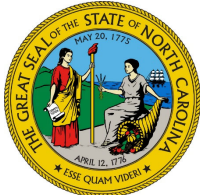


NC Department of Health and Human Services
Division of Public Health



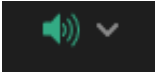
**North Carolina's
Breast & Cervical Cancer
Control Program (NC BCCCP)**

PY 23-24 Year-End Update
March 27, 2024


1

Housekeeping

To enable sound, click the speaker button on the top bar of your screen. The speaker icon will be **GREEN** when it is active.



To enable your microphone (if you would like to ask a question during our designated Q & A periods), click the microphone button on the top bar of your screen. The microphone icon will be **GREEN** when it is active.



****Please keep your microphone muted (off) during presentations and while others are speaking.****

Our team has allotted 5 minutes for urgent questions after each session of the training. You may type your questions in the chat at any time or come off mute to speak with NC BCCCP staff at designated Q&A times. **This meeting will be recorded.**

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Disclosures

- Three and one-quarter (3.25) Nursing Continuing Professional Development (NCPD) Contact Hours or up to 3.25 CPH Recertification Credits will be earned upon successful completion.
- For successful completion, participants must attend 100% of the educational activity and complete the online course evaluation. There will be no partial credit awarded.
- The Public Health Institute for Continuing Excellence is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This training is being recorded.


3

Agenda

- Welcome
- Medicaid Expansion
- Clinical Overview, Patient Navigation, BCCM
- Partnerships and EBIs
- Finance
- Data Update
- WISEWOMAN
- Closing

4

We're here to support you!



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Medicaid Expansion



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Medicaid Expansion Impact

- Expect screenings to decrease
- Medicaid Expansion income requirement up 158% Federal Poverty Level (FPL)
 - NC BCCCP income eligibility 250% FPL
 - There's still a group of individuals eligible for NC BCCCP (159% to 250% FPL)

Family of 4 with income of \$31,200 = FPL*

Income below \$49,296 (158% FPL) = Medicaid*

Between \$49,297 and \$78,000 = BCCCP Eligible*

*2024


7

Medicaid Expansion Impact


- Partner with community organizations to reach eligible individuals
 - Regional Community Cancer Networks
 - NC BCCCP can provide funding to community partnerships who will help navigate individuals to you
- Future opportunities: additional financial support to help navigate individuals to screenings
 - Examples: transportation needs, patient reminder systems, translation services, community health workers, mobile mammography events, etc.

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Program Updates & Resources




The Enrollment Eligibility Toolkit is a resource designed to aid in the process of assessing eligibility and enrolling patients in NC BCCCP. [Click here to access the toolkit.](#)




NC BCCCP partnered with CCCP and the Office of Health Equity to create a flyer on Cervical Cancer and Health Equity available in [English](#) and [Spanish](#).




Click [here](#) to access free materials to promote expanded Medicaid in your community.
 •Patients can be enrolled in BCCCP and receive BCCCP services while awaiting Medicaid coverage activation.



The NC BCCCP Program Manual is under revision to be more user friendly and will soon be available.



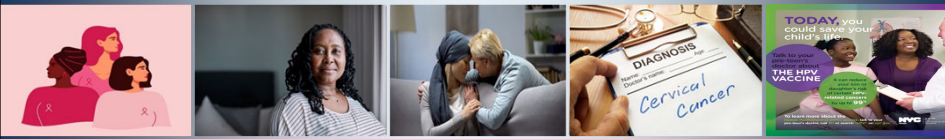
Change in funding draw down is coming in FY2024-2025! More information in finance section.

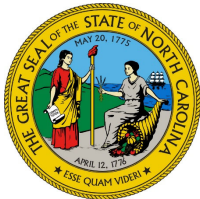


- [NC BCCCP Manual](#)
- [Breast Cancer Manual](#)
- [Cervical Cancer Manual](#)
- [Patient Navigation Kit](#)

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Clinical Overview

- Patient Navigation (PN)
- BCCM

March 27, 2024

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PY 23-24 – Changes that were implemented

- ✓ Patient Navigation (PN) for All
- ✓ Change in Critical Core Timelines
- ✓ Dual Funding
- ✓ Data Reporting: ALL Federal
- ✓ Funding Reporting: Smartsheet (LHDs)

****If you are under a year employed, please request an orientation if you have not had one, or still have questions unanswered****

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PY 23-24 closeout Program year ends: May 31

We need your data and money spent!

Use federal funds if no state funds remaining in ATC



Unused Patient Navigation - Only funds can be used for screenings

Patient Navigation (PN) Service dollars

PN is defined as “individualized assistance provided to women to help overcome barriers and facilitate timely access to quality screening and diagnostic services, as well as initiation of timely treatment for those diagnosed with cancer.”



CDC, NBCCEDP, DP22-2202 Program Manual: Part I, 2022

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PN Only Data Form



(919) 870-4812

NC BREAST AND CERVICAL CANCER CONTROL PROGRAM (NC BCCCP)
PATIENT NAVIGATION-ONLY FORM

Patient ID: _____ NC BCCCP Provider Code: _____

First Contact Date: (Initial 50 forms) _____ Type of Contact: Face-to-Face Telephone Email In-person Text Other _____

Second Contact Date: (Initial 50 forms) _____ Type of Contact: Face-to-Face Telephone Email In-person Text Other _____

Clinical Services Completed: All screening results with an addendum require diagnostic workup

Diagnosis Services Completed: No Breast (2x Results Date) _____ No Cervix _____ Invasive DCIS USI Invasive CIN 1/2/3 No Return to Breast Lost to Follow Up Patient Refused _____ No Return to Breast Lost to Follow Up Patient Refused _____

Patient Navigation Completed: No Yes _____

NC Department of Health and Human Services

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PY 24-25 Changes

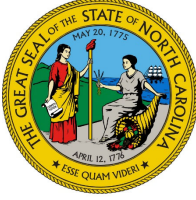

Fewer PN Only allocations

State or Federal (LHDs)

Data Reporting: State and Federal

****Will not take effect until June 1, 2024****

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BCCM
Nursing Team

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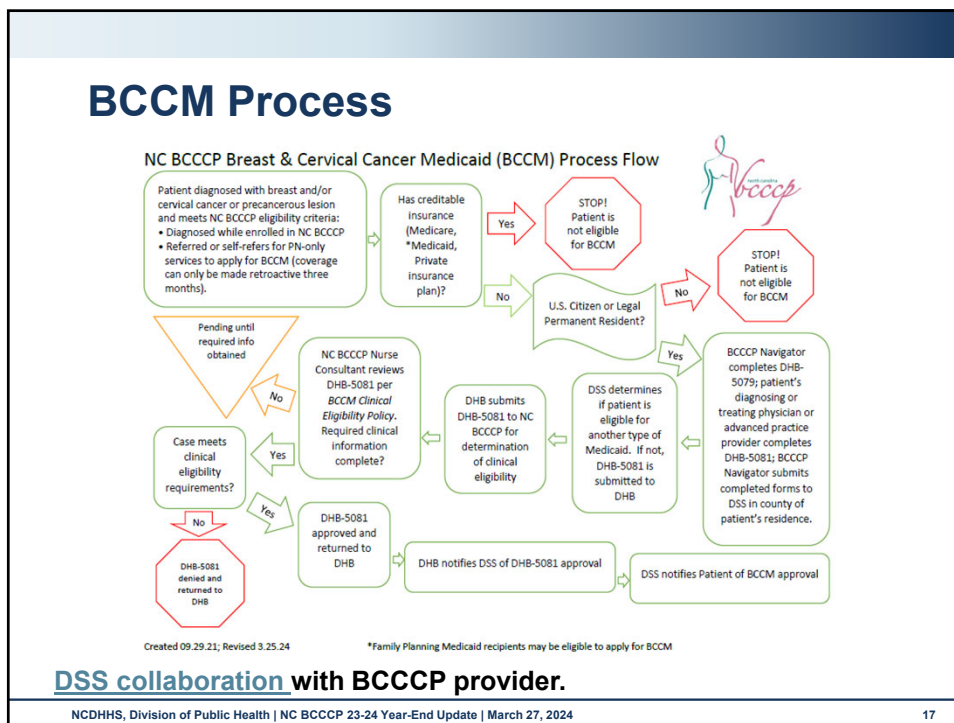
BCCM Application Forms

- **DHB 5079**
- **DHB 5081**
- **Checklist DHB 5087**

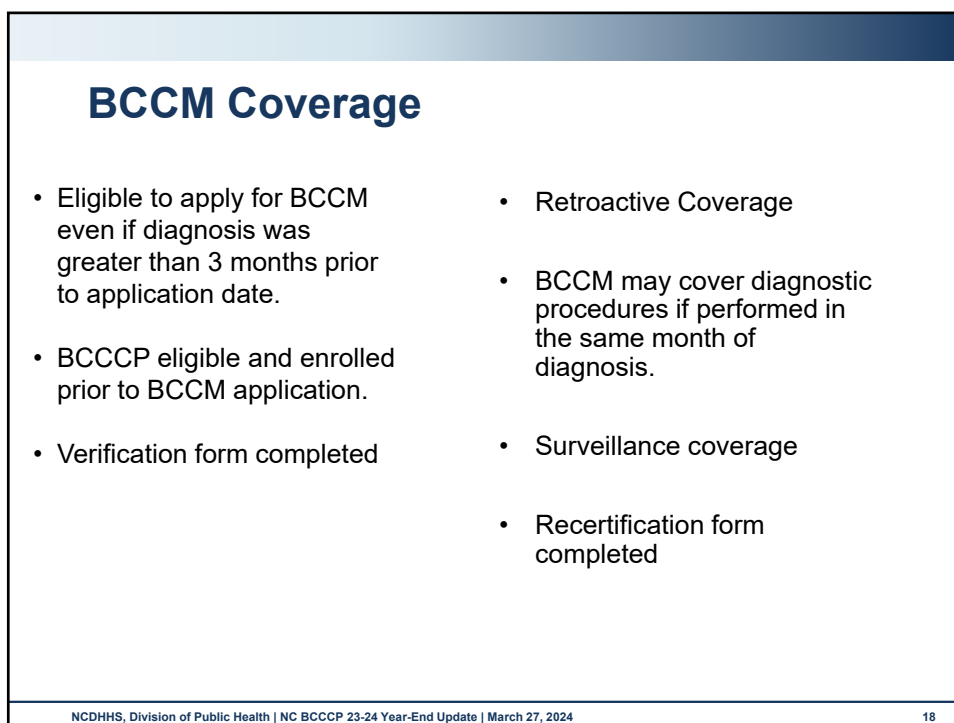
Recertification

- **DHB 5081-R**

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Bridging the Gap

- PN Only for BCCM Application
- Medicaid Coverage for Breast and Cervical Cancer Treatment Costs
- YTD 67 PN only



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Resources

<ul style="list-style-type: none"> ▪ NC BCCCP MANUAL ▪ Breast Cancer Manual ▪ Cervical Cancer Manual <ul style="list-style-type: none"> ▪ National Comprehensive Cancer Network ▪ Breast Cancer Guidelines and Resources (nccn.org) ▪ Cervical Cancer Guidelines for Patients Details (nccn.org) 	<p>Resources Treatment</p> <p>Pretty in pink</p> <p>Susan G. Komen</p>
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NC BCCCP/WISEWOMAN Nurse Consultants

Linda Buehler, BSN, RN, CPHN

- linda.buehler@dhhs.nc.gov or 919-218-4270

Ginger Clough, MPH, BSN, RN, CPHN

- ginger.clough@dhhs.nc.gov or 919-218-7660

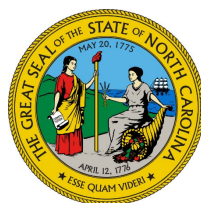
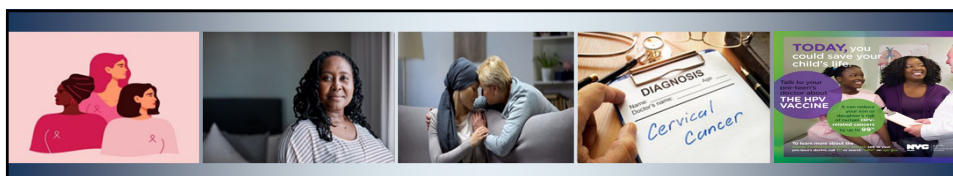
Maria Damte, BSN, RN, CMP

- maria.damte@dhhs.nc.gov or 919-218-4957

Sherry Wright, BSN, RN, CPHN

- sherry.wright@dhhs.nc.gov or 919-218-0183

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Partnerships / EBI Project

Erin Brown, MSPH

March 27, 2024

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Outreach and Recruitment


- Health Education
- Community Engagement
- Partnerships
- Marketing/Promotion



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Developing Connections

- Develop a BCCCP “pitch” to communicate your services to potential partners
- Identify new opportunities, partnerships, and individuals who could promote BCCCP
- Adjust your pitch for each potential partner to encourage involvement in your initiatives

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Quality Improvement Funding Opportunity

GOAL:

Increase Breast and/or Cervical Screening Rates across ENTIRE Clinic (not just BCCCP)

- Phase 1: Using data for partner selection
- Phase 2: Partnership via Contract Agreement
- Phase 3: Baseline Data Collection and Planning
- Phase 4: Implementation of Selected EBI
- Phase 5: Supporting and Monitoring Implementation

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CONTACT INFORMATION:

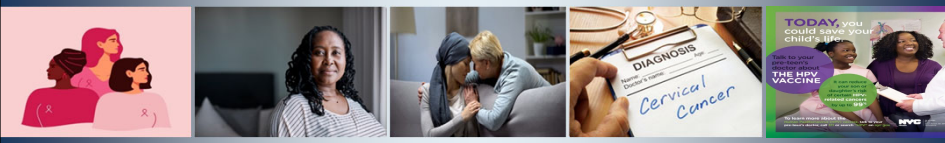
Erin Brown
Program Coordinator

Email Address:
erin.brown@dhhs.nc.gov

Office phone: 919-707-5330



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Finance

Lisa M. Brown, BA

March 20, 2024

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LHD and Contractor Funding – PY 23-24

Funding: Center for Disease Control and Prevention (CDC), state appropriations, and donations from line 32 check box on NC income tax.

Contractor Fiscal Year
 PY 23-24: June 1, 2023 - May 31, 2024

LHD Fiscal Year

- Fiscal Year: June 1, 2023 – May 31, 2024
- Funds are available for 12 months in the year beginning in June and ending in May.
- Funds runs concurrently with the LHD Fiscal Year

June patients should be seen using State funds

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Remember to Expend Funds

- If you've screened patients, please pull-down funds by May.
- Patient Navigation – Only Funds that are leftover can be used for an additional screening.
- Not doing so puts our program at risk.
- Screening in June 2024 should be only State Funds.

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CONTACT INFORMATION:

Lisa M. Brown
Operations Manager

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lisa.m.brown@dhhs.nc.gov

Office phone: 919-707-5326

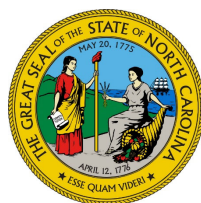
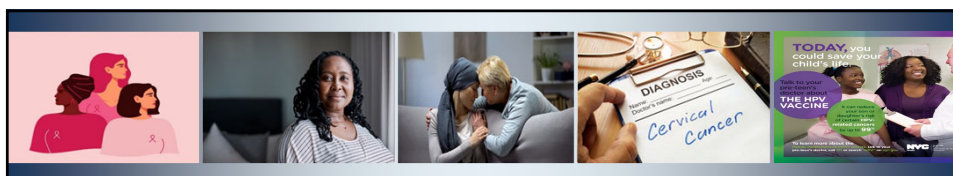


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NEW FUNDING BREAKDOWN FOR FY25

- **Starting June 1, 2024**
- Every \$325 = A Screening.
- Each women is \$325 pulled for federal or state, just make sure to use all your funds.
- Reductions in allocations did occur for BCCCP providers due to federal funding and not because of performance.

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Data Update

Zaniyah Upchurch, BSPH

April 28, 2023

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What is a Screening Cycle?

- A screening cycle is comprised of the patient's screening and follow-up work up.
- A screening cycle is the proper completion of the record.
 - For individuals with an abnormal screening result, the screening cycle will not be complete until the final diagnosis and, if applicable, treatment data are complete.
 - Initial Screening Data is due in June. Try to have the Screening Cycle Data in by August.

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Screenings vs Services

Screenings:

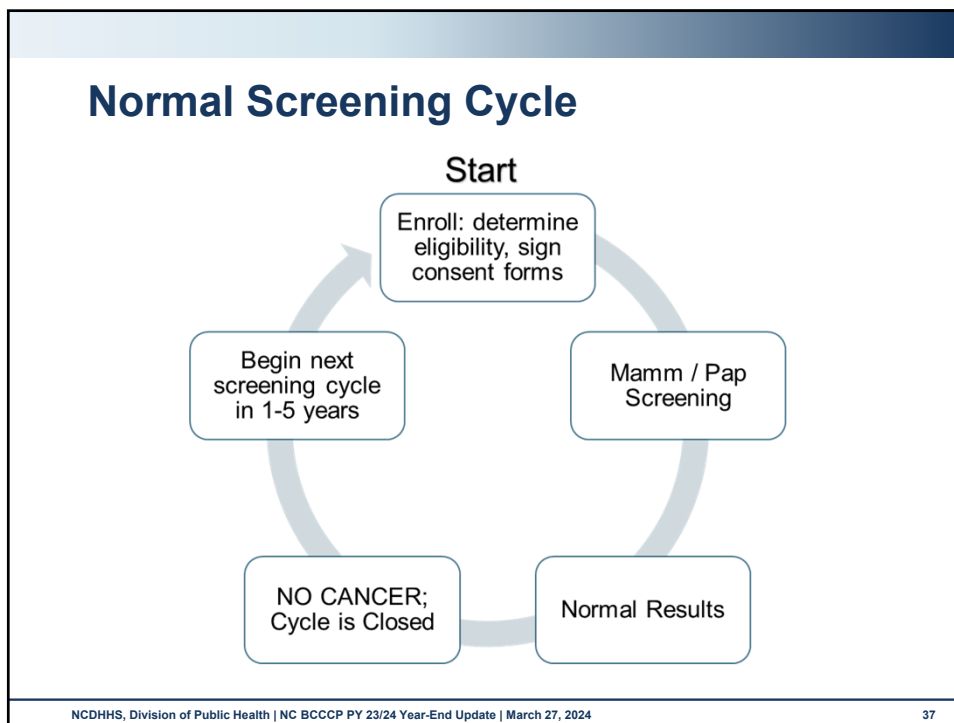
- Initial Mammogram
- Pap Test, or
- HPV Test

Services:

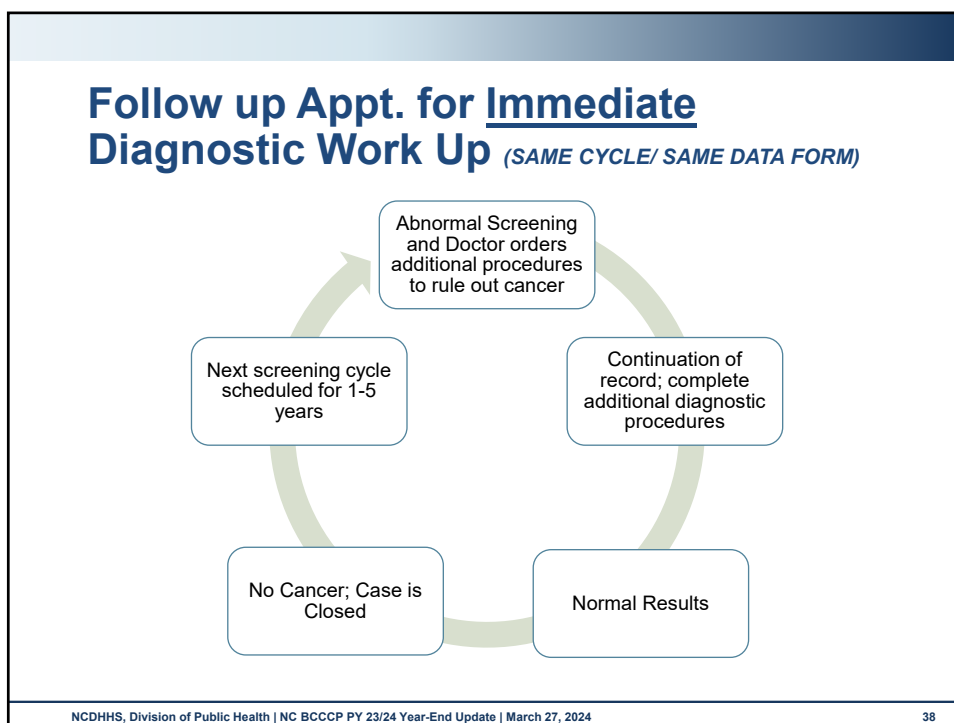
- CBE
- Additional Mammogram
- Ultrasound
- Biopsy, Fine Needle Aspiration,
- Colposcopy
- ECC, LEEP*, or CKC*

*Procedures with an asterisk (*) require prior approval from Regional Nurse Consultant*

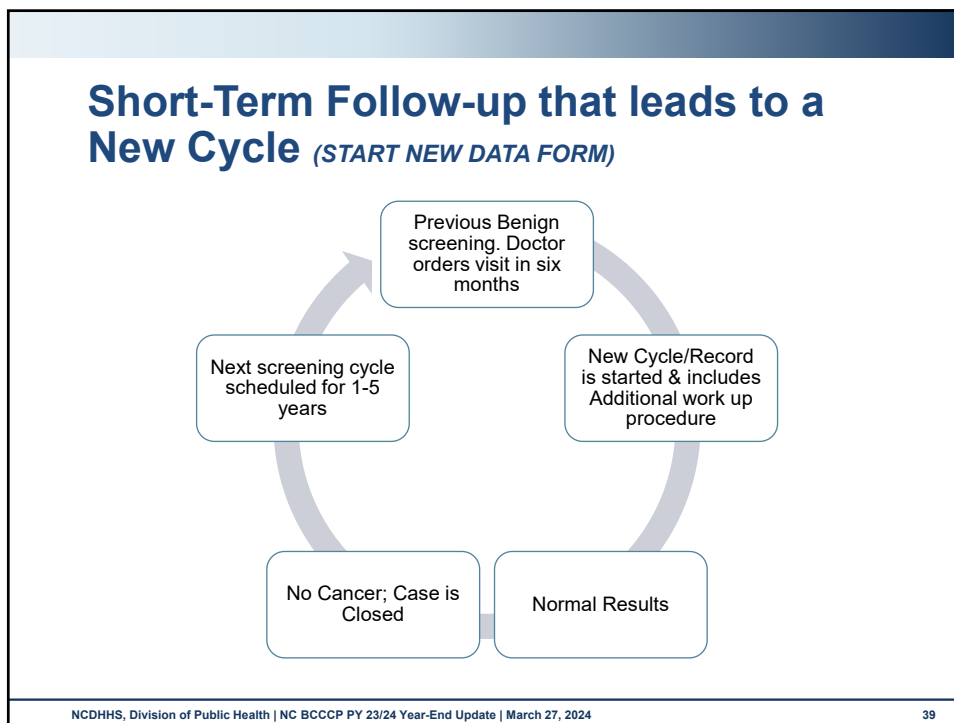
36



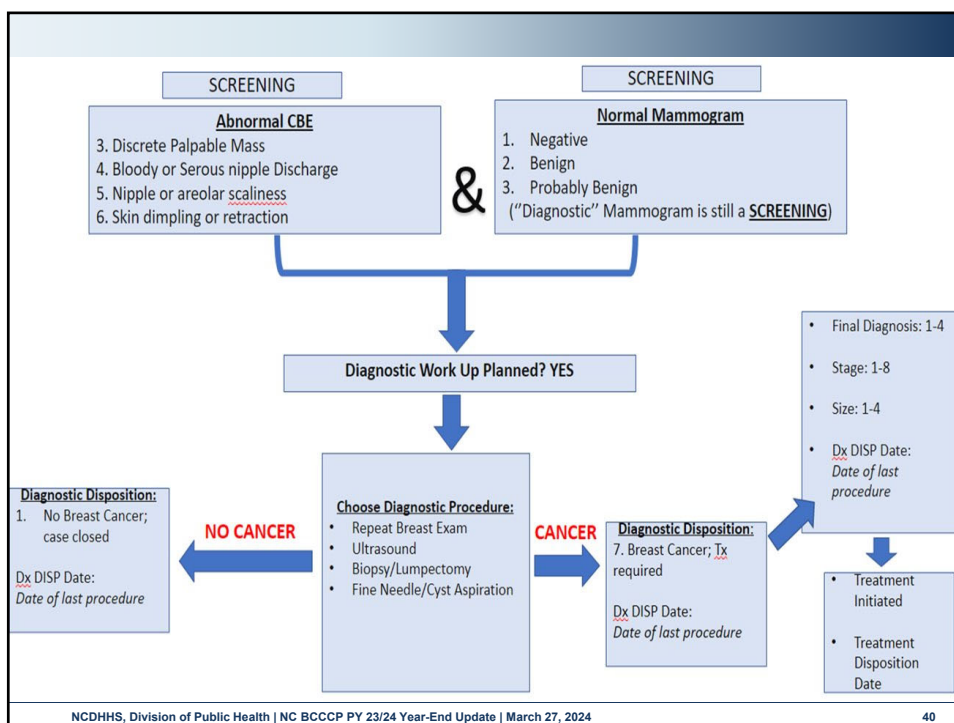
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BCCCP Data Entry 2023 Mapping Guide

Indicator	R	N=No	
High Risk for Breast Cancer	R	1=Yes 2= No 3= Not assessed/Unknown	1. Yes- If Woman with BRCA mutation; first degree relative who is BRCA carrier; LIFETIME RISK of 20% or Greater if using risk model like the Gail Model; radiation treatment to the chest between ages 10-30; or personal or family history of genetic syndromes like Li-Fraumeni syndrome 2. No = If risk was assessed and not determined to be high 3. Not assessed/Unknown if risk was not assessed, family history was not taken, genetic testing was not done or if risk is unknown
Start Breast Screening Cycle			
Screening Cycle Date	R	Date YYYY-MM-DD format	Date of first screening in the cycle
Referral Date	S	Date YYYY-MM-DD format	Required if Indication for Screening field = Referral <ul style="list-style-type: none"> Ex. Patient had screening completed at Non-BCCCP provider and was referred to your BCCCP program for diagnostic work up
Clinical Breast Exam Procedure Date	S	Date of CBE	
Clinical Breast Exam Charged to BCCCP	S	Valid values: 1 = Federal BCCCP funds 2 = Non BCCCP 3 = Partial Federal BCCCP 4 = State BCCCP 5 = Partially State BCCCP 6 = Part State and Federal BCCCP	Required if Clinical Breast Exam Procedure Date is completed. <ul style="list-style-type: none"> Determine where funding for this patient will be pulled from. Look at eligibility criteria.

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Required Fields on EVERY Submission

Patient Master/Patient Demographic	
Field Name	R=Required
First Name	R
Last Name	R
Date of Birth	R
Zip Code	R
Street Address	R
City of Residence	R
County of Residence	R
Race	R
Ethnicity	R
Provider Code	R

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Required on Every Breast Record Submission

Breast (P4)		
Field Name	R=Required	Values
Local Patient ID	R	
Last Mammogram Date	R	
Service Date	R	
High Risk for Breast Cancer	R	Yes No
Purpose of Screening/Purpose of Mammogram Screening	R	Routine Screening Diagnostic Referral (date required) No Mammogram
Additional Procedures Needed (formerly Diagnostic work up needed)	R	Yes No
All Patient Navigation Fields	R	
Diagnostic Disposition and DATE	R	No Cancer Pending Lost to Follow Up ; etc.

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Required on Every Cervical Record Submission

Cervical (P5)		
Field Name	R=Required	Values
Local Patient ID	R	
Last Pap Date	R	
Service Date	R	
High Risk for Cervical Cancer	R	Yes No
Purpose of Screening/Reason for Pap	R	Routine Screening Surveillance Referred for Diagnostics Pap after primary HPV+ No Pap
Reason for HPV Test	R	Co-Test Reflex Test Unknown Test Not Done
Additional Procedures Needed (formerly Diagnostic work up needed)	R	Yes No
All Patient Navigation Fields	R	
Diagnostic Disposition and DATE	R	No Cancer Pending Lost to Follow Up....ect

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Requirements for Situational Fields

If you start a field that is situational, all related fields MUST be completed as well

Example: If date of service is entered, all other related fields must be completed

Field Name	R=Required S=Situational	Values
Ultrasound Procedure Date	S	
Ultrasound Charged to BCCCP	R	Federal State Non BCCCP
Ultrasound Results	R	-Negative -Benign -Probably benign; short term follow-up suggested -*Suspicious abnormality-biopsy should be considered -*Highly suggestive of malignancy -* Assessment incomplete; additional imaging req'd Technically unsatisfactory

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How to Fix Data Errors

Breast Screening Data Issues

1. Abnormal CBE or mamm with no DX work-up planned
2. No diagnostic workup planned but diagnostic procedures were done
3. Additional imaging procedure done but no final imaging outcome date

1. Abnormal CBE or mamm with no DX work-up planned
2. No diagnostic workup planned but diagnostic procedures were done
3. Additional imaging procedure done but no final imaging outcome date

*The monthly reports will all have the patient's name, patient ID, and visit date of each record containing errors so you know which record to fix. If a patient is missing from your monthly report, check your error reports before submitting a technical assistance request.

In the first and second sections, errors #1,2 are related. Fixing the error listed will remove both. #1,2 are indicating that the breast screening was abnormal and diagnostic workup is needed. The provider completed and entered the diagnostic workup but did not complete the diagnostic workup planned field. To fix this error, indicate "Yes" in the record for the diagnostic workup planned field.

Error #3 in both sections is referring to the final imaging outcome field. The final imaging outcome was entered but the final imaging outcome date was missing. The date field is a situational field connected to the imaging outcome field. To fix this, enter the final imaging outcome date on the patient's records

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Fixing Data Issues

- Look over your error reports to see what needs to be fixed. Fix the errors listed. If you have questions as you fix errors, look at the BCCCP Breast Errors handout and Data Mapping Guide.
- Resubmit data once records have been corrected. This process can vary by provider. Make sure you are aware of your vendor system data submission process.
- Ensure that you are re-batching your data from June 1st- Feb 29th to capture any edits or updates that have been made.

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Provider Reports

Receive From Courier Mail

9/23/2024, February 5, 2024

Funding Source					
Funding Source	Total Screens	Cancer Screens	Breast Screens	CBE Screens	Mammograms
Federal	307	0	307	379	338
State	7	0	7	7	6
Total	314	0	314	386	344

Funding Source	Total Screens	Target Rate	Percentage of Total
Federal	307	758	51
State	7		N/A

Screenings by Race		
Race	Program Count	Percent
Asian	1	1.15
Black or African American	20	6.44
Declined to Answer	1	0.46
Native Hawaiian or Pacific Islander	1	0.23
White	366	91.72

Cancers Diagnosed Through Screenings		
Cancer Diagnosis	Count	Percent
All Breast Cancer	1	
Invasive Breast Cancers	0	
CN1 and CN2	1	
All Cervical Cancers, CIN20	1	
All Invasive Cervical Cancers	0	

Indicator Percentages			
Indicator	Numerator	Denominator	Percent
Percent of Total Screenings Where Age 50 or Above (Age 40 or Above Screened)	0	0	N/A
Percentage of Cervical Cancer Screening Follow-up with Planned and Completed/Disposals Follow-up	0	0	N/A
Percentage of Cervical Cancer Screening Follow-up with Planned and Completed/Disposals Follow-up and Time Between Screening and First Diagnosis -180 Days	0	0	N/A
Percentage of Cervical Cancer Screening Follow-up with Planned and Completed/Disposals Follow-up and Time Between Screening and First Diagnosis -180 Days	62	66	97
Percent Cervical Screening with Time to Diagnosis -180 Days	0	0	N/A
Treatment Timely Diagnosis of Cervical Cancer at Performance Location	1	1	100
Percentage of Cervical Cancer Records with a Final Diagnosis of ICDL, CIN2, CIN3, or Invasive Cervical Cancer that have Treatment Initiated	0	0	N/A
Time from Diagnosis of ICDL, CIN 2, CIN 3 or ICDL to Treatment -180 Days	0	1	0
Time from Diagnosis of Invasive Cervical Cancer to Treatment -180 Days	0	0	N/A
Percent Breast Screening with Complete Follow-up	52	63	81
Percent Breast Screening with Time to Diagnosis -180 Days	0	403	0
Percentage of Mammogram Screening Records with Complete Follow-up	0	2	0
Percentage of ICDL Mammogram Screening Records with Reported Results and Completed/Disposals Follow-up	0	1	0
Percentage of Mammogram Screening Records with Complete Follow-up and Time Between Abnormal Screening and First Diagnosis -180 Days	0	0	N/A
Percentage of Breast Cancer Records with a Final Diagnosis of ICDL or ICDL, or Invasive Breast Cancer Where Treatment Has Started -180 Days	0	1	0
Percentage of Breast Cancer Records with a Final Diagnosis of ICDL or ICDL, or Invasive Breast Cancer Where Treatment Has Started -180 Days	0	0	N/A
Treatment Timely Diagnosis of Breast Cancer	1	1	100
Time for Diagnosis of Breast Cancer to Treatment -180 Days	1	1	100

Receive From Crush FTP

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Crush FTP Error Reports

Let's look at a few error examples that are often missed using our mapping guide...

RowNum	Error_Number	Error_Data	Error_Message	Record_ID	Action
393	BS110	2023-12-27	mamm_date not in valid range : 01/01/2017 to 12/13/2023	P4	A
405	BS110	2024-01-29	mamm_date not in valid range : 01/01/2017 to 12/13/2023	P4	A
406	BS420	2023-12-18	biopsy_date not in valid range : 01/01/2017 to 12/13/2023	P4	A
411	BS260	2023-12-15	ultrasound_date not in valid range : 01/01/2017 to 12/13/2023	P4	A
415	BS110	2024-01-02	mamm_date not in valid range : 01/01/2017 to 12/13/2023	P4	A
419	BS220	2023-12-22	add_mamm_date not in valid range: mamm_date: 12/01/2023 to 12/13/2023	P4	A

RowNum	Error_Number	Error_Data	Error_Message	Record_ID	Action
191	CS440		Diagnostic Disposition (dx_disposition) must be 1 thru 8	P5	A
480	CS452		dx_disposition_date is missing or invalid	P5	A
1269	CS440		Diagnostic Disposition (dx_disposition) must be 1 thru 8	P5	A
1701	CS440		Diagnostic Disposition (dx_disposition) must be 1 thru 8	P5	A
1732	CS440		Diagnostic Disposition (dx_disposition) must be 1 thru 8	P5	A

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Monthly Provider Report

How to understand the monthly provider report.

- Make sure to always read the cover for any updates regarding the report, this will help you understand if there have been any changes made for the current month.
- When inputting your data for a patient, always select FEDERAL funds, If not, it will not reflect in the funding source chart in your report. This helps account for all patients.
- Use this as a form of check and balance and compare your patient list from the report to your in-house records.

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Missing Data? Check the Following:

Patient listed on the excel error report from Crush FTP, data manager won't receive data

Verify when patient's data was batched

Patient's data was batched AFTER the date listed at the top of the mailed monthly report, she won't be on the report.

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Data Entry Training Requirement

- All new staff are required to participate in a data training with the NC BCCCP Data Manager.
- Choose a staff member to be your data point of contact.
 - If you have new staff and need to change your data point of contact, resubmit the data point of contact form to the NC BCCCP Data Manager.
 - This does not replace or substitute the staff change forms.

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How do I request a data review call?

- Email the NC BCCCP Data Manager with a brief description of your data related problem.

Email: zaniyah.upchurch@dhhs.nc.gov

Office phone: 919-707-5327

- Provide times you are available to discuss the data problem.
- If the data problem is about a specific patient, provide the following information to the data manager via an encrypted email **or schedule a time to provide this information via telephone:**
 - Your county
 - Type of screening (breast or cervical)
 - Patient ID
 - Name of Patient
 - Date of service
 - Tentative Date the record was submitted

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General Notes and Updates for PY23-24

- General Updates
 - MDE submission is due August 15.
 - All data up until June 30, 2024, needs to be entered, corrected, and accurate no later than August 15.
- Mailed Monthly Report Updates
 - Reports should give you an idea of where you currently stand with your data.
 - Mailed monthly reports (provider progress reports) only show screenings. The mailed monthly reports give you a good estimate of the data we have but may not show every patient you have served.
- How is data counted towards your service allocations?
 - 1 financial service allocation is equivalent to 1 data record for each unique patient screened or served during the program year. If a patient is seen more than once in a program year the patient is only counted once towards your service allocation. Each PY for BCCCP runs from June 1 through May 31.
 - Data for at least one clinical service should be submitted when you pull down funds for a patient.

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Contact Information

Zaniyah Upchurch

BCCCP Data Manager

Zaniyah.Upchurch@dhhs.nc.gov

919-707-5327




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IMPORTANT DATES

- FYI - Screenings in June 2024
 - Only State Funds
- Financial Due Dates
 - LHD: June 17, 2024
 - Contractors: June 10, 2024
- Data Due Dates
 - Initial screening data: July 31, 2024
 - Close out case data (if closed): August 31, 2024
- New Program Year Start
 - June 1, 2024
- Lunch and Learn
 - April 18, 2024
 - May 16, 2024

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NC WISEWOMAN




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Reduce the incidence and prevalence of cardiovascular disease among North Carolina women through the provision of **knowledge**, **skills**, and **opportunities** for lifestyle behavior change.




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Why Collaborate?



Benefits for Provider:

- Reimbursed for lab work and additional HBSS sessions
- Patients have improved outcomes
- Facilitate relationships with community partners
- Reduce disease burden in NC



Benefits for Patient:

- Free health coaching which may include:
 - Free diabetes prevention classes
 - Free at home blood pressure monitor
- Better continuity of care
- Referrals to multiple healthy behavior support services (HBSS)
- Better health outcomes

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Questions?

Ciara Ruske, DrPH, MPH
 WISEWOMAN Program Manager

 Ciara.Ruske@dhhs.nc.gov


OR

 Contact your regional nurse consultant

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Earn
Professional
Development
Hours



A professional development certificate will be provided to all individuals who complete the evaluation by the deadline noted below.

- **Live activity:** You must complete the evaluation by **April 14, 2024**.
- **Recorded activity:** You should complete the evaluation as soon as possible after viewing the webinar. The recorded session (enduring material) will be available until **September 27, 2025** and the evaluation will close **October 12, 2025**.

Please Note: This will be your only option to receive evidence of the professional development contact hours and/or CPH Recertification Credits. You will need to save/print a copy of this certificate for your records.

To complete the evaluation, go to <https://www.surveymonkey.com/r/0294AB>