

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION
DIVISION OF CHRONIC DISEASE
MAINE BREAST AND CERVICAL HEALTH PROGRAM (MBCHP)**

**Chapter 707: RULES RELATING TO THE:
NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION
PROGRAM (NBCCEDP) IN MAINE**

1.0 Introduction

The Maine Breast and Cervical Health Program (MBCHP) is funded through a cooperative agreement with the U. S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) [*established under Title XV of the Public Health Service Act*]; and, Maine General Fund dollars. Maine first received CDC funding in the fall of 1994 and began providing early detection services in 1995. The mission of The Maine Breast and Cervical Health Program is, within available financial resources, to provide breast and cervical cancer screening and diagnosis services to underserved women, to provide public and professional education, and to support community partnerships to enhance statewide cancer control activities.

2.0 Eligibility for Services

2.1 General:

If a woman does not meet the criteria below, she is offered written information regarding MaineCare, “free care” and sliding-fee clinics available in the county in which she lives.

To the extent that funding is available from Federal and State sources, in order to determine eligibility for MBCHP, an applicant must be:

- 2.1.1 A woman age 40 through 64 (or older than age 64 if the woman does not have Medicare Part B coverage);
- 2.1.2 A resident of Maine or a New Hampshire resident whose primary residence is located less than 15 miles from the Maine border;
- 2.1.3 Financially eligible, and;
- 2.1.4 Uninsured or underinsured.

2.2 Residency

Women residing in Maine with the intention of making Maine their permanent or principal home are eligible for the program.

- 2.2.1 A woman who is visiting in Maine, or residing in the state temporarily, is not considered a Maine resident for the purpose of these Rules.
 - 2.2.2 There is no length of residency requirement.
 - 2.2.3 Proof of citizenship is not required
 - 2.2.4 New Hampshire residents who live less than 15 miles from the Maine border are eligible for the program. MBCHP has a *Memorandum of Agreement* with the state of New Hampshire, which allows women who live in New Hampshire or Maine to choose to enroll in either state.
- 2.3 Financial Eligibility
- 2.3.1 Definition:

MBCHP will use an applicant's "Countable Income" at the time of application to determine financial eligibility. Self-declaration of income may be accepted; however, MBCHP reserves the right to require official documentation to prove the amount, timing and/or source of the self-reported income.
 - 2.3.2 "Countable Income" means:
 - 2.3.2.1 Earned and/or unearned income for the calendar year. Examples include, but are not limited to, wages, unemployment, alimony, worker's compensation, Social Security, etc.
 - 2.3.2.2 Included are the incomes of the applicant, spouse, and dependent children under the age of 21. Earned income of dependent children who are under the age of 21, are full-time or part-time students, or receiving SSI payments will be disregarded.
 - 2.3.2.3 Income is calculated before taxes and/or payroll deductions
 - 2.3.2.4 In the case of self-employment, the previous year's federal and state income tax returns will be used, and countable income is the reported income after allowable self-employment related expenses are deducted, but before other tax deductions are taken out. If the person did not file a tax return then other suitable documentation may be required to establish eligibility.
 - 2.3.2.5 In the case of self-employment with significant reduction in income from the previous year, statements from quarterly income tax report, or other suitable documentation, may be required to determine actual countable income.
 - 2.3.3 MBCHP will determine a client financially eligible when the applicant's self-declared countable income is less than or equal to 250% of the Federal Poverty Level (FPL) for the applicant's family size. The "Poverty Guidelines-Federal" is issued annually by the U. S. Department of Health and Human Services. Each year's FPL is available on the Internet at <http://aspe.hhs.gov/poverty>. An

individual can also obtain a copy of the current FPL by contacting MBCHP; by calling 1-800-350-5180, Press 1; TTY 1-800-438-5514; or in writing to the Maine Breast and Cervical Health Program.

2.4 Insurance Status:

- 2.4.1 MBCHP will determine a client to be uninsured if the woman does not have health insurance coverage
- 2.4.2 Women who have MaineCare or Medicare Part B are *not* eligible.
- 2.4.3 MBCHP will determine a client to be underinsured if the woman has health insurance with unreasonably high co-payments, deductibles, or co-insurance, or the insurance does not cover MBCHP Covered Services.
- 2.4.4 Women who have health insurance, but the plan has co-payments, deductibles or co-insurance amounts that are financial barriers to receiving MBCHP covered services, are eligible. Co-payments, deductibles or co-insurance will be considered a “Financial Barrier” if the applicants’:
 - 2.4.4.1 Countable income is less than 100% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$50;
 - 2.4.4.2 Countable income is greater than 100% FPL and less than 150% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$100;
 - 2.4.4.3 Countable income is greater than 150% FPL and less than 200% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$250;
 - 2.4.4.4 Countable income is greater than 200% FPL and less than or equal to 250% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$500.

3.0 Enrollment

- 3.1 After a woman is determined to be eligible for services [as defined in Section 2].
 - 3.1.1 The woman must complete, sign and return an *Initial Enrollment Form* to MBCHP. The date MBCHP receives the signed form will be the client’s application date.
 - 3.1.2 Eligibility can be retroactive up to 90 days prior to the application date, if requested at the time of the application and the applicant meets all eligibility requirements throughout the retroactive period.
 - 3.1.3 MBCHP will send the client a notice of determination of eligibility for the Program no later than 30 days after receiving the signed *Initial Enrollment Form*.

3.1.4 Upon enrollment, the client selects a MBCHP Primary Care Provider and is eligible for 12-months from the Application Date, subject to restrictions in Program coverage as provided in Sections 2 and 6 of these rules. The term “MBCHP Primary Care Provider” means a provider that is under contract with MBCHP or has signed an MBCHP Provider Application/Agreement.

3.1.4.1 If an applicant is unable to access a particular MBCHP Primary Care Provider due to unavailable “slots”, MBCHP will assist the applicant in selecting another MBCHP PCP who is available in her area.

3.1.4.2 If a client is requesting to change to another MBCHP Primary Care Provider due to any “good cause” reason, MBCHP will assist the client in selecting another MBCHP PCP who is available in her area.

3.2 Re-Enrollment

Continued eligibility [as defined in Section 2] for program coverage will be determined annually.

3.2.1 No more than 45 days prior to the end of the 12-month coverage period, MBCHP will, by letter, inform client of the re-enrollment period.

3.2.2 The woman must complete, sign and return a *MBCHP Re-enrollment Form* before the indicated deadline.

3.2.3 In the case that a woman does not return the re-enrollment form before the indicated deadline due to a justifiable event causing the delay, the woman will be re-enrolled as of the date the form is received by MBCHP. If the lapse is 90 days or more, a re-enrollee may not obtain benefits more than 90 days retroactively from the date the form is received by MBCHP.

3.3 Termination of Enrollment

The MBCHP will terminate a client’s Program Enrollment if the woman:

3.3.1 Requests termination from the Program;

3.3.2 No longer meets all of the criteria set forth in Section 2: Eligibility for Services;

3.3.3 Does not return the *MBCHP Re-Enrollment Form* by 30 days after the last day of the eligibility period [unless for good cause excused pursuant to Section 3.2.3]

3.3.4 Refuses to receive screening services and referrals through her MBCHP Primary Care Provider site.

4.0 Covered Services

4.1 MBCHP will cover the following services when provided by a participating MBCHP Provider and determined to be medically necessary:

- 4.1.1 Physical examinations, which must include one or more of the following screening services: clinical breast exam, pelvic exam, and Pap test. Annual physical examinations are only covered when provided by a MBCHP Primary Care Provider;
- 4.1.2 Mammography (screening and diagnostic);
- 4.1.3 Breast ultrasound, when used as an adjunct to mammography;
- 4.1.4 Fine needle aspiration of breast cysts;
- 4.1.5 Breast biopsies, excisional and non-excisional (physician charges only, hospital charges are not covered);
- 4.1.6 Colposcopy of the cervix, with or without biopsy;
- 4.1.7 Surgical consults for diagnosis of breast and cervical cancer;
- 4.1.8 Interpretation/translation services for MBCHP covered services;
- 4.1.9 Pathology charges for breast and cervical biopsies;
- 4.1.10 Anesthesia for breast biopsies (physician charges only, hospital charges are not covered).

4.2 Non-covered Services

All other services are not covered including, but not by way of limitation, the following:

- 4.2.1 Services not related to breast or cervical cancer screening or diagnosis;
- 4.2.2 Treatment procedures and/or services;
- 4.2.3 Services provided by non-participating providers;
- 4.2.4 Hospital charges for breast biopsies;
- 4.2.5 In-patient services.

5.0 Hearing/Appeal Rights

If a client disagrees with or is dissatisfied with program eligibility, covered service determination or decision, she has the right to request an administrative fair hearing before the Administrative Hearing Unit of the Department in accordance with 5 M.R.S.A. Ch. 375, Subchapter IV.

How To Appeal: MBCHP will process as a hearing request any clear expression, written or verbal [in person or by calling], made by a client or person lawfully acting on the client's behalf, to the effect that the client wants a hearing. The request must be directed to the Program Director, Maine Breast and Cervical Health Program, Department of Health and Human Services, Maine Center for Disease Control and Prevention, 11 State House Station, Augusta, ME, 04333. The

client may select, at her discretion, legal counsel to represent her during the administrative appeal.

When To Appeal: The client must request the hearing to the Program Director within 30 days from the date of the MBCHP closure or denial notice. The Program Director will consider an appeal request received more than 30 days after a closure or denial, provided the client demonstrates good cause for the late appeal. Upon receipt of the request, MBCHP will immediately forward the appeal to the DHHS Office of Administrative Hearings.

Civil Rights Notice: If a client believes she has been discriminated against because of race, color, sex, physical or mental disability, sexual orientation, religion, ancestry, or national origin, she may file a complaint by submitting the details of the complaint in writing to the Affirmative Action Officer, Department of Health and Human Services, 11 State House Station, Augusta, ME 04333.

Free Legal Services May Be Available At:

(The addresses & telephone numbers listed below are subject to change without notice).

Legal Services for the Elderly (60 or over)

1-800-750-5353, 623-1797, P.O. Box 2723, Augusta, ME 04338-2723.

Pine Tree Legal Assistance, Inc.:

(207) 774-8211, P.O. Box 547, 88 Federal St., Portland, ME 04112

(207) 622-4731, P.O. Box 2429, 39 Green St., Augusta, ME 04338

(207) 784-1558, 145 Lisbon Street, Lewiston, ME 04240

(207) 942-8241, 61 Main Street, Bangor, ME 04401

(207) 764-4349, 373 Main St., Presque Isle, ME 04769

(207) 255-8656, 1 School St., Machias, ME 04654

TTY Maine Relay Service 1-800-855-1155

6.0 Priority for Program Expenditures

In the event the Maine Breast and Cervical Health Program Director certifies, in her/his judgment, that there are inadequate funds to meet clients' needs, either attributable to a curtailment of allotments by the Governor, a reduction in federal funding from the Centers for Disease Control and Prevention, or a projected enrollment of women in excess of anticipated enrollment, she/he may restrict new applicants' participation in MBCHP as follows:

- * First priority will be given to women age 50+.
- * Second priority will be given to women, age 40-49, who are symptomatic.

- * Third priority will be given to women, age 40-49, who are high risk.

In the event the financial exigency abates, the Program Director shall withdraw the financial shortfall certification, at which time clients shall be eligible for program services in accordance with Sections 1-4 of these rules.

STATUTORY AUTHORITY: P.L. 1993, C.707, Part A, Section A-2

EFFECTIVE DATE:

November 15, 2005 – filing 2005-471 (EMERGENCY)