

Frequently Asked Questions

- Q: Are we going to have an income guideline/print out to go by so the clerk can tell if patient meets income eligibility?
- A: You can access that on the ADH internet website, <http://www.healthy.arkansas.gov/programsServices/chronicDisease/ArBreastCare> Click on Just for Providers, go to the Provider Manual, income guidelines are in Appendices section. Patients should never see the guidelines or they may report an eligible income when their income is really an ineligible amount.
- Q: If the patient has full coverage insurance, Medicaid or Medicare, will she be eligible for BreastCare?
- A: No. If the patient has a group health plan even though there is a high deductible or limits on number of visits, they are not eligible. If their coverage is for hospital, outpatient and physicians services, they are not eligible. If it covers 6 office visits a year, it's still called creditable insurance and makes them ineligible for BreastCare. Other insurances that would make her ineligible would be an HMO, Medicare Part A and B, Medicaid, Armed Forces Plan and State Health Risk Plan. Patients with the Family Planning Waiver are eligible for BreastCare. If it is a hospitalization only policy or disease specific policy, they are eligible for BreastCare. If it's a limited scope policy such as vision, dental, long term care, they are eligible.
- Q: Is there is a maximum age cut-off?
- A: No.
- Q: Is the income for everyone in the household counted for eligibility?
- A: Yes, everybody that works except high school or college students. They are counted as a person that lives in the household but you don't count their income. If there is an adult attending college that lives in the household, their income is counted. Child support, foster care, and disability income is counted also.
- Q: When the BreastCare Phone Center called and made the patient's appointment, they told us if the patient should get a Pap or not. Is this something that the nurses will decide now?
- A: Yes, the nurses decide if the patient gets a Pap test that day by her history, etc. If they have had a Pap within the last 11 months, they won't be eligible for cervical screening, but if it's been a year, the system will tell you they are eligible for cervical screening. Patients may be eligible for just a mammogram.
- Q: If the BreastCare patient comes in and we see that she is not income eligible, do we un-enroll her or leave them enrolled or what?
- A: No, go into the system to close her Plan/eligibility based on being over-income. Just look up her name, go to the BreastCare button and click on Patient Management. Your next screen will be your Open Plan Options screen.

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It will say “Do you want to close this patient”. Click on “yes” to close the patient and enter the reason for closure as being over income.

Q: If they are under the age of 40 but having symptoms or problems or a diagnosis, will they be eligible or will it come up and tell us that they are ineligible because they are under 40 years of age?

A: Yes, it won't let you enroll anyone under age 40 unless they have a diagnosis of breast or cervical cancer or CINII, CINIII, CIS that needs treatment. There's no need to even try to enroll women under 40 unless they need treatment for those diagnoses. Then, those patients are transitioned to Medicaid.

Q: Most of the patients we see now are Plan C. Are we going to see more Plan A and B patient now, along with the Plan C patients?

A: Yes, we think you will be seeing more Plan A. The program doesn't have Plan B any longer. That was for women with insurance. You will be seeing whatever Plan that the system generates for that patient. It could be Plan A or Plan C. We're hoping that you will enroll all of the Family Planning patients that are 40 and older and uninsured, and they will probably be in Plan A.

Q: When we enroll a patient over the phone and then get different information when they come to the clinic, what should we do?

A: If they do report insurance or anything different when they in, verify eligibility again and ask them the insurance questions to determine eligibility. But up front, if you know it is comprehensive insurance like United Health Care or Health Advantage, ARHealth NovaSys, or BC/BS, you know they aren't eligible. Close the eligibility by going to the Open Plan Options.

Q: Will patients with health insurance qualify for BreastCare?

A: The type of insurance is what is important to know. Some people with certain types of insurance will be eligible. People are still eligible if they have disease specific or limited scope policies like cancer, vision, dental, long-term care, etc or hospitalization only. Those with comprehensive insurance like United Health Care, Health Advantage, ARHealth NovaSys, or BC/BS are ineligible. If insurance covers inpatient, outpatient and physician services, the woman is ineligible. If you ask them about what kind of insurance they have before enrollment and you are clear about what type of insurance they have, there is no need to try to enroll them. Just be clear on what type of insurance they have.

Q: Does the system determine if patient is eligible for a Pap test?

A: No, the woman will be program eligible every year if she hasn't had a Pap test for the last 11 months but the nurse will determine if she is eligible for a Pap test. We provide them every 2 years for negative results and then we go to every 3 years after 3 negative Pap tests. So the nurse will determine if this is the year that she needs a Pap or not. Patient's medical history determines if the patient gets an annual Pap test, see policy.

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Q: Some patients may not know what type of insurance they have. What would be the questions for them?

A: Does your insurance pay for doctor/office visits to go to the clinic and see a doctor?

Does your insurance pay for you to go into the hospital for one or more days

Does it pay for you to have outpatient surgery or outpatient procedures?

It has to do all of those three things before it is creditable insurance. If it doesn't do all three, then she will be eligible for BreastCare if she meets all other criteria.

Q: Does the patient have to be a United States citizen and do we have to prove that?

A: No, they don't have to be a U.S citizen and we don't have to prove that.

That is only for Medicaid if they are diagnosed with cancer that they have to be a U.S citizen or "qualified alien". To enroll in BreastCare, like you will be doing every day, it doesn't ask if they are a citizen or not. We want you to enter a social security number on them if they have one. If they don't have one, it is not required.

Q: So, they don't have to be an Arkansas resident?

A: Yes, they do have to be an Arkansas resident but not a U.S. citizen.

Arkansas residency is a requirement. You'll know that by their address.

They cannot have a post office box in Oklahoma. They can have one for their mailing address but they need a street address in Arkansas.

Q: Is there going to be a message on the Phone Center number that tells women to enroll at a provider's office?

A: Yes, it will be on there by July 1. It will say "you can call your local health unit or your doctor in the community.

Private providers (PCPs) will be enrolling patients also.

Q: During the webinar, when LHUs are putting the enrollment in, then leaving to go to the scheduler, it wasn't saving our enrollment information. Has that been fixed?

A: No, that hasn't been fixed.

What I would suggest is go into the scheduler and get an appointment before you enroll the patient. Then put that appointment in the enrollment system if she is eligible, then go back and put her name in the scheduler. This will be fixed.

After discussion, it was suggested that you open common customer twice, one for enrollment and the other for the scheduler. That will work until this is fixed at a later date.

Q: Can women who have applied for Family Planning Waiver also be enrolled in BreastCare?

A: Yes, they are there for family planning as their primary service and the Pap test is billed to family planning. The Waiver doesn't cover mammograms.

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- Q: Will the system tell you that the patient is Family Planning and BreastCare?
A: No, the system will give you her BreastCare Plan A or Plan C. It will not say anything about Family Planning. LHUs will still choose FP/BC in the AFTIS lab system to submit Pap tests.
- Q: Do we follow the same procedure as always for the mobile mammography events?
A: For the women getting mammograms with the UAMS mobile mammography van, the patient who needs a Pap test will be told to call the LHU or local provider to get enrolled. UAMS pays for the mammograms. Women who are getting mammograms on other mobile mammography vans who need BreastCare coverage to pay for their mammograms will need to see a PCP or county health department to enroll before getting their mammogram.
- Q: How do we enroll women who have previously been Plan M into BreastCare?
A: Call your Regional Care Coordinator to enroll those patients. The system currently does not allow PCPs or LHUs access to update a Plan M record. This will be changed soon.
- Q: Can we enroll patients over the phone?
A: Yes, do not refuse to enroll a patient over the phone.
- Q: Can we enroll patients who call from a breast center and is about to get her mammogram.
A: Absolutely. Enroll the patient, give her an appointment to come in for a CBE and/or Pap test, and request her mammogram report.
- Q: How will we know how many slots we have for patients?
A: Contact Louise Scott at louise.f.scott@arkansas.gov or 501-661-2787.
- Q: What should we do if a patient comes in without her card?
A: Verify her eligibility and print her a new card. Use the same process as you would for new patients.
- Q: Should we mail the ID card if a patient enrolls over the phone.
A: You can print the card and save it until she comes in for her appointment or you can mail it if you prefer.
- Q: Will the online system send out annual reminders to patients?
A: No, but the PCP or LHU should send these reminders.
- Q: Should we enroll a patient if she wants to go to another provider for her exam?
A: No.

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Q: Should we enroll a patient referred to us from a participating PCP?

A: No.

Q: Do we have to enroll a Spanish speaking woman if she does not have an adult translator with her?

A: No, but you can call the following translators for help.

Michelle – 501-526-6678

501-690-6375

Elvira - 501-372-6933

501-526-6676

Q: Where do we find the Covered and Non-Covered Services and Welcome to BreastCare brochure?

A: Go to healthy.arkansas.gov. Click on Programs and Services. Click on BreastCare. Click on Just for Providers. Under New Information, Downloads you will find the documents.

Q: What if a patient doesn't remember the exact date of her last mammogram and Pap test?

A: Use approximate month and year and first day of the month.

Q: If a patient has already had her mammogram before she enrolls will BreastCare pay for the mammogram?

A: No.

Q: Can I enroll a woman into Plan M for treatment of a cervical pre-cancerous condition before we discuss her pathology results?

A: No

Q: Do I have to have a patient's permission to enroll her into Plan M for treatment?

A: Yes.