

**Oregon Breast and Cervical Cancer Program
Provider Advisory Committee (PAC)
Portland State Office Building
April 23, 2008**

Minutes

ATTENDING

Carol Elliott, RN
Leta Friedt, RN Linn County Health Department
Maria Loreda Virginia Garcia Memorial Health Center
Pam Pavilonis, ND
Meg Portwood, FNP Coastal Health Practitioners
Eileen Walsh, ND
BCC Program staff

WELCOME AND INTRODUCTIONS

Kate Schmidt called the meeting to order at 1:30pm. Welcome and introductions were made.

PROGRAM UPDATE

Sara Padilla, BCC Program Manager gave an update on claims processing and payment, contracts, the submission of Minimum Data Elements (MDEs) report to the CDC, program staffing and the 2008 Susan G. Komen for the Cure grant award.

CLAIMS

Claims are paid on a bi-monthly basis. Claims are being actively processed and providers should be receiving payment within 30 days.

Vendor checks are now being sent to the state BCCP office and Explanation of Benefits (EOBs) are included in the same envelope as the reimbursement check to the provider. It took a while to get this process in place but both the BCCP providers and the BCCP staff are pleased with this change.

All future EOBs will be in hard copy; this will avoid problems opening the *secure* email from the state.

CONTRACTS

A draft of the new 'Medical Services Agreement' is in preparation and will be made available for review by the end of May. This agreement will consist of about five to seven pages and will replace the current, cumbersome BCCP provider contract. There will be no expiration date on these agreements thus eliminating a considerable number of

wasted man-hours; agreements can be cancelled with a simple 30 day notice by either the provider or the BCC Program.

Providers requesting contracts at this time are being asked to wait until the new agreement is available as it is much more efficient and provider friendly. Active and focused recruiting of provider networks will resume once the new database system is operational.

MDE SUBMISSION

The semi-annual submission of the BCCP Minimum Data Elements (MDEs) was completed and on-time due to a tremendous amount of hard work and long hours by the data manager and the data specialist. The entire BCCP staff contributed to the effort by making numerous phone calls to providers to collect the enormous amount of missing data. A time-log was kept for the purpose of estimating the number of man-hours associated with the collection of the missing data. The MDE submission is time-sensitive and all of the missing elements could not be collected in time for that submission; the pursuit of the missing data continues.

STAFFING

Susan G. Komen for the Cure has given the BCCP an additional small grant to be used to help in the development of the new web-based data/billing system. Two temporary (6 month duration) employees are being recruited for:

1. Training and Communications Coordinator
2. Systems Business Analyst

A temporary employee, Donna Coyne has been hired to fill Pat Perry's position in administrative support while she is on medical leave.

WEB-BASED DATA SYSTEM

The data collection side of the system is currently being tested.

Question to the Committee

Subject: Payment of Facility Fees

Currently the BCCP reimburses hospitals and Ambulatory Surgical Centers (ASC) for their services rendered during a breast biopsy. These are set fees which are dependent upon the type of breast biopsy performed. In order to include this payment feature into the new data/billing system, many hours of programmer time will be necessary. The question to the group was: Can we stop paying facilities for their services?

A short discussion followed with the participants and it was recommended that the BCCP continue to pay hospitals and ASCs for their services.

Maureen Hinman gave an update about program policies and operations.

BCCP OREGON ADMINISTRATIVE RULES

The hearing date for the OARS had been set for May 23 and a “Notice of Hearing” was sent to the Provider Advisory Committee members and other key stakeholders. The OARS and additional information can be found on the DHS BCCP website.

COLPO-ONLY (UNDER 40) PROGRAM TO BE SUSPENDED IN JULY

The program will be suspended for the next fiscal year for the following reasons:

- BCCP is primarily a screening program.
 - When we enroll women midstream for this program it means our screening numbers go down and it appears we focus more on diagnostics than screening.
 - Women under 40 are not our target population.
- We believe that colposcopies are sometimes being done when not medically indicated, but we are having a difficult time determining when to deny payment. Usually a wait and see thing.
- We are spending a lot of time administratively on this small program.

This is actually a part of a larger issue that we have about enrolling women midstream (for diagnostics only), for cervical or for breast. We want to see women getting the diagnostic services that they need and we want to be able to enroll them in BCCM. However, we do need to be sure that we collect the data for the entire cycle and that we are focusing our resources on screening.

- The BCCP team will bring a proposed policy about how to handle midstream women to the next PAC meeting.

INITIAL CBES NOW COVERED BY KOMEN

CBE is not a procedure in and of itself so this means that if a woman is determined to be symptomatic during an office visit, that office visit will be covered and she can be enrolled into the program.

BCCP WEBSITE

The website has finally been updated!

- Outdated information was deleted and new items were added including:
 - Eligibility checklist
 - Links to ACS and NCI information about breast and cervical cancer
 - Information about how to become a provider
 - Information about how to fill out the data forms
 - Proposed OARs
 - www.healthoregon.org/bcc or www.healthoregon.org and look for the link that says breast and cervical cancer screening.