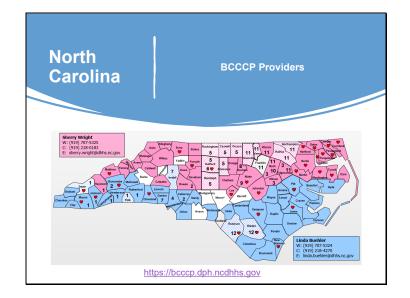


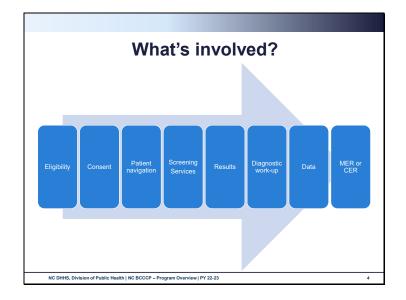
We hope you find this overview of North Carolina's Breast & Cervical Cancer Control Program (NC BCCCP) helpful.



NC BCCCP is a program that bridges the "gap" between Medicaid's Title X Family Planning Program and Medicare. On one side of the "bridge" is the Title X Family Planning program, which offers family planning and reproductive health services (think "women of child-bearing age"). On the other side, Medicare is providing insurance coverage for those ages 65 and above. NC BCCCP connects the two age groups, through screening for early detection of breast and/or cervical cancers, diagnostic work-ups to arrive at a definitive diagnosis, and then navigating women to Breast and Cervical Cancer Medicaid (BCCM), to cover costs associated with treatment of breast or cervical cancer or precancerous lesions.



NC BCCCP providers are located throughout North Carolina. Solid color counties featured on this map have BCCCP services within their local health department. Counties filled with color and cross-hatch pattern offer BCCCP services through a contracted provider Those without color or pattern do not have BCCCP providers. Presence of a heart icon indicates that WISEWOMAN services are also available by the BCCCP provider in the county. WISEWOMAN is a sister program that assists women ages 40 to 64 with improving cardiovascular health. An interactive map contact information for each BCCCP provider is available on the NC BCCCP website (https://bcccp.dph.ncdhhs.gov).



<u>Eligibility</u>: BCCCP exists to improve access to breast and cervical cancer screening and diagnostic services. Eligibility to receive breast cancer screening services paid by NC BCCCP funds, requires the person be 40 to 64 years of age (younger if high risk); have a family unit income below 250% of the Federal Poverty Level; and be uninsured or under-insured (i.e. insurance doesn't cover their screening and/or diagnostic service costs or they cannot afford their copays or deductibles). Note that citizenship is not a requirement for eligibility.

<u>Consent</u>: Patients consent to receiving BCCCP services and having data regarding their BCCCP encounter shared with NC BCCCP.

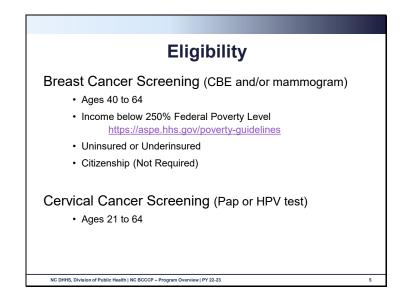
<u>Patient Navigation</u>: All patients are assessed for barriers to completing screening/diagnostic services. When barriers are identified, our BCCCP providers use available resources to remove those barriers.

<u>Screening Services</u>: Breast cancer and cervical cancer screening services are available through NC BCCCP.

<u>Results</u>: Results from screening services are shared with patients. When a patient has an abnormal result, NC BCCCP can cover diagnostic work-up.

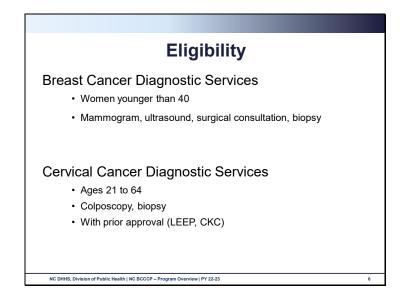
<u>Data</u>: BCCCP providers report information about a patient's BCCCP encounter back to NC BCCCP via data transmission.

<u>MER or CER</u>: Local Health Department providers use a Monthly Expenditure Report (MER) and contract providers use a Contract Expenditure Report (CER) to request per capita reimbursement for patients enrolled and served during the previous month.

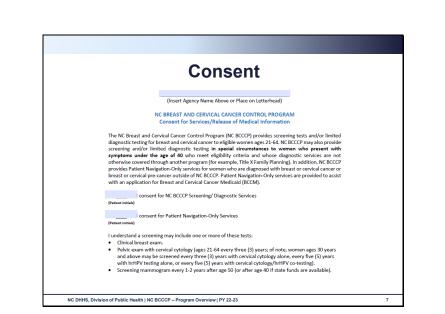


Breast cancer screening services are available in BCCCP for asymptomatic women between the ages of 40 and 64; annual screening can also be provided for women younger than 40 years of age who are found to be at high risk for developing breast cancer [known genetic mutation such as in BRCA 1 or 2 gene, first-degree relative (mother, sister, daughter) with premenopausal breast cancer, radiation to the chest, or lifetime risk > 20% on risk assessment models such as Gail or Tyrer-Cuzick].

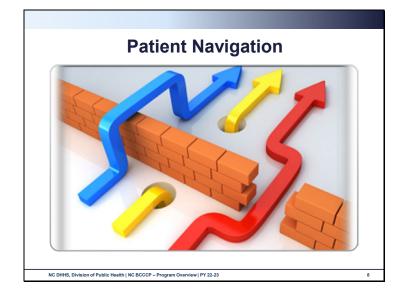
Cervical cancer screening services are available in BCCCP for women ages 21 to 64 who meet our funders' eligibility criteria [that is, they have family unit incomes below 250% of the federal poverty level – information about that level can be found at the site featured on this slide; they are uninsured or underinsured; and they are residents of North Carolina (please note that citizenship is not a requirement to receive cervical cancer screening services)]. NC BCCCP funds can also be used to provide diagnostic services needed to follow up abnormal cervical cancer screening results.



BCCCP can also cover diagnostic work-up for women whose screening results return abnormal, women who are symptomatic, or for women who have been referred to your program.



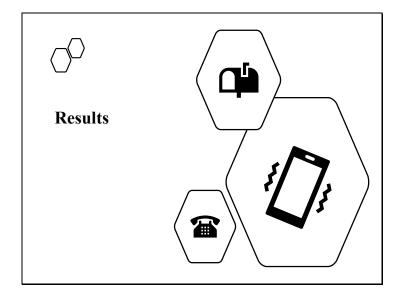
Patients must consent to receive BCCCP services each program year.



Providers are asked to identify potential patient barriers to completing screening or diagnostic work-up using the patient navigation assessment form. Positive findings trigger the creation of a care plan. For example, does the patient have transportation issues...is there a public transit the patient can access, are there bus passes, Uber? Does the patient have limited English proficiency? Please provide translation services so that the patient understands next steps.

•	Scrooning	g Services
	Scieening	J DEI VICES
	(BCCCP Provider)	BCCCP MEDICAL HISTORY RECORD
Name:	Date:	Screening Cycle New Rescreen
Primary Care Provider		Phone:(Optional)
Reason for Visit:		BP(Opt. Non-BCCCP service)
BREAST HISTOR	RΥ.	
Last CBE:	Provider:	
Last Mammogram;	Never Annually Date Last Per	formed:Provider:
Recent Breast Sympt	oms: None Lump Nipple o	lischarge Skin changes Pain
Risk Assessment	Personal history of breast of	ancer Known genetic mutation (BRCA 1 or 2)
	1 st degree relative with hist	ory of premenopausal breast cancer
	History of radiation treatme	nt to chest before age 30 □Lifetime risk ≥ 20%
	Unable to Answer	History Unknown
Previous History of E	reast Problems:	
Breast Surgery or Biop	sy: None R L Specify type	e: Date:
Implants: 🗌 R 🗌 L E	ate Removed:	
Breast Cancer Treatme	ent:	
BSE done: Never	Monthly	
GYNECOLOGICA	L/OBSTETRICAL HISTO	RY
LMP:	Age @ menarche:	Age @ menopause:
		Every 5 years Never (greater than 10 years)

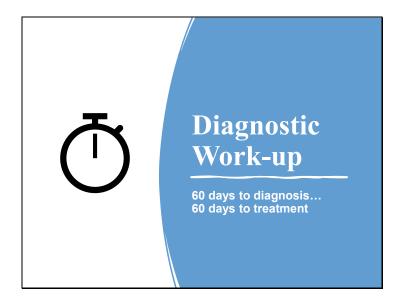
Screening – includes family history, risk assessment, tobacco use, CRC screening status (for patients ages 45 and above) and may or may not include a physical assessment.



Patients need to be aware of their results – notify via phone, text, or mail. For patients who have abnormal results, it is vitally important that they be aware of their abnormal results and so, at least three attempts must be made to inform patients of abnormal results with the third attempt being by certified letter.

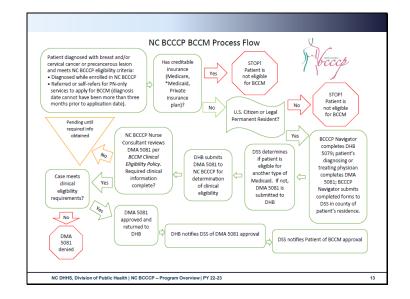


Diagnostic services can be covered by your BCCCP to investigate abnormal findings and may include a diagnostic mammogram, ultrasound, surgical consultation, and/or biopsy. The services fee schedule published each year lists the allowable CPT codes and current reimbursement rates. Please know that there are additional diagnostic studies allowed in certain cases (such as an MRI or LEEP), but these require prior authorization. By law, services provided must be diagnostic in nature (LEEP), as NC BCCCP funds <u>cannot</u> be used to pay for treatment.

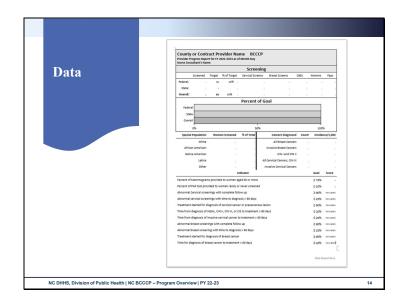


For those patients with abnormal findings, CDC's clock starts ticking upon discovery of the abnormal result...to remain within CDC's guidelines you have 60 days to arrive at a diagnosis and then another 60 days to get that patient into treatment (if needed).

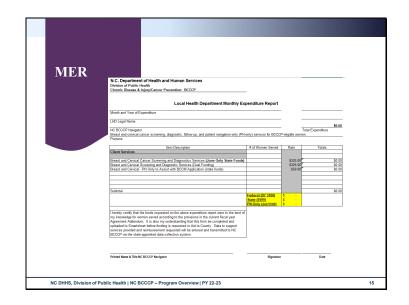
Slide 13



Thankfully, Breast and Cervical Cancer Medicaid (originating from the Breast and Cervical Cancer Prevention & Treatment Act of 2000) is available to cover treatment costs for women diagnosed with cancer while enrolled in your program. Women diagnosed outside your program who meet BCCCP eligibility criteria, can enroll in your BCCCP and receive patient navigation-only services through your program to apply for BCCM.



Data submitted from BCCCP providers to NC BCCCP provides a snapshot of services provided by your program. This data is in-turn sent to our federal funders, the Centers for Disease Control and Prevention (CDC) and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).



Local Health Departments (LHDs) submit a Monthly Expenditure Report (MER) to NC BCCCP by uploading the LHD MER to Smartsheet prior to drawing down funds from Aid-to-County (ATC). LHDs receive per capita reimbursement commensurate with the number of women enrolled and served by the LHD. The MER is an Excel spreadsheet that has been designed to auto-calculate the amount of funds that should be drawn from state (5599) and federal (D7 3100) lines with the new dual-funding structure (each \$325 *per capita* reimbursement is composed of \$190 of federal funds plus \$135 of state funds).

CER	N.C. Department of Health and Human Servi			
	Division of Public Health	ces		
	Chronic Disease & Injury/Cancer Prevention: BCCCF	,		
	Section/Branch	-		
	Contract Ex	openditure Report		
	mo/yr of expenditure	-		Contract ID #:
	-	-		
	Contractor			NCAS #:
	Project Director	-		\$0.00 Total Expenditure
	Screening, diagnostic, and follow up services for breast an	ad cenical cancer on the	behalf of BCCCP ali	
	Purpose	id cervical cancel on the	benan or bocorr en	jule women
	Contractor match is REQUIRED by this contract:		x	1
	(Place an "X" in the appropriate box.)	YES	NO	
		Number of Women	Rate	DHHS Amount
	Item Description	served		
	Client Services			
	Breast and Cervical screening and diagnostic services		\$325.00	\$0.00
	Patient Navigation-Only Services for BCCM Application		\$50.00	\$0.00
		+	-	
	Subtotal			\$0.00
	THIS SECTION FOR DPH USE ONLY:	BCCCP Federal \$ BCCCP State \$	s - s -	
	Company 2B01	PN funding	s -	
	Account Center	r in running	3	
	536C02 1320-3100-D7			
	536C02 1320-5599-00			

Contract providers submit a Contract Expenditure Report (CER) to NC BCCCP by email to request reimbursement for women who have been enrolled and served the month prior. Contract providers receive per capita reimbursement commensurate with the number of women enrolled and served by the provider.





We are here to support you – please don't hesitate to contact us!