



**North Carolina Breast & Cervical Cancer Control Program (NC BCCCP)  
NC WISEWOMAN Project**

<b>NC BCCCP &amp; WISEWOMAN Policy for Patients Insured Under the Patient Protection and Affordable Care Act (ACA)</b>	<b>Category/Number: N/A</b>
<p>Approved By:   <hr/> <b>NC BCCCP Medical Advisor</b></p> <p>  <hr/> <b>NC BCCCP Program Director</b></p>	<p><b>Section: NC BCCCP Training Manual-Overview</b></p> <p><b>Program: NC BCCCP &amp; WISEWOMAN</b></p>
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**Purpose:**

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) is required by law to be the payer of last resort for women enrolled in the program. (Public Law 101-354, 42 U.S.C. § 300n (d)). Therefore, insurance must be billed for patients who have insurance, including those who have policies through the Patient Protection and Affordable Care Act (ACA), the health reform bill passed in 2010.

**Policy:**

**Impact on local agencies: Payer of Last Resort**

All women seeking to be enrolled in BCCCP must be assessed at *each visit* for insurance status. If they are uninsured, they must be referred to the Health Insurance Marketplace. Referral may be directly to [www.healthcare.gov](http://www.healthcare.gov), or may be to a local entity that helps apply for ACA insurance, such as a navigator. NC BCCCP providers must document all referrals to the Health Insurance Marketplace.

**Definitions:**

***Women who are uninsured:*** If the patient does **NOT** have insurance or her healthcare coverage is **NOT** yet effective, the woman may be enrolled in BCCCP if she meets age and income eligibility criteria. If BCCCP paid for a screening or diagnostic service, the woman will count toward service targets, and you may be reimbursed by NC BCCCP at the per-capita rate.

***Women who are underinsured for screening:*** If the woman has insurance, she may still be enrolled in BCCCP if she meets age and income eligibility criteria, and her insurance does not cover all screening services at 100%. However, the insurance must be billed as the primary insurance. Once the insurance has paid the portion it covers and an Explanation of Benefits (EOB) has been received, BCCCP may pay the difference between what insurance covers and the amount allowed on the BCCCP Fee Schedule.

**For example:**

Procedure is billed at	\$150.00
Maximum fee allowed by BCCCP is \$	75.00
Insurance pays	\$ 50.00
BCCCP may pay	\$ 25.00
Amount service provider must write off	\$ 75.00

These women count toward service targets, since BCCCP paid for a portion of the screening and/or diagnostic costs. You may be reimbursed by NC BCCCP at the per-capita rate.

***Women who are insured for screening but underinsured for diagnostic work-up:*** If the patient's insurance covers the screening services at 100%, BCCCP cannot pay for any portion of the screening. However, if the patient needs diagnostic work-up which is not covered at 100%, BCCCP may pay the difference between what insurance pays and the amount allowed by the BCCCP Fee Schedule. This patient will count toward service targets, and you may be reimbursed by NC BCCCP at the per-capita rate.

**Responsibilities:** BCCCP provider

**Procedure:**

Local BCCCP staff will assess at each visit for insurance status, if uninsured refer to the Health Insurance Marketplace and document in the medical record

**Legal Authority:**

(Public Law 101-354, 42 U.S.C. § 300n (d)).