New Hampshire Breast and Cervical Cancer Program (BCCP)

Policy and Procedure Manual

NH Healthy Lives
BREAST AND CERVICAL CANCER PROGRAM

FREE BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC TESTING

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New Hampshire Healthy Lives Breast and Cervical Cancer Program (BCCP)

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BREAST AND CERVICAL CANCER PROGRAM

Mission
The mission of the New Hampshire 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 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).

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 HIPAA 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 (HHS Poverty Guidelines)
♦ Uninsured or have a deductible or co-payment
♦ New Hampshire resident (or York county, or bordering town of Maine)

♦ Non-residents of states other than Maine will be referred to the BCCP Program in their state. See the following site for a listing of national programs: NBCCEDP Programs by State

♦ 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’. 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.

RESCREENING

Because the goal of the BCCP is to reduce death and morbidity from these diseases, it is important for clients to return for rescreening according to recommended screening guidelines.

♦ Quality assurance monitoring of screening and rescreening rates will be performed monthly by the state BCCP office. Caseload and case counts of CBE, mammography and Pap tests will be conducted and monitored monthly as well.

♦ 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 should follow-up with clients to schedule screenings respectively.

♦ If 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 combine centralized mailings with local reminder letters, postcards or phone calls.
Enrolling Clients for Diagnostic Services Only

Clients may enroll in BCCP for **diagnostic procedures only**. Example: they have an abnormal screening paid for through other resources but require resources for follow-up diagnostic testing.

- Must still meet BCCP eligibility requirements.
- Complete enrollment/informed consent form.
- Documentation of previous abnormal unfunded screenings is preferable.

**DATA MANAGEMENT**

- BCCP utilizes a web-based database system called “Med-IT”, developed by Oxbow Data Management Systems.

- Med-IT is a secure 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 will be trained by the BCCP Data Manager 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 and a step-by-step User's Manual are available to all BCCP screening sites for data entry.
  - 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 1, **completed on every client**)
  - Required within 1 week of client’s first paid BCCP service.

  **Informed Consent** (Form 1B, **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 2, **completed on every client**)
  - Required within 1 week of receiving screening test results.

  **Cervical Cancer Diagnostic and Treatment Data Reporting** (Form 4 - 2 pages)
  - Complete for each client referred for further procedures as a result of an abnormal Pap test. **Required within 1 week of final disposition.**

  **Breast Cancer Diagnostic and Treatment Data Reporting** (Form 3 - 2 pages)
  - Complete for each client referred for further procedures as a result of an abnormal clinical breast exam or mammogram. **Required within 1 week of final disposition.**
No claim can be paid through the BCCP until the corresponding data is received by the BCCP screening site. Claims are generally forwarded to the State BCCP office for payment within a week or two of the procedure being performed.

- The BCCP is required by the CDC to collect specified **minimum data elements (MDEs)**. Data is gathered from BCCP screening sites and entered into Med-IT including: enrollment, screening and diagnostics.
  - MDEs are submitted **without personal identifiers** to CDC twice per year: April 15th and 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.

**PROGRAM REIMBURSEMENT POLICY**

- The BCCP will reimburse for specified services at a negotiated rate, not to exceed the federal **Medicare CPT** 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:
  - Client is enrolled in the program,
  - Valid accepted CPT codes have been used,
  - Corresponding data has been received by the State BCCP office
  - Accuracy of the fees for services.
- Approved bills will be forwarded to State of NH, Dept. of Health and Human Services, and Accounts Payable. Disallowed bills will be returned to the Vendor.
- Provider or Facility agrees to accept clients referred by the BCCP 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.**
- 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.
- 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.
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’ BCCP 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 BCCP. The provider or facility should:

- Notify ALL current BCCP clients about the closure with at least 30 days’ notice.
- Provide ALL current BCCP clients with a list of at least two nearby BCCP screening sites where copies of their BCCP screening and diagnostic records can be transferred.
- Notify the state BCCP office where each client’s record is being transferred.

If there are changes to any Provider or Facility contact or address information, please email updated information to: DHHS.BCCPBilling@dhhs.nh.gov.

CLINICAL SERVICES

BREAST HEALTH
The BCCP reimburses for breast cancer screening and diagnostic services provided to individuals between the ages of 21 - 74 who meet all other program eligibility criteria. The priority population includes individuals 50 years and older.

Screening Mammography
The BCCP reimburses for breast cancer screening and diagnostic services for individuals age 40 and older every 1 to 2 years, based on the individual’s history and clinical presentation.

The priority population for mammography screening services is individuals between the ages of 50 and 64 years and who have no other health insurance.

Breast Cancer Screening for Individuals at High-Risk
All individuals should undergo a risk assessment to determine if they are at high risk for breast cancer.

Individuals at high risk include:
- BRCA +
- 1st-degree relative who is BRCA carrier
- Lifetime risk of 20-25% or greater defined by risk assessment models
- Personal history of previous breast or ovarian cancer
- Significant family history of breast cancer (i.e., 2 or more breast cancers under the age of 50 years, or 3 or more breast cancers at any age)
- Hyperplasia or other such abnormal breast tissue
♦ Individuals at high risk for breast cancer should be screened with an annual mammogram AND an annual breast MRI.

**Breast Cancer Screening for Individuals 65 Years of age and Older**

Individuals enrolled in Medicare Part B are not eligible for BCCP clinical services because Medicare Part B covers breast and cervical cancer screenings 100%. Individuals who are not enrolled in Medicare Part B, or have only Medicare Part A may enroll in BCCP (if they meet all other eligibility criteria).

**Breast Cancer Screenings for Individuals under 40 Years of Age**

♦ BCCP funds can be used to evaluate individuals under the age of 40 who are symptomatic. An individual can be provided a clinical breast exam, diagnostic mammogram, ultrasound, and/or surgical consultation.

♦ BCCP funds can be used to evaluate asymptomatic individuals under the age of 40, who have been determined to be at high risk for breast cancer.

**Breast Cancer Screening for Transgender Women**

Transgender women (MTF), who have taken or are taking hormones and meet all program eligibility requirements are eligible to receive breast cancer screening and diagnostic services through the BCCP.

**Breast Cancer Screening for Transgender Men**

Transgender men (FTM), who have not undergone a bilateral mastectomy and meet all program eligibility requirements are also eligible to receive breast cancer screening and diagnostic services through the BCCP.

**Breast Cancer Screening for Males**

Individuals who are born male and do not meet above criteria are NOT eligible to receive breast cancer screening nor diagnostic services through the BCCP.

♦ Although 1% of males may develop breast cancer, there is currently no scientific evidence indicating that routine screening mammograms is recommended.

**Mammography Modality**

The BCCP will reimburse for film, digital and 3-D mammography up to the Medicare reimbursement rate. All individuals should be counseled on the benefits and risk of mammography.

**Magnetic Resonance Imaging (MRI)**

BCCP will reimburse for screening breast MRI performed in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models. Breast MRI can also be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with past history of breast cancer after completing treatment.

Diagnostic breast MRIs may be reimbursable through BCCP Medicaid, if recommended by a breast specialist/surgeon. Please contact BCCP Program Nurse for further assessment.
Managing Individuals with Abnormal Breast Cancer Screening Results
The management of individuals whose mammogram and/or CBE are abnormal relies on a body of scientific literature that is constantly growing and changing. To arrive at a definitive diagnosis for an individual with an abnormal breast cancer screening test, BCCP funds may be used to reimburse for:

- additional mammography views,
- breast ultrasound,
- mammography-directed biopsy,
- fine needle aspiration,
- core biopsy,
- breast MRI,
- associated pathology
- referral to a breast specialist/surgeon

CERVICAL HEALTH

Clinical Management and Reimbursement Policies for Cervical Cancer Assessment
The BCCP reimburses for cervical cancer screening and diagnostic services provided to individuals between the ages of 21 and 64 who meet all other program eligibility criteria. The priority population includes individuals who have never been screened.

Cervical Cancer Screening

Individuals 21 to 29 Years of Age:
BCCP funds can be used to reimburse for Pap testing every 3 years for an individual aged 21 to 29 years.

Individuals 30 to 64 Years of Age:
BCCP funds can be used to reimburse for co-testing with a combination of Pap and HPV (human papillomavirus) testing every 5 years OR primary HPV testing every 5 years.

High-Risk Individuals
BCCP funds can be used for annual or more frequent cervical cancer screening among individuals who are considered high-risk. Recommended screening intervals will be based upon individual high-risk criteria, history and discussion with a health care provider:

- Previous history of CIN 2, CIN 3 or cervical cancer
- History of unresolved and recurring HPV or other abnormal clinical findings
- Immunocompromised such as HIV infection
- In-utero DES exposure

*Funds cannot be used to reimburse for cervical cancer screening in individuals under the age of 21 years.

Cervical Cancer Screening for Individuals Over 64 Years of Age
Cervical cancer screening is not recommended for individuals older than 65 years of age who have had adequate screening and are not high risk. If an individual over 64 is considered high-
risk, is recommended to continue screening, is not enrolled in Medicare Part B and meets all other program criteria, she is eligible to receive clinical services through BCCP.

Cervical Cancer Screening for Transgender Men
Transgender men (FTM) who have not undergone a total hysterectomy and still have a cervix, and meet all other eligibility requirements are eligible to receive cervical cancer screening and diagnostic services through BCCP.

Cervical Cancer Screening Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer

BCCP funds cannot be used to reimburse for cervical cancer screening in individuals who have had total hysterectomies (i.e. those without a cervix), unless the hysterectomy was performed because of cervical cancer or pre-cancer.

For individuals with a history of cervical cancer/pre-cancer, BCCP funds can be used to reimburse for routine cervical cancer surveillance for 20 years post treatment (even past the age of 65 years) or as long as recommended by a provider, based on client’s history and risk assessment.

For individuals whom the reason for hysterectomy or final diagnosis of no cervical cancer/pre-cancer cannot be documented, BCCP funds can be used to reimburse for cervical cancer surveillance until there is a 10 year history of negative screening results, including documentation that Pap tests were technically satisfactory.

If it is unknown if the cervix was removed at the time of the hysterectomy, a physical examination can be done to determine if the cervix is present. BCCP funds can be used to reimburse for an office visit with pelvic examination to determine if an individual has a cervix.

Managing Individuals with Abnormal Cervical Cancer Screening Results
The management of individuals whose cervical cancer screening tests yield abnormal results relies on a body of scientific literature that is constantly growing and changing. To arrive at a definitive diagnosis for an individual with an abnormal cervical cancer screening test, BCCP funds may be used to reimburse for:

- colposcopy,
- colposcopy-directed biopsy
- endocervical curettage
- endometrial biopsy
- diagnostic excisional procedures (such as LEEP and cold-knife excisions)
- associated pathology
- referral for gynecological consultation

USPSTF Screening Guidelines

Reimbursement of HPV DNA Testing
HPV DNA testing is reimbursable when used for screening or follow-up of abnormal Pap results. HPV genotyping is reimbursable when used for follow-up of abnormal cervical cancer screening results as per ASCCP algorithms. Providers should specify the high-risk HPV DNA panel only. Low-risk HPV DNA panel is not reimbursable.
Adequacy of Follow-up for Individuals with Abnormal Screening Results
Public Law 101-354 requires programs to take all appropriate measures to ensure the provision of necessary follow-up services required by individuals who have abnormal screening results and whose clinical services are paid for in whole or in part by BCCP funds.

◆ An individual whose breast or cervical cancer screening was abnormal or suspicious must receive appropriate diagnostic procedures to arrive at a final diagnosis.

◆ Individuals with a diagnosis of breast or cervical cancer must be referred for appropriate treatment. Screening sites should work with the state BCCP Program Nurse to enroll all eligible clients into NH BCCP Medicaid Program.

Timeliness of Follow-up for Individuals with Abnormal Screening Results
The interval between abnormal breast cancer screening results and final diagnosis should be 60 days or less. The interval between abnormal cervical cancer results and final diagnosis should be 90 days or less.

Timeliness of Treatment for Individuals Diagnosed with Cancer
The interval between diagnosis of invasive breast or cervical cancer and initiation of treatment should be 60 days or less.

◆ The interval between diagnosis of cervical pre-cancer and initiation of treatment should be 90 days or less.
**WISEWOMAN Integrated Office Visits**

* Please contact BCCP and WISEWOMAN state staff to inquire if interested

- CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) offers the opportunity to target other chronic diseases among individuals, including heart disease. The **Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)** program is an extension of the NBCCEDP
  - Expands preventive services offered to individuals served by the BCCP.

- WISEWOMAN legislation provides chronic disease risk factor screening and health education interventions to individuals enrolled in the BCCP to lower their risk of heart disease and stroke.

- WISEWOMAN screenings are integrated into the BCCP screening office visit. See below guidance for integrated office visits.

- Coupling programs helps to ensure that as many individuals aged 40-64 as possible who are enrolled in BCCP also receive appropriate cardiovascular disease risk assessment and risk reduction (in states that have both BCCP and WISEWOMAN programs).

### WISEWOMAN Integrated Screening Services

The following WISEWOMAN clinical screening services are expected to be integrated into the BCCP screening exam office visit for new and established clients aged 40-64 years:

- Blood Pressure Measurement to calculate Body Mass Index
- Height and Weight Measurement to calculate Body Mass Index
- Smoking Assessment and referral for cessation (also expected as part of NBCCEDP office visits)

### Integrated Office Visits

Integrated office visits should occur for individuals aged 40-64 who are enrolled in the BCCP. Both programs must appropriately reimburse for screening visits and services using the following guidance:

- BCCP funds should be used to reimburse for the integrated office visit.
- WISEWOMAN funds **should NOT** be used to pay for these office visits unless they have received approval to conduct non-integrated office visits.
- WISEWOMAN funds **should** be used to reimburse providers for the costs associated with measuring cholesterol, lipids, glucose, HgA1C, or any other applicable labs.
- When rescreening for BCCP and WISEWOMAN coincide, this should be an integrated office visit with reimbursement for the office visit using BCCP funds.
- Any non-integrated rescreening or diagnostic office visits for WISEWOMAN services should be paid for with WISEWOMAN funds.

### Referrals to WISEWOMAN

Individuals who are determined by their provider to be at risk for cardiovascular disease (i.e. elevated blood pressure, obesity, smoking, family history of cardiovascular disease, etc.) should be referred to WISEWOMAN for appropriate services. State BCCP and WISEWOMAN programs will collaborate to develop procedures and policies to ensure needed services are received.
Risk Reduction Counseling

Risk reduction counseling services can take place on the same day as the screening office visit or on a different day, depending on the funded program structure, but must be billed appropriately. If individuals are referred for WISEWOMAN services on a different day, there must be an adequate system in place to ensure follow-up. Funded WISEWOMAN programs are expected to reimburse providers for the time spent conducting the risk reduction counseling services. This reimbursement should be billed separate from the time spent conducting the clinical screening services that are part of the integrated office visit.

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
  ♦ Resident of New Hampshire
  ♦ 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

♦ Client must also be currently enrolled in the BCCP and 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
- Need of Treatment or Physician’s Estimate.

♦ BCCP site coordinators will work directly with clients to complete application paperwork. All required forms should be assembled by the site coordinator and faxed to the NH BCCP state office (603-271-0539) or scanned and securely emailed to the State BCCP office as soon as completed. A retroactive enrollment up to 90 days can be requested.

♦ 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#.

♦ Medicaid office will 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. 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 no longer eligible to receive Medicaid.

60 days before the current enrollment period is ending, 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

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

Storage of BCCP 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.

LANGUAGE INTERPRETATION

All BCCP screening sites shall have a written policy in place for addressing the following:

- Assessing interpreter needs of BCCP clients
- Determining appropriate qualifications for medical interpreters

If a client is 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.
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.
  ♦ 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.
  ♦ Tobacco cessation resources and quit line referrals are made as necessary: http://quitnownh.org/. Telephone: 1-800-784-8669

BCCP SITE COORDINATOR JOB DESCRIPTION

Scope of work
Manage the Breast and Cervical Cancer Program, assuring that all BCCP standards as outlined in the Policy and Procedures Manual are met.

Minimum Qualifications
Health care professional, preferably an RN with a current New Hampshire license, or a related health care field working under the direct supervision of a registered nurse or APRN.

Responsibilities
♦ Determine client eligibility.
♦ Coordinate client appointments and referrals.
♦ Establish a system for the annual recall for screening of eligible clients.
♦ Provide case management (in conjunction with other health care staff – RN, APRN or MD as applicable) for clients with abnormal screening and/or positive diagnostic findings, and monitor through completion of services and procedures.
♦ Review all client data for completeness and clinical logic.
♦ Maintain a resource list of local and state diagnostic and treatment locations.
♦ Provide responses to State BCCP staff regarding all quality assurance reports and queries as indicated.
♦ Available for meeting/trainings.
**CASE MANAGEMENT AND THE BCCP SITE COORDINATOR**

- Providing case management services for clients with abnormal screening test results is an essential component of the BCCP.

- Each client must be assessed for barriers that would prevent them from understanding and receiving necessary diagnostic follow-up services and procedures to any abnormal screening test results.

**PATIENT NAVIGATION & COMMUNITY HEALTH WORKERS (CHWs)**

- Many clients enter the program with barriers that prevent them from being able to obtain or maintain good health. Patient navigation 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.

**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.

- CHW roles and activities are tailored to meet the unique needs of their communities, and depend on factors such as whether they work in the healthcare or social services sectors. Generally, CHW roles include: Creating connections between vulnerable populations and healthcare systems.

- The NH BCCP helps fund 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: community outreach, 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.
PATIENT NAVIGATION & ENROLLMENT

♦ Assess whether the client meets BCCP eligibility criteria.
♦ Assess whether BCCP client faces any barriers to attending appointments.
♦ Assess whether collection of data for enrollment and consent purposes is thoroughly understood and captured accurately.

♦ Plan with the client the best times for appointments and assist to schedule services as needed.
♦ Coordinate any special assistance required for clients to gain access to screening facilities.
♦ Develop a system to follow-up and track whether client successfully completed screening, including results of services.

PATIENT NAVIGATION & NEGATIVE FINDINGS

♦ 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.

♦ 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.

♦ Coordinate with other appropriate health care providers, as authorized by client.

CASE MANAGEMENT & ABNORMAL OR POSITIVE RESULTS

♦ Assess client understanding of abnormal/positive test results and recommended follow-up.
♦ Refer/consult with appropriate health care providers regarding next steps for follow-up of abnormal or positive results.
♦ Plan with client when recommended procedure/service should take place.

CLINIC EDUCATION

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

♦ 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 bills not included on the BCCP CPT code list.

CPT Code Lists are updated yearly and posted on the following website:
NH Healthy Lives Breast and Cervical Cancer Program (BCCP)

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.”

♦ The state program and individual screening sites ability 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. If a client contacts the state BCCP administrative office at: (603) 271-4931 they will be directed to their local BCCP screening site for further information.

♦ FREE Promotional materials are available and can be customized to each specific screening site. An on-line order form is available. Other FREE incentive items are also available through the state BCCP office including pens, notepads, hand sanitizer and others.

OUTREACH AT YOUR SCREENING SITE

PROGRAM OUTREACH
♦ The state BCCP office coordinates statewide media publicity and outreach.

♦ We encourage individual screening sites to disseminate public education and provide outreach in their local communities. See above calendar of ideas to reach eligible clients in your community.
Please refer to the **Community Guide for Preventive Services** for evidence-based interventions that increase breast and cervical cancer screening rates, found here:  The Community Guide

Please refer to the Outreach Guidelines below for ideas and best practices for boosting engagement and screening rates:

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**SITE OUTREACH**

**Goal:** Regular community outreach at each site to boost local engagement and increase screening rates

**Ongoing Poster/Materials campaign:**
- Distribute BCCP posters, brochures and/or rack cards in your screening site and in local community areas on a regular basis (monthly, quarterly, etc.)
- Keep some materials handy (such as in your car or bag) to easily distribute
- Materials are easy and free to order using the form below

**Target locations:**
- Churches, hair salons, laundromats, post offices, libraries, district offices, town halls, Grocery stores, convenience stores, “mom & pop” stores, Banks, pharmacies, popular bars/restaurants with boards or tables available
- Urgent/convenience care sites – these can be especially beneficial for reaching uninsured/underinsured population

**Helpful Hints & Best Practices:**
- Ask fellow staff members to bring a poster to the grocery store when they go shopping
- Provide each staff member with 2-5 posters and ask them to post in the community when they do errands, etc.
- **Empower clients** to help by sharing materials and information about BCCP and discussing the importance of screening in their community, and with families & friends
- Utilize social media – share information on your own, your site's, and/or other community sites re: the importance of screening and how to reach BCCP

**Other Outreach Ideas:**
- If you have a community newsletter, request that an article or announcement be included about the program
- 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
- Hold a breast cancer awareness event at your screening site – have fun with it!
- Contact local radio stations to see if they would like to interview you about BCCP or share info
- Share progress and ideas. Share what you have done at your site, what has worked, feedback from clients or community
ORDER FORM – FREE OUTREACH MATERIAL

CONTACT: [Name]
(IN CASE OF QUESTIONS REGARDING ORDER)

PHONE: [Phone Number]

EMAIL: [Email Address]

SHIP TO: [Address]

NH Healthy Lives
BREAST AND CERVICAL CANCER PROGRAM

ORDER FORM

THERE IS NO CHARGE TO ORDER THESE FORMS.

If you require an item in a specific language, please email Stacey.L.Smith@dhhs.nh.gov.

DOCUMENT SPECIFIC FOR: (CHOOSE CLINIC FROM DROPDOWN)

<table>
<thead>
<tr>
<th>QUANTITY (MAXIMUM 500 EACH)</th>
<th>Please contact us for larger quantities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Flyer Die Cut (8.5” x 9”)</td>
<td></td>
</tr>
<tr>
<td>Rack Card (4” x 9”)</td>
<td></td>
</tr>
<tr>
<td>Poster (11” x 17”)</td>
<td></td>
</tr>
<tr>
<td>Poster (8.5” x 11”)</td>
<td></td>
</tr>
</tbody>
</table>

POSTCARD SPECIFIC FOR: (CHOOSE CLINIC FROM DROPDOWN)

<table>
<thead>
<tr>
<th>QUANTITY (MAXIMUM 500 EACH)</th>
<th>Please contact us for larger quantities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reminder Postcard (6.25” x 4.25”)</td>
<td></td>
</tr>
</tbody>
</table>

Email completed form to: gscomp@leg.state.nh.us

Graphic Services Use Only

[Blank space for notes or comments]
NH STATE BCCP OFFICE MAILING ADDRESS AND CONTACT INFORMATION

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

BCCP STAFF INFORMATION

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603-271-9413

Lisa Corman, WiseWoman Program
Lisa.H.Corman@dhhs.nh.gov

PHONE NUMBER
603-271-4931

FAX NUMBER
603-271-0539
RESOURCES

- American Cancer Society
- American Society for Colposcopy and Cervical Pathology (ASCCP)
- Breast and Cervical Cancer Mortality Prevention Act
- Breast and Cervical Cancer Prevention and Treatment Act of 2000 - Title XIX (amended)
- Breast Cancer Foundation | Susan G. Komen®
- Cancer Control Planet
- The Community Guide
- Federal Poverty Guidelines
- National Breast & Cervical Cancer Early Detection Program (NBCCEDP)
- National Cancer Institute (NCI)
- National LGBT Cancer Network (cancer-network.org)
- New Hampshire Department of Health and Human Services
- New Hampshire State Cancer Registry
- United States Preventive Services Task Force (USPSTF)