

Patient Navigation (PN) Only for Breast and Cervical Cancer Medicaid (BCCM) Application

Patient (who meets all NC BCCCP eligibility criteria) is diagnosed outside NC BCCCP with breast or cervical cancer or a breast or cervical precancerous lesion and needs BCCM coverage for treatment

Non-BCCCP provider may refer patient to local BCCCP for PN to apply for BCCM

OR

Patient may self-refer to local BCCCP for PN to apply for BCCM

PROVIDE PN ONLY SERVICES

- Register applicant according to agency protocol and create patient record.
- Advise applicant to bring written documentation for proof of income and supporting diagnostic reports/information. If applicant is a non-US citizen, bring INS documentation.
- Have applicant sign BCCCP Consent and Release of Information for supporting diagnostic reports (e.g. colposcopy, pathology, mammogram, ultrasound, etc.)
- Review and complete PN Needs Assessment and Care Plan.
- Review and complete "Breast and Cervical Cancer Medicaid Application" (DHB-5079) with applicant, have applicant sign DHB-5079 and assure that applicant receives "Rights & Responsibilities." Scan completed DHB-5079 to patient's chart and deliver completed DHB-5079 to DSS in county of patient's residence.
- Begin completion of "Verification of Screening, Diagnosis, and Treatment" form (DMA-5081) and forward to applicant's diagnosing or treating physician for completion. Upon receipt of completed DMA-5081, scan to patient's chart and deliver to DSS to complete BCCM application packet.
- Complete a PN Only Data Reporting sheet once PN is complete and fax to NC BCCCP at (919) 870-4812.
- Local Health Department (LHD) providers request per capita reimbursement via LHD Monthly Expenditure Report. Contract providers request per capita reimbursement via Contract Expenditure Report (CER).
- Code T-1017 (Targeted case management for 15-minute increments) can be used as an internal tracking tool and is not intended to be used for billing purposes.