

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
Division of Chronic Disease
Maine Breast and Cervical Health Program

Rules relating to the:
Breast & Cervical Cancer Prevention and Treatment Act (BCCPTA) in Maine

1. Introduction

In 2001, the Maine Legislature approved state funding to implement the federal Breast & Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) (hereinafter referred to as “the Treatment Act”). The Treatment Act, which became effective October 1, 2001, affords full MaineCare benefit eligibility to certain eligible women who are diagnosed with breast or cervical cancer or a pre-cancerous condition through the Maine Breast and Cervical Health Program (MBCHP).

2. Eligibility for Services

2.1 To be found eligible for MaineCare covered services under the Treatment Act; the applicant must meet all of the following requirements:

2.1.1 Meet the age and gender requirements established by Department of Health & Human services *Rules Relating to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in Maine*, 10-144 CMR, Ch 707, §2.1.1

2.1.2 Be a US citizen or registered alien, and provide documentation as requested by the Office of Integrated Access and Support;

2.1.3 Be a Maine resident;

2.1.4 Meet the income requirements established by the Department of Health & Human services *Rules Relating to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in Maine*, 10-144 CMR, Ch 707, §2.3

2.1.5 Have no creditable insurance coverage;

2.1.5.1 **Creditable insurance coverage:** has the same meaning as the term defined in §2701(c) of the Public Health Services Act, 42 U.S.C. §300gg(c)(1)

2.1.5.2 A woman will be considered to have no creditable insurance if her health insurance contains a pre-existing condition exclusion, which either excludes for treatment of breast or cervical cancer, or covers limited services, but not treatment for breast or cervical cancer.

- 2.1.6 Be otherwise ineligible for full MaineCare coverage under any other existing mandatory MaineCare categorically needy eligibility group;
- 2.1.7 Who has received an MBCHP covered screening or diagnostic service (see 10-144 CMR, Ch 707, §4.1.1-4.1.7) at an MBCHP participating site, whether or not that service was paid with MBCHP funds;
- 2.1.8 Has been diagnosed with either breast or cervical cancer or pre-cancerous lesions and be in need of treatment for such conditions.

3. Enrollment

3.1 General Information:

After a woman is determined to be eligible for services [as defined in Section 2]:

- 3.1.1 The *MaineCare Enrollment Form: Treatment Act* application will be mailed to the woman for signature.
- 3.1.2 She must sign and return the form to MBCHP. When the form is returned, the start and review date is determined and her coverage is activated.
- 3.1.3 She may qualify for retroactive eligibility provided that she meets the eligibility requirements for any month during and up to the 90 days prior to the first day of the month the application is received by MBCHP in accordance with the *MaineCare Eligibility Manual*, 10-144 CMR, Ch 332, §1530.
- 3.1.4 MBCHP must receive proof of diagnosis and determination of treatment plan directly from the woman's physician. The plan must be based on a recent examination and must fully describe the physician's findings and the medical necessity for proposed treatment.

3.2 Ongoing Review of Eligibility

- 3.2.1 Review date is one year from the month of start date. The woman shall provide appropriate medical confirmation demonstrating that she continues to be in need of treatment for breast or cervical cancer or pre-cancerous lesions.
- 3.2.2 The review process will require confirmation of ongoing lack of creditable insurance coverage.
- 3.2.3 If a woman is to turn 65 years old before her review date, her coverage under the Treatment Act will end when she turns 65.
- 3.2.4 The review is a redetermination of eligibility. The Department shall approve all forms to be used for review. If the recipient is no longer eligible under the Treatment Act coverage, the Office of Integrated Access and Support will determine whether she is eligible for continued coverage under another category,

in accordance with the *MaineCare Eligibility Manual*, 10-144 CMR, Ch 332, §1000.

4. Covered Services

Women who are eligible as defined in this rule will receive full MaineCare benefits as long as they are in need of treatment for breast or cervical cancer or pre-cancerous lesions in accordance with the *MaineCare Eligibility Manual*, 10-144 CMR, Chapter 332, §2150.03.

5. Appeal Rights

A woman who is aggrieved by a decision relating to her claim for eligibility for MaineCare coverage under this rule shall have administrative and judicial appeal rights as established in the *MaineCare Eligibility Manual*, 10-144 CMR, Chapter 332, §1180 -1181 and §1300-1442