
Contractor's Procedure Manual



Breast, Cervical & Colon Health Program

Saving Lives Through Early Detection

Clallam • Jefferson • King • Kitsap
Counties

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1 Introduction

1.1. About the BCCHP

The Breast, Cervical and Colon Health Program (BCCHP) began in Washington State in 1993. BCCHP is part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program was created by the United States Congress to improve access to breast and cervical cancer screening for women with low incomes and no health insurance. Through this landmark program, the Centers for Disease Control and Prevention (CDC) now supports comprehensive screening activities in all 50 states, 4 U.S. territories, in the District of Columbia and in 13 American Indian/Alaska Native tribes and tribal organizations. Since 1990 the program has served more than 3 million women in the U.S.

Since 1994, BCCHP in Clallam, Jefferson, King and Kitsap Counties has provided services to 32,400 women. Breast cancer was diagnosed in 420 women and cervical cancer or pre-cancerous cervical condition was diagnosed in 190 women. These women and an additional 150 women have received cancer treatment services through this program since 2001.

Community-based recruitment by trusted outreach staff assures that BCCHP exceeds the rarely or never screened performance indicator set by the CDC. Approximately half of clients screened each year are new to BCCHP. Of women enrolled during 2006, only 15% of women had received a mammogram within 2 years and 39% had received a Pap test within 3 years.

Priority populations enrolled exceed their representation in the community. In 2009, BCCHP screened 7,765 women: 59% were women of color and 48.% spoke a language other than English. 2% identified as lesbian or bi-sexual. Forty-eight women were diagnosed with breast cancer and 18 women were diagnosed with a cervical pre-cancerous condition, and 3 with invasive cervical cancer.

In 2005, the Washington Colon Health Program started screening clients for colon cancer through a grant from the CDC. This program was initially a pilot program in King, Jefferson and Clallam Counties. In 2009, the State of Washington received funding from the CDC to continue the Washington Colon Health Program. Colon cancer screening is now incorporated into the breast and cervical health program services.

From 2006-2009, the Washington Colon Health Program enrolled over 2,500 people. These clients completed 1,043 Fecal Occult Blood Tests and 538 colonoscopies. 236 people had polyps removed, potentially preventing cancer in these clients.

Goal:

BCCHP is a population-based program intended to reduce mortality and morbidity from breast, cervical and colon cancer by early detection of cancer through regular mammogram and Pap test screenings, colon cancer screening, diagnostic services and prompt access to cancer treatment.

BCCHP is dedicated to eliminating health disparities among under-served populations, including women of color, women living in rural communities, lesbians and women aged 50 and older, as well as men needing colon cancer screening.

Funding:

Funding for BCCHP is generously provided by the Centers for Disease Control and Prevention, Washington State, Puget Sound Affiliate Susan G. Komen for the Cure and the Breast Cancer Prevention Fund.

Prime Contractor:

Public Health - Seattle & King County is a Prime Contractor for BCCHP and is responsible for implementing the program in partnership with health care providers and community agencies in Clallam, Jefferson, King and Kitsap Counties according to CDC and Washington State Department of Health requirements.

1.2. Staff Contact List

CONTACT	QUESTION and EXPERTISE
Kris Edwards , Clinical Coordinator kristine.edwards@kingcounty.gov 206-263-8172	<ul style="list-style-type: none"> • Case management • Quality improvement • Community resources
Scott Feest , Contract and Finance Manager scott.feest@kingcounty.gov 206-263-8175	<ul style="list-style-type: none"> • Contracts • Billing and reimbursement • Invoices
Heather Fluegel , Data Manager heather.fluegel@kingcounty.gov 206-263-8176	<ul style="list-style-type: none"> • Data management system • Forms and manual requests
Jodi Olson , Health Educator jodi.olson@kingcounty.gov 206-263-8200	<ul style="list-style-type: none"> • Professional training • Outreach and recruitment • Community resources and education
Ellen Phillips-Angeles , Manager ellen.phillips-angeles@kingcounty.gov 206-263-8205	<ul style="list-style-type: none"> • Program management • Resource development • General questions
Lisa Sokanoff , Administrative Specialist II lisa.sokanoff@kingcounty.gov 206-263-8217	<ul style="list-style-type: none"> • Program support • Data entry • Forms request and incentive materials, mailing information
Lin Song , Epidemiologist lin.song@kingcounty.gov 206-263-8773	<ul style="list-style-type: none"> • Data • Reports • Surveillance and evaluations
Steven Stearns , Administrative Specialist II steven.stearns@kingcounty.gov 206-263-8218	<ul style="list-style-type: none"> • Colon health • Program support • Data entry • Forms request
<p>Breast, Cervical & Colon Health Program Public Health - Seattle & King County 401 Fifth Avenue, Suite 900, Seattle, WA 98104-1818</p> <p>FAX: 206-296-0208</p>	

2 Program Eligibility

1. **Female:** for breast, cervical and colon cancer screening.
Male: for colon cancer screening only.
2. **Age:**
 - Ages 40 through 64 for breast and cervical screening.
 - Ages 50 through 64 for colon screening.
 - Ages 65 and over may be enrolled for all screenings if they are not eligible for Medicare.
3. **Income:** At or below 250% federal poverty level (FPL).
 - Current FPL table on page 5.
 - Mammography available for clients at or below 300% of FPL, see page 8.
4. **Insurance status:** Must have no insurance or limited insurance.
 - Does not have Medicare Part B
 - Does not have Basic Health nor Medical Coupons (Medicaid)
 - Has limited insurance (catastrophic) and BCCHP services are not covered
 - Has insurance with a high deductible (\$500 or more). The clinic is responsible for checking with the insurance plan regarding coverage and whether the deductible has been met prior to enrollment.
 - When the deductible has been met, insurance should be used.
 - When the deductible was partially met, bill both BCCHP and the insurance.
 - Submit EOB (Explanation of Benefits) to BCCHP when it is available.

Special situations:

1. **Clients ages 35 through 39 with breast symptom(s):** Clinical breast exam (CBE) will be covered by BCCHP
 - Suspicious finding: office visit and further diagnostics will be covered.
 - Normal finding: office visit only will be covered. Further diagnostics will not be covered by BCCHP.
2. **Clients under age 50** may enroll for colon cancer screening only if they have a family history of a first degree relative (parent, sibling, or child) who was diagnosed before the age of 60 with either colon cancer or pre-cancerous polyps.
3. **Transgender clients:**
 - Record gender as the client self-reports
 - Services are covered based on medical indications and healthcare provider recommendations.

2.1. Income Eligibility Guidelines

Breast, Cervical and Colon Health Program (BCCHP)

Clallam • Jefferson • King • Kitsap Counties

July 1, 2010 to June 30, 2011

Household income must be at or below 250% (as shown in table below) of the Federal Poverty Level

Family Size	Monthly Income	Annual Income
1	\$2,256	\$27,075
2	\$3,035	\$36,425
3	\$3,815	\$45,775
4	\$4,594	\$55,125
5	\$5,373	\$64,475
6	\$6,152	\$73,825
7	\$6,931	\$83,175
8	\$7,710	\$92,525

For family size greater than eight (8), add \$779 (monthly) or \$9,350 (annual) for each additional member.



Komen for the Cure Breast Health Fund

Effective July 1, 2010 to June 30, 2011

Household income must be at or below 300% (as shown in table below) of the Federal Poverty Level

Family Size	Monthly Income	Annual Income
1	\$2,708	\$32,490
2	\$3,643	\$43,710
3	\$4,578	\$54,930
4	\$5,513	\$66,150
5	\$6,448	\$77,370
6	\$7,383	\$88,590
7	\$8,318	\$99,810
8	\$9,253	\$111,030

For family size greater than eight (8), add \$935 (monthly) or \$11,220 (annual) for each additional member.

2.2. Eligibility for Women Ages 35-39

Women Served:

Women between the ages of 35 and 39 with a breast symptom or breast finding can be enrolled in BCCHP.

Services:

A complete women's health exam, including Pap testing, is covered for these clients.

Only in the case of a provider-documented abnormal CBE finding "suspicious for cancer" (discrete mass, nipple discharge, and skin or nipple changes) will further breast work-up (diagnostic mammogram, ultrasound or surgical consult) be covered.

- The client will be eligible for BCCHP for one year unless her breast symptoms persist beyond one year, at which time she will need to be re-enrolled.
- During this year the client is eligible for the full range of BCCHP screening and diagnostic services.
- The client would be eligible to apply for BCCTP Medicaid if diagnosed with breast or cervical cancer.

If the client's CBE is benign, no other breast services are provided.

Please note: Women under age 35 are not eligible for any BCCHP screening services, even if there is a family history of breast cancer.

2.3. Clients with a hysterectomy:

- Breast cancer screening (CBE and mammogram) and pelvic exam are covered.
- Diagnostic testing, if needed, is covered.
- Pap testing is covered for:
 - Women with an intact cervix from a supracervical hysterectomy
 - Women who had a hysterectomy due to cervical neoplasia (precursor to cervical cancer), invasive cervical cancer, or it was not possible to document the absence of neoplasia
 - Women who have had a hysterectomy and the reason is unknown

Pap testing is not covered for women who had a total hysterectomy (i.e. no cervix) for reasons other than cancer.

2.4. Take Charge Family Planning Program

Background:

Clients enrolled in the Take Charge Program for family planning services who are ages 40-64 and need mammography services may be enrolled in BCCHP. If the client is age 35 to 39, see page 6.

Breast or cervical diagnostics will be covered, if recommended.

Procedure:

Complete the BCCHP enrollment and consent forms. Write “Take Charge” at the top of the enrollment form.

Record the Pap, pelvic and CBE results on the Exam and Reimbursement form. Do not mark a visit/billing code since the Take Charge program will pay for the women’s health exam (office visit, pelvic, Pap and CBE).

Refer client for a mammogram as with other BCCHP clients.

- These clients are considered fully enrolled in BCCHP from the date of enrollment on the Health Exam form, even if the only service they receive at enrollment is a mammogram referral.
- Track Take Charge BCCHP clients in the same way as other BCCHP clients.
- Take Charge BCCHP clients are eligible to apply for BCCTP Medicaid if diagnosed with breast or cervical cancer while enrolled in BCCHP.

2.5. Komen Fund



Background

The Puget Sound Affiliate of Susan G. Komen for the Cure provides funds for breast health services for women with incomes between 251% to 300% of the Federal Poverty Level (see page 5).

Procedure

Complete BCCHP enrollment and consent forms. Write "Komen Only" at the top of the enrollment form.

- The Komen Program pays for mammograms and diagnostic services only.
- No clinical services are covered:
 - Office visits are not paid for.
 - No cervical services (Pap testing, cervical diagnostics) are covered.
- Clients enrolled in BCCHP through the Komen Program are eligible to apply for Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid if diagnosed with breast or cervical cancer.

3 Algorithms and Protocols

3.1. Breast Care Algorithm

3.2. Cervical Care Algorithm and Notes

3.3. BCCHP Client Services Pathway

3.4. Colorectal Cancer Screening Algorithm for Adults Aged 50 Years and Older

3.5. Screening for Colorectal Cancer: Clinical Summary of US Preventative Services Task Force Recommendation

Population	Adults age 50 to 75 years	Adults Ages 76 to 85 years	Adults Older Than 85 years
Recommendation	Screen with high-sensitivity FOBT, sigmoidoscopy, or colonoscopy Grade: A	Do not screen routinely (case by case) Grade: C	Do not screen Grade: D
	For all populations, evidence is insufficient to assess the benefits and harms of screening with computed tomographic colonography and fecal DNA testing. Grade: I (insufficient evidence)		
Screening Tests	High-sensitivity FOBT, sigmoidoscopy with FOBT, and colonoscopy are effective in decreasing colorectal cancer mortality. The risks and benefits of these screening methods vary. Colonoscopy and flexible sigmoidoscopy (to a lesser degree) entail possible serious complications.		
Screening Test Intervals	Intervals for recommended screening strategies: <ul style="list-style-type: none"> • Annual screening with high-sensitivity FOBT • Sigmoidoscopy every 5 years with high-sensitivity FOBT every 3 years • Screening colonoscopy every 10 years 		
Balance of Harms and Benefits	The benefits of screening outweigh the potential harms for 50- to 75-year-olds.	The likelihood that detection and early intervention will yield a mortality benefit declines after age 75 because of the long average time between adenoma development and cancer diagnosis.	
Implementation	Focus on strategies that maximize the number of individuals who get screened. Practice shared decision making: discussion with patients should incorporate information on test quality and availability. Individuals with a personal history of cancer or adenomatous polyps are followed by a surveillance regimen, and screening guidelines are not applicable.		
Relevant USPSTF Recommendations	The USPSTF recommends against the use of aspirin or nonsteroidal anti-inflammatory drugs for the primary prevention of colorectal cancer.		

For a summary of the evidence go to www.preventiveservices.ahrq.gov.

These recommendations do not apply to individuals with specific inherited syndromes or those with inflammatory bowel disease.

Additional guidelines for BCCHP: If an individual has a first degree relative diagnosed with colorectal cancer before age 60, the individual should be screened 10 years younger than the relative's age at diagnosis. The individual should be screened by colonoscopy. **In-office samples from Digital Rectal Exams (DRE) are not acceptable tests for fecal occult blood. The three sample take-home FOBT test or the take home FIT test is recommended.**

4 Clinical Responsibilities and Follow-up

4.1. Job Description: Screening Coordinator

BCCHP gives clinical sites a case coordination fee to assist the clinics in providing these services. The duties fall into three areas:

- Screening
- Follow-up
- Case Management

BCCHP is held accountable to meet the Centers for Disease Control (CDC) Performance Indicators. The work of the Screening Coordinators has an impact on two Performance Indicators:

1. Less than 60 days from the date of a documented abnormal test result to the date the diagnostic work-up is complete.
2. Less than 60 days from the date of a documented breast cancer or less than 90 days for a cervical cancer diagnosis to the start of cancer treatment.

Screening responsibilities:

- Assure that clients enrolled at your clinical site meet the BCCHP program eligibility criteria.
- Identify eligible clients through the clinic system.
- Assure that BCCHP forms (Consent, Enrollment, and Screening) are fully and accurately completed.
- Submit BCCHP forms (Consent, Enrollment, and Screening) to the BCCHP office within 15 business days (3 weeks) from the date of service.
- Assure that appropriate screening tests and examinations are performed.
- Assure that test results are reviewed by providers in a timely manner.
- Assure that enrolled clients receive their test results in a timely manner.
- Establish a reminder system for re-screening of clients.

Follow-up responsibilities:

- Assure that 100% of clients with abnormal findings have follow-up appointments.
- Establish and use a tracking system to monitor abnormal findings and clients' progress through follow-up appointments.
- Assist in client appointment compliance by accessing community resources.
- Document follow-up as described in the Follow-up Protocol (see page 24).
- Respond promptly to the BCCHP Data Manager's "Monthly Follow-up Report."

Case management responsibilities:

- For clients diagnosed with cancer: Transition the client on to the Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid by following all of the steps on the Checklist, page 36. If she is not eligible, assist the client in obtaining other treatment coverage.
- Provide documentation to the BCCHP Clinical Coordinator regarding the client's progress through cancer treatment, as outlined in the Checklist, page 36.

- Submit the Client Needs Assessment and Case Management Forms to the BCCHP Clinical Coordinator.
- Maintain communication with the BCCHP Clinical Coordinator regarding cancer clients throughout the active treatment period, as outlined in the Checklist, page 37.
- Respond promptly to the renewal reminder for clients on BCCTP Medicaid.

General responsibilities:

- Attend the yearly BCCHP Mandatory Trainings and a minimum of two regular meetings during the year that are scheduled by WA Department of Health (DOH) or Public Health – Seattle & King County.
- Maintain the confidentiality of all medical records and other data about BCCHP clients.

Qualifications

- Work experience in a community clinic or similar setting, coordinating clinical or program activities.
- Experience in working with BCCHP priority populations. These populations are men and women who are:
 - African-American
 - Latino or Hispanic
 - Asian/Pacific Islander
 - Native American
 - Alaska Native
 - Lesbian
 - Rural
 - Ages 50 through 64
- Excellent communication skills.
- Excellent organizational skills, including the ability to use a tracking system and provide data to the BCCHP office.

4.2. Clients with Abnormal Test Results

All contracted providers are required to meet the CDC Performance Indicators for timely and adequate follow-up for abnormal test results and diagnostic referral. The pathways that describe the appropriate and covered clinical care and re-screening recommendations are in this manual in the section “Algorithms and Protocols.”

CDC Performance Indicators:

- 60 days from an abnormal breast finding to a final diagnosis
- 90 days from an abnormal cervical finding to a final diagnosis
- 100% of clients with abnormal findings are followed to final diagnosis.
- No more than 10% of clients with abnormal findings are lost to follow-up, refused or pending.

4.3. Follow-up Protocol

All contracted providers must document the attempts made to ensure follow-up for clients with an abnormal finding. An abnormal finding is defined as suspicious for cancer, or the client needs to have the next level of diagnostic testing.

- Make at least 3 attempts to contact the client, such as:
 - Phone call
 - Personal visit, face-to-face contact
 - Certified letter to the client
- Certified letter can be checked on the web site: www.usps.com. You can "Track and Confirm by email" - this online feature saves time by allowing the U.S. Postal Service to send current delivery status information on your piece of mail. There are two options:
 - "Email all activity to date" will provide a single email to each recipient, stating the current delivery status information.
 - "Email all future activity" will generate an email anytime they receive a delivery or delivery-related event (such as attempted, refused, returned to sender, or forwarded).

The client is considered "**Lost to Follow-up**" if any of these occur:

- messages are left and are not returned
- a letter is delivered with no response from the client
- no-shows for appointments occur (not a re-schedule or a cancellation)
- the phone is disconnected
- the letter is returned.

The client is considered "Refused" if the client states that they are declining the referral or that they refuse further testing or treatment.

4.4. Follow-up for Abnormal Test Results

Tracking and follow-up is required for clients with any of the following abnormal test results. All BCCHP services and referrals must be documented.

Abnormal / Suspicious CBE Results Standards:

- Discrete Palpable Mass - Suspicious for Cancer
- Bloody or serous nipple discharge
- Nipple or areolar scaliness
- Skin dimpling or retraction

A mammogram, whether diagnostic or screening, is not a sufficient evaluation of an abnormal clinical breast exam (CBE).

A palpable breast mass needs to be evaluated clinically, with ultrasound or surgical consult, regardless of mammogram result.

Abnormal Mammogram Results Standards:

- Suspicious Abnormality
- Highly Suggestive of Malignancy
- In situ
- Invasive
- Assessment Incomplete

Abnormal Cervical Results Standards:

All BCCHP services and referrals must be documented.

Please indicate that the pelvic exam is suspicious if the woman needs further diagnostic tests (colposcopy or biopsy) in order to rule out the diagnosis of cancer. Do not indicate that the pelvic exam is suspicious if the woman has an STD, infection or irritation.

Bethesda System Categories:

• Within Normal Limits
• Benign Cellular Changes; Infection; Reactive Changes
• Atypical Squamous Cells of Undetermined Significance - cannot exclude HSIL (ASC-H)
• Low Grade Squamous Intraepithelial lesion encompassing: HPV, Mild Dysplasia / CIN 1
• High Grade Squamous Intraepithelial lesion encompassing: Moderate and severe dysplasia, CIS / CIN 2 and CIN 3
• Squamous Cell Carcinoma
• Endometrial cells, cytologically benign, in a post-menopausal woman; Other malignant neoplasms; Hormonal Evaluation*
• Atypical glandular cells of undetermined significance (AGUS; Endocervical adenocarcinoma; Endometrial adenocarcinoma; Extrauterine adenocarcinoma; Adenocarcinoma, NOS.

*Hormonal Evaluation applies to vaginal smears only (performed when a woman has had a hysterectomy). While this is not a Pap test screening result, because the vaginal smear is paid with NBCCEDP funds, a result must be reported.

The Bethesda categories for the adequacy of the specimen:

- satisfactory for evaluation
- satisfactory for evaluation but limited by _____ (noted by lab)
- unsatisfactory for evaluation.

Pap smears satisfactory for evaluation

Satisfactory Pap smears indicate that the specimens may be interpreted by the laboratory without qualification. The slide contains adequate numbers of well preserved and clearly visible squamous epithelial cells, so a diagnosis can be made. The slide also contains endocervical or metaplastic cells to indicate the cervical os was identified and sampled.

However, in women who have had a hysterectomy or if there are marked atrophic changes, endocervical cells may be absent. A satisfactory smear does not indicate whether the results are normal or abnormal.

4.5. GI Referral Procedure

Gastroenterologist Referral Process for Contracted Providers in King County

1. Contracted provider writes referral using clinic's referral form. Write "Colon Health Program" on referral form.
2. Within 7 days of positive FOBT result or enrollment with history indicating increased risk:
 - a. Fax referral, 3 forms: Enrollment, Consent, and Exam and Reimbursement and client chart notes to: BCCHP (206) 296-0208.
3. Explain to client that a case manager will contact client regarding the GI referral.
4. The case manager will set up client's GI appointments and case manage the client.
5. GI visit and procedure notes from the GI specialist will be sent to the referring provider.

Follow-up Protocol for Clients who do not complete colonoscopy

All contracted providers must document the attempts made to ensure follow-up for clients who were referred to a gastroenterologist because of **positive FOBT or increased risk status due to personal or family history**.

The client is considered "Lost to Follow-up" if any of these occur:

- Messages are left and not returned
- A letter is delivered with no response from client
- No-shows for appointments (not a re-schedule or cancellation)
- Their phone is disconnected
- The letter is returned

The client is considered "Refused Services" if the client states that they are declining the referral or that they refuse further testing or treatment.

4.6. Priorities for GI Referrals

Case Management Priorities for Gastroenterologist Referrals

1. Positive FOBT or FIT

Clients who have a positive FOBT or FIT will be scheduled with highest priority for a colonoscopy.

2. Family history of colon cancer or colorectal polyps

Clients whose biological mother, father, siblings, or children were diagnosed with colon cancer or adenomatous polyps **before the age of 60** will be scheduled with the second highest priority.

3. Surveillance Colonoscopy

Clients who require surveillance colonoscopy for polyps or colon cancer (whether diagnosed through BCCHP or not) will be scheduled as time and capacity allows.

For all GI appointments: the case managers will make several attempts to contact the clients. After a reasonable amount of time and effort, if the case managers cannot contact the clients the referral will be sent back to the referring providers as “lost to follow-up” or “refused service.”

4.7. What to Do When You Get a Follow-up Report

Abnormal findings marked on the Health Exam and Reimbursement Forms identify clients in the BCCHP database as “needs follow-up.” The BCCHP Data Manager runs the follow-up report monthly for each clinical site. Any site that has clients whose findings have not been resolved will receive one of the follow-up reports with their clients listed, the date of service, and the result that needs attention, including what is missing and what needs to be done to resolve the finding.

Note: ALL diagnostic procedures must be performed by a BCCHP-contracted provider, either at the primary care site or by a specialist such as a radiologist, gynecologist, or surgeon.

Abnormal Result	Action Taken	What Needs to be Done
Pap test result: unknown, presumed abnormal	Pap result was received in clinic but not marked on the BCCHP Exam form.	Send the Pap smear result to the BCCHP Data Manager.
Pap test result: ASC-H, High grade-SIL, squamous cell carcinoma	Client had diagnostic follow-up.	Send colpo-biopsy result to the BCCHP Data Manager. Continue to follow algorithm & sign up client for BCCTP Medicaid if treatment is needed.
Pap test result: High grade -SIL	Client had diagnostic follow-up but the results are negative or inconclusive.	Send colpo-biopsy result to BCCHP Data Manager and call to get approval for a LEEP or diagnostic cone biopsy.
Pap test result: AGC	Client had diagnostic follow-up: endometrial biopsy.	Send colpo-biopsy result and endometrial biopsy result to the BCCHP Data Manager. Continue to follow algorithm & sign up client for BCCTP Medicaid if treatment is needed.
Pap test result: ASC-H, High grade-SIL, squamous cell carcinoma or AGC	Client has not yet had diagnostic follow-up.	Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit. See p.25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".
Pap test result: ASC-H, High grade-SIL, squamous cell carcinoma or AGC	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
CBE Suspicious for malignancy	Client had diagnostic procedure (diagnostic mammogram, ultrasound, biopsy or surgical consult).	Send documentation to the BCCHP Data Manager that the diagnostic procedure was performed.

Abnormal Result	Action Taken	What Needs to be Done
CBE Suspicious for malignancy	Client had diagnostic mammogram and the radiologist states that the ultrasound is not needed.	<p>Consult with the provider to determine if the CBE was <u>truly suspicious</u>.</p> <ul style="list-style-type: none"> • If yes, the client needs either: <ol style="list-style-type: none"> 1. repeat CBE or 2. a surgical consult • If not, the provider needs to change the original finding to benign, initial that change on the BCCHP Exam form and send it to the BCCHP Data Manager.
CBE Suspicious for malignancy	Client has not yet had diagnostic follow-up.	<p>Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit.</p> <ul style="list-style-type: none"> • See p. 25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".
CBE Suspicious for malignancy	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
Mammogram: Assessment Incomplete	Client has had diagnostic mammogram or ultrasound.	Send documentation to the BCCHP Data Manager that the diagnostic procedure was performed.
Mammogram: Assessment Incomplete	Radiology facility is awaiting prior films for comparison.	Send the addendum that contains the comparison report to the BCCHP Data Manager.
Mammogram: Assessment Incomplete	Client has not yet had diagnostic follow-up.	<p>Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit.</p> <ul style="list-style-type: none"> • See p. 25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".

Abnormal Result	Action Taken	What Needs to be Done
Mammogram: Assessment Incomplete	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
Screening mammogram: Suspicious abnormality	Client had diagnostic follow-up.	Send the diagnostic mammogram, ultrasound, and/or surgical consult and biopsy results to the BCCHP Data Manager.
Screening mammogram: Suspicious abnormality	Client has not yet had diagnostic follow-up.	Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit. See p 24 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".
Screening mammogram: Suspicious abnormality	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
FOBT or FIT Positive for blood		Refer client for diagnostic colonoscopy See p. 27

It is the responsibility of the Screening Coordinators to maintain a tracking system to identify BCCHP clients who have abnormal findings. When a BCCHP client has an abnormal finding, it is the Screening Coordinator who must assure that the client has access to the proper follow-up care so that a final diagnosis may be made. This includes assisting with referrals for appointments, contacting the client when appointments have not been kept, assessing if the client needs help in getting to or from an appointment or needs an interpreter, and informing BCCHP of these efforts.

4.8. Use of Conization and LEEP

Conization or diagnostic LEEP will be paid for by BCCHP under the following two conditions:

- when final diagnosis cannot be reached through colposcopy, or
- Pap result is a HSIL with negative colposcopy findings.

In these cases, it is necessary to:

- obtain prior approval from BCCHP staff, and
- provide documentation to BCCHP that addresses the need for the procedure.

For further clarification, see the Cervical Care Algorithm and Notes in the manual, page 14 or call BCCHP staff.

4.9. Anesthesia Charges and Facilities Fees for Biopsies

BCCHP has approved payment for anesthesia charges and facilities fees for biopsy procedures. See Fee Schedule (page 93) for rates and contact BCCHP staff for further explanation of this process, as needed.

4.10. Clients Diagnosed with Breast, Cervical or Colon Cancer

BCCHP must assure that all clients diagnosed with cancer find access to treatment.

Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid – this option is available to most clients diagnosed with breast or cervical cancer, regardless of citizenship, however, there are limits to coverage for clients who are not citizens. Those limits are explained in the following sections.

BCCTP Medicaid is not available to women 65 and over.

Other resources for cancer treatment include:

- Charity care programs through the cancer center or hospital,
- Basic Health Plan - if the client was able to enroll before the 6-month wait for prior conditions or if a waiver can be requested from the plan for this situation,
- Reduced cost payment plan negotiated with physician
- Apply for Medicaid at Community Service Offices.

No more than 60 days should elapse between cancer diagnosis and the initiation of treatment. If that occurs, an explanation for the delay in getting cancer treatment started is required.

4.11. Screening Coordinator Role and Responsibilities Regarding Clients Diagnosed with Cancer

1. Notify BCCHP staff of the cancer diagnosis as soon as possible (within 5 days of diagnosis).
2. Follow the steps on the Checklist (page 37) to transition the client diagnosed with breast or cervical cancer onto the BCCTP Medicaid Treatment Program.
 - Assist the client in applying for charity care or medical coverage if the client is not eligible for BCCHP Medicaid (BCCTP).
3. Coordinate the referral of the client to cancer treatment providers.
 - If she is approved for BCCTP Medicaid, assure that breast and cervical cancer clients seek care from providers that accept Medicaid.
4. Provide the BCCHP Clinical Coordinator with updates on the client's cancer treatment progress, including the name of her cancer-treating providers and the start date of treatment.
5. Assist with additional client needs. See resources on page 52. Call BCCHP Clinical Coordinator as needed for help with resources.
6. Work with the Clinical Coordinator to conduct the Medicaid renewal process with the client during the 60 days prior to the one-year anniversary of her enrollment in Medicaid. The "Steps to Renewal" instructions are found on page 39 of this manual.
7. Inform the BCCHP Clinical Coordinator when the client has completed active cancer treatment. The definition of "active treatment" is on page 34, under the header "Procedure" of this manual.
 - Active treatment may range from a few months for cervical cancer clients to many years for breast cancer clients on endocrine therapy.

4.12. Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid

On June 11, 2001 Governor Gary Locke signed legislation (2SHB 1058) that allowed Washington to expand Categorically Needy (CN) Medicaid coverage to many women with breast or cervical cancer. Women diagnosed with those cancers through the Breast and Cervical Health Program are eligible for Medicaid.

Women are eligible who:

- have been diagnosed with the following conditions
- live in Washington
- have seen a healthcare provider who is contracted with the BCCHP.

Women who meet these criteria may be transitioned onto BCCTP Medicaid as soon as diagnosis is known.

Please note the income, citizenship and age range differences

<u>For U.S citizens and Permanent Residents in the U.S. for 5 years or more</u>	
<u>No health insurance</u>	
Breast Cancer: Women at or below 300% of the FPL	Cervical Cancer: Women at or below 250% of the FPL
<p><u>Breast: 18 - 64 years of age</u></p> <ul style="list-style-type: none"> • Atypical lobular hyperplasia (ALH) • Atypical ductal hyperplasia (ADH) • Lobular carcinoma <i>in situ</i> (LCIS) • Ductal carcinoma <i>in situ</i> (DCIS) • Invasive breast cancer <p>For breast conditions the finding must be the pathology result of a needle or other breast biopsy. These age ranges apply only to women with these diagnoses.</p>	<p><u>Cervical : 35 - 64 years of age</u></p> <ul style="list-style-type: none"> • CIN II • CIN III • Carcinoma <i>in situ</i> (CIS) <p><u>Cervical: 18 - 64 years of age</u> Invasive cervical cancer</p> <p>For cervical conditions the finding must be the pathology result of a diagnostic procedure such as a colposcopy with biopsy, LEEP or conization.</p>
<u>Clients who are undocumented or are Permanent Residents in the U.S. less than 5 years are eligible for the following diagnoses only:</u>	
<p><u>Breast: 18 - 64 years of age</u></p> <ul style="list-style-type: none"> • Lobular carcinoma <i>in situ</i> (LCIS) • Ductal carcinoma <i>in situ</i> (DCIS) • Invasive breast cancer 	<p><u>Cervical : 35 - 64 years of age</u></p> <ul style="list-style-type: none"> • Carcinoma <i>in situ</i> (CIS) <p><u>Cervical: 18 - 64 years of age</u></p> <ul style="list-style-type: none"> • Invasive cervical cancer

DSHS Medical Eligibility Determination (MEDS) Unit

For the direct phone number of the staff person assigned to the part of the alphabet for your client's last name, see page 38 or contact BCCHP staff for the most current assignments.

Procedure:

CDC requires that all women diagnosed with cancer through BCCHP receive cancer treatment services. It is the role of the Screening Coordinator to assist eligible clients in transitioning onto the treatment program in a timely manner. The Checklist for this process is found on page 36.

Clients that are approved for Medicaid will receive coverage for breast or cervical cancer treatment for the length of time that she is undergoing active cancer treatment. This is defined as:

- Surgery
- Chemotherapy
- Radiation
- Reconstructive surgery
- Medication; for example on-going hormonal treatments such as tamoxifen, Femara or Arimidex.

Coverage needs to be renewed each year while the client continues to be having active treatment.

The following are situations where the client **would not** be eligible for the treatment program:

- Here on a visitor's visa
- Over age 65 at the time of diagnosis
- Has viable insurance such as major medical or catastrophic insurance, even if it has a high deductible.

Documentation for Medicaid Eligibility

As of 7/1/06, a new law requires that anyone receiving Medicaid and who declares U.S. citizenship must prove their citizenship and identity. Medicaid will verify the client's Social Security number to document U.S. citizenship.

Some people do not need to prove citizenship and identity. The following are situations where the client would not need proof of U.S. citizenship:

- Is not a U.S. citizen, or
- Receives Supplemental Security Income (SSI), or
- Receives Medicare benefits.

In the event that DSHS is unable to verify the client's social security number, the client who is a U.S. citizen must provide **one** of these four documents that prove **citizenship and identity**:

- U.S. passport
- Certificate of naturalization
- Certificate of U.S. citizenship
- Tribal membership card with photo

Please read the checklist on pages 36 and 37 for specific instructions regarding immigration documents and the AEM Tracking form for Permanent Residents in the U.S. for less than 5 years and for undocumented clients.

After her BCCTP Medicaid is granted, DSHS will send the client an award letter and a Provider One card. The Provider One card is a permanent card with her client identification number that she must show for her medical services. Her coverage is checked for eligibility in the DSHS database at medical visits.

4.13. Checklist - Transitioning Clients with Cancer onto Medicaid BCCTP Breast & Cervical Cancer Treatment Program

Questions? ♦ Clinical Coordinator (206) 263-8172 or ♦ Data Manager (206) 263-8176

- Notify BCCHP staff of this new cancer diagnosis, as soon as possible.
- Fax the pathology result documenting the diagnosis to BCCHP staff.
- Meet with the client and verify that the client has no medical insurance.

If a client has limited insurance coverage, such as catastrophic insurance she may still be eligible for this Medicaid coverage for her treatment. Contact BCCHP office to discuss.

- Has client applied for other medical or DSHS services (GAU, TANF)?
 - Give client a copy of "Frequently asked Questions about BCCTP Medicaid" and the names & phone numbers of the BCCHP Clinical Coordinator & Data Manager.
 - Have client call you or BCCHP with any questions about this coverage or if they receive unexpected letters from DSHS about this coverage.
- Complete & copy documents as below. Fax documents to (206) 296-0208.

All clients: **BCCHP Enrollment** (dated within 30 days of treatment enrollment)

Consent for Cancer Treatment

SEAT clients also need: **BCCHP Program Consent**

- U.S. Citizen:
 - a) Proof of Identity Document
 - b) Social Security Number (enter accurately on Enrollment Forms)

If DSHS is unable to verify the client's social security number, citizenship documentation will be required. If she does not have that, use the DSHS form 13-789 (see BCCHP website).

- Permanent Resident - in the U.S. for more than 5 years:
 - a) Proof of Identity Document
 - b) Immigration Document
- Permanent Resident - in the U.S. for less than 5 years:
 - a) Proof of Identity Document
 - b) Immigration Document
 - c) BCCHP AEM (Alien Emergency Medical) Tracking Form – must be signed by a provider, with their NPI number and a treatment start date indicated
- For Undocumented Clients:
 - a) BCCHP AEM Tracking Form – must be signed by a provider, with their NPI number and a treatment start date indicated

BCCHP Coordinator

Date

BCCHP staff will review the application for completeness & then fax it on to DSHS.

Proof of Identity:

- State driver's license
- State ID card
- Tribal document
- Military ID card

Proof of BOTH Identity & U.S. Citizenship:

- U.S. Passport/US Passport Card
- Certificate of Naturalization
- Certificate of U.S. citizenship
- Tribal membership card with photo

Proof of U.S. Citizenship:

- Certified birth certificate
 - Final U.S. adoption decree
 - U.S. citizenship ID card
- If none of the above, complete:
- DSHS form 13-789

Immigration Document:

- Permanent Resident Card,
also known as a Green Card

4.14. Medical Eligibility Determination Services (MEDS)

WA Breast and Cervical Health Program Contacts effective 04/2011

ALPHA SPLIT	STAFF PERSON	PHONE
A - Edv	Kim Moore	(360) 725-1531
Edwa - Kwom	Donna Mikesell	(360) 725-1503
Kwon - Rior	Judy Baker	(360) 725-1536
Rios- Zzz	Deb Saunders	(360) 725-1365

FAX Number: (360) 586-2042

Mailing address: DSHS/MEDS
P.O. Box 45531
Olympia, WA 98599

4.15. Steps to renew Breast and Cervical Cancer Treatment (BCCTP) Medicaid

1. Contact the client:

Is she continuing to have active cancer treatment?

Active treatment is surgery, chemo, radiation, reconstructive surgery, or medications like tamoxifen or Arimidex.

2. If she continues to be undergoing active cancer treatment, ask her to:

Fill out a new enrollment form to re-confirm eligibility by income and insurance status.

- If her income has increased beyond FPL limits or she is now covered by insurance other than the BCCTP Medicaid, she is not eligible for BCCTP Medicaid.

Sign a new BCCHP "Release and Consent for Breast and Cervical Cancer Treatment" form. This is needed so that we can continue to get medical records.

Contact the BCCHP Clinical Coordinator if the client has insurance, is over income or is no longer undergoing active cancer treatment.

2. Check the forms for completeness. Then:

Fax both forms to the BCCHP Clinical Coordinator at (206) 296-0208

3. The client's cancer-treating physician must note the client's current treatment plan on the "Breast and Cervical Cancer Tracking" form. Contact the Clinical Coordinator about your responsibilities for this process.

4.16. FAX example – Medicaid Renewal to MD

FAX

Confidential Health Information May Be Enclosed

Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the client or under circumstances that don't require client authorization. As the recipient, you are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional client consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER AND SHRED THIS FAX AND ALL ACCOMPANYING DOCUMENTS

Date		Pages	<i>including this page</i>
To	Office of Dr	From	
Phone	()	Phone	()
Fax	()	Fax	()
RE:	BCCTP- Medicaid Renewal	Email	

- | | |
|---|--|
| <input type="checkbox"/> URGENT! | <input type="checkbox"/> Please sign the attached and return |
| <input type="checkbox"/> Per our phone conversation | <input type="checkbox"/> Please respond to the attached |

Message:

Greetings.

Your patient, _____ is enrolled in Medicaid through the Breast and Cervical Cancer Treatment Program. Her coverage is due to expire _____.

To renew her coverage, on the attached form:

- Indicate her current treatment plan [chemotherapy, medication (e.g. hormonal)]
- Sign and date the form - the physician's signature is required
- Fax the form back to me at the above number.

Thank you. Please call if you have any questions.

4.17. FAX example – Treatment Status to MD

FAX

Confidential Health Information May Be Enclosed

Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the client or under circumstances that don't require client authorization. As the recipient, you are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional client consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER AND SHRED THIS FAX AND ALL ACCOMPANYING DOCUMENTS

Date		Pages	<i>including this page</i>
To	Dr	From	
Phone	()	Phone	()
Fax	()	Fax	()
RE:	Treatment status for BCCHP	Email	

- URGENT!**
- For your information
- Please sign the attached and return
- per our phone conversation

Message: Greetings.

Your patient, mentioned on the attached form, is enrolled in Medicaid through the Breast & Cervical Cancer Treatment Program. This coverage is renewed annually during active treatment, such as surgery, chemotherapy, radiation therapy, reconstructive surgery or while taking endocrine therapy. Follow-up surveillance is not considered active treatment. . Follow-up screenings may be covered by BCCHP.

In order to renew this coverage, could you, please:

- Indicate her current treatment plan in the “status/comments” section (i.e. tamoxifen x 5 years, on-going chemo, in process of reconstructive surgery, etc.)
- Sign (physician’s signature need) & date the form
- Fax the form back to me at () -

Thank you. Please call if you have any questions.

4.18. Frequently Asked Questions

In July 2001, the Washington State Legislature passed the Breast and Cervical Cancer Treatment Program. Women who are screened and diagnosed with breast or cervical cancer or precancerous conditions through the Breast and Cervical Health Program may be eligible for Medicaid during their cancer treatment if they:

1. plan to pursue conventional cancer treatment
2. meet state residency requirements
3. are under 65 years of age
4. are not eligible for another CN (Categorically Needy) Medicaid program

Please note:

- Income guidelines are set by the BCCHP and must remain at or below 300% of FPL. The client must not have any other viable medical insurance coverage. These matters are evaluated annually by the BCCHP screening coordinator.
- All BCCHP clients who are U.S. citizens or Permanent Residents diagnosed with breast, cervical cancer or a pre-cancerous related condition are placed onto CN (Categorically Needy) Medicaid coverage (CNP). Most clients receive full CN Medicaid services for the duration of their treatment.
- Clients who are undocumented or are Permanent Residents in the U.S. for less than 5 years are eligible to receive treatment coverage, for their cancer diagnosis only, under a program that covers “Emergency and Related Services Only” (ERSO).

Q Can I get transportation to physician's visits? How about to radiation and chemotherapy visits?

A. Transportation to medical visits is provided under Medicaid CNP.

Q. Are translation services available?

A. Translation services are provided under Medicaid CNP.

Q. Is reconstructive surgery covered?

A. Reconstructive surgery as a "medically necessary" procedure ordered by a physician is covered by Medicaid.

Q. Is Dental Care available?

A. Dental Benefits are no longer provided for CNP clients.

Q. Is PT/OT covered under Medicaid?

A. PT/OT requires a prescription by the physician and is a covered service for CNP clients. PT/OT is not covered for ERSO clients.

Q. Is Home Health covered?

A. Home Health CNP is *covered* through CNP but home chore services like in-home meals and housekeeping need to be requested through another Medicaid program. Home health is not covered for ERSO clients.

Q. How do I get support services?

A. Psychiatric services and visits to community mental health services are covered by Medicaid CNP. Support groups need to be accessed through community resources.

Q. Can I get breast prosthetics?

A. Breast prosthetic services are covered when ordered by a physician. These must be purchased from a service that takes Medicaid coupons and are limited to one prosthetic every 6 months.

Q. Are other items covered?

A. Mastectomy bras, lymphedema sleeves, and camisoles are available from Medicaid through service providers that accept Medicaid coupons.

Q. What about wigs or other head coverings?

A. These are not provided by Medicaid but community support groups may have these available.

Q. Will Medicaid pay for genetic testing?

A. Medicaid does provide genetic testing at this time for CNP clients with prior authorization.

Q. What if I want to seek alternative therapy?

A. Medicaid provides limited Naturopathic and alternative care. Refusal of standard medical care for breast or cervical care may disqualify the client from receiving Medicaid benefits.

If you have any questions, please contact the BCCHP screening coordinator at your clinic.

Preguntas Frecuentes sobre BCCTP- Medicaid

En julio de 2001, la legislación del estado de Washington aprobó el Programa de Tratamiento del Cáncer Cervical y del Seno. Las mujeres a quienes se les detecta y diagnostica cáncer cervical y del seno o tengan condiciones pre-cancerosas a través del Programa de Salud Cervical del Seno del Estado de Washington (BCCHP) pueden ser elegibles para Medicaid durante el tratamiento de cáncer si:

1. planean seguir el tratamiento convencional del cáncer,
2. llenan los requisitos de residencia estatal,
3. tienen menos de 65 años de edad,
4. no son elegibles para otro programa Medicaid CN (Necesitado por categoría).

Por favor tenga en cuenta:

- La certificación de Medicaid continúa a través del tratamiento tal como se documenta por el Manejador de Casos de BCCHP.
- Los límites de ingresos son establecidos por BCCHP y deben permanecer en 300% de los niveles de pobreza federal o menos. El cliente no debe tener ningún otro cubrimiento de seguro viable. Estos asuntos son revisados cada año por el coordinador de cheques de BCCHP.
- Todos los clientes de BCCHP con cáncer de seno o cervical o condiciones pre-cancerosas relacionadas son colocados como CNP (Necesitado por categoría). Muchas reciben servicios completos por Medicaid CNP durante el tratamiento.
- Los clientes que no tengan documentos o que sean Residentes Permanentes viviendo en los EEUU por menos de 5 años pueden recibir cobertura de Medicaid solamente para tratamientos para el cancer. Este programa se llama “Servicios Relacionados de Emergencia Solamente” (ERSO).

Pregunta: ¿Puedo conseguir transporte para las visitas al médico? ¿Qué tal para visitas de terapia de radiación y de quimioterapia?

Respuesta: El transporte para visitas médicas es proporcionado por el Medicaid CNP. Estos servicios no están disponibles para clientes de ERSO.

Pregunta: ¿Hay servicios de traducción disponibles?

Respuesta: Los servicios de traducción son proporcionados por el Medicaid CNP.

Pregunta: ¿Está cubierta la cirugía reconstructiva?

Respuesta: La cirugía reconstructiva como un procedimiento “médicamente necesario” ordenado por un médico está cubierta por Medicaid CNP. Estos servicios no están disponibles para clientes de ERSO.

Pregunta: ¿Está disponible el cuidado dental?

Respuesta: No, no hay beneficios dentales.

Pregunta: ¿Está PT/OT cubierto por Medicaid?

Respuesta: PT/OT requiere una receta del médico y es un servicio cubierto para clientes del Medicaid CNP. Estos servicios no están disponibles para clientes de ERSO.

Pregunta: ¿Se cubre el cuidado en el hogar?

Respuesta: El cuidado en el hogar a través del Medicaid CNP está cubierto pero los servicios de quehaceres en el hogar, tales como comidas en casa y limpieza necesitan ser pedidos a través de otro programa de Medicaid. Estos servicios no están disponibles para clientes de ERSO.

Pregunta: ¿Cómo consigo servicios de apoyo?

Respuesta: Los servicios de salud mental comunitaria y están cubiertos por Medicaid CNP. Los servicios de apoyo se deben conseguir por medio de recursos comunitarios.

Pregunta: ¿Puedo conseguir prótesis de pecho?

Respuesta: Los servicios de prótesis del seno están cubiertos cuando sean ordenados por un médico. Las prótesis deben comprarse de un servicio que acepte cupones de Medicaid CNP y están limitadas a una prótesis cada 6 meses.

Pregunta: ¿Se cubren otros artículos?

Respuesta: Sostenes de mastectomía, mangas linfa edema, y camisolas están disponibles por medio de Medicaid CNP por medio de proveedores que acepten cupones de Medicaid CNP. Estos servicios, sin los sostenes de mastectomía, no están disponibles para clientes de ERSO.

Pregunta: ¿Qué tal pelucas, cubre-cabezas?

Respuesta: No, no son proporcionados por Medicaid CNP pero los grupos de servicios de apoyo a la comunidad quizás los tengan disponibles.

Pregunta: ¿Pagará Medicaid por pruebas genéticas?

Respuesta: Sí, Medicaid CNP proporciona pruebas genéticas, Estos servicios no están disponibles para clientes de ERSO.

Pregunta: ¿Qué tal si quisiera buscar cuidado alternativo?

Respuesta: Medicaid CNP proporciona cuidado Naturopático y cuidado alternativo limitados. El negarse a recibir cuidado médico estándar para el cuidado cervical y del seno puede descalificar a la cliente de recibir beneficios de Medicaid CNP.

Si tiene alguna pregunta, favor de contactar al coordinador de detección de BCCHP en su clínica.

4.19. Fact Sheet: Estate Recovery

4.20. Information and Support Resources for Clients Diagnosed with Cancer

American Cancer Society - www.cancer.org comprehensive website provides health education, cancer information and more.

- 1-800-ACS-2345 National call center; stay on line for language translator support
 - Provides educational materials, information and referrals, prostheses
 - Wig bank and TLC catalog - low cost head coverings, bras and prosthesis
 - Transportation programs - call Everett office for qualification criteria
 - Room for Life - Hotel rooms for patients from out of town
 - Reach to Recovery - Buddy program
 - **Cancer Survivors Network** - Web-based support group

Angel Care Breast Cancer Foundation - www.angelcarefoundation.org

- 1-877-417-3484
- Provides on-going one-on-one support by breast cancer survivors for newly diagnosed breast cancer patients.

Y-Me National Breast Cancer Foundation (formerly known as Breast Cancer Network of Strength) www.y-me.org

- 1-800-221-2141 - Offers a 24-hour Hotline for anyone who needs breast cancer information or support staffed by breast cancer survivors. Hotline is supported in 150 languages.

Breast Cancer Resource Center - www.bcrcwa.org

3502 S. 12th Street, Tacoma, WA98405

- (253) 752-4222 Monday – Thursday 10 – 3 p.m. or by appointment.
- Offers all services at no cost: one on one support from a breast cancer survivor, client services coordinator, library, wig bank, head coverings, support groups, prostheses and bras, yoga classes, relaxation class.

CANCERcare - www.cancer.org (previously AVON Cares Program)

- (800) 813-HOPE (1-800-813-4673)
- CancerCare is a national nonprofit organization whose mission is to provide free professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved.
- CancerCare programs - include on-line support groups, counseling, education, financial assistance and practical help - are provided by trained oncology social workers and are completely free of charge.

Cancer Information Service - www.cancer.gov

- 1-800 -4-CANCER (1-800-422-6237)
- Cancer librarians answer your questions about cancer
- Help with quitting smoking
- Health and Cancer education materials
- Spanish speaking specialists available

Cancer Lifeline - www.cancerlifeline.org

Seattle: 6522 Fremont Avenue N., Seattle

Also located within Valley Medical Center, Evergreen and Northwest Hospitals

- 24 hour telephone Lifeline - 1-800-255-5505; Local: (206)297-2500
 - Staffed by Cancer Lifeline volunteers who are supportive, caring listeners. Patients, family members, or friends who call with questions about any part of the cancer experience can speak frankly and openly; their concerns are always taken seriously.
- Cancer Lifeline offers a wide range of programs, support groups, financial assistance, classes, activities and presentations aimed at optimizing the quality of life for cancer patients and cancer survivors and their families, friends, co-workers and caregivers.
- All services free of charge

Crisis Clinic: Helping Lives on the Line - www.crisisclinic.org

- 1-866-4CRISIS (427-4747) For 24-hour assistance for people with emotional crisis
- 1-800-621-4636 for 211 Community Information Line. Available from 8 a.m. - 6 p.m. to provide community resources and information for social and human services.

Social Service Agencies

DSHS (Department of Social and Health Services) Assistance;

- **Community Information Line - (800) 621-4636**
 - Available from 8 a.m. - 6 p.m. to provide community resources and information about social and human services
- **DSHS Community Service Offices - www.dshs.wa.gov - (800) 562-3022**
 - For general information about Medicaid benefits
- **Public Health: Seattle and King County - Access and Outreach**
(206) 296-4841
- **Basic Health Plan - Community Health Access Program - (800) 756-5437**
 - Provides assistance with Basic Health applications for those not on Medicaid or Medicare
 - Provides assistance with Medicaid applications and benefits.
 - Provides referrals to BCCHP

Medicare Savings for Qualified Beneficiaries

- Medicare, Medicaid, and Washington State have developed programs for those with limited resources and income to pay for some Medicare out-of-pocket expenses
- Medicare Hotline

SHEBA (Statewide Health Insurance Benefits Advisors)

Help Line: 1-800-445-6941

- Understand your health care coverage options and rights
- Find affordable health care coverage
 - Evaluate and compare health insurance plans

Gilda's Club Seattle - www.gildasclubseattle.org

- 1400 Broadway, Seattle
- (206) 709-1400

The web site provides details about programs that give social and emotional support to individuals and families dealing with cancer - support that may be missing from one's life.

- The Clubhouse staff, volunteers and members build that support together. Call for a program brochure. It's all free of charge.

Hopelink - www.hope-link.org in King County

- (800) 923-7433
- Hopelink serves homeless and low income families, children, seniors and people with disabilities, promoting self-sufficiency for all members of the community.
- Hopelink emergency service centers are located in Bellevue, Kirkland, Northshore, Redmond, Shoreline and Sno-Valley
- Transportation to medical appointments is provided to all Medicaid patients in King County.

Living Beyond Breast Cancer - www.lbbc.org

- Cancer Survivors Help Line: (888)753-5222
- Live telephone coverage on Tuesdays. On other days calls are returned by volunteers within 24 hours.
- A national education and support organization,
- Breast cancer information
- Connection and support that will help you manage a breast cancer diagnosis, through treatment and beyond.

Medical Information:**National Institutes of Health**

- Many links, including a dictionary of cancer terms
- www.nlm.nih.gov/medlineplus/cancer.html
- For fact sheets about the side effects of chemo:
- www.nlm.nih.gov/medlineplus/cancerchemotherapy.html

College of American Pathologists

- Information about the disease, treatment options, key terms, pictures of normal and diseased tissue, questions to ask your doctor
- www.mybiopsy.org

Cancer Genetic Counseling Resources

- Swedish Hospital Medical Center – Hereditary Cancer Clinic
1221 Madison, Suite 1220, Seattle, WA 98104
Appointments: 206-215-4377; Questions: 206-386-2552 – Bob Resta
- University of Washington Medical Center – Medical Genetics Clinic
1959 NE Pacific, Seattle, WA 98195
206-598-4030

Operation Uplift - www.operationuplift.org

- 118 N. Liberty St. Port Angeles, WA Phone: (360) 457-5141
- Limited hours, call first
- Provides no-cost support groups, prosthesis, wigs, head coverings, mammogram vouchers and limited financial assistance for transportation

Patient Advocate Foundation - www.patientadvocate.org

- National non-profit that uses case managers and healthcare attorneys to act as a liaison for complex situations (clinics should help first with simpler problems) between patients and insurers, employers, creditors, etc.
- Supported by professional organizations, universities and pharmaceutical companies.

Prescription Assistance Programs

Partnership for Prescription Assistance - www.pparx.org

425 Prescription Assistance Programs, covering more than 2500 medications

- 1-888-4PPA-NOW (1-888-477-2669)

Washington Prescription Discount Program (WPDP) - www.rx.wa.gov

- Open to all Washington State residents who do not have prescription drug insurance *coverage* or whose insurance does not cover all of their prescription drug needs.
- To enroll, call 1-800-913-4146

RX outreach

- www.rxoutreach.com or (800) 769-3880
- Provides prescription drug assistance for those whose income is at 300% FPL (see Komen table, page 5).

NeedyMeds - www.needymeds.org

- A 501 (3)(c) non-profit with the mission of helping people who cannot afford medicine or healthcare costs.
- The information at NeedyMeds is available anonymously and free of charge

Susan G. Komen for the Cure, Puget Sound Affiliate - www.pskomen.org

- (206) 633-0303
- A global leader in the fight against breast cancer. Supports innovative research and community-based outreach activities.
- The local affiliate offers yearly grant writing workshops prior to their annual grant
- [Puget Sound Breast Cancer Information and Resource Guide: Finding Your Way to Wellness](#), 4th Edition, no cost.

Team Survivor Northwest - www.teamsurvivornw.org

- (206) 732-8350
- Broad range of fitness and education programs at any stage of recovery, at any fitness level.
- Cycling, triathlons, mountain climbing, hiking, yoga and more
- Latina outreach program

5 Mobile Health Screenings

5.1. How to Use This Chapter

This chapter of the Breast, Cervical and Colon Health Contractor's Procedure Manual for Clallam, Jefferson, King and Kitsap counties is designed to assure quality BCCHP services are provided in an off-site setting.

Strong teamwork is the hallmark of successful mobile screening clinics. This teamwork involves staff, agencies, and volunteers. Holding a mobile screening clinic basically means that a clinic, with its systems of medical care and follow-up, is being conducted in another location. This undertaking, therefore, requires training and advance planning and coordination.

First time coordinators are required to observe, assist and work with a group that already has the expertise of conducting a mobile screening clinic. Make arrangements with a mobile screening coordinator. Call the BCCHP office for contact information.

Since medical procedures are taking place under the auspices of BCCHP, attention to quality assurance standards is essential. When a client is enrolled in BCCHP at a mobile screening clinic, we must:

- 1) Provide quality care:
 - Women's Health Exam should be completed prior to the mammogram. This includes pelvic exam, Pap test (if indicated) and clinical breast exam.
 - A minimum expectation is that a clinical breast exam be performed, which should take place prior to the mammogram. A licensed physician or nurse practitioner must provide the clinical breast exam.
 - The healthcare provider must be currently licensed and their malpractice insurance must cover services provided outside the clinic setting. Most community clinics DO NOT cover off-site clinical services.
 - Assure that the client is informed of test results
 - Assure follow-up on any abnormal findings
- 2) Encourage the client to establish care with a BCCHP-contracted primary care provider
- 3) Correctly enroll the client so that BCCHP pays for the client's services

In order for contractors to have the tools to help them provide the highest quality services when conducting a mobile screening clinic, this chapter includes:

- 1) Overview of mobile health screenings
- 2) Helpful Resources List
- 3) Checklists: This is a detailed planning tool made up of 4 sections:
 - General List of forms and supplies
 - Space Requirements
 - Planning Timeline
 - Description of Roles and Responsibilities for Staff and Volunteers
- 4) Steps to a More Culturally Competent Practice

5.2. Mobile Health Screenings - Overview

Mobile health screenings are primarily designed to reach out into the community to help underserved populations. They are a tool to help clients access health services and be connected with a community-based clinic for ongoing health care. Mobile health screenings provide quality care in a culturally and emotionally safe environment, in a geographically convenient location.

Mobile health screenings are a means of bringing cancer screening services into the community. This can be particularly helpful in working with groups where obstacles or barriers have previously prevented women from receiving regular health care, including those who may have never accessed preventive health services.

These clinics are held in both urban and rural areas, in community and business settings, including shopping malls, religious settings and health clinics. Many of the events are for a specific population, such as for women who are new immigrants, women of color, non-English speaking women or lesbian.

Mobile health screenings are not a substitute for establishing a health care home with a regular provider.

There are three kinds of mobile health screening models.

1) Remote Site Mobile Health Screenings

Mobile coaches go into remote areas or stand-alone settings. This type of screening can be held in cities, smaller communities or rural areas. The Women's Health Exam, which includes a CBE, pelvic exam and Pap, is performed by the nurse practitioner or physician. These professionals must have a contract with BCCHP. The mammography technologist performs the mammogram. All of these procedures take place on the coach. The coordinator for the screening refers the patients to a BCCHP contracted clinic for continuity of care. Up to 26 patients can be screened in one day.

2) Onsite Community Mobile Health Screenings

This type of screening is usually held with an identified group, such as a religious or community group, or with a health fair. This screening would be held at a community facility that provides rooms for intake, for the clinician to perform exams and for the portable mammogram unit. The Women's Health Exam, which includes a CBE, pelvic exam and Pap, is performed by the nurse practitioner or physician contracted by BCCHP. The mammography technologist performs the mammogram. The screening coordinator for the event refers the client to a BCCHP-contracted clinic to encourage continuity of care. Up to 26 patients can be screened in one day.

3) Clinic Mobile Mammogram Day

For this day, the clinic schedules the mobile mammogram unit or the mobile coach to come to the clinic and perform onsite mammograms. Clients are enrolled in BCCHP prior to being scheduled for the mammogram day. Clients should have had at least a CBE and possibly the pelvic exam and Pap before the event. This type of clinic day

allows clients to have a mammogram in a comfortable and familiar setting. Up to 26 patients can be screened in one day. These clinic mammogram days are often ongoing and planned for one day each month.

Symptomatic Clients

Mobile health screenings are not appropriate for clients who are symptomatic or are following-up on a previous finding such as an "Assessment Incomplete" or suspicious findings on a prior mammogram or clinical breast exam (CBE).

- Schedule all symptomatic clients ages 40 - 64 with a BCCHP-contracted clinic for a CBE. If the CBE is found to be suspicious, the client would then be referred to a diagnostic facility.
- Clients under the age of 40 (and are ages 35-39) are enrolled in BCCHP only if they are symptomatic. They should **never** be scheduled at a mobile health screening. These clients should be enrolled and scheduled for a CBE at a BCCHP-contracted clinic. If the CBE is found to be suspicious, the client would then be referred to a diagnostic facility.
- Clients who need further tests after their screening exam should be scheduled at a diagnostic facility. This appointment will be most efficient for the client because further diagnostic procedures may be performed at that same visit. Services scheduled in this manner will also help to get a resolution of the client's abnormal finding completed within the required CDC and BCCHP 60 day timeframe.
- Refer clients who have an abnormal finding discovered at the mobile health screening to a radiology facility and connect the client with a BCCHP-contracted clinic for follow-up care. The clinical provider and the screening coordinator are responsible for following-up on this referral.

5.3. Mobile Health Screenings - Helpful Resources

Scheduling a Mobile Mammography Unit:

- Assured Imaging - (206) 467-1949
- Swedish Medical Center - (206) 861-6279
- Seattle Cancer Care Alliance - (206) 288-7800

Mobile health screening coordinator: YWCA 206-436-8671

Scheduling a Clinician: Call BCCHP for a list of clinicians.

BCCHP forms: View our website at www.kingcounty.gov/health/cancer

Federal Poverty Level Guidelines: Refer to page 5 of this BCCHP manual.

Brochures, Health Education Materials and Websites:

- BCCHP health educator - (206) 263-8200 for materials and incentives or view the web site:
 - www.kingcounty.gov/health/cancer
- Susan G. Komen for the Cure - Puget Sounds Affiliate - www.pskomen.org
Komen also has **small grant funding** for your screening. Apply for funds to cover incidental costs, i.e. food, gift bags, interpreters, etc.
- Ethnomed - www.ethnomed.org - provides information on cultural beliefs and resources to support health care for immigrants new to the United States.
- Refer to Health Education Resources on page ?

Other health screenings to consider:

- Cholesterol/glucose screening
- Blood pressure
- Height
- BMI
- Washington Osteoporosis Coalition - To schedule a technician to provide osteoporosis heel scans contact Jennifer Maeser at (206) 465-2585.
- Hope Heart Institute: Provides screenings and education to help meet a heart healthy lifestyle. Call Meagan Jepson at (425) 456-8717 for more information about their program.
- Tobacco Quit Line - (1-800-Quit-Now) The Quit Line has a program for Medicaid clients, which includes self-help material and a 12 week supply of the nicotine patch or gum. Clients who don't have insurance and are ready to quit smoking are eligible for a 4 week starter kit (self-help materials, nicotine patches or gum).

5.4. Mobile Health Screenings - Promotion

Remember to give a schedule and screening promotional flyers to the BCCHP Health Educator to promote the activity with the BCCHP partners' group.

Suggestions on where to advertise your mobile health screening:

- Community newspapers
- Clinic waiting areas and newsletters
- Event location newsletter and common area
- e-mail distribution lists
- Community centers
- Local or language specific radio stations
- School and business related newsletters
- Neighborhood Service Centers
- Libraries
- Other community related programs
- Laundromats
- Coffee Houses
- Church newsletters
- Hair Salons

5.5. Check List – General

Community Mobile Health Screenings							
Templates and Lists: see Helpful Resources in this chapter							
<input type="checkbox"/>	Scheduled appointments template						
<input type="checkbox"/>	Client Sign-In List						
<input type="checkbox"/>	BCCHP Contracted Providers List						
<input type="checkbox"/>	BCCHP and Komen Income Eligibility Guidelines: See page 5.						
<input type="checkbox"/>	Staff and Volunteer Role Description (1 copy for each staff member and volunteer)						
Forms: available on our website www.kingcounty.gov/health/cancer							
<input type="checkbox"/>	<p>BCCHP Forms: English and appropriate translated versions</p> <table border="0"> <tr> <td>Consent</td> <td rowspan="5">} Collate into packets for clients prior to the event.</td> </tr> <tr> <td>Enrollment</td> </tr> <tr> <td>Radiology</td> </tr> <tr> <td>Women’s Health Exam</td> </tr> <tr> <td>BCCHP Enrollment Card</td> </tr> </table>	Consent	} Collate into packets for clients prior to the event.	Enrollment	Radiology	Women’s Health Exam	BCCHP Enrollment Card
Consent	} Collate into packets for clients prior to the event.						
Enrollment							
Radiology							
Women’s Health Exam							
BCCHP Enrollment Card							
<input type="checkbox"/>	Radiology Provider Forms: Check with facility – may include:						
<input type="checkbox"/>	Consent <input type="checkbox"/> Patient Information <input type="checkbox"/> Prior Mammogram and Health History						
Education Materials: In English and appropriate languages and reading levels (See Helpful Resources in this chapter)							
<input type="checkbox"/>	BCCHP program brochures						
<input type="checkbox"/>	BCCHP health education materials, examples include: shower cards, BSE, brochures such as “What is HPV?”, “What is a Pap test?”, Colon Cancer materials						
<input type="checkbox"/>	Breast Models in various skin colors and sizes						
<input type="checkbox"/>	Cervical Health Model						
<input type="checkbox"/>	Colon Cancer polyp model						

Supplies
<input type="checkbox"/> Banner / Poster Board Sign / Tent Sign
<input type="checkbox"/> Extension Cords
<input type="checkbox"/> Office supplies, as needed: <input type="checkbox"/> File Folders <input type="checkbox"/> Large Paper Clips <input type="checkbox"/> Mailing Folders (for confidential client information) <input type="checkbox"/> Stapler <input type="checkbox"/> Masking Tape <input type="checkbox"/> Pens <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Incentives:
<p>Incentive items are nice to have at screening. Exact items may depend on availability.</p> <p>Providing gift bags to clients who attend the mobile screening clinic is a nice gesture, if within your budget. The more we can make this a pleasant experience and reinforce that we care about their getting screened, the better. Refer to "Helpful Resources" on page 60 or contact the BCCHP Outreach Coordinator for more information and ideas.</p>
Screening Tools
<input type="checkbox"/> Blood Pressure Cuff (with other sizes) <input type="checkbox"/> Stethoscope <input type="checkbox"/> Wipes <input type="checkbox"/> BP Record Cards ~35 copies <input type="checkbox"/> FOBT or FIT kit.
Food and Beverage (local vendors may donate)
<input type="checkbox"/> Hot Beverages: <input type="checkbox"/> Coffee <input type="checkbox"/> Hot Water <input type="checkbox"/> Tea <input type="checkbox"/> _____ <input type="checkbox"/> Sugar <input type="checkbox"/> Cream <input type="checkbox"/> Nonfat Milk
<input type="checkbox"/> Cold Beverages: <input type="checkbox"/> Juice <input type="checkbox"/> Bottled Water <input type="checkbox"/> _____
<input type="checkbox"/> Food: Examples: <input type="checkbox"/> Fresh Fruit <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Nuts <input type="checkbox"/> Pretzels <input type="checkbox"/> Low Fat Popcorn <input type="checkbox"/> Other _____
<input type="checkbox"/> Lunch for Staff / Volunteers

Food and Beverage Supplies
<input type="checkbox"/> Cups (hot and cold) <input type="checkbox"/> Napkins <input type="checkbox"/> Paper Towels <input type="checkbox"/> Utensils <input type="checkbox"/> Tablecloths <input type="checkbox"/> Serving Utensils <input type="checkbox"/> Paper Plates <input type="checkbox"/> Plastic Bowls <input type="checkbox"/> Baskets <input type="checkbox"/> Trays <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Miscellaneous
<input type="checkbox"/> Cell Phones
<input type="checkbox"/> "Exam in Progress" Signs (3 copies)
Budget
Facility rental
Mammogram unit
Refreshments
Clinicians
Interpreters
Materials

5.6. Check List – Space Requirements

Community Mobile Health Screenings
Mobile Mammography machine – check resource list to confirm with appropriate contractor
<input type="checkbox"/> Private space for mammography and square footage requirement of 6 x 10 feet
<input type="checkbox"/> Sink; preferably in the room with the mammogram machine
<input type="checkbox"/> Wheel-chair accessible doorway \geq 32 inches
<input type="checkbox"/> Electrical outlet
<input type="checkbox"/> Elevator capacity of 400 lbs
<input type="checkbox"/> Space for film developing cart (can fit in a hallway or can use an exam table)
Mobile Coach - check resource list to confirm with appropriate contractor
<input type="checkbox"/> Relatively flat space to park the coach which can be up to 65 feet long
<input type="checkbox"/> Height requirement: the coaches can be up to 13 feet tall. Note that electrical lines may interfere with the coach's access on some streets.
<input type="checkbox"/> Passenger side of coach must be next to a sidewalk or a walkway.
<input type="checkbox"/> There is no need for electrical access - the coaches function by a generator.
<input type="checkbox"/> Close access to restrooms
<input type="checkbox"/> Separate space for intake, education and other screenings (e.g. blood pressure)
Women's Health Exam and Pap test
<input type="checkbox"/> Private room or space made with portable walls
<input type="checkbox"/> Sink in room or nearby; Bathroom nearby
Intake, Resources and Education
<input type="checkbox"/> Semi-private space for intake conversations
<input type="checkbox"/> Space for resources and educational materials
<input type="checkbox"/> Space for health screenings (blood pressure, nutrition) if applicable
<input type="checkbox"/> Photocopy machine available
<input type="checkbox"/> Snack area for clients

5.7. Check List – Planning Timeline

Community Mobile Health Screenings
6 - 12 Months Prior to Clinic
<p><input type="checkbox"/> Schedule screening dates with: <input type="checkbox"/> Mammography contractor <input type="checkbox"/> Clinician</p> <p>Clarify with the mammography facility if there is a fee associated with the use of their unit. Schedule early for screening dates desired in October, April, or May.</p> <p>The clinician (physician or nurse practitioner) must be licensed and covered by malpractice insurance that allows services provided outside a clinic facility.</p> <p>For the clinician and mammography unit, ask about the minimum and maximum number of clients they can see in one day.</p>
3 - 4 Months Prior to Clinic
<p><input type="checkbox"/> Determine site. Check with the radiology provider about site suitability.</p> <p><input type="checkbox"/> Letter of agreement and proof of liability (per location needs)</p> <p><input type="checkbox"/> Secure host site screening dates.</p> <p><input type="checkbox"/> Determine time frame. For events with a coach, there could be a required time minimum that would also allow for set-up and breakdown. Check with the mammography contractor about these time requirements.</p> <p>At the site visit, assess the suitability of the location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Space and facility requirements (See: Space Requirements) <input type="checkbox"/> Disabled access; some coaches are and some are not wheelchair accessible <input type="checkbox"/> Parking <p>At the site visit, determine the type of clinic that is the most appropriate for the group and location, based on the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine services to be provided <input type="checkbox"/> Number of appointments needed to conduct the event <input type="checkbox"/> Number of providers and volunteers available <input type="checkbox"/> Consider the need for interpreters; note: there may be a fee
<p><input type="checkbox"/> Confirm event date and location with: <input type="checkbox"/> Mammography contractor</p> <p style="padding-left: 150px;"><input type="checkbox"/> BCCHP clinical provider</p> <p style="padding-left: 150px;"><input type="checkbox"/> Staff and volunteers.</p>

- Conduct a meeting with staff and volunteers.

At this meeting:

- Distribute Role Description List and discuss the roles
- Designate duties and sign-up for work shifts
- Review Check Lists
- Designate a scheduler to make and track appointments
- Determine contact phone number for appointment scheduling
- Plan media strategy and flyer distribution
- Consider writing a small grant or donation request for incidentals such as food, beverages or gift bag items. See "Helpful Resources" page 60 of this chapter.

1 Month Prior to Clinic

- Design and distribute flyer throughout communities. See examples in Helpful Resources section of this chapter.
- Distribute media release and media packets.
- Provide materials to the scheduler. These should include:
 - Scheduled Appointments template [Check with mammography provider regarding time slots. Allow 1 hour lunch for mammography technologist]
 - BCCHP and Komen Income Eligibility Guidelines (page 5 of this manual)
 - Cell phone
 - Records request forms to mail to client for release of prior mammogram results
 - Telephone numbers of primary contact (scheduler) and address of event
 - Printed directions to the location
 - Bus schedules to the location

- Contact local vendors to request donations of food and beverages, lunch for staff, incentives.

- Obtain educational materials in the appropriate languages and reading levels.

1 Week Prior to Clinic
<input type="checkbox"/> Make reminder calls to clients with appointments
<input type="checkbox"/> Contact staff and volunteers with any updates and respond to their questions or concerns.
<input type="checkbox"/> Mobile screening clinic coordinator is available answer questions and address unexpected problems
Day of Event
<input type="checkbox"/> Review Check Lists and Scheduled Appointments List.
<input type="checkbox"/> Review roles with staff and volunteers.
<input type="checkbox"/> Set up 1 - 1.5 hours prior to event. Remember to set out Client Sign-In sheet
<input type="checkbox"/> If using the mobile coach, note that it needs to be in place 2 hours prior to the start of the clinic to warm up its power source.
<input type="checkbox"/> Make certain that the clinical provider has the Pap tests to deliver to the lab
<input type="checkbox"/> Attend to other details of the day at the end of the clinic
Post Screening Follow Up
<input type="checkbox"/> Collect data and create follow-up Screening Results Report for distribution.
<input type="checkbox"/> Assure that completed BCCHP Forms are sent to BCCHP within 10 days of the mobile screening event.
<input type="checkbox"/> Send communication mentioning number of clients served and thank yous to:
<input type="checkbox"/> host sites <input type="checkbox"/> volunteers <input type="checkbox"/> local vendors <input type="checkbox"/> _____
<input type="checkbox"/> Assist with client follow-up as needed.
<input type="checkbox"/> Follow-up with clients to see how services went, offer reminders like referrals.
<input type="checkbox"/>

5.8. Check List – Roles and Responsibilities for Staff and Volunteers

Community Mobile Health Screenings
Coordinator
<input type="checkbox"/> Ensure coordination of all elements comprising the mobile health screening <ul style="list-style-type: none"> • effectively communicate with staff, agencies and volunteers involved • follow planning timeline, securing clinic location, date and staffing • ensure staff and volunteer understanding of roles and responsibilities
<input type="checkbox"/> Arrange for exam tables to be at the location of the mobile health screening
<input type="checkbox"/> Assess for client problems during the mobile health screening and intervene with upset, angry, fearful or special needs clients.
<input type="checkbox"/> Communicate with mammography technologist and clinician throughout the day.
<input type="checkbox"/> Assist mammography technologist and clinician with logistics and special requests. This may include photo-copying, collecting forms, providing breaks for staff, and verifying Scheduled Appointments List and Client Sign-In List throughout the event.
Scheduler
<input type="checkbox"/> Schedule appointments using the Scheduled Appointments template on page 75. Discuss the following with potential clients: <ul style="list-style-type: none"> <input type="checkbox"/> Eligibility (see specifics below) <input type="checkbox"/> Specifics: location, appointment time <input type="checkbox"/> Ask client about any needed special accommodations <input type="checkbox"/> Time expectations: plan to spend about an hour since there may be other types of screenings at the event <input type="checkbox"/> Mammogram needs to be scheduled one year from the last one (a client can not have more than one mammogram within a year) <input type="checkbox"/> _____

<input type="checkbox"/> Determine Eligibility for BCCHP: (see page 5 of this manual) <ul style="list-style-type: none"> <input type="checkbox"/> Age (40 thru 64) <input type="checkbox"/> Insurance status Limited or no insurance Remember that Medicaid is insurance (Medical Coupons) Clients lacking Medicare Part B are eligible If the client is insured, ask if the insurance covers screening <ul style="list-style-type: none"> <input type="checkbox"/> Monthly or annual income Use Income Eligibility Guidelines for BCCHP and Komen
<input type="checkbox"/> Maintain the Client Sign-In List and continue to update Appointment List throughout the event.
Intake
<input type="checkbox"/> Offer welcome and introduce yourself to clients
<input type="checkbox"/> Maintain client Sign-In List. It is a priority to keep an accurate list during the event. It is used for reporting, for tracking follow-up and serves as a waiting list.
<input type="checkbox"/> Establish rapport and maintain client confidentiality
<input type="checkbox"/> Determine Eligibility for BCCHP (page 5 of this manual). <ul style="list-style-type: none"> <input type="checkbox"/> Age (40 thru 64) <input type="checkbox"/> Insurance status Limited or no insurance Remember that Medicaid is insurance (Medical Coupons) Clients lacking Medicare Part B are eligible If the client is insured, ask if the insurance covers screening <ul style="list-style-type: none"> <input type="checkbox"/> Monthly or annual income Use Income Eligibility Guidelines for BCCHP and Komen.
<input type="checkbox"/> Give enrolled clients a BCCHP Enrollment Card.
<input type="checkbox"/> Complete BCCHP Forms and give to mammography technologist and clinician

Interpreter
<input type="checkbox"/> Assist clients with enrollment, consent and history paperwork.
<input type="checkbox"/> Assist clients in communication with providers.
Educator
<input type="checkbox"/> Set up displays of health education materials.
<input type="checkbox"/> Provide Breast Self-Exam (BSE) instruction using models and displays.
<input type="checkbox"/> Show breast health education video to clients or small groups, if possible.
<input type="checkbox"/> Provide cervical health education.
Blood Pressure Screener
<input type="checkbox"/> Provide blood pressure measurement, education, and written client record.
Float Person
<input type="checkbox"/> Arrange for, if necessary, and pick up donated food and beverages from local vendors.
<input type="checkbox"/> Arrange for, if necessary, and pick up staff and volunteer lunches from local vendors.
<input type="checkbox"/> Collate packets of forms for clients prior to event.
<input type="checkbox"/> Assist mammography technologist and clinician with logistics and special requests. This may include photo-copying, collecting forms, providing breaks for staff, and verifying Scheduled Appointments List and Client Sign-In List throughout the event.
<input type="checkbox"/> Communicate with the mammography technologist and the clinician throughout the day.
BCCHP Responsibilities
<input type="checkbox"/> Supply BCCHP forms
<input type="checkbox"/> Pay for clinical and diagnostic services for clients enrolled in BCCHP.
<input type="checkbox"/> Maintain and make available an up-to-date BCCHP Contracted Providers List.
<input type="checkbox"/> Maintain database and provide follow-up reports on patients with abnormal findings.

<input type="checkbox"/> Assist clients who are diagnosed with cancer while enrolled in BCCHP to transition onto the Medicaid treatment program.
<input type="checkbox"/> Recruit clinicians to staff mobile health screenings
Radiology Facility Responsibilities
<input type="checkbox"/> Comply with professional and FDA regulatory institutions. These apply for all aspects of mammography, including professional personnel, quality control of equipment and patient care.
<input type="checkbox"/> Send result letters to clients and the clinician who ordered the mammogram.
<input type="checkbox"/> Send “unknown outcome” letters to clinicians about clients who need to return for follow-up care, such as special views, ultrasounds, biopsies or surgical consults.
<input type="checkbox"/> Maintain the all client’s mammography medical records up to 10 years from the last visit.
Clinical Provider
<p>Note: The clinician who provides services for BCCHP clients <u>must be</u>:</p> <ul style="list-style-type: none"> • contracted with BCCHP’s Seattle office • licensed to practice in Washington State • either a physician (MD, ND, DO), an advanced practice nurse practitioner (ARNP), or a physician’s assistant (PA) • covered by malpractice insurance that allows them to provide clinical services at community settings
<input type="checkbox"/> Provide Women’s Health Exam for clients during the screening.
<input type="checkbox"/> Ensure that the BCCHP office receives completed BCCHP forms within 10 days of the screening.
<input type="checkbox"/> Notify clients of their Pap result within 3 weeks of the screening.
<input type="checkbox"/> Refer clients appropriately according to the BCCHP Breast Algorithm and the BCCHP Cervical Algorithm.
<input type="checkbox"/> Notify the BCCHP Clinical Coordinator and/or the BCCHP Data Manager of any clients diagnosed with cancer or pre-cancerous condition.
<input type="checkbox"/> Refer clients who need clinical follow-up to a BCCHP-contracted clinic.
<input type="checkbox"/> Mail annual Pap test reminder cards to clients.

Maintain cultural competency and a non-judgmental attitude and approach throughout the mobile screening clinic and when conducting follow-up procedures.

See Cultural Competency section page 77.

Supplies – The clinician brings the following to the mobile screening clinic:

Pap testing kits and lab forms from BCCHP-contracted laboratory

Lubricant for exams

Cotton swabs, giant

Plastic speculums, various sizes

Gloves, non-latex, powder-free, various sizes

Exam table paper

Paper gowns and drapes

Hand sanitizer and antiseptic table wipes

Box of tissues

Light source of choice

5.9. Mobile Screening Schedule

Date:
Time: 9.00-3.00 PM

Appt	First/Last Name	Phone	DOB	Screening				Coverage				
				P	C	F	M	B	K	T	I	
9.00AM												
9.15AM												
9.30AM												
9.45AM												
10.00AM												
10.15AM												
10.30AM												
10.45AM												
11.00AM												
11.15AM												
11.30AM												
11.45AM												
12.00-12.30		BREAK										
12.30PM												
12.45PM												
1.00PM												

Key: P-Pap C-Cervical M-Mammogram B-BCHP K-Komen T-Take Charge I-Insurance
NC -No Cervix

5.10. Cultural Competency

Each mobile health screening will present its own unique situation. It is important that you know your audience and consider how they will view and receive the mobile health screening. The following is an overview of cultural competency topics to be considered as they specifically apply to the intended group.

Maintaining a culturally competent practice

Many mobile health screenings are organized to reach a specific ethnic or racial group. It is important to:

- Maintain an ongoing awareness of your own cultural background, the culture of western medicine, and the culture of your own institution. Participate in trainings and exercises to gain an understanding of cultural forces that are often unconscious to people from the mainstream culture.
- Approach clients and others in a respectful manner.
- Ask clients to state their race rather than assuming yourself what race they belong to.
- Many people take great pride in their country of origin, so for them, it may be important to note their homeland. Remember that it could also be a cultural mis-step to mix up nationalities.
- Ask the client what name or title they would prefer to be called.
- Recognize that each person, including yourself and your clients, views behavior and the rest of life through a cultural lens. Being a member of a "majority" culture does not make one's views correct or superior to the views of others.
- Take the extra time to develop and implement systems that are effective in working with diverse patients. Clients may not want to be thought of as foreigners if they have had a long history of living in the United States. Staff needs to adjust what they have learned about another culture for those individuals with that cultural heritage but are now third or fourth generation Americans.
- Consider and build in costs related to staff training, funding interpretation services, creating a welcoming environment, and translating or finding quality translated materials.
- Assess a client's ability to communicate in English and determine their language of origin. Often people take pride in their ability to communicate in English when others may not think they have a good command of the English language. It is important to know when an interpreter is needed to help explain complex medical issues. The client may not want an interpreter, but it may be important for the provider to have one present to make sure that everyone is comfortable with the medical decisions discussed.

- Recognize that clients who currently are laborers in this country may have been executives, managers or health care professionals in their country of origin, In addition, a person's financial status in his or her own country may have been quite different from their current situation.
- Commit yourself and your staff to increasing the knowledge, skills, attitudes and policies necessary to effectively serve diverse populations.
- Remember that becoming culturally competent is a lifelong process, not a one time project.

Benefits of Increasing Cultural Competence:

- Increased capacity to effectively serve your clients.
- A proactive response to the health care needs of an increasingly diverse community.
- Successful communication about crucial information, both from your client to you and from you to your client.
- Compliance with Title VI of the Civil Rights Act of 1964 non discrimination provisions, which are increasingly being used in credentialing and funding requirements.
 - To learn more about the Standards for Culturally and Linguistically Appropriate Services (CLAS), see the OMHCR website listed at the end of this document
- Correctly informed and precise assessments, which enable more accurate diagnosis
- Improved trust and rapport between you and your clients, which can result in:
 - Increasing access to services.
 - Improving prevention/early intervention.
 - Contributing to your clients' adherence to treatment plans.
 - Increasing patient retention.
 - Increasing positive health outcomes.
 - Decreasing the number of mistakes based on miscommunication and lack of mutual understanding.
 - Increasing your and your client's satisfaction

5.11. Steps to a More Culturally Competent Practice*

In Relating to Clients:

- Make sure that your intake forms and other written materials are available whenever possible in the language of your clients. Several web sites offer brochures in various languages.
- Make sure that you have interpreters available on site if clients are not fluent in English. Do not use family members to interpret, unless the client insists they be involved. It is wise to have an additional trained interpreter in these situations, as well, to assure quality and complete translation services.
- Use inclusive language in enrollment and information forms and other written materials. For example, since most clinics serve some lesbian or gay clients, add terms like "partnered" or "significant other" where the forms asks "married, widowed, single, or divorced."
- Use open-ended questions about the health care needs or symptoms of your clients. Demonstrate empathy in facial expression, posture and tone.
- Be aware of your own bias, values, and limitations regarding various cultures.
- Use evidence-based clinical guidelines.
- Acknowledge when you don't know something, find the answer, and provide the information to the client.
- Avoid making assumptions about the client. Ask them about their responses or behavior rather than assuming that you know the meaning or intent behind their behavior. For example, don't assume that they are being "noncompliant" if they feel the need to see another community member prior to having a procedure done. Learn to work "along with" differing views where possible, rather than "in opposition to" differences that surface.

Mobile Clinic Practices and Policies:

- Provide ongoing training to all clinic staff regarding populations seen on a regular basis.
- Provide educational materials, brochures, etc. in the languages of the clients you see. Be aware that some clients may not be able to read their own language or read English. Consider the health literacy level of your clients especially when explaining recommended treatment. Make sure that they understand and find the recommended treatment acceptable from their own point of view.
- Place magazines, newspapers, posters, and art work that reflect the audience you serve and want to serve. For example, if you serve a lot of Puerto Rican and African American clients, be sure to have some art work, music, or other visual images that reflect these populations. Consider this approach when developing signage and advertising for the mobile clinic.

- Review and revise all policies, forms, and patient literature to be more inclusive and eliminate bias.
- A mobile health screening creates challenges in honoring issues of confidentiality, how to work with interpreters, and other relevant culturally and linguistically appropriate practices. Consider how you can make your clinic run smoothly in those areas.

* See "A Family Physician's Practical Guide to Culturally Competent Care" website which offers continuing medical education (CME) credits and assists family physicians with awareness, knowledge, and skills to more effectively treat the increasingly diverse U.S. population they serve. www.thinkculturalhealth.org. Also see the "Final National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care," the basis for this training at www.omhrc.gov/templates/browse.aspx and choose the cultural competency tab.

6 Outreach / Public Education

6.1. Outreach and Recruitment

BCCHP provides outreach and recruitment through contracts with community based organizations that work with priority populations. Over 150 community partners also collaborate on projects with BCCHP.

Outreach efforts should be geared toward our priority populations: women and men with lower screening or higher mortality rates. These include women and men aged 50-64, Lesbians, African-Americans, Asian/Pacific Islanders, American Indians/Native Alaskans, Latinas and women living in rural communities.

The objectives of outreach and recruitment efforts are:

1. To increase the number of women and men receiving annual health screenings, colon cancer screening, Pap tests, and mammograms through the BCCHP and other programs.
2. Recruit rarely or never screened women and men.
3. Reach out and educate men and women about the importance of breast, cervical and colon health screening and motivate them to be screened.
4. Reduce barriers that prevent women and men from receiving screening services.
5. Raise community awareness about Breast, Cervical and Colon health.
6. Assist women to apply for Medicaid when possible.

Keys for Successful Outreach:

1. Hire staff with a strong personal commitment to reaching men and women and educating them about the importance of cancer screening and good health habits. Hire staff with a strong belief in the program.
2. Use proven and effective outreach methods that follow communication pathways of targeted groups (small groups, one-to-one, within families). Adapt both messaging and outreach techniques to culturally fit a group's background, personality and situation.
3. Work with BCCHP partner clinics to assure high quality care is provided.
4. Develop a good rapport and reputation with contracted clinics and the community.

6.2. Outreach / Public Education Job Description

1. Identify communication networks for women and men in priority populations.
2. Use a combination of small group, one-to-one outreach and media to educate women regarding Breast, Cervical and Colon health and other women's health issues.
3. Use a combination of small group, one-to-one outreach and media to educate men regarding Colon health and other men's health issues.

4. Conduct focus groups of women and men to gather information on effective patient education strategies and materials.
5. Use outreach and education techniques that are developed with community input appropriate for priority populations, (i.e., our video presentation, "Mammogram Screening-Taking Care of Ourselves and Each Other")
6. Identify new clients eligible for BCCHP and refer for services. Motivate, assist and follow-up with women who are rarely screened or haven't seen a provider in years to help them obtain screening services. Work with Public Health to develop a local media plan.
7. Work with clinic screening coordinators to schedule appointments for women and assure they obtain an exam, a mammogram, and return for their next scheduled medical appointment. (you may want to use the BCCHP Fax referral form on page 83)
8. Participate in community events and festivals that provide effective avenues to reach specific audiences to communicate with eligible women about BCCHP services.
9. Provide information about health care coverage such as Medicaid and the Basic Health Plan to people encountered during outreach activities who might be eligible for those programs.
10. Maintain confidentiality concerning outreach clients.
11. Collect data about outreach activities and submit Outreach Monthly Activity Reports to Public Health by the 15th of the following month.
12. Assist Public Health in designing community awareness activities that are appropriate for the target populations, i.e., Mobile mammography clinics.
13. Attend two mandatory meetings per year and a minimum of two regular monthly meetings and trainings scheduled by Public Health or Washington State Department of Health.

Performance Goal:

Contracted program goals will be monitored through monthly outreach reports.

6.3. Routing Outreach Reporting Forms

There are two Outreach Reporting forms for the BCCHP.

1. **Fax / Referral** - Completed by Outreach Worker and faxed to the Clinic Screening Coordinator for client referral. (page 83)
2. **Monthly Activity** - Completed by Outreach Worker to indicate Outreach and Public Education activities. (page 85)

Instructions - See: Page 89.

Please submit all completed forms each month

6.4. BCCHP FAX REFERRAL FORM

To	From
Name: _____	Name: _____
Clinic: _____	Agency: _____
Fax: _____	Fax: _____
Phone: _____	Phone: _____

I am referring the following client to your clinic for a BCCHP exam and mammogram. Please confirm her completed appointment. Thank you.

Client's name: _____

Phone: _____

Address: _____

Comments: _____

6.5. BCCHP Outreach Form

Outreach worker/Agency:													
Year:	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Contacts													
1.1. Age													
<40													
40-49													
50-64													
65+													
1.2. Gender													
Women													
Men (CHP)													
1.3. Race/Ethnicity													
Caucasian													
African American													
Asian/Pacific Islander													
Native Am./Alaskan Native													
Hispanic/Latina													
1.4. Sexual Orientation													
Heterosexual													
Lesbian/Gay													
Bisexual													
Transsexual													
1.5. Place of contact													
Clinic													
Health fairs/festivals/ comm. fairs													
Grocery/convenience stores/malls													
Food bank/Thrift stores													
Places of worship													
Private home													
Library/Post Office/ Comm. Center													
Job fair/Employment office													
Barber shop/Beauty salon													
Bars/Clubs/Entertainment													
Other (Write in)													
2. Contact Mode													
Face-to-face													
Small groups													
Large groups													
3. Referrals													
3.1. To BCHP													
Referrals to Screening													
Successful Referrals													
3.2. To CHP													
Referrals to Screening													
Successful referrals													
4. Tobacco Prevention Project													
Brief Intervention													
Referrals to State Quit Line													

6.6. Breast, Cervical and Colon Health Program Referral Log

Outreach Worker: _____ Agency: _____

Race/Ethnicity		
1 = White	6 = Filipino	11 = Other (Please specify)
2 = African American	7 = Vietnamese	
3 = Native American	8 = Cambodian	
4 = Chinese	9 = Other Asian/Pacific Islander	
5 = Korean	10 = Hispanic	

Message Code	
LM = Left message	WN = Wrong number
B = Busy	CLD = Call back at later date
NAR = Not able to	DC =Phone Disconnected

Date: _____ Referral: Yes No Clinic: _____

First Name: _____ Last Name: _____

Address: _____ City,Zip: _____ Phone: _____

Age: _____ Race/Ethnicity: _____ Other: _____ Language (if non-English) _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

Follow-up:
Results:
<input type="checkbox"/> Screening Confirmed

Date: _____ Referral: Yes No Clinic: _____

First Name: _____ Last Name: _____

Address: _____ City,Zip: _____ Phone: _____

Age: _____ Race/Ethnicity: _____ Other: _____ Language (if non-English) _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

Follow-up:
Results:
<input type="checkbox"/> Screening Confirmed

Date: _____ Referral: Yes No Clinic: _____

First Name: _____ Last Name: _____

Address: _____ City,Zip: _____ Phone: _____

Age: _____ Race/Ethnicity: _____ Other: _____ Language (if non-English) _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

Follow-up:
Results:
<input type="checkbox"/> Screening Confirmed

Date: _____ Referral: Yes No Clinic: _____

First Name: _____ Last Name: _____

Address: _____ City,Zip: _____ Phone: _____

Age: _____ Race/Ethnicity: _____ Other: _____ Language (if non-English) _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

Follow-up:
Results:
<input type="checkbox"/> Screening Confirmed

Date: _____ Referral: Yes No Clinic: _____

First Name: _____ Last Name: _____

Address: _____ City,Zip: _____ Phone: _____

Age: _____ Race/Ethnicity: _____ Other: _____ Language (if non-English) _____

Sexual Orientation: Heterosexual Lesbian Bisexual Transgendered/Transsexual

Follow-up:
Results:
<input type="checkbox"/> Screening Confirmed

6.7. Instructions for Completing Forms

BCCHP Outreach Form

General

The *BCCHP Outreach Form* on page 85 is to be completed by Outreach Workers who are contracted with Public Health - Seattle & King County. Keep a weekly tally of your outreach activities. Then add up your total for the month. Record information for women referred on the *BCCHP Referral Log* on page 87. (optional) In addition each outreach contract will provide a written summary of outreach highlights for that given month. Send the BCCHP Outreach Form and outreach highlights by the 15th of each month.

Identifying Information

Outreach Worker - list the name of the person who conducted the outreach.

Agency - list the name of the agency employing this outreach worker.

Month / Year - list the month and the year covered by the report.

1. Contacts (indicate the number for each category for the month.)

1.1 Age Estimate the number of clients in each age bracket in which you bring up the subject of women's health, Breast, Cervical and Colon health, and from which you might yield a referral to a screening clinic.

1.2 Gender Of the people you talked to estimate how many were women and how many were men.

1.3 Race/Ethnicity Of the people you talked to estimate their race/ethnicity

1.4 Sexual Orientation Of the people you talked to estimate how many are heterosexual, gay/lesbian, bisexual, transsexual.

For both 1.3 and 1.4 -People of color and sexual minorities are both priority populations we are trying to reach in our program. We know that sometimes this information may be difficult to obtain. Consider different strategies for collecting this information, i.e. short surveys, raffles etc. You may find this information easier to collect in a one-on-one conversation as compared to group discussion.

1.5 Place of contact Please mark the place of contact and approximately how many of the contacts were seen at each place

2. Contact Mode – Face-to-Face or One-on-One contacts. These are direct conversations with individuals. These conversations could occur singly, or in a very small group. They typically would not occur during a large group presentation, but may occur afterwards. They could occur at a festival, health fair, or resource fair. You could have a direct conversation with a potentially eligible woman/man, her/his spouse, relative or partner.

Small Groups - indicate the total number of people seen in the small groups (10 or fewer people) conducted for that month.

Large Groups - indicate the number of people reached in large groups (10 or more people) for that month.

3. Referrals (Indicate the number for each category for the month.)

3.1 Referrals to Screening to BCCHP- indicate the number of referrals to a BCCHP screening clinic. You could have given the person the phone number of the clinic. You could have called the clinic for the person to make an appointment. When you make a referral, you may want to send a *Fax Referral Form* on page 83 to the clinic and record on the *BCCHP Referral Log* on page 87.

Successful Referrals to Screening - indicate the number of referrals that you know actually resulted in a woman's health exam. Verify that she kept the appointment by calling the women or calling the clinic after the referral.

3.2 Referrals to Screening to CHP- indicate the number of referrals to a CHP screening clinic. You could have given the client the phone number of the clinic. You could have called the clinic for the person to make an appointment. When you make a referral, you may want to send a *Fax Referral Form* on page 83 to the clinic and record on the *BCCHP Referral Log* on page 87.

Successful Referrals to Screening - indicate the number of referrals that you know actually resulted in a woman or man obtaining a colon health screening. Verify that they kept the appointment by calling the client or calling the clinic after the referral.

4. Tobacco Prevention Project: A brief intervention is identifying a client who is a current smoker. You may provide resources available through your own work place or refer to other organizations that provide smoking cessation support. If you make referrals to State Quit Line, please indicate that number.

Monthly Referral Log

Record information indicated for women you refer to screening on the *BCCHP Referral Log* on page 87. Use this form to assist you in follow-up calls and tracking.

7 Billing Procedures and Payment

7.1. Procedures for Reimbursement

BCCHP will produce a monthly invoice based on BCCHP billing reports. These billing reports are generated from the Examination & Reimbursement Forms submitted to us by each contractor. To assure timely reimbursement, please submit forms that are accurate, complete and as soon after the date of service as possible.

The invoice and corresponding billing reports will be mailed to each contractor. Contractors need to review the invoice, sign it and mail it back to BCCHP. King County Finance requires an original ink-signed invoice. Copies and faxes will not be accepted. Keep a copy of the invoice with the billing reports to match up to the check when it arrives, since King County check stubs will not provide backup detail listing payment amount.

If corrections need to be made, either call the Finance Manager at (206) 263-8175 or fax (206) 296-0208 a list of adjustments to include patient name, date-of-service, CPT code(s) and rationale for such changes. They will be researched and accounted for on the next month's billings/invoice.

Depending on the contract, the invoice may include:

1. **Fee-For-Service Billing Reports** - Reimbursement will be made based on timely and accurate receipt of completed BCCHP clinical forms - (1) Men's or Women's Health Examination and Reimbursement Form; (2) Radiology - Breast Evaluation Reporting Form; (3) Breast Diagnostic and Reimbursement Form; (4) Cervical Diagnostic and Reimbursement Form. The BCCHP staff will enter the data and compile a billing report detailing current Fee Schedule CPT coded charges. This amount is entered on the "Clinical Services (fee-for-service)" line on the invoice under the "Current Expense" column on the invoice.
2. **Client Coordination and Tracking** - Contractors (clinics) who enroll women in BCCHP, track and coordinate service and provide Client Coordination for clients with abnormal test results receive these funds. They are reimbursed on the monthly invoice per the contracted budget slots at the current rate, and paid on that budget's 1/12 monthly basis on the Current Expense column of the invoice.
3. **Outreach and Recruitment** - Subcontractors who provide these services are required to turn in the Outreach Monthly Activity Report of summary highlights on a monthly basis. This, too, will be paid on the "Public Education/Outreach" line under the "Current Expense" column on the invoice on a 1/12 monthly basis.

7.2. BCHP Fee Schedule

7.3. Colon Health Fee Schedule

8 Forms

8.1. Explanation and Routing of Forms

The following is a description of the program forms used by BCCHP. Please send forms to BCCHP within 10 days of enrollment to ensure client coverage for services and so that clients do not receive bills for services that BCCHP would cover.

1. Program Information

Review BCCHP services with client using the Client Information form and answer questions.

2. Female Enrollment Form

Used for enrolling new and returning clients into BCCHP. Clients must be enrolled every year. Send original to BCCHP.

3. Male Enrollment Form

Similar to Female Enrollment form, men are eligible for colon cancer screening only.

4. Consent Form

- This form must be signed by the client in order for her/him to participate in the program and for BCCHP to receive any Personal Health Information (PHI) about the client. This form authorizes the clinic's communication about the client with BCCHP.
- Review the form with the client and answer questions. Have the client sign the form, witness their signature and give client a copy of the consent. Send original to BCCHP

5. Women's Health Examination and Reimbursement Form

- This form is used to record results from screening services provided to the client. It may be completed, in part, by clinic support staff, however, the clinical screening and services billed section are to be completed by the provider performing the services. The provider is to sign and date the form.
- The Screening Coordinator is to review the form for completeness, mark the Pap type and result if one was done, and send the original to the BCCHP office.

6. Men's Health Examination and Reimbursement Form

This form covers colon cancer screening for men only.

7. Radiology - Breast Evaluation Reporting and Reimbursement Form

- This form is used to refer a client for mammogram. The Screening Coordinator fills out the "Referral Source" section only.
- The remainder of the form is filled out by the mammogram facility and signed by the radiologist. It is used to record results from screening or diagnostic mammograms and breast ultrasounds.
- The mammogram facility sends one copy of this form to the referring clinic, and the original to BCCHP.

8. Breast Diagnostic and Reimbursement Form

- This form is used to record breast diagnostic services for clients who had an abnormal or suspicious finding on a clinical breast exam (CBE) or screening mammogram. This form may also be used to document the initiation of treatment for clients diagnosed with cancer.
- The Screening Coordinator fills out this form for clients who refuse or who are lost to follow-up for diagnostic or treatment services
- The Screening Coordinator fills out only the client-identifying information on this form. The breast specialist completes the form, sends the original to BCCHP and a copy to referring clinic.

9. Cervical Diagnostic and Reimbursement Form

- This form is used to record cervical diagnostic services for clients who had an abnormal or suspicious result from a pelvic exam or Pap test.. This form may also be used to document the initiation of treatment for clients who need treatment services.
- The Screening Coordinator fills out this form for clients who refuse services or who are lost to follow-up for diagnostic or treatment services.
- The Screening Coordinator fills out only the client identifying information on this form and then the Specialist completes the form.
- The gynecologic specialist sends the original to BCCHP and a copy to the referring clinic.

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8.2.1. BCCHP Forms Request Fax Sheet

Forms	Quantity
Information Sheet [circle language(s)] (English, Cambodian, Chinese, Korean, Russian, Spanish, Vietnamese)	
Enrollment Form women [circle language(s)] (English, Cambodian, Chinese, Korean, Russian, Spanish, Vietnamese)	
Enrollment Form men	
Consent Form [circle language(s)] (English, Cambodian, Chinese, Korean, Russian, Spanish, Vietnamese)	
Women's Health Examination and Reimbursement Form	
Men's Health Examination and Reimbursement Form	
Radiology -Breast Evaluation Reporting and Reimbursement Form	
Breast Diagnostic and Reimbursement Form	
Cervical Diagnostic and Reimbursement Form	
Release and Consent for Breast and Cervical Cancer Treatment Form [circle language(s)] (English, Cambodian, Korean, Chinese, Russian, Spanish, Vietnamese)	
Breast and Cervical Cancer Tracking Form	
Enrollment cards	
BCCHP Mailing Labels	
BCCHP Contractor's Procedure Manual	
BCCHP Contracted Providers List (BCCHP contracted sites and providers by agency and services)	
BCCHP Marketing Brochures [circle language(s)]	
BCCHP Health Education Brochures	
Instructions for the FOBT	
Colonoscopy Fact Sheet	

PLEASE FAX THIS REQUEST TO:
Breast, Cervical and Colon Health Program
Public Health - Seattle & King County
TEL: 206-263-8217 FAX: 206-296-0208
EMAIL: lisa.sokanoff@kingcounty.gov

Ordered By-
 Name: _____ Agency: _____
 Address: _____
 City: _____ ZIP: _____
 Phone: _____
 FAX: _____
 Email: _____

8.2.2. BCCHP Incentive/Educational Materials Request

If you would like BCCHP Incentives or Educational Materials, please contact:

Lisa Sokanoff

TEL: 206-263-8217 FAX: 206-296-0208

EMAIL: lisa.sokanoff@kingcounty.gov

Inventory of available materials. May change frequently. Below is a list of popular items:

Early Detection Mirrors	
Early Detection Ballpoint Pens	
Emery Boards	
Key Rings	
Over 50 Brochures (English, Vietnamese, Spanish)	
Pink Enamel Pins- Komen	
Pink Rhinestone Pins- Komen	
Tote bags	
Blue Star Pins (colon cancer awareness)	

For educational materials you can contact these agencies directly:

- American Cancer Society, 1-800-ACS-2345 or off the web site www.cancer.org
- Cancer Information Services, 1-800-4CANCER, www.cancer.gov
- Susan G. Komen for the Cure, Puget Sound Affiliate 206-633-0303, Stephanie Yankeh, Stephanie@pskomen.org (for BSE cards)

8.2.3. English Forms

8.2.3.1 Information

8.2.3.2 Enrollment Form Women

8.2.3.3. Women's Health Exam and Reimbursement Form

8.2.3.4. Enrollment Form Men

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8.2.3.6. Consent Form

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8.2.3.11. Citizenship Documentation and Identity Declaration

8.2.3.12. Breast and Cervical Cancer Tracking Form

8.2.3.13. Case Management Client Comprehensive Needs Assessment

8.2.4. Cambodian

8.2.4.1. Information

8.2.4.2. Enrollment

8.2.4.3. Consent

8.2.4.4. Release and Consent for Breast and Cervical Cancer Treatment

8.2.5. Chinese

8.2.5.1. Information

8.2.5.2. Enrollment

8.2.5.3. Consent

8.2.5.4. Release and Consent for Breast and Cervical Cancer Treatment

8.2.6. Korean

8.2.6.1. Information

8.2.6.2. Enrollment

8.2.6.3. Consent

8.2.6.4. Release and Consent for Breast and Cervical Cancer Treatment

8.2.7. Russian

8.2.7.1. Information

8.2.7.2. Enrollment

8.2.7.3. Consent

8.2.7.4. Release and Consent for Breast and Cervical Cancer Treatment

8.2.8. Spanish

8.2.8.1. Information

8.2.8.2. Enrollment

8.2.8.3. Consent

8.2.8.4. Release and Consent for Breast and Cervical Cancer Treatment

8.2.9. Vietnamese

8.2.9.1. Information

8.2.9.2. Enrollment

8.2.9.3. Consent

8.2.9.4. Release and Consent for Breast and Cervical Cancer Treatment

8.2.10. Tagalog

8.2.10.1. Information

8.2.10.2. Enrollment

8.2.10.3. Consent

8.2.10.4. Release and Consent for Breast and Cervical Cancer Treatment