

MAIL OR FAX YOUR ORDER TO:
Breast & Cervical Cancer Program
Attn: Program Secretary
29 Hazen Dr.
Concord, NH 03301-6504
Phone: 271-4931 / Fax: 271-0539
1-800-852-3345

**Please allow one week to
process your order**

**STATE BCCP OFFICE MAILING ADDRESS AND
CONTACT INFORMATION**

OUR MAILING ADDRESS:

New Hampshire Department of Health and Human Services
Division of Public Health Services
Breast and Cervical Cancer Program
29 Hazen Drive
Concord, NH 03301

FAX NUMBER

603-271-0539

PHONE NUMBER

603-271-4931

OR

1-800-852-3345

STATE BCCP OFFICE STAFF INFORMATION

| | |
|---|----------|
| Tiffany Fuller, Program Coordinator, (tiffany.fuller@dhhs.nh.gov) | 271-4886 |
| Stacey Smith, Public Health Nurse, (stacey.smith@dhhs.nh.gov)..... | 271-4621 |
| Kristen Gaudreau, Data Manager, (kristen.gaudreau@dhhs.nh.gov)..... | 271-5932 |
| Gina Johnson, Administrative Secretary, (regina.johnson@dhhs.nh.gov)..... | 271-4931 |

For questions regarding:

Call

| | | |
|---|------------------|----------|
| BCCP Policy & Procedures | Stacey Smith | 271-4621 |
| Contracts, Public Education Outreach, Communications | Tiffany Fuller | 271-4886 |
| Case Management, Professional Development, Quality Assurance, Clinical Guidance, Medicaid | Stacey Smith | 271-4621 |
| Data Collection, Billing | Kristen Gaudreau | 271-5932 |
| General Information, Ordering Forms, Ordering Supplies | Gina Johnson | 271-4931 |

Toll free: 1-800-852-3345 / FAX 271-0539

RESOURCES

- ◆ American Cancer Society
<http://www.cancer.org/docroot/home/index.asp>
- ◆ American Society for Colposcopy and Cervical Pathology (ASCCP)
<http://www.asccp.org/>
- ◆ Breast and Cervical Cancer Mortality Prevention Act
<http://www.cdc.gov/cancer/nbccedp/legislation/law.htm>
- ◆ Breast and Cervical Cancer Prevention and Treatment Act of 2000 - Title XIX (amended)
<http://www.cdc.gov/cancer/nbccedp/legislation/law106-354.htm>
- ◆ Cancer Control Planet
<http://cancercontrolplanet.cancer.gov/>
- ◆ Federal Poverty Guidelines
<http://aspe.hhs.gov/poverty/>
- ◆ National Breast & Cervical Cancer Early Detection Program (NBCCEDP)
<http://origin.cdc.gov/cancer/nbccedp/>
- ◆ National Cancer Institute (NCI)
<http://www.cancer.gov/>
- ◆ New Hampshire Department of Health and Human Services
<http://www.dhhs.nh.gov/>
- ◆ New Hampshire State Cancer Registry
<http://www.dartmouth.edu/~nhscr/>
- ◆ Susan G. Komen for the Cure
<http://ww5.komen.org/>
- ◆ United States Preventive Services Task Force (USPSTF)
<http://www.ahrq.gov/clinic/uspstfix.htm>