

**Oregon Breast and Cervical Cancer Program
Provider Advisory Committee (PAC)
Portland State Office Building, May 28, 2008
Meeting Minutes**

ATTENDING

Carol Elliott, RN	Family Planning Coordinator
Leta Friedt, RN	BCCP Provider, Linn County Health Department
Maria Loreda	BCCP Provider, Virginia Garcia Memorial Health Center
Pam Pavilonis, ND	BCCP Provider
Meg Portwood, FNP	BCCP Provider, Coastal Health Practitioners
Eileen Walsh, ND	BCCP Provider, Main Street Clinic
BCC Program staff	

WELCOME AND INTRODUCTIONS

Mary Kate Brousseau, Symptomatic Program Coordinator, called the meeting to order at 1:35pm, welcoming all participants. Introductions were made.

PROGRAM UPDATE – Mary Kate Brousseau, Symptomatic Program Coordinator

Claims

Claims continue to be paid on a bi-monthly basis with EOBs and checks sent together. This process continues to go well with positive feedback from providers.

Funding

OFH has been awarded WISEWOMAN funding from the CDC, to begin July 1. Julie McFarlane, Women’s Health Manager, will be overseeing this new program and working closely with BCCP for implementation. A WW Coordinator will be hired right away.

BCCP is applying for funding for two years from the ACS to design and implement evidence-based outreach strategies to continue to reach medically underserved priority populations. If awarded, this project will begin September 1. A cancer screening navigator will be hired to design a patient cancer navigation training curriculum and then work toward the end of year one to train community based organizations in navigation. The application is due June 4.

Susan G. Komen for the Cure Partnership

BCCP staff continue to meet monthly with representatives from the Komen Affiliate. At the end of April, BCCP staff attended and presented at the Komen Grantee training and luncheon. BCCP will continue to partner with Komen grantees to enhance outreach efforts around the state. Three Komen Affiliate volunteers have been identified to assist with data entry and filing. They are undergoing the state background check and working with Rhonda and Sara on scheduling.

On May 21, Katherine Bradley, OFH Administrator, and Rian Frachele, WRH Section Manager, presented at the Komen Affiliate Board meeting. The discussion included history about the program, the importance of the BCCP/Komen partnership, and updates on current BCCP operations.

The abstract submitted to the APHA highlighting the unique public/private partnership between OBCCP and the Komen Affiliate was accepted for a short oral presentation at the annual APHA conference.

SafeNet

BCCP received the first quarterly report from Oregon SafeNet, documenting information on callers using the service. SafeNet gets 20-30 calls a day and 60% of callers are between the ages of 40 and 59.

Provider Communication

Please continue to check the website (www.healthoregon.org/bcc) for information about BCCP, including eligibility criteria, reimbursement fee schedules, and provider lists. Please make sure to send any contact information updates to BCCP so as to keep the lists current.

The first BCCP Newsletter was sent via email in the past week. The Newsletter will be distributed regularly, either quarterly or bimonthly, depending on content. Please contact BCCP with any email address updates.

BCCP is sending out a provider letter in early June with updates on eligibility, reimbursement lists, and data collection fee requirements. These updates will also be posted online.

DATA SYSTEM – Elvin Yuen, Outreach and Education Coordinator

The programmers are very busy building the system. As a reminder, it is an online system, which you can access with Internet Explorer from anywhere with an internet connection. It is secure, which means that you have to log in using a username and password. The data system is electronic, which means that you don't have to fax or mail any forms, procedure results, or paper claims to the State anymore.

In about 4-5 weeks, we will be moving into the testing phase of the system, which the programmers call beta-testing. We will be asking for involvement in:

1. Enrolling a client using the new system by entering enrollment information onto the data system.
 - a. We still have a paper Enrollment form, so the patient can fill it out in the waiting room. The info that the patient fills out then needs to be entered into the data system.
2. Adding breast information onto the data system, as well as cervical information.
 - a. There are also paper Breast and Cervical Health Tracking forms. We made paper forms so the provider can fill them out in the exam room. Or the data can be entered directly onto the online data system without ever filling out a paper form.
3. Entering and submitting an electronic claim either through the website or using an 837 file.
4. Giving us feedback on your experience, so we can learn how to best create training materials for all BCCP providers.

In the Fall, we will be rolling out the data system. BCCP staff will be providing training. The program is in the process of hiring a Training/Communications Coordinator who has years of experience in rolling-out data systems, and her name is Nanci Hamilton. BCCP will provide guidance on how to transition from the current way of doing things to the new way of doing things.

OPERATIONS AND POLICY DISCUSSION ITEMS – Maureen Hinman, Operations Coordinator

Status of Oregon Administrative Rules (OARS) for BCCP

The hearing was held on May 23 without any opposition. May 28th was the last day to receive comments and the OARs are scheduled to be promulgated June 6.

Medical Services Agreement update

A draft of the agreement is nearly done receiving internal review. Maureen will send an email to the PAC for input. It will then go to the Attorney General's office. We will be sending out a letter and posting info on the web to let providers know about the new agreement coming.

Medical interpretation may be discontinued

The medical interpretation service that was provided through Passport to Languages may not be available in the future. Currently, BCCP does not have funding remaining in the CDC budget for interpretation. We have not yet heard back from the CDC regarding the budget for the next fiscal year. We have written interpretation into the ACS grant to find more funding.

Policy around patient refused

The BCCP Operations and Policy Workgroup met to develop some reporting rules for “patient refused”. In addition to requiring documentation in the chart, the data collection (DACOL) fee will be rejected when the following is true:

1. No DACOL if patient refused or LTFU for all 4 screenings (CBE, Pap, pelvic exam, and mammogram)
2. No DACOL if just mammogram performed.

Note: All procedures should be encouraged to occur at the same time the following year.

The group discussed the new policy proposal and provided feedback. The new DACOL requirements were accepted by all members of the PAC and BCCP staff will follow up with implementation procedures. There was also discussion about reimbursement for office visits and mammograms, when all BCCP procedures are refused. Most in the meeting believe that office visits should not be reimbursed if the CBE, pelvic, and Pap are all refused, because the patient should not even be enrolled in BCCP. Also, if only a mammogram is done, and is not paired in any way with a CBE, the mammogram should not be reimbursed and the patient would not be eligible for the BCCP as well. BCCP staff will investigate these topics further in relation to program operations and rules in the new data system.

Policy on midstream women

The group reviewed the handout distributed about the proposed policy on enrolling midstream clients. There was some concern that repeating a pelvic and/or CBE may be too invasive or serve as a barrier for women to be enrolled. However, after seeing that only one of the two would be recommended, this point was approved, particularly considering the need for screening through BCCP for reporting to the CDC and adhering to grant guidelines.

The group discussed what would happen if a woman had services through contracted providers, but was never signed up. This client could be retroactively enrolled and claims could be handled as appropriate.

BCCP staff also addressed concerns over how these and future policies would be communicated to providers. Policies will be included in the program manual, posted online, and addressed in trainings, both for provider orientation and data system implementation. The program hopes to post frequently asked questions online on a regular basis for provider reference on “hot topics”.

Criteria for recruitment of new providers

The BCC Program is scheduled to go a little over budget and have had to ask our largest providers to delay appointments until July 1. Sara called each of these providers and sent them a letter. Appointments that were already scheduled are being kept and symptomatic women can receive services without delay.

BCCP wants to be strategic about contracting new providers and after a group brainstorm, the following criteria were proposed:

- Defining key providers in needed regions, identifying access gaps.
- A Priority is to have a complete provider network regionally (e.g. PCPs., colpo, surgeons, etc), considering both enrolling vs. ancillary providers. BCCP will need to define the regions. BCCP staff will update the provider network map.
- Serve priority populations (e.g. not limited to pre-menopausal)
- Providers willing to be medical homes.
- Providers willing to accept new patients, and therefore, be on the referral list.

Limiting services: current and future process

The group discussed the current budgeting situation and the possibility of capping large providers in the future. In the past, each county had a certain number of clients assigned per year, and when that number was reached, the coordinator had to contact the BCCP to find out next steps. The BCCP central staff maintained the budget and number served so as to plan out spending. As the year progressed, providers would request data from the state to keep track of their own enrollments and spending.

Other suggestions/concerns included:

- Using population data regionally before assigning caps to numbers enrolled.
- With a cap, would providers “save” services for diagnostic cases rather than screening more women?
- Providers could be more careful about who is allowed back annually for screening and consider protocols to prioritize. Perhaps, if a patient has had normal exams for the past 5 years, they should be encouraged to skip a year. Some members of the group were worried about denying annual care due to liability.
- Caps or limitations should be across the board and not just with high-volume providers.

NEXT STEPS

Please watch for correspondence about the Medical Services Agreement via email. BCCP staff needs PAC input as soon as possible.

Next meeting is June 25, 2008 from 1:30pm to 3:00pm.