N. C. Department of Health and Human Services
Division of Public Health

SCOPE OF WORK

BACKGROUND

The goal of the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) is to reduce the morbidity and mortality of breast and cervical cancers in North Carolina women by providing breast and cervical cancer screening and/or diagnostic services.

NC BCCCP funds Local Health Departments and community health agencies to establish and maintain a breast and cervical cancer screening program in their locales. There are 91 of 100 counties in North Carolina that have an active screening program that provides NC BCCCP services. NC BCCCP is designed as a screening program and does not provide funds for treatment. However, women enrolled in NC BCCCP prior to diagnosis may be eligible to receive Breast and Cervical Cancer Medicaid (BCCM) to cover acute treatment services as well as maintenance therapies for breast and cervical cancers, eligible precancerous breast and cervical lesions, and for reconstruction surgeries. Additionally, women who are diagnosed outside of NC BCCCP with breast and/ or cervical cancer and/ or precancerous lesions and who meet NC BCCCP eligibility may apply for BCCM. Presumptive retroactive coverage of BCCM may not exceed three months.

In the U.S. breast cancer is the most common form of cancer in women. It is the second leading cause of cancer deaths in Hispanic and White women in North Carolina and is the third most common cause of cancer deaths among African American and American Indian women in North Carolina (NC Central Cancer Registry). Between 2015 and 2019, the NC incidence rate of breast cancer was 163.4 per 100,000 and the mortality rate was 20.5 per 100,000 women. In 2021, it is estimated that 11,677 cases (including in situ) are expected to be diagnosed in NC with 1,508 deaths (Cancer Projections, NC Central Cancer Registry). In 2021, an estimated 281,550 new cases of invasive breast cancer are expected to be diagnosed among U.S. women, as well as an estimated 49,290 additional cases of in *situ* breast cancer. Approximately 43,600 U.S. women are expected to die from breast cancer in 2021. (American Cancer Society (ACS) Cancer Facts & Figures 2021).

At one-time, cervical cancer was a leading cause of cancer death for women in the U.S. However, since 1948, when the Pap test was introduced, the incidence and mortality of cervical cancer has decreased significantly. Between 2013 and 2017, the incidence rate of cervical cancer was 7.6 per 100,000 and the mortality rate between 2014-2018 was 2.2 per 100,000 in the U.S. (American Cancer Society Cancer Statistics Center). Even though cervical cancer incidence and mortality continue to decrease significantly overall, the rates are considerably higher among African American and Hispanic women. In 2021, an estimated 14,290 new cases of cervical cancer are expected to be diagnosed among U.S. women with 4,290 estimated (ACS Cancer Facts & Figures 2021). In NC, the estimated number of new cervical cancer cases for 2020 is expected to be 414 with 126 estimated deaths (Cancer Projections, NC Central Cancer Registry).

The most recent available data (Small Area Health Insurance Estimates, 2018) shows 135,055 women eligible for breast cancer screening and diagnostic follow-up and 293,509 women eligible for cervical cancer screening and diagnostic follow-up in the North Carolina BCCCP.

Comparison Data:
(NC Central Cancer Registry, 2015-2019 rates)
Breast cancer incidence rate was 163.4 per 100,000 women
Breast cancer mortality rate was 20.5 per 100,000 women
Cervical cancer incidence rate was 6.7 per 100,000 women
Cervical cancer mortality rate was 2.0 per 100,000 women

PURPOSE

The purpose of this contract is to provide breast and cervical cancer screening and/or diagnostic services to eligible women. These services shall ultimately reduce the mortality rate from breast and cervical cancer among the uninsured, underinsured, and underserved women in North Carolina.

COUNTIES

This contract serves the following North Carolina County (ies): All 100 counties.

PERFORMANCE REQUIREMENTS

A. The Contractor, based on capacity, shall provide ___642 unduplicated women with breast and cervical cancer screening and/or diagnostic services at a capitated rate of $325 per woman. In addition, the Contractor shall assist up to ___ eligible women with a breast and cervical cancer diagnosis that is less than 90 days old with applying for Medicaid.

B. Priority Populations

1. The priority population for **NC BCCCP** is women of ethnic minorities and women who are uninsured or underinsured.
2. For **NC BCCCP mammography services:** women who are low-income (below 250% of federal poverty level), who have not been screened in the last one to two years and:
    a. For **federally funded services**, the priority population is between the ages of 50 and 64.
    b. For **state-funded services**, the priority population is between the ages of 40 and 64.
3. For **NC BCCCP cervical cancer screening services:** women who are low-income (below 250% of federal poverty level), who have never been screened (defined as not screened in the last ten years) and:
    a. For **federally funded services**, the priority population is between the ages of 21 and 64.
    b. For **state-funded services**, the priority population is between the ages of 21 and 64.

C. Eligible Population

1. Women 21 to 75 years of age with gross incomes that are below 250% of the federal poverty level, according to the Federal Poverty Guidelines, and who are uninsured or underinsured, may be eligible for breast and cervical services, subject to the limitations and exceptions listed below:
    a. Women enrolled in Medicare (Part B) and/or Medicaid programs <u>are not eligible</u> for program-funded services.
    b. Women receiving Family Planning (Title X) services <u>are not eligible.</u> for NC BCCCP-funded services that are available through Title X funding.

2. Eligible women ages 21 to 39 with an undiagnosed breast or cervical abnormality may receive NC BCCCP-funded diagnostic services if no other source of healthcare reimbursement is available.

3. Breast Services. **At least 75% of all initial mammograms** provided through NC BCCCP using **federal funds must be for women ages 50 to 64**; no more than 25% may be provided for symptomatic women under the age of 50.
    a. Symptomatic women under the age of 50 — NC BCCCP funds can be used to reimburse for Clinical Breast Exams (CBE) for symptomatic women under the age of 50. If the findings of the CBE are considered to be abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a woman can be provided a diagnostic mammogram and a referral for a surgical consultation.
    b. Asymptomatic women ages 40 to 49 — NC BCCCP State funds may be used to reimburse for mammograms for women ages 40 to 49. NC BCCCP Federal funds may only be used for mammograms in this population for women who are symptomatic, subject to the 25% limitation noted above.
    c. Asymptomatic women under the age of 40 — NC BCCCP funds can be used to screen asymptomatic women under the age of 40, if they are considered to be at high risk (see high risk defined below) for breast cancer.
    d. Asymptomatic or symptomatic women age 65 to 75 – NC BCCCP State funds may be used to reimburse for mammograms for women ages 65 to 75 if no other source of funding is available. The NC BCCCP Federal funds may not be used for this population.
    e. All women should undergo a risk assessment to determine if they are at high risk for breast cancer.

4. Cervical Services. At least 20% of all enrolled women screened for cervical cancer shall meet the definition of never screened. The priority age for cervical cancer screening is women between the ages of 21 and 64. All women should undergo a risk assessment to determine if they are at high risk for cervical cancer.

5. Documented citizenship is not required for screening through NC BCCCP.

6. The Contractor shall assist eligible women with a breast or cervical cancer diagnosis that is less than 90 days old with applying for Medicaid. Providers are no longer required to provide a screening or diagnostic work-up for patients to apply for Breast and Cervical Cancer Medicaid (BCCM). Women diagnosed outside of the NC BCCCP program with breast and/or cervical cancer and/or pre-cancerous lesions with a diagnosis that is less

than 90 days old, and who meet NC BCCCP eligibility criteria may receive patient navigation-only (PN-only) services to apply for BCCM. Patients who receive PN-only services to apply for BCCM will count as a PN-only target and the Contractor will be eligible to receive $25 for each of them.

Clinical Protocols

A. The Contractor shall meet the following program requirements:
   1. Breast Screening
      a. Protocols for breast screening and follow-up shall be in accordance with *The Breast Screening Manual: A Guide for Health Departments and Providers* (DHHS, December 2016 updated June 2018) available on the website at: http://bcccp.ncdhhs.gov/providers.htm
      b. All eligible women shall receive breast cancer screening services, (clinical breast exam and/or age-appropriate mammogram), based on the guidelines under heading: Eligible Population: Section C, Performance Requirements of this contract. The vertical strip method for the clinical breast exam (CBE) services is endorsed.
      c. All women should undergo a risk assessment to determine if they are at high risk for breast cancer. NC BCCCP state funds and federal funds can be used for annual screening among women who are considered high risk for breast cancer. "Women at high risk" includes those who have a known genetic mutation such as BRCA 1 or 2, first-degree relatives with premenopausal breast cancer or known genetic mutations, a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's Lymphoma), and a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history. These women should be screened with both an annual mammogram and an annual breast MRI.
   2. Cervical Screening
      a. Protocols for cervical screening and follow-up shall be in accordance with *The Cervical Screening Manual: A Guide for Health Departments and Providers* (DHHS, December 2020) available on the website at: http://bcccp.ncdhhs.gov/providers.htm
      b. For patients under age 30 with no abnormal findings, the screening interval for cervical cytology is every three years. Women age 30-65 may be screened with cervical cytology alone every three years, co-testing with cervical cytology and HPV test every five years, or hrHPV test alone every five years.
      c. All women should undergo a risk assessment to determine if they are at high risk for cervical cancer. Women who are at high risk for cervical cancer need to be screened more frequently than average-risk women. NC BCCCP funds can be used for annual screening among women who are considered high risk for cervical cancer. This includes women with HIV infection, who have had an organ transplantation, who may be immunocompromised from another health condition, or who had diethylstilbestrol (DES) exposure in utero.
      d. NC BCCCP funds cannot be used for cervical cancer screening in women with total hysterectomies (i.e. those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. (A

one-time pelvic exam is permitted to determine if a woman has a cervix.)

e. Women who have had a total hysterectomy for Cervical Intraepithelial Neoplasia (CIN) disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65.
f. Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health.
g. Women who have had a supracervical hysterectomy remain eligible for cervical cytology.
h. With the exception of item 2 d. above, a pelvic exam should not be provided using NC BCCCP funds in the absence of a cervical cytology and/or HPV test.

3. Tobacco Screening and Cessation

The Contractor is required to assess the smoking status of every woman screened by NC BCCCP and refer those who smoke to a tobacco cessation program such as QuitlineNC.

4. Colorectal Cancer Screening Status

The Contractor shall assess each patient age 50 and above for her colorectal cancer screening status. See NC BCCCP Colorectal Cancer Screening Information and Assessment Policy provided in the training manual.

5. Insurance Status

The Contractor shall assess all women seeking to be enrolled in NC BCCCP for insurance status at each visit. Uninsured women must be referred to available insurance options, such as the Health Insurance Marketplace (i.e., HealthCare.gov). If the woman's visit does not occur during open enrollment, she must be provided information about how to enroll at the next opportunity.

6. Follow Up and Patient Navigation

a. Patient navigation is defined as, "Individualized assistance offered to clients to help overcome health care system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for women who are diagnosed with cancer."
b. Providers should establish services:

1. To assist women eligible for NC BCCCP-paid clinical services in overcoming barriers to complete screening, diagnostic services, and initiation of cancer treatment; and

2. To support low-income women (the priority population) but who have other payment sources (e.g. state funds, Medicaid) for screening in overcoming barriers to complete screening, diagnostics, and initiation of cancer treatment.

c. Patient Navigation for women served by NC BCCCP must include the following activities:
    1. Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment.
    2. Patient education and support.
    3. Resolution of patient barriers (e.g., transportation, translation services);

4. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment.
5. A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship; and
6. Collection of data to evaluate the primary outcomes of cancer screening and/ or diagnostic testing, final diagnosis, and treatment initiation if needed.

d. Women who are in need of screening shall receive assessment of their need for patient navigation and assistance to assess screening services, whether by enrollment in BCCCP or referral to a non-BCCCP provider.

e. When follow-up services are required, the Contractor shall use previously received NC BCCCP funds to pay for or provide the diagnostic services listed on the most current NC BCCCP Fee Schedule up to a maximum of $2,000 per woman. All fee schedules are sent via email to BCCCP navigators and are found at http://bcccp.ncdhhs.gov/providers.htm. The Contractor must hold sufficient NC BCCCP funds to complete the screening, follow-up, and/or diagnostic services for each woman served.

f. The Contractor shall assure that a referral system for the diagnosis and treatment of all abnormal findings is in place. The Contractor shall designate a primary person who shall be responsible for implementing a protocol that ensures all patients receive follow-up services or medical treatment when required. Cross training is strongly encouraged. Follow-up of an abnormal screening test must be completed within 60 days of the patient's screening visit for breast screening and within 90 days for cervical screening.

g. Women having an abnormal breast or cervical screening result shall receive patient navigation and be referred for assessment of the following findings:
   i. Clinical breast exam results of discrete palpable mass, serous or bloody nipple discharge, nipple areolar scaliness, or skin dimpling or retraction.
   ii. Mammogram result of Category IV (suspicious abnormality, biopsy should be considered) or Category V (highly suggestive of malignancy); and
   iii. Cervical cytology result of Low-Grade Squamous Intraepithelial Lesions (LSIL), Atypical Cells of Undetermined Significance (ASC-US), with positive Human Papilloma Virus (HPV), Atypical Squamous Cells Cannot Exclude High-Grade Lesions (ASC-H), High-Grade Squamous Intraepithelial Lesions (HSIL), Squamous Cell Carcinoma (SCC), Abnormal Glandular Cells (AGC) including Atypical Glandular Cells of Undetermined Significance (AGUS) or adenocarcinoma.

h. At least three attempts must be made to locate and inform the patient of **abnormal screening results**. The last attempt must be by certified letter. Written documentation of all attempts must be included in the medical record.

i. For all abnormal mammograms, clinical breast examinations, and cervical cancer screening results, the following information shall be documented in the patient's medical record:
   i. Patient contact information (number and date of attempts made to follow-up).
   ii. Follow-up appointment information (date, follow-up provider and follow-up location).
   iii. Date referral was made; and
   iv. Results of all referrals, including the report from the provider.

j. Women diagnosed with breast and/or cervical cancer and/or pre-cancerous lesions

outside of NC BCCCP who meet NC BCCCP eligibility criteria may receive patient navigation-only services to apply for BCCM.

7. Standing Orders

All standing orders or protocols developed for nurses in support of this program must be written in the North Carolina Board of Nursing format. The contractor shall have a policy in place that support nurses working under standing orders. http://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf

8. Recruitment, Outreach and Professional Education

1. Recruitment and Outreach

a. To enhance internal Contractor referrals to NC BCCCP, the Contractor shall provide in-reach activities to ensure that Contractor clinics and personnel are aware of NC BCCCP eligibility guidelines and the appropriate contact person and to refer a potentially eligible patient to the appropriate contact person.

b. The Contractor shall conduct appropriate Recruitment and Outreach strategies to reach women who have never been screened for breast and/ or cervical cancer as well as populations who are most at risk.

c. The Contractor shall return all recruitment data and surveys by the required deadline as requested by the NC BCCCP Program Consultant.

2. Professional Development

a. The Contractor shall participate in educational opportunities provided or recommended by NC BCCCP as appropriate.

b. The Contractor's NC BCCCP staff must attend:

(i) The NC BCCCP Biennial Update Meeting

(ii) Scheduled statewide conference calls as indicated

(iii) At least one of the biannual (two-per-year) NC BCCCP trainings offered annually. For newly hired staff, the staff member must attend the first biannual NC BCCCP training following the date of hire. Web-based trainings and/ or traditional face-to-face trainings will be available

c. All registered nurses without advanced practice certification who perform clinical examinations for the NC BCCCP must enroll in and complete the Physical Assessment of Adults Course. This course is conducted by the University of North Carolina Gillings School of Global Public Health and co-sponsored by the NC Division of Public Health. Evidence of the satisfactory completion of a comparable course of study may be substituted for this requirement with the approval of the Public Health Nursing and Professional Development Unit (PHNPDU). Proof of this certification must be on file with the contracting agency.

d. Policies and procedures must be in place for assuring the competency of nurses and the documentation of competency for each nurse performing the clinical examinations. (See *North Carolina Nurse Practice Act* at https://www.ncbon.com/laws-rules-nursing-practice-act-nursing-practice-act

e. All staff performing clinical breast examinations (CBE) are encouraged to use the

vertical strip method. Training is available through NC BCCCP and Mammacare.com.

B. Continued funding for NC BCCCP in FY 21/22 shall be based on FY 20/21 performance in all areas listed in the table below. **Failure to comply with these indicators in FY 21/22 may result in loss of funding in FY22/23.**

Indicator Type	Program Performance Indicator	CDC Minimum Standard
Screening Goal	Total number of women served for FY 21/22	**100%**
Budget Expenditures	Allocated BCCCP funds expended for each woman served	**100%**
Breast Cancer Screening Performance Indicators	Initial screening mammograms provided to women ≥ 50 years of age (applies to federal funds only)	**≥ 75%**
	Abnormal screening results with complete follow-up	**≥ 90%**
	Abnormal screening results; Time from screening to diagnosis > 60 days	**≤ 25%**
	Treatment started for breast cancer	**≥ 90%**
	Breast cancer; Time from diagnosis to treatment > 60 days	**≤ 20%**
Cervical Cancer Screening Performance Indicators	Initial program cervical screening; never screened	**≥ 20%**
	Abnormal screening results with complete follow-up	**≥ 90%**
	Abnormal screening results - time from screening to diagnosis > 90 days	**≤ 25%**
	Treatment started for diagnosis of HSIL, CIN2,3, CIS, Invasive Carcinoma	**≥ 90%**
	HSIL, CIN2,3, CIS; Time from diagnosis to treatment > 90 days	**≤ 20%**
	Invasive carcinoma; Time from diagnosis to treatment > 60 days	**≤ 20%**

C. Reporting Requirements

All data including initial screening or diagnostic service, abnormal follow-up results, and treatment disposition in the Microsoft Access data system, exported, and uploaded to Crush FTP in a timely manner as follows:

1. The Contractor shall submit patient data to the Crush FTP monthly, no later than the tenth of each month for the previous month's clinical services provided. All data shall be entered into the Microsoft Access data system even if there are pending abnormal findings requiring follow-up. Pending findings should be resolved as soon as possible and data in Microsoft Access should be updated as necessary.
2. All test results including follow-up, diagnosis, and treatment shall be updated as soon as received and according to NC BCCCP timelines. Diagnostic disposition must be entered within 60 days of the breast screening date and within 90 days of the cervical screening date. Treatment disposition must be entered within 60 days of the diagnostic disposition date for breast or cervical cancer and within 90 days of the diagnosis date for HSIL, CIN2,3, or CIS of the cervix.

3. The Contractor shall notify NC BCCCP of staff changes (including the contract administrator, nursing director/supervisor, NC BCCCP navigator, health educator or financial contact) and provide the name and contact information of that person within one month using the *Staff Change Notification Form* available at https://bcccp.ncdhhs.gov/linksandresources/ProviderForms/StaffChangeNotificationFormFillableRevised-2018-1126.pdf.

4. The Contractor shall complete Breast and Cervical cancer data screens and send to the NC BCCCP electronically for every woman who receives clinical services (mammogram, clinical breast exam, cervical cytology, HPV test, or diagnostic service) and follow-up services using the Microsoft Access system.

5. Program data received by NC BCCCP shall determine whether the Contractor is meeting contract targets and performance measures.

6. Minimum Data Elements (MDEs) are included in the data entered into Microsoft Access.

7. Monthly progress reports are provided to each Contractor to report performance and identify individual cases requiring follow-up or correction. All patients with abnormal findings or data errors remain on the monthly data reports for two program years until follow-ups are completed or errors are corrected. Monthly error reports are also given to each contractor if data entry mistakes are made that prevent patient records from being processed. These errors will not be removed from error reports until the patient records are corrected.

PERFORMANCE MONITORING AND QUALITY ASSURANCE

A. Contractor Responsibilities for quality assurance

1. Cervical Screening and Follow-up

   Laboratories must be certified under the most recent version of the Clinical Laboratory Improvement Amendments. The latest version of the Bethesda System is required for reporting the results of cervical cytology. (See *The Cervical Screening Manual: A Guide for Health Departments and Providers,* DHHS 2020*)*

2. Breast Screening and Follow-up

   Federal Food and Drug Administration (FDA) certification is required for all mammography facilities. When contracting with any mammography facility, the Contractor shall assure that the facility is accredited under the Mammography Quality Standards Act (MQSA) regulations. *(See The Breast Screening Manual: A Guide for Health Departments and Providers, December 2016,updated June 2018.)*

3. The Contractor shall maintain clinical records for each woman receiving NC BCCCP services as a part of the patient's individual medical record.

4. The Contractor shall audit a random sample of at least 5 NC BCCCP patient records at least once annually to check for compliance with program requirements.

5. Contract responsibilities for process and outcome evaluations:

   The Contractor shall respond to NC BCCCP evaluation requests in a timely manner. This includes completing evaluation surveys, focus groups, interviews, and other data collection methods as outlined in the CDC and NC BCCCP Evaluation plans.

B. The Cancer Prevention and Control Branch's NC BCCCP Program responsibilities for monitoring:

1. NC BCCCP staff will conduct a risk assessment of the contractor. Risk categories will be determined prior to the release of this contract and reassessed at least annually. The Contractor will be categorized as low risk or high risk and will be notified by NC BCCCP staff about its categorization prior to the start of this contract. The Contractor's risk category can change at any time and will be reassessed if irregularities are noted. The frequency and intensity of monitoring techniques applied will be directly proportional to the level of risk assigned. A contractor categorized as low risk will receive a detailed monitoring event at least every three years. A contractor categorized as high risk will be notified by letter of the high-risk assessment and a specific date for corrective action and details about the monitoring plan will be defined on the letter. A contractor categorized as high risk will receive a monitoring event at least annually.

    a. The purpose of the monitoring event is to verify and document timeliness and adequacy of follow-up, quality of services, efficiency of operations, and compliance with program requirements.

    b. The monitoring event will be conducted on-site at the Contractor's facility if possible. Alternatively, a remote monitoring event may be conducted if travel to the Contractor's site is not possible.

    c. NC BCCCP staff will provide advance notice to the Contractor of the date and time of the monitoring event.

2. NC BCCCP staff will review the Contractor's program performance indicators using data submitted to Crush FTP from the Microsoft Access data system monthly and provide technical assistance as needed. NC BCCCP staff will provide the Contractor with more frequent technical assistance if there are indications of problems meeting performance requirements or if requested by the Contractor.

C. Consequences of Inadequate Performance

1. NC BCCCP staff will evaluate Contractor performance in November 2021. Contractors not meeting performance indicators in November 2021 will be notified that they have been placed on "high risk status" and will require a Corrective Action Plan (CAP). The CAP shall be submitted and implemented by December 17th, 2021.
2. Failure to meet targets or request reimbursement as expected may result in reduced targets and funding.
3. If monthly or triennial monitoring uncovers deficits, NC BCCCP staff will work with the contractor to correct these deficits.
    a. Serious ongoing deficits will require development and implementation of a CAP.
    b. Persistent failure to meet program requirements will result in termination of the contract.
4. If the Contractor terminates or is terminated from the NC BCCCP program, the Contractor is required to:
    a. Notify the NC BCCCP program director of the Contractor's intent to terminate in a letter written on the Contractor's letterhead and signed by the Contract Administrator, which includes the effective date of the termination with a minimum of 30 days' notice.
    b. Identify resources in the community and refer women who have abnormal findings found prior to termination of the NC BCCCP.

c. Notify all current NC BCCCP participants of closure of the program, and offer them assistance to find alternative providers of screening services.

d. Continue to monitor Monthly Data Reports, and provide follow-up or corrected information until all cases are closed out.

e. Maintain all NC BCCCP records and program manuals according to the Contractor's retention schedule.

5. With termination, all remaining allocated NC BCCCP funds will remain with DPH.

REIMBURSEMENT

A. Financial

1. The Contractor shall request reimbursement at a capitated rate of $325 per unduplicated women for up to the total number of women specified in Section A of Performance Requirements. The total funds awarded from NC BCCCP shall be maintained by the Contractor in a separate budget cost center to assure proper auditing of expenditures. Funding allocations are based on performance measures as stated in Section B of Performance Standards.
2. Patients who receive clinical services using State funds need to be tracked and reported separately from those who receive clinical services using federal BCCCP money in HIS data system.
3. Monies shall be allocated to ensure achievement of contracted target numbers and payment for NC BCCCP-approved services rendered by outside medical providers through subcontracts. These may include but are not limited to surgical consultations, follow-up for abnormal results, and diagnostic procedures. (Refer to the most current NC BCCCP Fee Schedule https://bcccp.ncdhhs.gov/providers.htm/) The Contractor must hold sufficient NC BCCCP funds to complete the screening, follow-up, and/or diagnostic services for each woman served.
4. Only services listed on the NC BCCCP Fee Schedule are reimbursable with program funds.
5. The Contractor must submit Contract Expenditure Reports (CER) by the 10th of each month requesting reimbursement for services rendered in the preceding month.
6. Funds must be expended within timeframes specified in the contract.
7. NC BCCCP funds shall not be used to reimburse for treatment services. Payment to a sub-Contractor using NC BCCCP funds are limited to those screening and diagnostic follow-up services listed in the current NC BCCCP Services Fee Schedule.
8. The Contractor shall be reimbursed at rate of $25 for each unduplicated woman who receives patient navigation services to enroll in Medicaid only. Women newly diagnosed with Cancer can be navigated by a provider to BCCCP Medicaid for up to the total number of women specified in in Section A of Performance Requirements.

B. Payment for Services

1. The payment to a sub-Contractor(s) for any service described under Scope of Work shall not exceed the prevailing Medicare-allowable fee for the service. The most current fee schedules will be provided to participating Contractors by NC BCCCP.
2. NC BCCCP funds shall only be used for payment after all other third party (private

insurance but not Medicare (Part B) and Medicaid) payment sources provide evidence of partial or non-payment of eligible NC BCCCP services. NC BCCCP funds may be used to reimburse for a deductible and/or co-payment required of the patient, provided the total payment (including the deductible and co-payment) to the sub-Contractor or sub-Contractors does not exceed the prevailing Medicare-allowable fee.

3. Women whose gross incomes are less than or equal to 100% of the federal poverty level cannot be charged for any services covered through NC BCCCP. However, ancillary costs and non-NC BCCCP covered fees may be charged to the NC BCCCP participant. Participants should be notified of any possible charges prior to committing to the procedure.
4. A flat fee cannot be charged for NC BCCCP services to any woman enrolled in NC BCCCP. Sliding fee scales may be used for women whose gross incomes are between 101% and 250% of the federal poverty level.

C. Contract Budget Adjustments

1. The number of women screened in compliance with performance indicators shall be determined by the number of women that have service paid partially or in full with NC BCCCP funds.
2. To retain the baseline budget for NC BCCCP for the following fiscal year, the Contractor must screen a minimum of 100% of their allocated number of women awarded each year.
3. NC BCCCP staff will evaluate Contractor performance midyear. Those Contractors that are not meeting performance indicators midyear will be notified that they have been placed on "high risk status" and will require a Corrective Action Plan (CAP). The CAP shall be submitted and implemented in the following month. A follow up performance review will determine if any budget adjustments are necessary, if these findings suggest that further review of the Contractor's performance is needed:
    a. A pattern of expenditures that may lead to a surplus of funds in the contract year may result in a one-time budget decrease.
    b. Contractors exceeding their targeted numbers and complying with performance indicators may receive additional funds only if available.
    c. Contractors not meeting patient targets will be assessed for funding and patient target realignments.
4. Funding adjustments may be made in the baseline budget of Contractors. State accessible data will be reviewed midyear to determine if budget adjustments are indicated based on compliance with performance indicators and patient targets.