

OREGON BREAST AND CERVICAL CANCER PROGRAM
GUIDEBOOK FOR PROVIDERS



Oregon Department of Human Services
Office of Family Health
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- BCCP General Email: BCCP.info@state.or.us
- BCCP State Office: 971-673-0581



Dear Provider,

This guide provides important information concerning program policies, procedures, standards, and forms. It is written primarily for participating providers in the Oregon Breast and Cervical Cancer Program for their use in applying program policies in accordance with federal and other grant requirements.

This guide is designed to provide the information needed to enroll clients into the BCCP, input required data, and submit claims for reimbursement. It is updated periodically to incorporate the most-up-to date and accurate information about the program. In addition, we will continue to communicate with you using e-mail and telephone to provide guidance and updates on a regular basis.

We look forward to collaborating with you in administering this important program that serves Oregonians with lifesaving breast and cervical cancer screening services. Early detection saves lives!

Sincerely,

The Oregon Breast and Cervical Cancer Program



Overview

The Oregon Breast and Cervical Cancer Program is:

- A program that supports and promotes breast and cervical cancer screening for medically underserved women in Oregon.
- A fee-for service reimbursement program that contracts with providers statewide.
- Funded by the Centers for Disease Control and Prevention (CDC) and the Susan G. Komen Foundation for the Cure SW Washington and Oregon Affiliates.
- Part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

What we do

The goal of BCCP is to improve underserved women’s access to breast and cervical cancer screenings and therefore reduce morbidity and mortality. To accomplish this, the BCCP partners with health care providers across the state to offer screening and diagnostic services at no cost to eligible clients; as well as treatment referrals for clients who are diagnosed with cancer.

The BCCP provider network includes: Community Health Centers, local County Public Health Departments, hospitals, outpatient radiology centers, surgeons, family physicians and other primary care providers, radiologists, pathologists, medical oncologists, radiation oncologists, laboratories, ambulatory surgery centers, and radiation therapy facilities.

What BCCP covers

BCCP covers the following services for eligible clients:

- Clinical breast examinations
- Mammograms
- Pap tests
- Diagnostic testing after an abnormal screening result
- Surgical consultations
- Referrals to treatment

Authorizing Authority & Funding

The Oregon Breast and Cervical Cancer Program is authorized by the Public Health Service Act (PHS Act), Title XV, established by Federal Public Law 101-354, “Breast and Cervical Cancer Mortality Prevention Act of 1990,” and amended by 105-340, the Women’s Health Research and Prevention Amendments of 1998. The state program is referred to in this manual as the Oregon Breast and Cervical Cancer Program (BCCP).

The Oregon Department of Human Services (DHS) receives funding to administer breast and cervical cancer early detection and screening services for low-income women in Oregon through a cooperative agreement with the Centers for Disease Control and Prevention and a grant from the Susan G. Komen for the Cure Oregon and Southwest Washington Affiliate.

After approval by the Oregon State Legislature, the Oregon Breast and Cervical Cancer Medical (BCCM) Program began in April of 2002. This legislation permits women diagnosed with breast or cervical cancer (or pre-cancerous cervical conditions) through the BCCP to be ‘presumptively’ eligible for treatment through the Breast and Cervical Cancer Medical Program administered by the Oregon Department of Human Services (DHS), Division of Medical Assistance Programs (DMAP).

Program Components

The Oregon Breast & Cervical Cancer Program (BCCP) is housed in the Women’s and Reproductive Health (WRH) Section of the Office of Family Health, Public Health Division, Oregon Department of Human Services in Portland. BCCP staff work in collaboration with larger staff, local health departments, community health centers and providers to implement community education, provide breast and cervical cancer screenings and diagnostic services, and attain the goals and objectives of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). BCCP and WRH staff achieve their program goals and objectives through implementation of the following program components:

- Screening
- Tracking and follow-up to ensure quality and timeliness of services
- Professional education

Tracking and follow-up to ensure quality and timeliness of services

Tracking and follow-up by the BCCP ensures participating providers comply with the recommended diagnostic and initiation treatment requirements. The BCCP must maintain accurate data to track each client’s receipt of BCCP services.

The Oregon Breast and Cervical Cancer Program must assure that all clients enrolled in BCCP, who receive an abnormal screening, also receive timely and appropriate diagnosis and initiation into treatment. Care coordination services offered by both the contracted providers and, on a limited basis, by BCCP staff must be coordinated to assure a client’s timely and successful transition from screening to diagnostic services on the continuum of care.

Professional education

Professional education assures that providers comply with BCCP standards and requirements while offering BCCP services. Opportunities to participate in professional education events are coordinated by the BCCP Provider Liaison and shared with BCCP providers periodically.

Purpose of this guide

- To supplement the BCCP Oregon Administrative Rules 333-010-0100 through 333-010-0195.
- To explain how providers can offer breast and cervical cancer screenings, and diagnostic services to qualify persons in Oregon through the Oregon Breast and Cervical Cancer Program.



BCCP Responsibilities

The BCCP has the following responsibilities to BCCP health care providers:

- Reimburse health care providers for screening services
- Maintain ongoing communications with BCCP health care providers regarding policies, procedures and screening data.
- Develop screening guidelines and reporting requirements.
- Provide BCCP enrollment forms, reporting forms, and promotional materials.
- Provide training, technical assistance, and professional education resources.
- Set, monitor and maintain quality assurance standards.
- Assure that only CLIA-approved laboratories and MQSA-certified mammography facilities participate in the program.
 - “CLIA” refers to the Clinical Laboratory Improvement Act.
 - “MQSA” refers to the Mammography Quality Standards Act of 1992.
- Maintain a central client tracking system.
- Maintain client confidentiality.



How to Join the BCCP Provider Network

Types of Providers

The following provider types are eligible to participate in the BCCP:

- Ambulatory Surgery Center
- Anesthetist (Anesthesiologist Assistants, Certified Registered Nurse Anesthetist)
- Family Planning Clinic
- Federally Qualified Health Center (FQHC)
- Hospital – Outpatient
- Independent Laboratory
- Mental Health/Substance Abuse Clinic
- Nurse Midwife
- Nurse Practitioner
- Osteopath (DO)
- Osteopath Group (Clinic)
- Physician (MD)
- Physician Group (Clinic)
- Physician Assistant
- Portable X-ray Provider
- Psychotherapist (AODA Counselor, Master’s Level Psychotherapist, Psychologist)
- Rural Health Clinic

Provider Categories

There are two categories under which a provider can be registered with the BCCP: Enrolling and Ancillary.

- *Enrolling providers* are usually primary care providers. Their duties include:
 - Enrolling a client into the Breast and Cervical Cancer Program.
 - Providing care coordination for the BCCP client.
 - Submitting data on a timely basis to the BCCP.
- *Ancillary providers* are providers that perform services beyond the scope of an enrolling provider. Ancillary providers may include laboratories, imaging centers, surgeons and surgical facilities, and hospitals.

Provider Enrollment

In order to enroll in the BCCP, Providers must meet the following requirements:

Location

Providers not located within Oregon, must be within 75 miles of the Oregon border.

Medical Services Agreement

Providers must sign a medical services agreement (MSA) that outlines the policies and procedures they must follow to participate in the Oregon Breast and Cervical Cancer Program.

Business License

Providers must have a valid Oregon business license (if located within Oregon). If the provider is located outside of Oregon, they must be licensed or certified by their state (according to state law).

Laboratories

Laboratories must be certified by the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration, and meet CLIA requirements. Laboratories must be Medicare Part A or Medicare Part B certified.

Mammography Providers

Mammography providers must be certified by the Food and Drug Administration (FDA) and meet MQSA requirements. Prior authorization by the Radiation Protection Section of the Public Health Division, is required for MQSA-certified mobile mammography vans based out-of-state.

Hospitals (outpatient) must be Medicare and Medicaid certified.

Contact the BCCP for information. The BCCP has limited funding and may not be accepting new providers.

Provider Responsibilities

Orientation and Trainings

All providers must attend a BCCP orientation before enrolling women in the BCC Program. Providers must also attend all required trainings.

Client enrollment

The BCCP provider is responsible for determining eligibility and enrolling women in the Oregon Breast and Cervical Cancer Program, following procedures, policies and requirements discussed in the Oregon Administrative Rules and in this guide.

Documentation

Providers must maintain documentation in the client's medical record of BCCP services provided. The documentation should include:

- Current, signed enrollment form

- BCCP eligibility
- HIPPA notification
- Insurance status
- Medical history
- Physical assessment
- Laboratory reports
- Mammography reports
- Notifications sent to the client
- Progress notes
- Referrals made

Documentation must also be kept for clients lost to follow-up and clients who refuse services. Documentation must be available to the BCCP for audit purposes.

Care coordination

The BCCP focuses on three key components to reduce mortality from breast and cervical cancer. These components are:

1. Annual routine screening.
2. Timely and complete diagnosis of abnormal screening results.
3. Timely initiation of treatment if cancer is diagnosed.

BCCP providers are responsible for assuring that BCCP patients with abnormal or inadequate screening results receive appropriate follow-up in a timely manner. Approximately fifteen percent of BCCP participants are expected to require further diagnostic testing and a smaller percentage are ultimately diagnosed with breast or cervical cancer. Each provider should follow an established breast or cervical follow-up procedure and establish a tracking system for patients.

Care coordination for clients with abnormal screening or diagnostic results includes:

- **Assessment:** to identify the client's needs for and barriers to clinical and support services. Barriers might include transportation or language. Interpretation and translation needs should be assessed and culturally and linguistically appropriate services provided.
- **Referral** to link a client to a participating BCCP ancillary provider(s). Inform the client about the scope and limit of BCCP covered services and their liability to pay for services not covered by the program.
- **Monitoring** to track and follow active clients who need additional follow-up. BCCP provides a monitoring system for providers to track client care.

Reporting

After a procedure or a visit is conducted, BCCP providers are required to provide the results and recommendations for follow-up on breast and cervical screening and diagnostic tests to the client as well as BCCP.

Client education

The BCCP recommends that BCCP providers provide their patients with education, including instructions on performing a breast self-examination and the recommended intervals for breast and cervical cancer screening.

Screening services

The screening tests paid for by the BCCP for every client enrolled in the program include a clinical breast examination (CBE), pelvic examination, Pap test, and a referral to a screening mammogram.

Treatment

The BCCP is required to ensure that follow-up of clients with abnormal results receive follow-up and that treatment is initiated for clients with a diagnosis of cancer. The Breast and Cervical Cancer Treatment Act provides Medicaid coverage for breast and/or cervical cancer treatment to eligible clients screened or diagnosed in the BCCP. The Act allows BCCP patients who are diagnosed with cancer or certain pre-cancerous conditions to be determined presumptively eligible for Medicaid for treatment services in the Breast and Cervical Cancer Medical (BCCM) Program in Oregon. If a client may be eligible for treatment services, providers must contact BCCP staff immediately upon diagnosis so that enrollment may begin as soon as possible.

Continuity of care

Clients who receive screening, re-screening, and care coordination services through the BCCP must receive continuity of care. If a provider or agency discontinues BCCP services due to termination of its contractual agreement with the Oregon Department of Human Services, clients with abnormal screening or diagnostic results must receive continued follow-up and case management services from the BCCP provider regardless of the status of the contract.

If a provider terminates the medical services agreement, he or she is still required to submit data through the completion of each client's cycle.

Provider Termination

A provider may terminate enrollment at any time. A request must be sent to OFH in writing, via certified mail, return receipt requested. The notice should specify the agency number to be terminated, the reason(s) for termination, and the requested termination date. Termination does not eliminate the provider's obligations to submit data, and follow-up with clients through each client's cycle.

BCCP reserves the right to terminate or suspend providers and recover subsequent payments for the following reasons:

- Breach of the MSA.
- Failure to comply with statutes, regulations and policies of DHS, and federal or state regulations that are applicable to the provider.
- Loss of licensure or certification.



Client Eligibility

A woman wishing to enroll in the Oregon Breast and Cervical Cancer Program must meet each of the following eligibility requirements:

Income

Women must have a gross household income or a net taxable income at or below 250 percent of the current federal poverty level (FPL). These income guidelines change annually. Refer to the BCCP website for current federal poverty level information.

“Household Income” includes the income from all family members living together and supported by family income. Gross household income is determined before deductions for income taxes, Social Security taxes, insurance premiums, bonds, and so on. For persons who are self-employed, eligibility is based on net taxable income.

Family means a group of persons related by birth, marriage, adoption or a legally defined dependent relationship, such as spouse, children, parents, or siblings.

Age

The BCCP covers women residing in Oregon who are 40 years of age or older. By federal mandate, 75 percent of women receiving mammograms through BCCP must be 50-64 years old.

Exceptions

- BCCP may enroll women who are 65 and older if they are not enrolled in Medicare Part B.
- Symptomatic Breast Program

BCCP may enroll women under 40 years of age and men of any age who are exhibiting symptoms of breast cancer into the Symptomatic Breast Program. Clients must meet the following criteria to be eligible for and enrolled in this program:

- Age 39 and younger, if female.
- Any age, if male.
- One or more of the following symptoms:
 - A CBE was performed and one or more of the following symptoms was detected: bloody/serous discharge, nipple or areola scaliness, skin dimpling or retraction, inflammation of the skin, or ulceration.
 - A screening mammogram or ultrasound that is “suspicious for malignancy” was already performed.
 - A persistent suspicious mass demonstrated over two CBEs at least a menstrual cycle apart.

Women and men enrolled in the Symptomatic Breast Program must be enrolled and tracked in accordance with the following:

- The enrolling provider must contact the BCCP for prior authorization for enrollment. Authorization is granted based on availability of funds and the client’s eligibility for the program.
- After a provider receives authorization to enroll a client in the Symptomatic Breast Program, the provider must track the client in the same manner as other BCCP patients. Data must be submitted on time and complete.

Insurance

A woman who is age and income eligible for BCCP also must fall into one of the following categories:

- The woman has no health insurance (uninsured); or
- The woman is underinsured.

Underinsured means that:

- a) insurance does not pay for preventive health exams that provide breast or cervical screening or diagnostic services, such as a mammogram or Pap smear; or
- b) the deductible is \$500 or more.

BCCP is the payer of last resort. Therefore, all other third party payers must be billed prior to billing BCCP.

Medicaid – Women who are covered under Oregon Health Plan (Medicaid) at the time of enrollment are ineligible for services through BCCP.

Medicare – Women enrolled in Medicare Part B are not eligible for BCCP. A woman who is eligible but not enrolled in Medicare Part B is encouraged to enroll in Part B. A woman who is Medicare-eligible but cannot pay the premium required by Medicare Part B, and is income and age eligible for the BCCP, may enroll in BCCP.

American Indian/Alaska Native Women – If an American Indian/Alaska Native woman is eligible for Indian Health Services (IHS), is not otherwise enrolled in BCCP and meets BCCP’s age and income eligibility requirements, she is considered “uninsured” and is eligible to receive BCCP services. Being eligible to receive IHS services does not mean that an American Indian/Alaska Native woman is “insured” for purposes of BCCP.

Eligibility Policies for Breast and Cervical Cancer Diagnostic Services

The BCCP prefers that clients be enrolled into the program at the beginning of the screening cycle. Because this is not always possible, an enrolling provider may enroll a client for diagnostic services according to the following policy.

Breast Cancer Diagnostic Services

Women who are 40 years of age or older and meet program eligibility requirements can be enrolled in BCCP for diagnostic assessment if they are:

- Symptomatic of a breast or cervical cancer; AND
- Have an abnormal clinical breast examination; AND/OR,
- Have an abnormal mammogram.

These women should be referred to a BCCP enrolling provider.

If more than 60 days have elapsed since her clinical breast exam (CBE), the woman must have another CBE from the BCCP enrolling provider prior to being referred for additional services. If it has been less than 60 days since her CBE, two options are possible at the discretion or preference of the BCCP enrolling provider:

- The woman brings the exam notes from her CBE and/or mammogram for a consultation and record review with the BCCP enrolling provider who submits the results to BCCP using the Breast Tracking Form into the web-based system.
- The woman makes an appointment with the BCCP enrolling provider for a second CBE. If she has already had a recent mammogram or other imaging, she should bring the records to her appointment for the BCCP enrolling provider to review and submit the results to BCCP using the Breast Tracking Form into the web-based system.

An *enrolling provider* is a provider who:

- Enrolls a client into the Breast and Cervical Cancer Program
- Provides care coordination for the BCCP client
- Submits data on a timely basis to the BCCP.

Cervical Cancer Diagnostic Services

In addition to regular eligibility criteria, women must meet one of the following criteria to be eligible for cervical cancer diagnostic services:

- Documentation of two abnormal Pap results of LSIL or ASC-US which are 6 – 12 months apart or one abnormal Pap result of ASC-US HPV positive for high risk types.
- One abnormal Pap result of ASC-H; HSIL or AGC.
- Documentation of an abnormal pelvic exam, suspicious for cervical cancer.

If more than 60 days have elapsed since the woman's Pap test or suspicious pelvic exam, the woman should have another exam and Pap from the BCCP enrolling provider before being referred for additional services. If it has been less than 60 days, the woman should obtain copies of her recent Pap test results and pelvic exam notes and bring them to her appointment with the BCCP enrolling provider. The BCCP enrolling provider may perform an additional exam if indicated. If no new exam or Pap is performed, the BCCP enrolling provider then can submit the prior procedures and results to BCCP.

ASC-US

Atypical squamous cells of undetermined significance

ASC-H

Atypical squamous cells: Cannot exclude high-grade squamous intraepithelial lesion

LSIL

Low-grade squamous intraepithelial lesion

HSIL

High-grade squamous intraepithelial lesion

AGC

Atypical glandular cells

HPV

Human papillomavirus

Midstream Enrollment Policy

Enrolling providers are not required to accept midstream women. However, the program allows patients to be enrolled midstream as follows:

1. If they've had an abnormal Pap or Initial Mammogram they can be referred to an enrolling provider with a copy of the abnormal test and have eligibility determined. If the client is eligible she can be enrolled, but must have a CBE or Pelvic by the enrolling provider, which must be paid for by the BCCP. The Pap or Initial Mammogram does not need to be repeated. Regular protocols can then be followed.
2. If the client has had diagnostic tests but has not reached a definitive diagnosis she can be enrolled, but the enrolling provider must provide data to the BCCP for the whole cycle. In other words, they must get the original screening and diagnostic results, and then continue with appropriate follow-up.

Midstream means that a woman is enrolled in the BCCP program *after* they have had a screening test with an abnormal result or one that does not produce a definitive diagnosis.

A client is not eligible to be enrolled if there is a definitive (as demonstrated by a pathology report) diagnosis of cancer, CIN II, or CIN III.

Cervical Cancer Screening Service Special Guidelines

Women with Hysterectomy

A woman who meets all of the eligibility requirements and has had a complete hysterectomy is eligible for cervical cancer screening services only if the hysterectomy was due to cervical cancer or neoplasia.

The Pap test is covered by BCCP if a cervical stump is present or the client has a history of abnormal Pap tests.

The Pap test is *not* covered when no cervical stump is present or there is no history of abnormal Pap tests showing CIN 2 or higher. *(If the woman is uncertain of either the reason for her hysterectomy or if the cervical stump is present, the program will cover a pelvic exam and an initial Pap test, if indicated)*

Guidelines around Annual Pap tests

After a woman has a total of three normal (negative) Pap tests within a five-year period, the Pap test is only covered every three years. BCCP pays for a pelvic exam on an annual basis, however. Providers who use Liquid-Based Technology for Pap tests are encouraged to only perform screening Pap tests every other year (or every three years after three consecutive normal Pap tests in a five-year period). Screening reimbursement for Liquid-Based Technology Pap tests is limited to the Medicare rate for conventional Pap tests at this time.



Client Enrollment Process

To enroll in the Oregon Breast and Cervical Cancer Program, clients must meet the program eligibility requirements:

- Live or intend to live in Oregon;
- Below 250 percent of the Federal Poverty Level; and
- Uninsured or underinsured.

Women aged 40 and above are permitted to self-declare eligibility information and verification is not required.

- Women aged 50 and above are eligible for all breast and cervical services
- Women aged are eligible for breast and cervical services, but must be symptomatic or have a personal history of breast or cervical cancer.

Women aged 40 and under, and men of all ages, are only eligible for breast cancer services and must be clinically proven to be symptomatic or have a personal history of breast cancer.

Please contact the BCCP for approval.

- Breast symptoms must include:
 - A persistent suspicious mass demonstrated over 2 Clinical Breast Exams (CBEs) at least one menstrual cycle apart, or
 - An initial CBE demonstrating on or more of the following:
 - a lump in the breast or underarm area; breast swelling; bloody/serous nipple discharge; nipple scaliness; thickening of the nipple or breast skin; skin redness, irritation, dimpling or retraction, or a mammogram or ultrasound that is “suspicious for malignancy”, as determined by a qualified medical professional.

Every year, a client must complete and sign enrollment form documenting her eligibility.

The BCCP call center determines eligibility and refers callers to contracted providers for services. The provider then verifies eligibility and if appropriate, enrolls a client in the BCCP. She or he completes and signs the BCCP enrollment form and any consent forms required by the provider to receive clinical services.

If she is in the middle of a screening and diagnostic cycle, her enrollment period may be extended beyond the one year until her screening and diagnostic services are completed.

Cycle

A cycle begins on the date of the first BCCP paid, performed procedure. A cycle is defined as the interval during which screening and diagnostic procedures take place in order to rule out or diagnose a breast or cervical cancer



Client Allotments

Unfortunately, the BCCP does not receive enough funding to provide services for all persons eligible for the program. Therefore, BCCP developed an allocation process, focusing on areas of need based on CDC eligibility criteria and criteria selected by BCCP providers, partners and an Allocation Steering Committee.

An allotment is the number of new clients (enrollments) a provider may serve, and therefore be reimbursed for through the BCCP. The allocation process was designed to ensure services remain available statewide and that clients with the highest need are able to enroll in the program. Allotments are awarded quarterly; therefore each provider (or agency) receives a number of enrollment slots to be used for that quarter.

What Counts as an Enrollment

Regardless of the services a client may receive, from screening to a full diagnostic work-up, each client counts as one enrollment per year. The clients can be new clients or clients whose eligibility period has expired that are returning from last year. The BCCP fiscal year is July 1 through June 30. It is very important for providers to stay within the allotted enrollment number awarded during the fiscal year. **BCCP will not be able to reimburse for enrollments beyond the allotment numbers.**

Symptomatic Clients

BCCP will continue to provide services for clients who are symptomatic for breast and/or cervical cancer. If a woman presents with symptoms of breast and/or cervical cancer and the provider has allotments, one of the allotted enrollment slots must be used. If, however, the provider has used all of their slots for that quarter, the client can still be enrolled, but the provider must call or email BCCP for prior approval before enrollment.

Ancillary Service Providers

BCCP must have a Medical Service Agreement with ancillary providers **PRIOR** to them providing BCCP services. Please review the approved BCCP ancillary provider list before referring a client to help ensure that the client is not billed for services. If an ancillary service provider is not on this list, please contact BCCP. The list is continually being updated, so please check online periodically to look for changes in your area.



A Guide for Breast Cancer Screening

The goal of breast cancer screening for the BCCP is to improve breast cancer survival rates by ensuring that all women, regardless of income or insurance, have access to breast cancer screening and diagnostics services.

Definition of Screening

Screening is a process to detect unsuspected disease in asymptomatic persons. The methods used for early detection and screening of breast cancer are clinical breast examination (CBE) and mammography.

Clinical guidelines

The BCCP recommends consulting standards of care established by organizations such as the National Comprehensive Cancer Network (www.nccn.org) and the American College of Radiology (www.acr.org).

Components of Breast Cancer Screening

Client Education

Enrolling providers are responsible for providing breast cancer information to every woman who is enrolled into the BCCP. The following information must be explained to every woman in her primary language and may be supplemented with printed or audio-visual materials in the woman's primary language.

- The importance of screening at regular intervals
- What medical procedures are part of the Woman's Wellness Exam
- What steps a woman must take to complete her Woman's Wellness Exam
- A description of possible results of the medical procedures
- The date of next appointment
- A telephone number to call with questions and/or to make appointments
- That eligibility to receive BCCP services can change year to year
- Information on the limitations of breast cancer screening. For instance, a normal screening result does not necessarily indicate the absence of disease; normal results never rule out the possibility of developing a disease later, which is why ongoing regular screening is recommended; and that an abnormal finding does not necessarily mean that the finding is cancerous.

Screening

Screening refers to procedures, such as a CBE and mammogram, for women who **do not** present **symptoms that are suspicious for breast cancer**. A screening mammogram must be provided within 60 days following the CBE. The BCCP follows the National Cancer Institute recommendations for mammography screening:

- Women aged 50 and older should be screened every year.
- Women aged 40 to 49 are encouraged to discuss, with a health care professional, the advisability of breast cancer screening with mammography.
- When both CBE and screening mammogram results are normal, routine follow-up is recommended.
- Abnormal CBEs and/or mammograms always require further diagnostic evaluation.

Clinical Breast Examination (CBE)

CBEs must be performed by a qualified clinician, such as a Registered Nurse, Nurse Practitioner, a Certified Nurse Midwife, a Physician's Assistant, a Naturopathic Doctor or a Physician. **Complete documentation of the CBE must be included in the client record**. The BCCP follows the National Cancer Institute's recommendations for CBE. The CBE should include the following components:

- *With the patient sitting:*
 - Inspect for asymmetry, abnormal superficial vascular patterns, dimpling, nipple retraction, peau d'orange.
 - Palpate axillary, supraclavicular, and infraclavicular nodes. Note size, location, mobility and consistency of nodes palpated.
- *With the patient supine/lying down:*
 - Palpate the breast with the pads of the three middle fingers. The palpation motion should consist of small circles, about the size of a dime.
 - Examine the breast tissue in the armpit and chest area from collarbone to below the breast using the vertical strip method. Use the following three distinct pressure levels:
 - The first circle with very light pressure.
 - The second circle with medium pressure.
 - The third circle with deep pressure.
 - Observe for spontaneous nipple discharge.
 - Repeat procedure on other breast. Never examine just one breast.

Note:

The vertical strip is more effective in lump detection and is now the recommended pattern. Surgical scarring and skin lesions, such as moles or birthmarks, are not considered abnormal/suspicious for cancer. These exam findings are documented as

normal/benign. A CBE of the chest wall and axillary region is performed on a post-mastectomy patient.

- *A breast health history must be included as part of the CBE and should precede exam.*

The health history includes:

- Date and time intervals of previous mammograms
- Date and results of the last CBE
- Date and results of any previous breast surgery
- Date of last menstrual period
- History of medications (hormonal replacement therapy, oral contraceptives)
- Risk factors for breast cancer (advancing age, personal history of breast cancer or breast biopsy results with moderate, severe or atypical epithelial hyperplasia; or family history of first degree relatives with breast cancer)
- Description of breast symptoms

Clinical Breast Examination Results

The following procedure is followed for a patient with a **negative/normal** CBE:

- Refer for a screening mammogram.
- If the screening mammogram is abnormal, schedule additional studies as recommended by the radiologist.
- Document results and any further follow-up plans.
- Contact the BCCP staff with questions concerning results or recommendations.

The following procedure must be followed for a patient with a **positive/abnormal** CBE:

- Refer for diagnostic mammogram.
- Schedule additional studies as recommended by the radiologist.
- If imaging studies do not correlate with and explain abnormalities found on the CBE, client should be referred for a repeat CBE or a surgical consult depending on the level of clinical concern.
- Refer client for a biopsy or consultation if indicated.
- Document results and any further follow-up plans.
- Call the BCCP staff with questions concerning results or recommendations.

Note:

The mammogram results must always be compared to the CBE result. A breast ultrasound is an additional study that helps determine whether a mass is cystic or solid. If an ultrasound result shows a simple cyst correlating to the location and size of the palpable mass, no further follow-up is required. All other ultrasound results with a positive CBE require a repeat CBE, surgical consultation and/or biopsy.

Breast biopsies

Breast biopsies are considered reimbursable procedures only when:

- performed by participating surgical or radiology providers,
- after preliminary image evaluation, on an outpatient basis, and
- in accordance with approved guidelines.

Refer to a trained radiologist to allow for the least invasive and least costly approach when appropriate.



A Guide for Cervical Cancer Screening

The goal of cervical cancer screening for the BCCP is to improve survival of cervical cancer by ensuring that all women, regardless of income or insurance, have access to cervical cancer screening and diagnostic services.

Definition of Screening

Screening is a process to detect unsuspected disease in asymptomatic women. The methods used for early detection and screening of cervical cancer are pelvic examination and Pap test.

Clinical Guidelines

BCCP recommends reviewing the Consensus Guidelines for Management of Cytological and Histological Abnormalities, published by the American Society for Colposcopy and Cervical Pathology (ASCCP) at www.asccp.org.

Components of Cervical Cancer Screening

Cervical Health History

A complete cervical health history must be included as part of the examination. The health history includes:

- Date and results of the last pelvic examination and Pap test;
- Any history of abnormal Pap tests, colposcopy, or other diagnostic or treatment procedure for precancerous cervical changes;
- Date and results of any previous pelvic surgery, chemotherapy, and/or radiation therapy;
- Date of last menstrual period and history of pregnancies;
- History of medications including oral contraceptives and hormonal replacement therapy; and
- Risk factors for cervical and description of present pelvic symptoms

Client Education

The enrollment site staff will provide and document cervical cancer information to every woman who is enrolled into the BCCP. The following must be explained orally to each woman in her primary language and may be supplemented with printed or audio-visual materials in the woman's primary language.

- Risk factors of cervical cancer

- Signs and symptoms of cervical cancer
- Information on HPV and safer sex practices
- Clinical procedures (pelvic exam and Pap test)
- Importance of screening at regular intervals
- Steps a woman must take to complete her current check-up
- Description of possible results of the medical procedures
- Date of next appointment and a telephone number to call with questions and/or to make her next appointments
- Eligibility to receive BCCP services can change from year to year

Clinical Examination

A comprehensive assessment should include a pelvic examination and a Pap test.

- Assessment of the abdomen
- Assessment of the external genitalia
- Visual assessment of the cervix and collection of cervical cells for cytological analysis (Pap test)
- Visual inspection of the vaginal vault during withdrawal of the speculum and the bimanual examination
- Vaginal examination

Follow-up of Screening Results

A negative Pap test needs no further diagnostic workup. The clinician must notify the woman of findings, including the need for continued screening examinations. After a woman has had three or more consecutive satisfactory normal/negative annual examinations within a five-year period, the Pap test will only be covered by BCCP every three years. BCCP will still pay for an annual pelvic exam.

Management of Abnormal Pelvic Examination

- Abnormal pelvic exams and abnormal Pap tests require further diagnostic evaluations. **A normal Pap test does not rule out cancer if a woman has a cervical lesion on pelvic examination.**
- A colposcopy is allowed with an abnormal pelvic exam if determined by the clinician.

Note:

The BCCP will reimburse for colposcopy, or colposcopy with biopsy, for women over 40 referred into the program with documentation of the most recent abnormal Pap test result. Results of the abnormal Pap test must be documented in the program's data set as required by CDC. The BCCP will not reimburse for a repeat Pap test which is performed simultaneously with colposcopy or colposcopy with biopsy, unless more than four months have passed since the initial Pap test was performed.

Management of Abnormal Pap Tests

- **Atypical Squamous Cells of Undetermined Significance (ASC-US)**

The woman should be referred for colposcopy in the presence of atypical squamous cells if there is: a repeat Pap test with ASC-US; or one Pap result of ASC-US with high-risk type HPV; or one Pap result of ASC-H.

- **Low Grade Squamous Intraepithelial Lesion (LSIL)**

The woman should be referred for colposcopy to rule out the possibility of undetected and more severe dysplasia if there is a repeat Pap test 6-12 months apart showing LSIL or worse; one Pap result of LSIL with high-risk HPV or one LSIL Pap result with certain higher risk women.

- **High Grade Squamous Intraepithelial Lesion (HSIL)**

The woman must be referred for colposcopy. When no lesion or only biopsy-confirmed CIN I is identified after satisfactory colposcopy in women with HSIL Pap results, a review of the cytology must be performed. It is preferred that the review includes the results of colposcopy, and histology results. If a cytological interpretation of HSIL is upheld or if review is not possible, further diagnostic work-up may be needed.

- **Atypical Glandular Cells (AGC, AGC-NOS, AGC-neoplastic, AIS)**

The woman must be referred for colposcopy. Colposcopy with endocervical sampling is recommended for women with a Pap result of AGC, with the exception that women with atypical endometrial cells would initially be evaluated with endometrial sampling. BCCP will reimburse for an endometrial biopsy for women with an AGC Pap result who are 40 years or older or have unexplained vaginal bleeding. Please call BCCP for pre-authorization to perform this procedure.

- **Squamous Cell Cancer or Carcinoma in Situ**

The woman should be referred for biopsy and further evaluation to determine the extent of the invasion.

- **Adenocarcinoma**

The woman should be referred immediately for biopsy and further evaluation.



Care Coordination

Care coordination is defined as a service that assists women with abnormal results navigate the process between diagnosis and timely access to treatment. The goal of care coordination is to ensure that women enrolled in the program receive timely and appropriate diagnosis, treatment and re-screening services. After all, lives can only be saved if clients who need services are systematically identified, quickly referred for follow-up tests and given access to recommended treatment.

Providers are expected to provide timely (within 60 days) and complete follow-up to women with abnormal screening results.

Care Coordination Services conclude when one of the following is met:

- Diagnostic services have been completed and cancer is not diagnosed.
- Treatment is initiated.
- The client refuses either treatment or diagnostic follow-up.
- The client does not respond after a minimum of three reasonable and documented attempts have been made to establish contact.
- The client is no longer eligible for the Oregon Breast and Cervical Cancer Program due to income, insurance, or becoming eligible for Medicare and securing Medicare Part B coverage.

When a client concludes cancer treatment, is released by the treating physician to return to a schedule of routine screening, and continues to meet BCCP eligibility requirements, then she can re-enroll in the program and receive its services.

Care Coordination for Abnormal Results

Follow-up of abnormal screening results is a crucial component of the BCCP. Responsibility for care coordination is shared between the BCCP provider(s) and the BCCP. BCCP clients who are diagnosed with breast or cervical cancer as a result of a BCCP screening may be eligible to enroll in the Oregon Breast and Cervical Cancer Medical Program.

BCCP covers most necessary diagnostic services for abnormal breast or cervical screenings. The screening provider will determine the frequency and type of diagnostic work-up or follow-up needed, with reference to the BCCP Clinical Protocols and appropriate diagnostic texts and references. The BCCP has limited funding to pay for some procedures not included in the Physicians' Reimbursement Schedule.

It is the provider's responsibility to:

- Provide further diagnostic evaluation for the following results:
 - All abnormal CBEs, independent of the mammography results.
 - All abnormal mammograms, independent of CBE finds.

- All Pap tests that show potentially malignant or pre-malignant findings.
- All abnormal pelvic exams that are suspicious for cervical cancer.
- Provide diagnostic and initiate treatment within the following timeframe:
 - Less than 60 days from an abnormal mammogram with work-up planned to the final diagnosis.
 - Less than 60 days between an abnormal clinical breast examination with work-up planned and a final diagnosis.
 - Less than 60 days between an abnormal Pap result with work-up planned and a final diagnosis.
 - Less than 60 days between final diagnosis of CIN 2 and higher, invasive cervical cancer and treatment recommended and initiation of treatment
 - Less than 60 days between final diagnosis of breast cancer and initiation of treatment.

No more than 60 days should elapse between the time an abnormal finding is identified and final diagnosis. No more than 60 days should elapse between diagnosis and initiation of treatment.

Important Activities

Identify clients who require follow-up

Through the use of tracking and follow-up systems, providers are responsible for identifying women who have abnormal breast and cervical cancer screening findings and require diagnostic services.

Abnormal screening results that require follow-up and tracking include:

- Clinical Breast Exam – All Discrete Palpable Masses (DPM) must be fully explained with two diagnostic follow-up procedures.
- Mammography – BIRADS 0,3,4, and 5
- Pap test – ASCUS, LSIL and higher lesions

If a client has biopsy-confirmed, invasive breast or cervical cancer diagnosis or cervical biopsy diagnosis of CIN 2, or greater, or breast biopsy diagnosis of DCIS her provider must contact the BCCP Quality Assurance Coordinator for possible transition to the Breast and Cervical Cancer Medical Program (BCCM) through the Oregon Health Plan.

Assess Barriers

It is recommended that BCCP providers:

- Determine the factors that may keep each client from receiving recommended services.
- Assess clients' practical, cultural, and educational barriers to care, such as: fear, lack of knowledge or misunderstanding about procedures, need for translation services, or need for transportation.

Report

Providers will report whether follow-up or annual screening appointments were made and whether services were received.



Breast & Cervical Medical Program

Treatment for breast or cervical cancer or precancer, also known as the Breast and Cervical Cancer Medical (BCCM) program, may be made available for women who qualify through the BCCP. The BCCM program is separate from the BCCP, but is only available to women who are qualified through the BCCP.

- The BCCP is a screening and diagnostic program. It does not cover treatment for any medical condition.
- The BCCP does not cover diagnosis or procedures related to cancers other than breast or cervical, or management of health conditions such as hypertension, infection, dyslipidemia, diabetes, osteoporosis, depression or domestic abuse, or any other condition even if detected as a result of BCCP screening services.
- The BCCP does not cover services and procedures related to the treatment and management of any conditions diagnosed prior to a client's enrollment in the BCCP.
- If the health care provider recommends services or procedures not covered by the BCCP, the provider, prior to performing services or procedures, must inform the client that she or he is responsible for paying for the non-covered services and allow her or him to decide whether to have the recommended services.
- To the best of his or her ability, the health care provider should help the client identify a plan and available resources to obtain necessary treatment and follow-up services for conditions that are not covered by the BCCP or BCCM.

Eligibility Requirements

For a woman to be presumed eligible for the BCCM program, she must meet all of the following requirements:

1. Be under 65 years of age.
2. Be a Lawful Permanent Resident of Oregon or a U.S. citizen.
3. Not have health insurance to cover her treatment for breast or cervical cancer.
4. Have been screened by the Oregon Breast and Cervical Cancer Program (this means at least one BCCP paid procedure).
5. Be in need of treatment for breast or cervical cancer, including pre-cancerous conditions. The BCCP Medical Advisory Committee (MAC) has defined this as having one of the following diagnoses confirmed by biopsy:
 - Invasive breast cancer
 - Ductal carcinoma in situ (DCIS)
 - Invasive Cervical Cancer
 - Cervical intraepithelial neoplasia grade 2 (CIN 2)

- Cervical intraepithelial neoplasia grade 3 (CIN 3)
- Carcinoma in situ (CIS) of the cervix
- Adenocarcinoma in situ (AIS) of the cervix



Women's Wellness Exam

The BCCP recommends that all clients receive periodic preventive medical evaluations that minimally provide a health history and physical assessment specifically relating to the health conditions covered by the BCCP. BCCP pays for one annual Women's Wellness Exam per year. BCCP also reimburses for exams for clients who report possible symptoms of breast or cervical cancer in-between scheduled annual Woman's Wellness Exams. BCCP allows a maximum of two office visits related to breast and/or cervical cancer screening per client per year.

Any exceptions to this policy must be pre-authorized by BCCP.

A Woman's Wellness Exam should include:

- Clinical Breast Exam
- Referral to a screening mammogram
- Pelvic examination
- Pap test

Follow-up services may include diagnostic services such as :

- Ultrasound
- Biopsy
- Surgical Consultation
- Colposcopy



BCCP Provider Administrative Duties

A BCCP provider's administrative responsibilities include:

1. Completing the BCCP data forms and submitting them to the BCCP as required.
2. Establishing systems (such as letters, postcards, phone calls, and so on) to inform clients and the enrolling provider of normal screening results. This reassures the client and prevents unnecessary calls from clients to the provider regarding their test results.

Documenting, in the client's record, examination findings and results of screening procedures, client notification and recommended re-screening date(s).



Data Collection

Performance Measures

Data collection is essential for monitoring delivery of services and clinical outcomes of the BCCP program. The Centers for Disease Control and Prevention (CDC) requires a bi-annual report from the BCCP to evaluate the quality of the Oregon program and determine continued funding.

In addition to submitting standard claims information, **enrolling providers** are required to submit complete client data before receiving payment for each claim. This data is used to collect information pertaining to breast and cervical cancer prevention, diagnosis, and treatment and as well as to monitor the delivery of services and clinical outcomes.

BCCP provider must meet the following federal requirements so that the BCCP (and therefore providers) can continue to receive federal funding. Contact the BCCP staff if you need assistance in meeting these performance standards.

- Less than 60 days between abnormal CBE or abnormal initial mammography results (includes suspicious abnormality, highly suggestive of malignancy and assessment incomplete), and final diagnosis.
- Less than 30 days between final diagnosis of breast cancer (DCIS or invasive), and start of treatment.
- At least 90 percent of abnormal breast screenings or cases with a diagnostic work-up planned must have a completed diagnosis.
- Less than 60 days between abnormal Pap test results (ASC-H, LSIL, HSIL, AGC, or squamous cell cancer), and final diagnosis.
- Less than 30 days between diagnosis of CIN 2 or higher, or invasive cancer of the cervix, and start of treatment.
- At least 90 percent of abnormal cervical screenings or cases with a diagnostic work-up planned must have a completed diagnosis.
- Submission of BCCP billing and client data in the method specified by the BCCP.

Timeliness

In accordance with the BCCP Oregon Administrative Rules:

- Enrolling providers must provide the BCCP with enrollment and eligibility information immediately or within **five** calendar days from the date of enrollment.
- Ancillary providers must provide results of services to enrolling providers within **14** calendar days from the date of service.
- All other data must be submitted within **90** days from the date of enrollment. In the event that a case requires additional diagnostic procedures that exceed **90** days from the date of enrollment, the data must be submitted immediately upon receipt.

These rules are meant to ensure that the BCCP receives information from BCCP providers in a timely manner in order to conduct quality assurance and facilitate timely payments to providers.

Overview of the Data

Three categories of data are collected:

- Client enrollment
- Breast tracking
- Cervical tracking



Client Records, Confidentiality, Informed Consent, Release of Information (ROI) and HIPAA

Medical Records and Confidentiality

Participating providers must maintain medical records for each BCCP client for a minimum of **four years**. The information must be protected from inappropriate disclosure. The use and/or disclosure of any woman's medical or social information of a confidential nature must be protected. Provision of medical services and information contained in the medical records of women enrolled in the BCCP are considered confidential.

Client Consent

The Client Consent section of the Enrollment/Re-enrollment form must be signed and dated, and remain a permanent part of the woman's medical record.

A woman's signature of the Client Consent indicates that she gives permission for the Oregon Breast and Cervical Cancer Program to share information such as her name, date of birth, address, and results of screening and diagnostic tests with BCCP provider (s), the BCCP, and the organizations that fund the BCCP. This information allows BCCP to follow the woman's progress, improve the quality of services for women in the program, and comply with CDC data reporting requirements. Information is kept confidential.

A woman's signature on the Enrollment/Re-enrollment form authorizes her participation in the BCCP and indicates her understanding of the screening services that will be covered. A woman's signature on the form should be renewed annually if she continues to participate in the BCCP. However, the woman has the right to revoke her consent at any time.

The **enrolling** provider is responsible for ensuring that each woman enrolled in the BCCP has reviewed and signed the Enrollment/Re-enrollment Form prior to initiating services.

The use or disclosure by the provider of any information concerning women enrolled in the BCCP for any purposes not directly concerned with the BCCP is prohibited.

Health Insurance Portability and Accountability Act Responsibilities

As a health program, BCCP is required to protect client information and inform the clients of their rights under HIPAA, and contracted BCCP Providers are required to comply with HIPAA regarding the confidentiality of client records.



Provider Billing Procedures

Provider Reimbursement Rates

- Reimbursement rates for the Oregon Breast and Cervical Cancer Program are determined using the current Medicare Reimbursement Rates for the Portland Metro Area.
- Reimbursement rates for BCCP are updated annually, effective on January 1.
- CPT Code List and Provider Reimbursement Schedule. See www.healthoregon.org/bcc
- The BCCP will not pay for more than one office visit code per date, per individual provider.
- The BCCP is the payer of last resort.

Provider Reimbursement Requirements

- The BCCP must have a signed and executed Medical Services Agreement in order to reimburse the provider for procedures rendered.
- The provider must maintain documentation in the client's medical record of BCCP services provided, including a signed and completed Client Enrollment/Re-enrollment Form.
- For those clients who are underinsured, the provider must first submit claims to a client's private insurer. If a third-party payer covers a portion of the cost of the screening services, the provider may *not* bill the BCCP for the remaining costs. The BCCP does not reimburse for co-payments.
- Providers must accept BCCP reimbursement rates for billed procedures as payment in full. Providers may *not* bill BCCP clients for remaining balances of procedures reimbursed by BCCP. Providers may bill BCCP clients for procedures that are *not* covered by the BCCP, but providers must inform clients in advance and in writing that a specific procedure will *not* be covered by the program.
- Providers may only submit claims for completed services.

Fee for Service: Clinical Services

Claims for reimbursement of fee for service clinical services must be indicated separately. The type of screening must be identified on all claims submitted for reimbursement along with the CPT and ICD-9 codes. Claims will not be paid until the procedure results are received.

Enrollment/Eligibility Determination and Client Tracking

- A Data Collection Fee for client Enrollment/Eligibility determination and client tracking is reimbursed at \$25 per client.
 - This fee is only paid once for a client within a one-year period.

- If a client had been lost to follow-up, refused services or leaves the program for any reason and re-enrolls before 12 months from her first enrollment, the fee is not paid a second time.
- If a client had been lost to follow-up, refused services or leaves the program for any reason and re-enrolls more than 12 months from her first enrollment, the fee will be paid.
- The Data Collection Fee must be documented separately on the claims and will not be paid until all results are received.

Denial of Reimbursement

Claims will be denied for any of the following reasons. A remittance identifying the reason(s) for a claim denial will be made available to the provider. All services must be billed by submitting claim information in the method specified by the BCCP.

- Services provided to ineligible women (that is, women who do not meet the age, income, insurance or screening frequency and/or screening interval requirements.)
- A signed Medical Services Agreement and Contact Information Form are *not* on file.
- Required BCCP data were not submitted or all of the required data elements were not completed.
- Guidelines for screening and follow-up outlined in this guide are not met.
- The claim is submitted more than 12 months from the date of service.

No payment will be made for any expense incurred for any of the following services or items:

- (a) Treatment for cancer or pre-cancerous conditions;
- (b) Testing for sexually transmitted infections;
- (c) Any other medical service or laboratory tests whose primary purpose is for a reason other than breast or cervical cancer screening or diagnostic testing.

Pre-authorization

Procedures other than those covered by the BCCP that rule out breast or cervical cancer may be deemed clinically appropriate. The BCCP has limited funding to pay for some procedures that are not included in the Physicians' Reimbursement Schedule. In order to request special authorization for these procedures, please contact the BCCP administrative line at 971-673-0581. It is rare that these other procedures are approved. **Any procedures that are not listed must be pre-authorized by BCCP staff or they will not be covered.**



Contact Information

BCCP Call Center: 1-877-255-7070

Trained information specialists answer this toll free, confidential information and referral line from 8:00 am – 8:00 pm Monday through Friday. Please use this number for questions related to:

- General program information
- Patient eligibility screening and referral
- Information about providers in the BCCP network

BCCP Website: www.healthoregon.org/bcc

BCCP General Email: BCCP.info@state.or.us

BCCP State Office: 971-673-0581

The state office line is primarily for provider assistance. Please use this number for questions related to:

- Contracts/Medical Service Agreements
- Billing and claims processing
- Covered procedures and pre-authorization for special cases
- Data collection guidelines and requirements
- Enrollment in the Breast and Cervical Cancer Medical Program (BCCM)
- Outreach and enrollment materials