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

NC BCCCP & WISEWOMAN Policy for Patients Insured Under the Patient Protection and Affordable Care Act (ACA)	**Category/Number: N/A**
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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 patients 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 patients 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, 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:

Patients who are uninsured: If the patient does **NOT** have insurance or their healthcare coverage is **NOT** yet effective, the patient may be enrolled in BCCCP if they meet age and income eligibility criteria. If BCCCP paid for a screening or diagnostic service, the patient will count toward service allocations, and you may be reimbursed by NC BCCCP

at the per-capita rate.

***Patients who are <u>underinsured</u> for screening*:** If the patient has insurance, they may still be enrolled in BCCCP if they meet age and income eligibility criteria, and their 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.

<u>For example</u>:

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 patients count toward service allocations, 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.

***Patients 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 allocations, 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)).