PATIENT INTAKE

AGE ELIGIBLE - 40-64 y.o. for mammogram* and Pap tests, 21-39 y.o. only if symptomatic
INCOME ELIGIBLE - refer to eligibility guidelines

PROVIDE CLINICAL SERVICES
History - breast and cervical
Pelvic exam, Pap test*
Clinical breast exam*
Education - BSE, need for rescreening
Referral for mammography*

*May or may not be needed. If this has already been done by an outside provider, obtain documentation of the results and include in patient’s chart.

TRACKING - receive Pap test and/or mammogram reports. Use tickler or log system.

NORMAL RESULTS
- NOTIFY PATIENT
- RESCREENING DATE
- REMINDER OF APPOINTMENT

ABNORMAL RESULTS
- NOTIFY PATIENT
- REFER TO APPROPRIATE PROVIDER
- TRACKING - RECEIVE REPORTS

NORMAL
- RESCREEN

ABNORMAL - FOLLOW
- NO CANCER
- CANCER OR PRECANCEROUS
- ENROLL IN BCCM

* Screening mammograms for women age 40-49 are provided only if state funding is available

Revised 03/05/2013
NOTE: The priority population for FEDERAL BCCCP mammography services is women between the ages of 50 and 64 who are low-income (up to 250% of federal poverty level), who have not been screened in the past year, and who have no other source of health-care reimbursement, such as insurance. Recruitment efforts should be concentrated on this population. A minimum of 75% of all FEDERAL BCCCP reimbursed mammograms should be provided to program-eligible women who are 50 years of age and older. Mammograms provided to program-eligible women less than 50 years of age should not exceed 25% of all mammograms provided by FEDERAL BCCCP and should be reserved for those women who present with clinical symptoms suspicious for breast cancer.

Revised 03/11/13
**NC BCCCP Eligibility Flow Chart**

**Pap Test Screening**

1. **Pap Tests**
   - 250% poverty level index, not enrolled in Medicare Part B, Medicaid or Title X
     - **No**
       - Not Eligible
     - **Yes**

2. **Determine age**
   - Age 21-39
     - Eligible if symptomatic or if STATE BCCCP funding is available
   - Age 40-64
     - Screen every three (3) years if using Pap testing or every five (5) years if co-testing with Pap test and High-risk HPV DNA.

**Note:** The priority population for NC BCCCP cervical cancer screening services is women between the ages of 40 and 64 who have low-incomes (up to 250% of federal poverty level), who have never been screened or not been screened in the past five years, and who have no other source of healthcare reimbursement, such as insurance. Recruitment efforts should be concentrated on this population. At least 75% of all NC BCCCP reimbursed Pap tests must be for provided to program-eligible women who are 40 years of age and older. No more than 25% of the Pap smears may be provided to women under 40 years of age. Priority should be given to symptomatic women in this age group. At least 20% of all newly-enrolled women screened for cervical cancer will not have been screened in the last five years. Women who have had a hysterectomy for CIN disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65. If a woman over 64 needs to be screened and is eligible to receive Medicare benefits, she should be encouraged to enroll. Women enrolled in Medicare Part B are not eligible for the NC BCCCP clinical services. However, women who are eligible for Medicare Part B but have low incomes (up to 250% of the federal poverty level) and cannot pay the premium to enroll in Medicare Part B are eligible to receive services through the NC BCCCP.

Revised 03/20/13