Breast and Cervical Cancer Program (BCCP)

Mississippi Breast and Cervical Cancer Program (BCCP) is a “fee for service” screening program that helps in the detection of cancer in women that are considered high risk.

These high risk groups include:

– Underinsured
– Uninsured
– Medically underserved
– Minorities
BCCP

- Purpose: To provide high quality screening, diagnosis and follow up for women to help decrease morbidity and mortality due to breast and cervical cancer.
- Funded by the Centers for Disease Control (CDC) and other matching non-federal funds.
ELIGIBILITY DETERMINATION

In order to qualify for BCCP, a woman must meet all of the following guidelines:

• Income: At or below the maximum allowable gross income guidelines
• Insurance status: Uninsured or no third party payers such as Medicaid or Medicare
• Resident: State of Mississippi
• Enrollment age: 40-64
• For cervical cancer screening: Age 40 to 64
• For breast cancer screening: Age 50 to 64*

*For women aged 40-49, screening offered when special funds are available. Must call BCCP for approval.
Breast and Cervical Cancer Screening Services

• Clinical Breast Exam (CBE) includes office visit
• Screening Mammogram (age 50-64)*
  *For women aged 40-49, screening offered when special funds are available. Must call BCCP for approval.
• Pelvic Exam
• Pap Test (if patient has had a hysterectomy, the Pap will be covered only if the hysterectomy was due to cervical cancer or a pre cervical cancer lesion)

• Special exceptions are available for those women between the ages of 21 and 39, but they must receive prior approval. Please contact BCCP to determine whether the patient qualifies.
Breast and Cervical Cancer Program

Prior Approval

Patients who are less than **forty years old** must have **Prior Approval** for a colposcopy, diagnostic mammogram or breast sonogram. To ensure the proper routing of information and expeditious decision making, please call BCCP before sending the required information.

When resources are being requested for breast evaluation, the following information needs to be documented under physical assessment:

- How long has the problem existed?
- What is the size and location of the mass?
- Is the mass mobile/non-mobile?
- Is the mass tender/non-tender?
- Does the patient have any nipple discharge? If yes, what color is the discharge?
- Is the nipple inverted?
- Are there skin changes (red, swollen, scaly, peau d'orange, dimpling, etc.)?
- Does the patient have a family history of breast cancer?
- Has the patient had any prior radiographic studies and/or biopsies of the breast?

When resources are being requested for cervical evaluation, the following information needs to be documented under physical assessment:

- Three most recent cervical cytology reports
- Three most recent office visit notes
BCCP Services

Mammogram every 1 – 2 years, based on the woman’s history and clinical presentation:

- High risk - mammogram every year
- Priority population - women between the ages of 50 – 64 (75%)

Pap services every three years:

- Every five years with co-testing
- High risk – Pap every year
- Priority population - women between the ages of 40 – 64
Diagnostic services are covered if patient has an abnormal mammogram result and is enrolled in the program.

Services:
- Diagnostic mammogram
- Breast ultrasound
- MRI (prior approval)
- Surgical consult
- Breast biopsy
- Post-op office visit (if not diagnosed with breast cancer)
Diagnostic services covered if patient has an abnormal Pap

Abnormal Pap Results:
• Atypical glandular cells (AGC)
• Adenocarcinoma
• Low-grade squamous intraepithelial lesion (LGSIL)
• High-grade squamous intraepithelial lesion (HGSIL)
• Atypical cells of undetermined significance cannot exclude high grade (ASC-H)
• Squamous cell carcinoma
• Atypical cells of undetermined significance (ASC-US) with positive HPV

For any of the abnormal Pap results listed above, the patient must have either of the following procedures.

- Colposcopy with Cervical Biopsy
- Colposcopy with Cervical Biopsy and ECC
BCCP Timelines

• Public Law 101-354 requires programs to take all appropriate measures to ensure the provision of necessary follow-up services required by women who have abnormal screening results and whose clinical services are paid for in whole or in part by NBCCEDP funds. A woman whose breast or cervical cancer screening was abnormal or suspicious must receive appropriate diagnostic procedures to arrive at a final diagnosis. Women with a diagnosis of breast or cervical cancer must be referred for appropriate treatment.

• The interval between abnormal breast cancer screening results and final diagnosis should be **60 days or less**.

• The interval between abnormal cervical cancer results and final diagnosis should be **90 days or less**.
Abnormal Test Results

The provider should make every effort to notify the client of any abnormal results.

After one missed appointment, the provider should:
- Attempt to notify patients of missed appointments for follow up by telephone or letter.
- Schedule a second appointment.
- Schedule a third appointment if the patient does not keep the second appointment.
  - If no response, send a certified letter to be accepted by the client.
  - All efforts to notify the client must be documented in the health record.

After a total of three missed appointments:
- If MSDH patient, refer patient to District Health Officer; or
- If non-MSDH patient, primary care provider should determine follow up recommendations and/or file closure.

The client record documentation should clearly reflect actions taken and the client's understanding and compliance or noncompliance.
Forms

- Participation Letter (Previous Cancer Diagnosis)
- BCCEDP Informed Consent/Release of Information (701)
  - Revised 6/2017
- Screening Intake Form (718)
  - Instructions to be followed on the screening intake form
- Mammography Voucher Form (719)
  - Good for 60 days
- Breast Follow-up Referral Form (717)
- Pap Test Follow-up Form (691)
Office Mechanics and Filing

- A copy of all paperwork must be submitted to BCCP in a timely manner.

- Retention Period
  - All forms become a part of the patient’s medical record and is retained according to the retention requirements for this type patient record.
  - The instructions are listed on the bottom of the 691, 717, 718, 719
Dear Participant of the BCCP:
The central aim of the Mississippi Breast and Cervical Cancer Program (BCCP) is to provide screening and early detection of breast and cervical cancer for women in this state. However, some women who have had a previous cancer diagnosis are recommended for some procedures that are not covered by the BCCP. Screening and diagnostic procedures for breast and cervical cancer are covered by the BCCP; however, the program does not cover PET scans, bone scans, and possible other procedures recommended for a person with a previous cancer diagnosis.

I, _________________________, understand that the statement above means that only screening and diagnostic procedures for breast and cervical cancer are allowable charges under the BCCP. I further understand that any other procedures outside of the allowable charges of the BCCP are my financial responsibility.

Patient Signature
____________________________________________

Date ___________________________

Witness
____________________________________________________

The purpose of this form is to provide written documentation for patients that may have had a previous Cancer diagnosis.

By signing this form, the patient understands that BCCP will only cover screening and diagnostic procedures.

The program does not cover PET scans, bone scans and other possible procedures recommended for a person with a previous cancer diagnosis.

570 East Woodrow Wilson ● Post Office Box 1700 ● Jackson, MS 39215-1700
• Equal Opportunity in Employment/Services
Informed Consent/Release of Information Consent

- The Informed consent provides documentation of patients’ consent to voluntarily participate in the Mississippi Breast and Cervical Cancer Early Detection Program.

- All eligible patients must sign and date the Informed Consent/Release of Information Consent form prior to the initial screening.

- All patients returning for an annual rescreening must complete the Informed Consent/Release of Information Consent form upon re-enrollment in the program.
Screening Intake Form #718

The screening intake form (SIF) must be received no later than 45 days after a patient has been enrolled in the BCCP program.

- If the SIF is not received within 45 days of enrollment, the office visit (and subsequent procedures) may not be covered by the BCCP.

For all forms and results (701, 718, 719, Pap and mammogram, etc.):

- Make a check list.
- Send in all forms and results at the end of the day or week.
- Pick a system that works for your facility.
Screening Intake (Form 718)

- The Screening Intake Form captures screening and enrollment data needed for program reporting management and for submission of minimum data elements to the Centers for Disease Control and Prevention (CDC).
- This form is to be completed on women screened through the Mississippi Breast and Cervical Cancer Program (BCCP). After completion, a copy of this form is to be sent to the BCCP office at the end of the day or the end of the week.
- The top section can be completed by the patient.
- The bottom section is to be completed by the provider.
- Make sure that this form is legible and is filled out completely.
Mammography Voucher (Form 719)

- The purpose of this form is to provide written documentation of mammography for reimbursement by the Mississippi Breast and Cervical Cancer Program (BCCP).
- This form is to be completed on all women screened through the BCCP who are eligible for a screening or diagnostic mammogram and/or ultrasound.
- The provider fills out the top section and the bottom portion is to be filled out by the radiologist performing/reading the mammogram.
Incomplete Test Results

Planned & Pending

- Any time a client has an abnormal CBE, additional testing will be required. A diagnostic mammogram and or ultrasound must be performed because a mammogram alone is not enough.
BCCP Services

- Breast Magnetic Resonance Imaging (MRI)*
- National Breast and Cervical Cancer Early Detection Program will reimburse for screening breast MRI performed in conjunction with a mammogram when a client has:
  - BRCA breast cancer gene mutation test;
  - First degree relative who is a BRCA carrier; or
  - Lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO (breast and ovarian) that are largely dependent on family history.

*Must receive prior approval. Call BCCP for approval.
BCCP Services Continued

• Breast MRI should **never** be performed alone as a breast cancer screening tool.

• Breast MRI **cannot** be reimbursed by BCCP to determine the extent of disease for a woman who has already been diagnosed with breast cancer.

• These procedures must receive prior approval and will be reviewed on a case-by-case basis.
Breast Follow-Up Referral (Form717)

- The Breast Follow Up Referral form provides written documentation for follow-up of abnormal mammograms, breast problems and biopsy results.
- This form is to be completed on all women screened through the BCCP requiring a referral for suspicious findings.
- The top section must be filled out in its entirety to include:
  - The reason for the referral.
  - The name of the referral physician, phone number and date and time of the appointment.

The remainder of the form should be completed by the referral physician.
Cancer Diagnosis

• If an enrolled patient has a biopsy of the breast or cervix and the result is a cancer diagnosis or a pre-cancerous lesion of the cervix, the patient will be referred to Medicaid for treatment.

• Breast Cancer Diagnosis
  – BCCP will need all pertinent enrollment documents, mammogram report, ultrasound report, surgical consult notes, operative report and pathology report before the patient’s file can be submitted to Medicaid.
Pap Smear Follow-Up (Form 691)

- The Pap Smear follow form provides a means of obtaining necessary reports of follow-up of abnormal Pap Smears and for whom a referral is made to a gynecologist.
- This form should be initiated on all patients referred to a private physician for follow-up of abnormal Pap Smear results. The use of this form is optional for patients receiving follow-up care in the MSDH Colposcopy/dysplasia clinics.
- Section A, B, C, and G must be completed by the referring provider.
- Section E must be completed by the patient.
- Section D and F must be completed by the Gynecologist.
Cancer Diagnosis

Cervical Cancer/Pre Cervical Cancer Lesion

- BCCP will need all pertinent enrollment documents, Pap Smear results, Colposcopy with biopsy of the cervix and endocervical curettage report and the pathology report before the patient’s file can be submitted to Medicaid.

Pre Cervical Cancer Lesion

- Cervical intraepithelial neoplasia (CIN II - III) is also known as cervical dysplasia and cervical interstitial neoplasia.
Cancer Diagnosis

• The interval between diagnosis of invasive breast or cervical cancer and initiation of treatment should be **60 days or less.**

• The interval between diagnosis of cervical intraepithelial neoplasia (CIN II - III) and initiation of treatment should be **90 days or less.**
Cancer Diagnosis

- After the patient has been referred to Medicaid, BCCP will need a copy of the patient’s cancer treatment information. Make sure to communicate this requirement with the provider to whom the patient is referred.
- This information is needed for reporting purposes to CDC.
Forms That are Optional
Client Record (694) and Women’s Health History (709)

Completion of these forms are optional (as long as this information is documented in the Electronic Health Record).

- **Client Record (form 694)**
  - The Client records provides pertinent information related to the patient’s exam for the Breast and Cervical Cancer Program is documented on this form.

- **Women’s Health History (form 709)**
  - The Women's health history documents past and present medical history of the patient.
Community Resources

• BCCP is a payer of last resort:
• If there is an underage client, seek out resources in the community **first**:
  – Family Planning Medicaid Waiver, Division of Medicaid
  – United Way, 601-948-4725
  – Vocational Rehabilitation, 1-800-443-1000
  – Patient Advocate Foundation, 1-800-532-5274
  – Indigent programs in the community
Questions
Contact Information

• Deborah Donnell, BSN, RN
  • email: Deborah.donnell@msdh.ms.gov

• Janie Grant, BSN, RN
  • email: Janie.grant@msdh.ms.gov

• Nurse Consultants
• Breast and Cervical Cancer Program
• Mississippi State Department of Health
• 570 East Woodrow Wilson, Suite O-207
• Jackson, MS 39215
• (601) 576-7466 office
• (601) 576-8030 fax
References

- Breast and Cervical Cancer Program provider manual
  [http://msdh.ms.gov/msdhsite/_static/41,0,103.html](http://msdh.ms.gov/msdhsite/_static/41,0,103.html)

- [http://www.nci.org](http://www.nci.org)