

MBCHP

Maine Breast and Cervical Health Program

11 State House Station
Key Bank Plaza
286 Water Street, 4th floor
Augusta, ME 04333

Tel: 800-350-5180
TTY: 800-438-5514

Primary Care Provider Policy Manual 2007



Cooperative Agreement number [U58DP000785](#) from the Division of Cancer Prevention and Control, supported the development and printing of this document for US Centers of Disease Control and Prevention, Maine Appropriation number [013-10A-2556-03](#). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. In accordance with Federal laws, the Maine Department of Health and Human Services does not discriminate on the basis of sex, race, color, national origin, disability, sexual orientation or age in admission or access to or treatment or employment in its programs and activities. The Department's Affirmative Action Coordinator has been designated to coordinate our efforts to comply with and implement these federal laws and can be contacted for further information at 221 State Street, Augusta, Maine, 04333, 207-287-3488 (voice) or 1-800-438-5514 (deaf/hard of hearing).

TABLE OF CONTENTS
MBCHP Provider Manual 2007

	Page #	TAB #
Introduction	1	2
1. History of the NBCCEDP	1	
2. History of the Maine Breast and Cervical Health Program (MBCHP)	1	
3. Purpose of Policy Manual	1	
Chapter I: Overview	3	3
1. Eligibility Criteria	3	
2. Covered Services	3	
3. Interpretation/Translation Services	4	
4. Transportation and Child/Adult Care	5	
5. Public Education	5	
Chapter II: Policies and Procedures	6	4
1. Eligibility Determination	6	
1.1 Enrollment Cap	6	
1.2 Priority for Program Expenditures	6	
2. Enrollment	7	
2.1 Central Enrollment	7	
2.2 Enrollment at PCP Site	7	
2.3 Use of Voice Response	7	
3. Providing Patient Care	8	
4. Clinical Guidelines	8	
4.1 Breast Cancer Screening Guidelines	8	
4.2 Cervical Cancer Screening Guidelines	8	
4.3 Pap Smear after Hysterectomy	9	
4.4 Return Visits	9	
4.5 Referrals	9	
5. Re-enrollment	9	
6. Tracking and Follow-up	10	
6.1 Rescreening Reminders	10	
6.2 Notifying patients of screening test results	10	
6.3 Follow-up of women with abnormal results	10	
7. Case Management	11	
8. Coverage for Treatment	11	
9. Quality Assurance	12	
10. Provider Performance Report	12	
11. Medical Record Requirements	12	
12. Confidentiality	13	
13. Provider Appeals	13	
Chapter III: Reimbursement and Billing	14	5
1. Reimbursement	14	
2. Sliding Fee Reimbursement	14	
3. Third Party Liability	14	
4. Billing Instructions	15	
5. Reporting forms	16	
6. MBCHP Toll-Free Telephone Number	16	
7. Provider Site Changes	16	
Appendices:		
A. MBCHP Staff and Telephone Numbers	6	
B. MBCHP Income Eligibility Guidelines for Uninsured and Insured women	7	
C. Hospitals agreeing to waive biopsy fees to MBCHP clients	8	
MBCHP Screening Sites/Mammography Facilities/Laboratories/Diagnostic Referral Providers		
D. MBCHP Coalitions	9	
E. MBCHP Forms	10	
F. List of Services Covered by MBCHP	11	
G. Case Management Referral Form	12	
H. Request to increase Enrollment Cap	13	
Provider Update Form		
I. Examples of MBCHP Billing Forms	14	
J. MBCHP Procedure Codes and Fee Schedule	15	
MBCHP Approved Diagnostic Codes – Breast & Cervical		

INTRODUCTION

HISTORY OF THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP)

In June 1990, the U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law: 101-354) to establish the National Breast and Cervical Cancer Early Detection Program, aimed at reducing the morbidity and mortality rates of breast and cervical cancers. This legislation was partially the result of advocacy efforts by women's groups and other organizations, such as the American Cancer Society (ACS), that were concerned about the increasing mortality rates due to these cancers. Public Law 101-354 established the NBCCEDP through grants to states to carry out activities in six major program areas. These areas included screening, case management, public education, professional education, quality assurance, surveillance, and partnerships with coalitions.

HISTORY OF THE MAINE BREAST AND CERVICAL HEALTH PROGRAM (MBCHP)

In 1994, the Maine Department of Health and Human Services, Bureau of Health, (now known as the Maine Center for Disease Control and Prevention), received funding from the US Centers for Disease Control and Prevention (CDC) to establish the MBCHP. MBCHP is funded through a cooperative agreement with the CDC, under the NBCCEDP. Maine is one of over 68 states, territories and tribal organizations receiving funding to support a comprehensive breast and cervical cancer early detection program. Early detection is currently the best way to combat breast and cervical cancer.

Mission

The mission of MBCHP is 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.

Vision

The vision of MBCHP is to reduce the morbidity and mortality of breast and cervical cancers among all Maine women. The program promotes a better quality of life for women and their families, which benefits all Maine communities.

PURPOSE OF POLICY MANUAL

The purpose of this manual is to provide assistance to primary care providers participating in MBCHP. The goal of MBCHP is to reduce breast and cervical cancer morbidity and mortality through:

- Early detection
- Public and professional education
- Quality assurance &
- Surveillance

The priority population includes women whose income and insurance coverage act as barriers to obtaining regular screening. Special emphasis is on women age 50 to 64, as well as uninsured and underinsured women, lesbians, Native Americans, and other racial and ethnic minorities; and women never or rarely screened for cervical or breast cancer.

Primary care sites, under contract with MBCHP may:

- Determine eligibility
- Enroll women in the program

Primary care sites, under contract with MBCHP will:

- Provide covered services
- Refer women for diagnostic and treatment services
- Submit clinical data to the MBCHP

MBCHP expects that all primary care sites will offer expanded breast and cervical screening services as part of routine medical care for eligible women currently served; and will expand their current practice to include women in the community who are not routinely receiving these services. The Provider Contract specifies a cap on the number of women that may be accepted under MBCHP at that site. **Eligible women may not be denied services if this cap has not been met.**

The remainder of this manual describes MBCHP services and eligibility requirements, and outlines procedures to be followed by primary care sites. It can also be accessed at any time on the Maine CDC website at this link: <http://www.maine.gov/dhhs/bohdcfh/bcp/resources.htm>

MBCHP staff provides assistance in the form of individual on-site training for primary care site staff, a training video, newsletters, telephone consultations, technical assistance, and problem solving as needed. MBCHP staff telephone numbers and e-mail addresses are listed in Appendix A (Tab 6). Please feel free to call or e-mail at any time. PCP's will also receive reports from MBCHP. Lists of women due for rescreening as well as women enrolled, reenrolled, or disenrolled from each site are sent out monthly. A Missing Data Report is sent bimonthly to the sites that have not submitted all required data on MBCHP clients. Program data summary sheets are sent periodically.

CHAPTER I OVERVIEW

ELIGIBILITY CRITERIA

To qualify for the Maine Breast and Cervical Health Program (MBCHP) services, a woman must meet all of the following guidelines:

Income: Must be at or below **250%** of the federal poverty level by family size (Appendix B, Tab 7; updated annually). In cases of questionable eligibility, providers should call MBCHP for clarification. Income must be reassessed annually at time of re-enrollment.

Insurance status: Uninsured or underinsured. Women who have MaineCare or Medicare Part B are **not eligible** for MBCHP. Women are considered underinsured if their health insurance does not cover services offered by MBCHP, or the policy has co-pays, co-insurance or deductibles that are considered financial barriers and the woman meets the income guidelines listed below:

- Countable income is less than 100% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$50;
- Countable income is greater than or equal to 100% FPL and less than 150% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$100;
- Countable income is greater than or equal to 150% FPL and less than 200% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$250;
- Countable income is greater than or equal to 200% FPL and less than or equal to 250% FPL, and the applicant reports co-payments, deductibles or co-insurance greater than \$500.

Residency: Applicants must be residents of Maine or New Hampshire. MBCHP has a Memorandum of Agreement with the state of New Hampshire, which allows women who live within 15 miles of the Maine / New Hampshire border, to enroll and receive services in either state.

Age:

- 40 to 64: or older if the woman does not have Medicare Part B coverage
- 35 to 39: if funding is available, women who meet the above income, insurance and residency requirements as well as the special criteria below may qualify.
 - ⌘ Currently experiencing breast symptoms, and the symptoms have been confirmed by a health care provider who has recommended further testing; and/or
 - ⌘ Recently had an abnormal Pap test result and the health care provider has recommended further testing; and/or
 - ⌘ Have not had a Pap test in five (5) or more years

COVERED SERVICES

MBCHP will cover the following services:

- 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
- Screening Mammography (if CAD images are used, they may not be billed separately)
- Breast diagnostic services:
 - Diagnostic mammography
 - Ultrasound (when it is used as an adjunct to mammography)
 - Fine needle aspirations
 - Biopsies (excisional, incisional, Stereotactic, and needle core)
 - Hospital charges for breast biopsies are not covered; however, physician charges are covered.
- Cervical diagnostic services:
 - Colposcopy directed biopsy
 - Colposcopy without biopsy
 - Endocervical curettage (not part of a D&C)
 - HPV (high-risk viral types, not low-risk viral types) **ONLY** following an ASC-US Pap result or LSIL for low-risk, post menopausal women
- Surgical consults for a possible breast or cervical cancer
- Pathology charges for breast and cervical biopsies
- Anesthesia for breast biopsies (physician charges only, hospital charges are not covered)
- Interpretation/translation services for MBCHP covered services at a non-hospital MBCHP provider site

Non-covered Services

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

- Treatment procedures and/or services of breast cancer, cervical intraepithelial neoplasia and cervical cancer
- Services not related to breast or cervical cancer screening or diagnosis
- Services provided by non-participating providers
- Hospital charges for breast biopsies
- In-patient services

INTERPRETATION/TRANSLATION SERVICES

MBCHP may reimburse interpreters for non-English and limited English speaking MBCHP clients and/or deaf/hard of hearing MBCHP clients when these services are necessary to communicate effectively regarding breast or cervical health care needs. Interpreter services can be covered only in conjunction with a covered MBCHP service (screening or diagnostic, not treatment) at a non-hospital MBCHP provider site. If providers have an MBCHP client who requires these services, please call MBCHP. Providers are responsible for ensuring that interpreters protect patient confidentiality.

A. Interpreters for Deaf/Hard of Hearing Client

The Registry of Interpreters must certify providers of interpreter services for the Deaf, Inc., or working under the supervision of an interpreter, who is certified by the Registry of Interpreters for the Deaf, Inc.

B. Language Interpreters

Language interpreter services required for non-English speaking clients may be provided either through local resources, or through national language interpreter services such as the “Language Line” system or comparable services. Wherever feasible, local and more cost effective interpreter resources are to be utilized first. Interpreter language lines are to be used as a last option and when no other local resources are available.

C. Exceptions

Hospitals cannot bill separately for either language or deaf/hard of hearing interpreter services. Family members may not be reimbursed for interpreter services.

TRANSPORTATION AND CHILD/ADULT CARE

To assure access to screening services, the MBCHP Community Partnerships (Appendix D, Tab 9) will assist women in need of transportation. If there is no MBCHP Community Partnership near the PCP site, the MBCHP Public Health Educator or nurse case manager may assist clients in need of transportation.

Some MBCHP Community Partnerships may be able to assist women with child/adult daycare issues. Providers should contact the MBCHP Community Partnership or MBCHP for assistance.

PUBLIC EDUCATION

The *Program Guidelines for Breast and Cervical Cancer Early Detection* (1997) states that public education plays an essential role by informing women of their risks for breast and cervical cancer and the importance of early detection, and is an integral part of the overall breast and cervical cancer early detection program. Public education can be a powerful, front line force in dealing with priority populations who traditionally have not participated in early detection programs, but who also have the highest rates of cancer and mortality.

Community Partnerships around the state are awarded grants through MBCHP to develop and implement plans for delivery of public education and outreach about early detection of breast and cervical cancer at the local level. MBCHP screening sites should be collaborating with the Partnership in that area or with an appropriate local organization for outreach to and recruitment of the priority population. Any questions please call MBCHP at 1-800-350-5180 and speak to one of the program’s Public Health Educators.

CHAPTER II POLICIES AND PROCEDURES

ELIGIBILITY DETERMINATION

Eligibility determination for the Maine Breast and Cervical Health Program (MBCHP) can be done at an MBCHP primary care site or centrally when women call the MBCHP's toll-free number (eligibility criteria page 3). **Please refer to the provider contract for the maximum number of women that may be enrolled at the site.**

Enrollment Cap

Services to eligible women may not be denied if the enrollment cap (in the MBCHP site contract) has not been met. If a site reaches its total cap, an increase may be requested by completing the *MBCHP Request to Increase Enrollment CAP* form (Appendix H, Tab 13) and return by fax or mail. MBCHP will authorize cap increases as funding permits.

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.
 - ❖ Symptomatic is defined as: breast lump, persistent pain, nipple discharge, skin changes, or breast calcifications.
- Third priority will be given to women, age 40-49, who are at high risk:
 - ❖ Women who have a personal history of breast cancer
 - ❖ Women who have a family history of breast cancer in a first degree relative (mother, sister, daughter, father, brother, son)
 - ❖ Women at high risk for cervical cancer (history of HPV, HIV, DES exposure, or history of abnormal Paps to include: ASC-US, ASC-H, LSIL, HSIL, squamous cell carcinoma, AGC, cervical dysplasia).
- Fourth priority will be given to women, age 40-49, who are not symptomatic or high risk.
- Fifth priority will be given to women, age 35-39, who have not had a Pap smear in over 5 years or are symptomatic.
 - ❖ Currently experiencing breast symptoms, and the symptoms have been confirmed by a health care provider who has recommended further testing; and/or
 - ❖ Recently had an abnormal Pap test result and the health care provider has recommended further testing; and/or

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.

ENROLLMENT

Central enrollment:

When women call MBCHP's toll-free number, they are given the opportunity to enroll over the telephone. Some women may choose to enroll at the PCP site. For women who choose to enroll over the telephone, the MBCHP staff will complete the enrollment form with the woman over the telephone and will then send the Enrollment and Consent forms to the woman to sign. After MBCHP receives those signed forms back, a copy will be sent to the selected PCP site and coverage will be activated. This is necessary, as the PCP site needs a copy of the written consent form in order to provide MBCHP with the required information.

Enrollment at PCP site:

If a woman enrolls at a PCP site, a member of the staff is responsible for assisting her in the completion of the *MBCHP Initial Enrollment Form* (Appendix E, Tab 10), which she must sign. The information on the form will enable any site to determine if a woman is eligible on the basis of age, income, and insurance coverage. Women do not need to provide documentation of their income. Income information is self reported and should be based on current or projected income. Household income should only include the income of related wage earners and dependents (under age 21) who are not full or part-time students.

In cases of questionable eligibility, staff should call MBCHP for clarification. MBCHP reserves the right to require official documentation to prove the amount, timing and/or source of the self-reported income. The date the signed enrollment form is received by MBCHP will be the effective date of MBCHP eligibility. If a woman has received covered services prior to that date, MBCHP may be able to backdate her eligibility up to 3 months (90 days) prior to the date the enrollment form is received. Sites should contact MBCHP or indicate on the enrollment form if eligibility is to be backdated.

If a woman enrolls at a PCP site, it is extremely important that the enrollment form is complete and submitted as soon as possible (faxed forms are accepted as original). It is particularly important that the demographic, racial, and ethnic information is complete. If the patient receives services the same day she is enrolled, enrollment form should be faxed, if possible, so that a client ID (A number) can be assigned as soon as possible. MBCHP will receive screening test results on all MBCHP clients directly from the cytology lab and mammography facility. Therefore, enrollment and visit information on the patient must be entered into our database prior to processing test results. All women will be sent an MBCHP ID card within two to three weeks of receipt of the enrollment form. Providers should take the time to review the list of covered services with women who enroll in MBCHP (Appendix F, Tab 11).

Use of Voice Response to obtain client ID numbers:

The MBCHP staff will enter client information into the MaineCare System within 2-3 business days of receipt of the *MBCHP Enrollment Form*. Once the client information has been entered into the system, the eligibility information is available through Voice Response. **To obtain client ID numbers, please call the MBCHP toll-free number and select option 5** (Appendix A, Tab 6). Providers are then asked to enter their MaineCare provider number. Next, select the option for client eligibility and enter the client's social security number. The system will provide the client's ID number and eligibility dates.

PROVIDING PATIENT CARE

After a woman is enrolled, she should be examined by a clinician at an MBCHP Primary Care site, and referred for mammography or other necessary services. The screening site, according to the medical recommendations issued by the MBCHP Clinical Advisory Group (CAG), provides clinical breast exams, pelvic exams, Pap smears, colposcopy, and related care.

Women should be strongly encouraged to have a clinical breast exam prior to the mammogram. The clinician who performs the clinical breast exam should be the same clinician who reads the mammography report. If a woman wishes to receive only breast (mammogram and CBE) or only cervical screening services, she may join the program, but she should be encouraged to receive all covered services, when appropriate.

After the examination is completed, the provider completes the *MBCHP Visit Form* (Appendix E, Tab 10). The *MBCHP Visit Form Part 1* must be completed and faxed or mailed to MBCHP within 10 business days of all visits. The *MBCHP Visit Form Part 2* must be completed and faxed or mailed to MBCHP as soon as the test results are received.

Screening services may be provided by or under the personal supervision of an individual licensed under state law to practice medicine or osteopathy. When employed by the primary care site, the services provided by a physician assistant, nurse practitioner, certified nurse midwife, and advanced practice registered nurse are reimbursable as long as the servicing provider is enrolled with the MaineCare program and meets their requirements. Providers who are reimbursed by Medicare and/or MaineCare as a Federally Qualified Health Center or Rural Health Center should adhere to those guidelines concerning specific services, for which servicing providers may provide and be reimbursed.

CLINICAL GUIDELINES

Early detection is currently the best way to combat breast and cervical cancer. The MBCHP's CAG has developed screening guidelines, which can be found in the *Guidelines For Breast Cancer Screening and Follow-up and Cervical Cancer Screening and Follow-up*. They recommend that asymptomatic women be screened as follows:

Breast Cancer Screening Guidelines

<u>Clinical Breast Exam:</u>	Age 40 and older: yearly by a health care professional Age 35-39: by health care professional about every three (3) years
<u>Screening Mammography:</u>	Age 40 and over: yearly

Cervical Cancer Screening Guidelines

<u>Pap smear:</u>	Age 35 and over: Annually using Conventional Pap test, or Every two years (biennially) using liquid-based cytology. After three (3) consecutive (or within a 60-month period), technically satisfactory normal or negative cytology results, women should be screened every three years (triennially).
-------------------	---

NOTE: These guidelines are for asymptomatic women only. Symptomatic women should be clinically evaluated and scheduled for appropriate diagnostic procedures as quickly as possible.

Pap smear After Hysterectomy

The prevalence of abnormal findings on cytopathological examination of vaginal Pap smears after hysterectomy for benign gynecologic disease is extremely low. Therefore, **periodic routine screening by means of vaginal Pap smears or pelvic examination is not covered by MBCHP. Please do not perform Pap smears on women who have undergone a hysterectomy, unless they have a remaining cervix or have had surgery for cervical neoplasia or invasive cervical cancer.**

Return Visits

It is expected that all eligible women will return to the PCP for annual screening exams and be referred each year for a screening mammogram. Follow-up exams to diagnose possible breast and/or cervical cancer are covered services under MBCHP. The *MBCHP Visit Form Part 1* must be completed and faxed or mailed to MBCHP within 10 business days of all visits. The *MBCHP Visit Form Part 2* must be completed and faxed or mailed to MBCHP as soon as the test results are received.

Referrals

Participating providers of colposcopy, fine needle aspiration, and breast biopsy are included on the Referral Provider list in Appendix C (Tab 8). Providers should identify patients as MBCHP when referring for consultation, colposcopy, fine needle aspiration, or breast biopsy, to ensure the smooth transfer of patient information and to make certain that the patient is not billed for covered services. The PCP must provide the patient's billing ID number (A number) to the referral provider. The referral provider will report results directly to the PCP, and the PCP should report the results to MBCHP as soon as possible. The Nurse Case Manager may also contact the referral provider for those results.

If the referral provider is not enrolled with MBCHP, staff should contact MBCHP and we will contact the provider. If the referral provider is participating with MaineCare and is willing to enroll with MBCHP, covered services will be reimbursed. If the provider is not willing to enroll with MBCHP, the patient will need to be informed and will need contact the MBCHP Nurse Case Manager should be contacted for alternate sites.

Laboratories and mammography facilities enrolled with MBCHP must agree to report Pap smear and mammography results directly to MBCHP as well as to the primary provider. PCP's must report results of mammograms and Pap smears on the *MBCHP Visit Form, Part 2*.

RE-ENROLLMENT

MBCHP requires active clients to complete and sign the *Re-Enrollment Form* on an annual basis to determine on-going eligibility for MBCHP services. MBCHP will send each enrolled woman the *Re-Enrollment Form* 45 days prior to the date she is due to re-enroll. Women will continue to have the same client ID number (A number) and coverage will continue unless she is no longer eligible, due to income or insurance status. MBCHP notifies women if they are no longer eligible. MBCHP will also notify the PCP when women are no longer eligible on the monthly client enrollment report.

Women who fail to return the re-enrollment forms will be sent a final reminder letter prior to their due date. If they still fail to re-enroll, they will be closed out of the program 30 days after their due date.

TRACKING AND FOLLOW-UP

MBCHP maintains a centralized computerized tracking system that monitors the disposition of all women enrolled in the program statewide. Providers receive the following reports from the MBCHP tracking system:

- A list of women due and overdue for rescreening or short-term follow-up is sent monthly.
- A list of women enrolled, re-enrolled and disenrolled is sent monthly.
- Missing data reports are sent out bimonthly and other data summary sheets is sent periodically.

Rescreening Reminders

MBCHP feels it is important that women enrolled in the program be followed for the entire duration of the program. Monthly, providers will be sent lists, which include women due for rescreening in 75, 45, and 15 days, as well as women 3 and 5 months overdue. Providers are encouraged to also remind women due for rescreening. To support providers in sending their own reminders, a set of self-adhesive mailing labels for each woman listed is included. MBCHP sends women a reminder letter 45 days prior to the due date. A letter is also sent to women 3 and 5 months past their due date. If staff time allows, women overdue for short-term follow-up will also receive a telephone call (and if necessary a certified letter).

Notifying patients of screening test results

All MBCHP patients must be notified of the results of their screening tests. The PCP site must communicate abnormal results within 10 business days of receipt of the result. MBCHP clients will be notified of normal Pap results by MBCHP, when received from the lab. The categories of Pap result for which letters are sent by the MBCHP are limited to those with a classification of “negative” and a specimen adequacy of “satisfactory”. If MBCHP receives the results of Pap tests later than three (3) months after the date of screening, no notice of normal results will be sent. Mammography facilities will notify women of normal mammograms. Provider sites are also encouraged to send results of screening exams and tests.

Follow-up of women with abnormal results

Inadequate follow-up is consistently identified as a major contributor to breast and cervical cancer mortality rates. A patient with abnormal results should be notified as quickly as possible, and given assistance in arranging follow-up services, in the form of further diagnostic work-ups and treatment for cancer if needed. **If a provider is having difficulty arranging follow-up services, the Nurse Case Manager at MBCHP should be contacted.** The MBCHP Nurse Case Manager will assist women who are in need of case management (Appendix G, Tab 12).

If the Visit Form or the lab or mammography facility reports an abnormal screening result, it is important to contact MBCHP and complete the *Abnormal Screening Follow-up Report* (Appendix E, Tab 10). If a client has an abnormal result, MBCHP offers case management and can assist with alternative funding resources.

It is the PCP’s responsibility to obtain diagnostic follow-up information from the diagnostic referral providers. If the evaluation has not been completed or treatment has not been started within three weeks, the Case Manager at MBCHP should be notified. MBCHP should also be contacted when additional information is received. This will ensure that women are not lost to follow-up.

The MBCHP CAG has developed guidelines for the follow-up of abnormal Pap smear results and abnormal clinical breast exams and mammograms for the program. Please refer to MBCHP’s *Guidelines For Breast Cancer Screening Follow-up and Cervical Cancer Screening and Follow-up*. **A negative mammogram is not considered adequate work-up for a CBE finding of a palpable lump, unless the lump has been previously evaluated and determined to be benign. All palpable lumps need to be evaluated beyond a negative mammogram, preferably with a referral to a breast specialist or a surgeon.**

CASE MANAGEMENT

MBCHP primary care sites are required to clinically manage follow-up for their MBCHP patients with abnormal screening results, assuring that they are appropriately referred and receive necessary diagnostic and treatment services. If assistance coordinating diagnostic and treatment services is needed, the MBCHP Nurse Case Manager should be contacted. The Case Manager will help clients identify and overcome immediate barriers to care and will provide information to clients to enhance their skills in navigating the health care system. **MBCHP staff will provide case management for those clients for whom additional support services are deemed necessary and appropriate or for whom the PCP requests aid in arranging follow-up.**

In addition, the MBCHP staff will perform individualized case management for those clients with a diagnosis of cancer or abnormal screening results, who initially refuse care or whom the provider deems lost to follow-up. Case management services may be requested by the client, the PCP, or may be identified by the MBCHP staff. In those cases identified by the MBCHP staff, the Case Manager will contact the PCP prior to contacting the client. The provider may initiate requests for case management by either checking the box in the Pap or Mammography results section on the *Visit Form Part 2*, or by completing the *Case Management Request Form* (Appendix G, Tab 12).

COVERAGE FOR TREATMENT

While MBCHP does not cover any treatment for breast or cervical cancer, some women may be eligible for MaineCare. In the spring of 2001, the Maine legislature approved state funding to enact the Breast & Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354). The Treatment Act, which became effective October 1, 2001, expands MaineCare benefits to uninsured women who are diagnosed with breast or cervical cancer through the Maine Breast and Cervical Health Program and do not otherwise qualify for MaineCare.

The MBCHP Nurse Case Manager screens women to see if they meet all of the following eligibility requirements:

- Age 35 through 64
- Uninsured unless insurance has a pre-existing condition policy which does not cover cancer treatment or insurance covers limited services which does not include treatment*
- In need of treatment for breast or cervical cancer or pre-cancerous condition
- U.S. citizen or resident non-citizen
- Has received a screening or diagnostic service at a MBCHP approved or contracted site

***NOTE:** Even if a woman has a very high insurance deductible, she will not qualify for this MaineCare program.

QUALITY ASSURANCE

MBCHP will periodically monitor the performance of PCPs in providing care to MBCHP clients, as well as several administrative areas. The following areas will be periodically reviewed:

- Tracking and data reporting (e.g. number and percent missing data, billing for services for which no data has been submitted, and abnormal screening results with no or incomplete abnormal work-up forms)
- Clinical services and follow-up (e.g. time from abnormal mammogram to diagnosis, time from abnormal cervical screening to diagnosis, follow-up on abnormal results, rescreening rate for mammography)
- Enrollment (e.g. percent of cap reached, age distribution)
- Billing (e.g. billing MBCHP for non-covered services, billing MBCHP clients for covered services, over billing for services)

The American College of Radiology (ACR) and MQSA-certified (Mammography Quality Standards Act of 1992) must accredit all mammography facilities providing services to MBCHP patients. A list of mammography providers under contract with MBCHP is included (Appendix C, Tab 8). Patients, who wish to be referred to a facility not listed, should contact MBCHP first.

All laboratories participating in MBCHP must be in compliance with the federal Clinical Laboratory Improvement Act of 1988 (CLIA-88). If the PCP site contracts with a particular laboratory that is not included on the MBCHP Laboratory list (Appendix C, Tab 8), MBCHP will need to be contacted **before** specimens are sent.

PROVIDER PERFORMANCE REPORT

The MBCHP staff will review a random sample of approximately 10% of MBCHP client records for each primary care site that has been identified through provider performance reports as being out of compliance with MBCHP guidelines, policy, and procedures. The records will be reviewed to assess documented adherence to program screening and follow-up guidelines, eligibility screening and rescreening, and to ensure that MBCHP is the payer of last resort. In some cases, staff may visit the primary care site to review records at a mutually agreed upon time.

MEDICAL RECORD REQUIREMENTS

Medical records for each MBCHP client must be maintained at each PCP site as each provider would for other patients. Medical records must be maintained for five years. There will be a specific record for each patient that must include, but not necessarily be limited to:

- A. The patient's name, address, and birth date;
- B. The patient's medical and social history, as appropriate;
- C. A description of the findings from the physical examination;
- D. Long and short range medical goals, as appropriate;
- E. A description of any tests ordered and performed and their results;
- F. A description of treatment or follow-up care provided and the dates scheduled for revisits;
- G. Recommendations for and referral to other sources of care;
- H. The dates on which all services were provided; and
- I. Written progress notes, identifying the services provided.

Entries are required for each date of service billed and must include the full name, title, and signature of the service provider. The provider must ensure that safeguards and security measures are in place to ensure that only authorized people can enter information into electronic records. Passwords or other secure means of authorization must be used that will identify the individual and date/time of entry. Such identification will be accepted as an electronic “signature.” With security measures in place, limited access may be allowed for certain individuals for changes such as client demographic information. There shall be a signature of record on file.

MBCHP expects medical records and other pertinent information will be transferred, upon patient’s written request, to other physicians or clinicians.

MBCHP must release all the MBCHP case record information to a client upon the receipt of a proper-signed release of information form. This information includes medical records received from all the MBCHP providers, which are used for tracking, and follow-up of the MBCHP women as required by the Centers for Disease Control and Prevention.

Upon request, the provider must furnish to MBCHP, the medical records, or copies thereof, corresponding to and substantiating services billed, without additional charge.

CONFIDENTIALITY

Providers must assure patient confidentiality. The use or disclosure by the provider of any information concerning patients for any purposes not directly concerned with the administration of the Department’s or the provider’s responsibilities with respect to services provided under MBCHP is prohibited. All program participants sign a *Consent for Release of Information* on the *MBCHP Initial Enrollment Form* and annually thereafter upon re-enrollment.

PROVIDER APPEALS

Any provider who is aggrieved by a decision made pursuant to this manual has thirty-days (30) from the date of receipt of that decision, to request an informal review by writing to the Director of the Maine Breast and Cervical Health Program. The Program Director will consider an appeal request received more than 30 days after a closure or denial, provided that provider demonstrates in writing good cause for the late appeal. The Director of the Maine Center for Disease Control and Prevention, or the Director of the Division, or designee, who was not involved in the initial decision under appeal will conduct this review. A written report of the decision resulting from that review will be issued to the provider.

The provider 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.

CHAPTER III

REIMBURSEMENT AND BILLING

REIMBURSEMENT

Reimbursement for covered services will be the lowest of the following:

- A. The provider's usual and customary charge.
- B. The MBCHP rate for the procedure.

Providers participating in MBCHP are required to accept as payment in full, the allowances established by MBCHP for covered services. Therefore, patients cannot be directly billed for these services. Providers may not submit unpaid claims to collections for MBCHP covered services. Any provider or billing agencies with questions should call MBCHP directly before processing bills.

Women enrolled with MBCHP must receive annual screening examinations at participating primary care sites (Appendix C, Tab 8). Covered services may be provided as often as is clinically indicated for an individual. Payment for services may be held if reporting forms are not submitted in a timely manner (Appendix E, Tab 10 *MBCHP Forms*).

MBCHP patients may be charged for non-covered services. Providers must explain to patients before providing the non-covered services that they will be financially responsible.

Women who have had three normal consecutive Pap smears (paid for by MBCHP – within a 60-month period) will not be covered for another program paid Pap test for another three (3) years. Conventional Pap tests are covered annually until three (3) normal Paps are obtained. Liquid-based cytology is covered biennially (every 2 years) until three normal results are obtained.

SLIDING FEE REIMBURSEMENT

Health centers receiving HRSA funding must bill MBCHP according to their current sliding fee scale for established patients in their practice. Patients who have been seen at the health center within the last 2 years are considered established patients (regardless of insurance or payment source). Health centers may bill the MBCHP their usual and customary charge, without a fee discount, for any new patients.

Family Planning Clinics must also bill the MBCHP according to their current sliding fee scale for established patients in their practice, if the patient qualifies for Title X. Patients who have been seen at the Family Planning Clinic within the last 2 years are considered established patients (regardless of insurance or payment source). Family Planning Clinics may bill MBCHP their usual and customary charge, without a fee discount, for new patients.

THIRD PARTY LIABILITY

MBCHP is the payer of last resort. MBCHP providers must be enrolled with the MaineCare program. MBCHP funds cannot supplant other funds, such as Title X, Section 330 Community Health Center, Section 340 Health Care for the Homeless, or Section 329 Migrant Health. It is the responsibility of the provider to determine from each MBCHP patient whether there are any other resources (private or group insurance benefits, etc.) that are available for payment of the service, and to seek payment from such resource prior to billing MBCHP. MBCHP will cover co-payments and deductibles up to 100% of the program's reimbursement fee schedule for covered services. If both MBCHP and the insurer pay reimbursement, the provider must refund to the Department within 60 days of receipt, the amount reimbursed by MBCHP or the insurer, whichever is less.

MBCHP will cover co-payments and deductibles up to 100% of the program reimbursement fee for women who have other third party coverage (e.g. private insurance), if they meet the MBCHP eligibility criteria as explained in Chapter I. Women who have a health plan with minimal co-pay **may be considered underinsured, depending on their income** (page 3).

If a woman is currently enrolled in the **MaineCare program or has Medicare Part B coverage**, she is **not eligible** for services under MBCHP. If a woman applies for MaineCare while on MBCHP and receives retroactive coverage, providers will be paid with MaineCare funds. MBCHP will need to be reimbursed if services were paid for during a period of retroactive eligibility.

BILLING INSTRUCTIONS

Billing instructions must comply with the MaineCare program's billing requirements, "Billing Instructions for Providers." Billing and payment issues are also covered in the MBCHP Provider contract, Rider B2.

Claim forms (CMS-1500) should be submitted to the Office of Medical Services within 30 days of providing services (within 60 days if awaiting insurance payment). If the patient has any type of third party coverage (insurance, etc.) a claim to that policy must be submitted first. MBCHP should be billed the difference between the MBCHP reimbursement rate and the amount paid by that alternate source. Please attach a copy of the EOB or remittance statement to all claims.

On July 1, 2007, a bill was passed (LD 1843), requiring that physician services must be billed on a CMS 1500 form. MBCHP has adopted the July 1st ruling and will no longer pay for any related office visit claims that are billed on a UB-04 form. As a result of this decision, MBCHP will no longer recognize any revenue codes including 0517, 0761 and 0983 that are currently being used to bill for related office visit services on the UB-04. Therefore, please bill all MBCHP office visits with appropriate MBCHP procedure codes on the CMS 1500 form.

If claims for MBCHP covered services are not received within 60 days of the date of service, payment may be denied; however the patient cannot be billed. It is very important that the *MBCHP Initial Enrollment Form* be sent or faxed to MBCHP before submitting claim forms for new patients. The MBCHP toll-free line (1-800-350-5180, press 5) is available to connect to the MaineCare "**Voice Response**" system to obtain the patient's MBCHP ID number.

When using the Voice Response System, it is required to enter the patient's social security number and the first date of service for the period of eligibility. When the dates of eligibility are verified, the voice response will report the patient's MBCHP ID number.

Appendix I (Tab 14) has examples of MBCHP claim forms and Appendix J (Tab 15) has the list of allowable CPT codes and fees, as well as the list of allowable diagnosis (ICD-9) codes. This information is updated and also available on the MBCHP website: <http://www.maine.gov/dhhs/bohdcfh/bcp/index.htm> under the link named - FOR MBCHP PROVIDERS: Policy and Forms.

Please note that only three levels of Office Evaluation and Management codes are allowed. The Preventive Medicine codes are also allowed for both established and new patients. The time and complexity of the visit must match the description in the CPT manual.

Claims (CMS-1500) should be submitted electronically or mailed to:

Medical Assistance Claims Processing
M-500
Augusta, Maine 04330

Claims (UB-04) should be submitted electronically or mailed to:

Medical Assistance Claims Processing
M-100
Augusta, Maine 04330

REPORTING FORMS

Appendix E (Tab 10) has a complete list of forms, samples and timeline for submission. *MBCHP Initial Enrollment Form*, *MBCHP Visit Form Parts 1 and 2*, *Abnormal Cervical Screening Follow-up Report*, and *Abnormal Breast Screening Follow-up Report* are to be **faxed (207-287-8944 or 1-800-325-5760), or mailed to:**

Maine Breast and Cervical Health Program
Department of Health and Human Services
Maine Center for Disease Control & Prevention
11 State House Station
286 Water Street
Augusta, ME 04333

MBCHP TOLL-FREE TELEPHONE NUMBER

The toll-free line (1-800-350-5180) is available for assistance with program procedures, information concerning patients' follow-up, or billing information. Potential program participants may call this same number to obtain information about the program, eligibility guidelines, and names of primary care providers in their area. Appendix A (Tab 6) has the list of staff and instructions for the MBCHP automated telephone system.

PROVIDER SITE CHANGES

Any change in the practice needs to be reported on the *Provider Update Form*, found in Appendix H (Tab 13). Changes in servicing providers, address, provider numbers, etc. must be reported to MBCHP in order for payment to be made.