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Control and Prevention**

*An Office of the
Department of Health and Human Services*

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MBCHP

(Maine Breast and Cervical Health Program)

Primary Care Provider (PCP) Policy Manual

2010

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*This manual is available in Adobe Acrobat Portable Document Format (.PDF) @:
http://www.maine.gov/dhhs/bohdcfh/bcp/documents/CDC-MBCHP_PCPsiteManual-2010.pdf*

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).

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INTRODUCTION

The Maine Breast and Cervical Health Program (MBCHP) is a program managed by the Maine Department of Health and Human Services' (DHHS), Maine Center for Disease Control and Prevention. MBCHP receives funding from the U.S. Centers for Disease Control and Prevention (CDC)/ National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Maine is one of over 68 states, territories and tribal organizations receiving funding from NBCCEDP to support a comprehensive breast and cervical cancer early detection program.

Purpose of MBCHP Primary Care Provider (PCP) Site Manual

When a woman enrolls in the Maine Breast and Cervical Health Program (MBCHP), she is required to select a MBCHP participating Primary Care Provider (PCP) site at which she will receive her annual screening examination and receive a referral for a mammogram.

The purpose of this *Manual* is to summarize the various components of the MBCHP screening program, especially as it pertains to the role and responsibilities of the participating PCP site. The program components summarized here are:

- ⌘ Client Enrollment
- ⌘ Delivery of Screening Services
- ⌘ Approved Covered Services
- ⌘ Reimbursement of MBCHP covered services

The MBCHP staff is available to provide assistance in the form of individual on-site training for primary care site staff, telephone consultations, technical assistance, and problem solving as needed. MBCHP staff telephone numbers and e-mail addresses can be found on the **MBCHP website** (<http://www.maine.gov/dhhs/bohdcfh/bcp/contact.htm>).

In order to automatically receive the latest news, changes, and updates via email, sign up for the **MBCHP Provider ListServe** (<http://mailman.informe.org/mailman/listinfo/mbchp-provider>).

MBCHP CLIENT ENROLLMENT

MBCHP Client Enrollment Eligibility Criteria

The following is a summary of the eligibility criteria used by the MBCHP staff when processing an enrollment application:

Age:

- 35 to 64 years of age (women older than age 64 may apply if they do not have Medicare Part B)

OR

- 35 to 39 years of age AND meet the following criteria:
 - 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.

Residency:

- Resident of Maine, or;
- Resident of New Hampshire whose primary residence is located less than 15 miles from Maine border

Income:

- At or below 250% of the most currently available Federal Poverty Level (FPL) determined by income and the applicant's family size.

Insurance status:Must be uninsured or underinsured

- Uninsured means no health insurance coverage
 - Women who have MaineCare are not eligible.
 - Women who have Medicare Part B are not eligible.
- Underinsured means health insurance coverage that:
 - Does not cover services offered by MBCHP; or
 - Has co-pays, co-insurance or deductibles that are considered financial barriers and the client 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.

Client Enrollment via MBCHP Toll-Free Line

Women interested in enrolling in the screening program are encouraged to call MBCHP's toll-free number. While on the phone, MBCHP staff collects information from the woman while completing an electronic *Initial Enrollment* application. In the majority of cases, eligibility is immediately determined upon completion of the application (intake process takes approximately 10 minutes.) For eligible women, the completed application is printed and mailed to her for review and signature. Enrollment start date is the day the signed application is received at the MBCHP office. Once enrolled, each client is assigned a unique MBCHP ID number that will serve as the client's billing number. A copy of the signed application will be mailed to the selected PCP site.

Client Enrollment at PCP site

A client may also enroll at a PCP site, in which case office staff are responsible for assisting the client in completing and signing the *MBCHP Initial Enrollment* application (<http://www.maine.gov/dhhs/bohdhcfh/bcp/forms.htm>) Fax or mail the signed form to MBCHP. Enrollment start date is the day the signed application is received at the MBCHP office.

All requested information on the application must be completed for processing: incomplete applications will be returned to the PCP site.

Women do not need to provide documentation of their income: this information is self-declaration 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. MBCHP reserves the right to require official documentation to prove the amount, timing and/or source of the self-reported income.

In cases of questionable eligibility, staff should call MBCHP for clarification.

If the client receives a MBCHP covered service the same day she is enrolled, the Initial Enrollment application must be immediately faxed to the MBCHP to expedite the assignment of a MBCHP billing number to the enrolled client.

It is very important that the *MBCHP Initial Enrollment Form* be sent or faxed to MBCHP before submitting claim forms for new clients. The MBCHP toll-free line (1-800-350-5180, press 5) is available to connect to the MaineCare **“Voice Response” system** to obtain the client's MBCHP ID number. (Details of navigating the MaineCare Voice Response are not being published here as they are frequently changed and updated).

If a client received MBCHP covered services at participating site prior to Enrollment Start Date

If a newly enrolled client received a MBCHP covered service prior to her Enrollment Start Date, MBCHP may be able to backdate enrollment up to 90 days prior to the date the signed Initial Enrollment application was received at the MBCHP office. PCP sites should contact the MBCHP or indicate on the enrollment form if requesting that eligibility be backdated.

MBCHP ID Card

All enrolled women are sent an MBCHP ID card within two to three weeks of their enrollment Start Date. The MBCHP ID number found on the card represents the women's billing number. (This is an 8-digit number followed by the letter “A”, sometimes referred to as an “A” number or eligibility number.)

Verification of Client Enrollment Status

A PCP site may always check on the enrollment status of a patient. This information is readily available through the MaineCare “Hotline”:

For dates of service PRIOR to 9/1/2010 (MeCMS):

Call 1-800-321-5557

Enter your MaineCare provider number

Select the option for client Eligibility

Enter the client’s Social Security Number

The system will confirm the client’s ID number and eligibility dates

For dates of service AFTER 9/1/2010 (MIHMS):

Call 1-866-690-5585

Enter your National Provider Identification (NPI) number

Select the option for client Eligibility

Enter the client’s MaineCare number or Social Security Number

The system will confirm the client’s ID number and eligibility dates

Providers may also call MBCHP’s Toll Free Line 1-800-350-5180.

PCP SITE: DELIVERY OF SCREENING SERVICES

Primary Care Providers: Annual Examination

After a client is enrolled, she should be examined by a clinician at a MBCHP Primary Care Provider (PCP) site, and referred for mammography or other necessary services. During the exam, the clinician will provide a clinical breast exam and/or pelvic exam, and Pap test (if due). 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. The MBCHP enrolled client should be encouraged to receive all covered services, when appropriate.

MBCHP Visit Form Part 1: After the examination, the clinician must complete and fax/mail the form to MBCHP within 10 business days of the exam.

MBCHP Visit Form Part 2: When screening test results for Pap test and Mammogram are received by PCP site, complete and fax/mail form to MBCHP within 10 business days of receipt of test results. (Ideally, results should be submitted as soon as received).

Enrolled women are sent an *MBCHP Visit Form* with individualized demographic information completed. Clients are asked to bring the form to the PCP site when they have their annual examination. However if the client forgets to bring their form with them, a blank version of the *MBCHP Visit Form* can be found on the MBCHP website for your convenience (<http://www.maine.gov/dhhs/bohdcfh/bcp/forms.htm>).

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.

SERVICES MBCHP WILL REIMBURSE

MBCHP Covered Screening Services

Per the conditions of the federal grant award under which MBCHP operates, the Program is only allowed to reimburse participating providers for *specific screening and diagnostic procedures* received by women enrolled in the program. These procedures are updated annually for the Program's fiscal year (July through June). In general, the MBCHP will cover the following screening services; however, the PCP site must be familiar with the MBCHP listing of specific CPT procedure codes that correspond to these procedures. The current listing of MBCHP approved CPT procedure codes can be found on the MBCHP website (http://www.maine.gov/dhhs/bohdcfh/bcp/billing_information.htm).

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;

Mammography (screening and diagnostic);

Breast diagnostic services (to include but may not be limited to diagnostic mammography, ultrasound, breast biopsies, and fine needle aspirations). Hospital charges for breast biopsies are not covered; however, physician charges are covered.

Cervical diagnostic services (to include but may not be limited to Colposcopy, cervical biopsy and Endocervical curettage).

Surgical consults for diagnosis of breast and cervical cancer;

Interpretation/translation services for MBCHP covered services;

Transportation when it is a barrier to receiving screening services;

Pathology charges for breast and cervical biopsies;

Anesthesia for breast biopsies (physician charges only, hospital charges are not covered).

SERVICES MBCHP CAN NOT REIMBURSE

Non-Covered Services

All other services are not covered including, but not limited to, the following:

Services not related to breast or cervical cancer screening or diagnostics

Services provided by non-MBCHP participating providers

HPV testing for screening purposes

Computer Aided Detection (CAD) in breast cancer screening or diagnostics

Computerized Tomography (CT) in breast cancer screening or diagnostics

Magnetic Resonance Imaging (MRI) in breast cancer screening or diagnostics

Hospital charges for breast biopsies

In-patient services

Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer

INTERPRETER SERVICES

Interpretation/Translation Services

MBCHP may reimburse interpreters for non-English and limited English speaking clients and/or deaf/hard of hearing 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 a client who requires these services, please call MBCHP. Providers are responsible for ensuring that interpreters protect client confidentiality.

- 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.
- 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.
- 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

Transportation

To assure access to screening services, the MBCHP can sometimes arrange for or reimburse transportation costs for enrolled women if transportation is a barrier to receiving covered screening services, i.e., attending a scheduled office visit or appointment. Please contact the MBCHP Case Manager to request assistance with arranging transportation for a woman in need.

MBCHP SCREENING AND FOLLOW-UP

MBCHP Screening and Follow-Up Guidelines

MBCHP’s *Guidelines for Breast Cancer Screening and Follow-up* and *Guidelines for Cervical Cancer Screening and Follow-up* are consistent with the recommendations of the U.S. Preventive Services Task Force (USPSTF), the recommendations of the American Society for Colposcopy and Cervical Pathology (ASCCP) and the program implementation guidance issued by the MBCHP’s federal grantor, the National Breast and Cervical Cancer Early Detection Program. The following is a summary of the breast and cervical screening guidelines for an asymptomatic client enrolled in the MBCHP:

<u>Clinical Breast Exam:</u>	Annually	
<u>Mammogram:</u>	Enrolled women age 40+:	Annually
	Enrolled women age 35-39:	As determined to be medically needed by MBCHP PCP
<u>Pelvic exam:</u>	Annually for women with cervix	
	<i>See below: Enrolled women with Hysterectomy</i>	
<u>Pap test:</u>	Conventional Cytology:	Annually
	Liquid-based Cytology:	Once every two years

After three (3) consecutive, normal cervical cancer screening tests documented within a 60-month period, the screening interval will increase to once every three (3) years.

Note: Clients 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.

Enrolled women with symptoms

Symptomatic women should be clinically evaluated and scheduled for appropriate diagnostic procedures as quickly as possible.

Enrolled women with Hysterectomy

MBCHP will cover an initial pelvic examination with the PCP to assess the presence of a cervix.

If the enrolled client has a cervix, or a cervical stump, the MBCHP will cover:

- Annual pelvic examination
- Pap test (schedule based on cervical cytology method used)

If the enrolled client has no cervix resulting from a complete hysterectomy due to cervical neoplasia or invasive cervical cancer, the MBCHP will cover:

- Annual pelvic examination
- Pap test (schedule based on cervical cytology method used)

If the enrolled client has no cervix resulting from a complete hysterectomy due to benign conditions, the MBCHP will **NOT** cover any subsequent pelvic exams or Pap tests.

Annual Screening Visits

It is expected that all eligible women will return to their PCP for screening exams (scheduled in accordance with screening guidelines) and be referred each year for a screening mammogram.

Notification of screening test results

The MBCHP PCP site is responsible for notifying all enrolled women of the results of their breast and cervical screening tests. If the screening results are abnormal, the PCP site must communicate the abnormal screening findings to their client within 10 business days of receipt of the result (See below under Follow-up of women with abnormal results).

MBCHP will notify MBCHP enrolled women if the result of their Pap test is normal [*Bethesda 2001 Reporting System: Negative for intraepithelial lesion or malignancy.*] If the MBCHP receives the results of the Pap test more than three months after the MBCHP Annual PCP Visit, no notice of normal results will be issued by the Program.

FOLLOW-UP OF WOMEN WITH ABNORMAL RESULTS

Follow-up of women with abnormal results

When a client has an abnormal screening result, she should be notified as quickly as possible, and given a referral to a participating MBCHP Diagnostic Provider for recommended work-up procedures. MBCHP Diagnostic Providers can be found on the MBCHP website

(<http://www.maine.gov/dhhs/bohdcfh/bcp/diagnosticlist.htm>). A MBCHP Case Manager is always available to assist a provider and client to arrange the necessary referral services.

For the recommended diagnostic work-up for an abnormal CBE and/or mammogram, please refer to our website at <http://www.maine.gov/dhhs/bohdcfh/bcp/asccp.htm> under Clinical Guidelines for links to:

MBCHP's *Guidelines for Breast Cancer Screening Follow-up*:

For the recommended diagnostic work-up for an abnormal pelvic exam or Pap test, please refer to:

MBCHP's *Guidelines for Cervical Cancer Screening and Follow-up*:

American Society for Colposcopy and Cervical Pathology (ASCCP) Guidelines:

Abnormal cervical cancer screening tests that MBCHP requires diagnostic work-up:

Abnormal pelvic examination, suspicious of cervical cancer

Pap test result:

Atypical Squamous cells of undetermined significance (ASC-US) with
a Positive High-Risk HPV test result

Atypical Squamous cells cannot exclude HSIL (ASC-H)

High Grade SIL

Squamous Cell Cancer

Abnormal breast cancer screening tests that MBCHP requires diagnostic work-up:

Abnormal clinical breast examination (CBE), suspicious for cancer

Mammogram result:

Assessment Incomplete (BI-RADS 0)

Suspicious abnormality (BI-RADS 4)

Highly Suggestive of Malignancy (BI-RADS 5)

NOTE: A negative mammogram is not considered adequate work-up for a CBE finding of palpable lump that has not 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.

DIAGNOSTIC SERVICES MBCHP WILL REIMBURSE

MBCHP Covered Diagnostic Services

In general, the MBCHP will cover the following diagnostic services when performed by a participating MBCHP Diagnostic provider. The current listing of MBCHP approved CPT procedure codes can be found on the MBCHP website (http://www.maine.gov/dhhs/bohdcfh/bcp/billing_information.htm).

Breast Diagnostic Procedures:

Ultrasound
 Diagnostic Mammography
 Fine-Needle Aspiration
 Breast biopsy (non-excisional and excisional)
 Pathology of breast biopsy
 Surgical consult

Cervical Diagnostic Procedures

Colposcopy without biopsy
 Colposcopy with biopsy and/or endocervical curettage
 Endocervical curettage
 Endometrial biopsy:

Covered only when:

- *Screening Pap test identifies Abnormal Glandular Cells (AGC); -OR-*
- *Adenocarcinoma In-Situ (AIS); -OR-*
- *Negative Pap result, with Endometrial cells present AND the client is post-menopausal.*

Endocervical polyp removal and/or biopsy

HPV-DNA Test (Digene Hybrid Capture II, High Risk Typing or Cervista HPV HR):

Covered only when:

- *Screening Pap test identifies Atypical Squamous Cells of Undetermined Significance (ASC-US); -OR-*
- *Surveillance at one year following an LSIL Pap test and no CIN 2,3 on colposcopy-directed biopsy.*

Pathology of cervical biopsy

Surgical/GYN consult

DIAGNOSTIC SERVICES MBCHP CAN NOT REIMBURSE

Non-Covered Services

All other services are not covered including, but not limited to, the following:

Services not related to breast or cervical cancer screening or diagnostics
 Services provided by non-MBCHP participating providers
 EMB for excessive or post-menopausal bleeding only
 HPV testing for screening purposes
 Computer Aided Detection (CAD) in breast cancer screening or diagnostics
 Computerized Tomography (CT) in breast cancer screening or diagnostics
 Magnetic Resonance Imaging (MRI) in breast cancer screening or diagnostics
 Hospital charges for breast biopsies
 In-patient services
 Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer

When making the referral to a participating MBCHP diagnostic provider, the PCP should identify the woman as a MBCHP client, and provide her MBCHP ID number (A number). The Diagnostic provider is required to report the results of the diagnostic procedures performed directly to the PCP, and in turn, the PCP must report the results to MBCHP as soon as available. The MBCHP Case Manager may also contact the Diagnostic provider for diagnostic reports. A current listing of participating MBCHP Diagnostic providers can be found on the MBCHP website (<http://www.maine.gov/dhhs/bohdcfh/bcp/diagnosticlist.htm>).

If the PCP, and/or client, determines referral to a non-participating Diagnostic provider is needed, the PCP must notify MBCHP. MBCHP will contact the non-participating diagnostic provider to determine if they currently participate in the MaineCare program, and are willing to enroll with MBCHP. Only enrolled Diagnostic providers are reimbursed for MBCHP covered services. If the Diagnostic provider is not willing to enroll with MBCHP, the MBCHP Case Manager will assist the PCP and client to identify an alternate referral site.

REPORTING REQUIREMENTS (ABNORMAL RESULTS)

Reporting requirements following abnormal screening result

An MBCHP *Abnormal Screening Follow-up Report* must be completed whenever diagnostic services are ordered for a client by the PCP. It is the PCP's responsibility to obtain copies of the diagnostic test results from the referred provider(s) and ensure both the client and MBCHP are notified of the results. The MBCHP Case Manager is responsible for tracking all abnormal screening results to ensure that the diagnostic work-up is completed, and a final diagnosis is obtained in a quality and timely manner.

MBCHP expectation is that the diagnostic workup shall be completed, and a final diagnosis obtained, within 60 days of when the screening test was performed.

Case Management

MBCHP Primary Care sites are required to clinically manage follow-up services for their clients 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, especially if the client refuses care or whom the provider deems lost to follow-up, the MBCHP Case Manager should be contacted immediately. 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 calling the MBCHP.

The MBCHP 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. Case management services may be requested by the client, the PCP, or may be identified by MBCHP staff. In those cases identified by MBCHP staff, the Case Manager will contact the PCP prior to contacting the client.

If Final Diagnosis confirms Cancer

When a client receives a final diagnosis of breast cancer (in situ or invasive) or cervical cancer (cervical neoplasia or invasive), MBCHP must be notified upon receipt of the diagnostic results. The MBCHP Case Manager will ensure the client will receive quality and timely treatment services within 60 days of when the cancer diagnosis was confirmed.

MBCHP expectation is that treatment services will start within 60 days of when the diagnostic tests confirmed a breast and/or cervical cancer.

MBCHP does not cover treatment services for breast or cervical cancer. However, most women enrolled in the Program are eligible for the Maine Treatment Act [Breast & Cervical Cancer

Prevention and Treatment Act of 2000 (Public Law 106-354)]. Under the Treatment Act, eligible women receive full MaineCare coverage while they are receiving treatment for breast and/or cervical cancers. The MBCHP Case Manager will assess each women applying for coverage under the Treatment Act to ensure she meets all of the required MaineCare eligibility criteria:

- In need of treatment for breast or cervical cancer or pre-cancerous condition; and
 - Age 35 through 64; and
 - U.S. citizen or resident non-citizen; and
 - Uninsured, unless insurance does not pay any part of the cancer treatment; and
 - Income at or below 250% of the Federal Poverty Level for the applicant’s family size; and
- Is a client, or has been seen by a MBCHP participating provider or mammography facility.

MBCHP SCREENING SERVICES DOCUMENTATION

Reporting Forms

Blank MBCHP reporting forms may be downloaded and/or printed from our website:
<http://www.maine.gov/dhhs/bohdcfh/bcp/forms.htm>

- *MBCHP Visit Form Parts 1 and 2*
- *Abnormal Cervical Screening Follow-up Report*
- *Abnormal Breast Screening Follow-up Report*

Fax forms to:

207-287-8944
 Or
 1-800-325-5760

Mail forms 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 04333-0011

The PCP site uses visit form Part 1 and 2 to inform MBCHP of screening services performed:

MBCHP Form	Submitted by	Purpose	If screening outcome is NORMAL	If screening outcome is ABNORMAL
MBCHP Visit Form Part 1	PCP site	To document outcome of: <ul style="list-style-type: none"> ▪ Pelvic exam ▪ Clinical Breast Exam ▪ Date Pap performed To document schedule date for: <ul style="list-style-type: none"> ▪ Mammogram 	Mail or Fax Part 1 within 10 days of office visit	Fax Part 1 on day abnormal screening result identified with plan for diagnostic services
MBCHP Visit Form Part 2	PCP site	To document outcome of: <ul style="list-style-type: none"> ▪ Pap test ▪ Mammogram 	Mail or Fax Part 2 and/or results of Pap test/Mammogram within 10 days of receiving results	Fax Part 2 and/or abnormal Pap/Mamm report on day abnormality identified with plan for diagnostic services

MBCHP uses information from the submitted forms to document each of the four screening services and outcomes:

Screening Service	MBCHP Visit Form Part 1 is used to document:	MBCHP Visit Form Part 2 is used to document:	Alternate form of acceptable documentation:
Pelvic Exam	Screening performed, and outcome		
Clinical Breast Exam	Screening performed and outcome		
Pap test	Screening performed	Screening outcome	Cytology Report
Mammogram	Screening scheduled	Screening outcome	Mammogram Report

- If screening outcome is NORMAL, report within 10 days.
- If screening outcome is ABNORMAL, report IMMEDIATELY upon learning result AND indicate your plan for diagnostic work-up.

<u>Mail:</u>	<u>Fax:</u>
MBCHP	207-287-4100
286 Water Street, Key Plaza – 4 th Floor	1-800-325-5760/287-8944
11 State House Station	
Augusta, ME 04333-0011	

MBCHP TRACKING AND FOLLOW-UP**Tracking and Follow-Up**

MBCHP maintains a centralized computerized Data Management and Reporting System (DMRS) that monitors the disposition of all women enrolled in the program statewide. Providers receive the following reports generated by the DMRS:

Weekly, individual member letters are mailed to PCP sites when a member is dis-enrolled in MBCHP

Monthly, a list of women enrolled, re-enrolled, and dis-enrolled at the PCP site (Report 305);

Monthly, a list of enrolled women due and overdue for rescreening or short-term follow-up (Report 1015);

Every other month, *MBCHP Missing Data Reports* summarizing:

- Required MBCHP Visit Form (Parts 1 and 2) that have not been received by the MBCHP (Report #231);
- MBCHP paid office visit claim for which a Visit Form – Part 1 has not been received (Report #240).

Missing Data Report (Report #231)

The Missing Data Report is generated from our DMRS and is designed to inform PCPs when MBCHP has received information from a provider on a service performed (Pap or Mamm) but we have no documented results in our database (Visit Form – Part 2), OR MBCHP has received a test result (Pap or Mamm) but we have no documented office visit in our database (Visit Form – Part 1); AND this missing information prevents us from completing our records. The missing data being requested is broken down into two categories as follows:

Missing information relating to the *office visit* (Visit Form – Part 1); -OR-
Missing results of *PAP/ Mamm* (Visit Form - Part 2)

Missing Claims Data Report (Report #240)

The Missing Claims Data Report is generated from our DMRS and is designed to inform PCPs that MBCHP has “PAID” claims in our claims processing system but we can not link the claim with an office visit (Visit Form – Part 1) in our database. The Missing Claims Data Report informs PCPs of:

“Paid” claims relating to an *office visit* but MBCHP has not received a Visit Form – Part 1

MBCHP Screening Capacity (Cap) at PCP site

When the PCP site signs the MBCHP contract to become a participating provider, the site agrees to provide services annually to a maximum number of enrolled women (maximum number is negotiated at the time of application). Accordingly, PCP sites must accept newly enrolled women as long as the site is currently serving fewer than the maximum number of enrolled women established for the site. Monthly, MBCHP will mail the site a report of all women enrolled with the Program that have designated the site to be their MBCHP Primary Care Provider. If a site requires any changes in the maximum number of enrolled women, office staff should contact MBCHP to discuss the needs of the site.

We encourage PCP sites to review their current patient load to determine if any female patient would be eligible for the breast and cervical screening program.

Re-Enrollment Reminders

MBCHP sends active clients a *Re-Enrollment Form* on an annual basis to determine on-going eligibility for MBCHP services. Members re-enrolled will appear on Report 305 sent to providers monthly. Providers will also receive individual member dis-enrollment letters when a member is dis-enrolled in the MBCHP. These letters are sent out weekly.

Rescreening Reminders

Monthly, we send PCPs a list of clients due for rescreening in 60 days, as well as clients 3 and 5 months overdue. We also encourage providers to remind clients due for rescreening. To support providers in sending their own reminders, a set of self-adhesive mailing labels for each client listed is included with the rescreening reminder mailing. MBCHP also sends clients a reminder letter to schedule the screening appointment, as well as a letter with notification that a rescreening test is 3 and 5 months over due.

Quality Assurance

MBCHP will periodically monitor the performance of PCP sites meeting Program expectations for the delivery of care to 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 diagnostic work-up)

Clinical services and follow-up (e.g. time from abnormal screening result to final diagnosis, time from diagnosis of cancer to start of treatment, adherence to rescreening guidelines for mammography and Pap tests)

Enrollment (e.g. percent of Enrollment Capacity (Cap) reached, age distribution of enrolled women)

Billing (e.g. billing clients for covered services, over-billing MBCHP for covered services; billing MBCHP for non-covered services)

Medical Record Requirements

Medical records for each client must be maintained at each PCP site for five years.

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.

Upon a client’s written request, the PCP site will transfer medical records and other pertinent information, to other physicians or clinicians. Similarly, upon the receipt of a properly-signed release of information form, MBCHP must release all MBCHP case records to the client, including medical records received from all MBCHP providers, which are used for tracking, and follow-up of the client.

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

Confidentiality

The use or disclosure by the provider of any information concerning clients for any purposes not directly concerned with the administration of the MBCHP is prohibited. Providers shall maintain the confidentiality of information regarding these individuals in accordance with 42 CFR §431 et seq. and other applicable sections of state and federal law and regulation. All program participants sign a *Consent for Release of Information* on the *MBCHP Initial Enrollment Form* and annually thereafter upon re-enrollment.

REIMBURSEMENT OF MBCHP COVERED SERVICES

Submitting Claims for Services

MBCHP providers must be enrolled MaineCare providers. This is a requirement because claims for services, reimbursement payments, and Remittance Advices are processed through the MaineCare claims processing system. MBCHP does not have its own claims processing system. To insure claims are processed correctly, providers must submit claims following the published MaineCare billing instructions (see below under Billing Instructions).

Reimbursement

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

- The provider's usual and customary charge, or;
- The MBCHP current rate for the procedure. (See current rate charts here: http://www.maine.gov/dhhs/bohdcfh/bcp/billing_information.htm).

NOTE:

Providers participating in MBCHP are required to accept as payment in full, the allowances established by MBCHP for covered services. Therefore, clients 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 (<http://www.maine.gov/dhhs/bohdcfh/bcp/pcplist.htm>). 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. (<http://www.maine.gov/dhhs/bohdcfh/bcp/forms.htm>).

Clients may be charged for non-covered services. Before providing any non-covered services to clients, providers must explain to clients that they will be financially responsible for those specific non-covered services. This ensures that clients are aware that they may receive a bill for the non-covered service provided and prevent any misunderstanding as to who is paying. If you have any questions about a particular service and whether or not it is covered, please contact MBCHP.

Health Centers/Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC)

Health centers may bill MBCHP according to their current fee schedule for covered MBCHP screening services in accordance with MBCHP's list of approved diagnosis/procedure/revenue codes that are posted on our website http://www.maine.gov/dhhs/bohdcfh/bcp/billing_information.htm. Health centers may bill the MBCHP their usual and customary charge, without a fee discount, per The Health Center Program: Section 330 of the Public Health Service Act (42 USCS § 254b) <http://bphc.hrsa.gov/about/legislation/section330.htm> and will be reimbursed at the current MBCHP rate for the covered service provided.

Family Planning Clinics

Family Planning Clinics may bill the MBCHP according to their current fee schedule for MBCHP covered screening services as explained above. Family Planning Clinics may bill MBCHP their usual and customary charge, without a fee discount and will be reimbursed at the current MBCHP rate for the covered service provided.

THIRD PARTY LIABILITY

MBCHP is the payer of last resort.

It is the responsibility of the provider to determine from each client 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 MBCHP within 60 days of receipt, the amount reimbursed by MBCHP or the insurer, whichever is less. Preferred method of reimbursement is for you to do a Provider Initiated Adjustment through the MaineCare Services claims processing system MeCMS for all dates of service **prior** to September 1, 2010, and MIHMS for dates of service September 1, 2010 and later. Another option is to contact MBCHP and have us do a State Initiated "Void" or "Reversal" of your claim.

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 the client 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 amount allowed by that alternate source and the amount paid by the alternate source. An EOB or remittance statement must be submitted with all claims where there is a primary payer even if zero dollars was paid.

MaineCare or Medicare Part B

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 client 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. Providers may coordinate through MBCHP to have these claims "re-adjudicated" in the claims processing system as State Initiated adjustments to correct the funding source for the payment of the claim. This process will allow MBCHP to recoup funding for screening claims and allow MaineCare to pay the claims.

Billing Instructions

MBCHP uses the MaineCare claims processing system for processing claims so submission must follow MaineCare rules. Claims submitted must comply with MaineCare Services billing requirements located at the following link: <https://mainecare.maine.gov/Billing%20Instructions/Forms/AllItems.aspx>. The site is the best place for up to date billing instructions and changes as MaineCare Services transitions to the new claims processing system "MIHMS" from the old processing system "MeCMS".

Billing and payment issues are also covered in the MBCHP Provider contract, Rider B2.

TIMELY FILING OF MBCHP CLAIMS

Claims for MBCHP covered services must enter the MIHMS claims processing system within 180 days of the date of service or the system will deny payment as untimely. A claim denied for being untimely may not be billed to the client.

Allowable Procedure Codes/Diagnostic Codes/Revenue Codes

Lists of MBCHP allowable CPT codes and fees, as well as MBCHP allowable diagnosis (ICD-9) codes are available on the MBCHP website:

http://www.maine.gov/dhhs/bohdcfh/bcp/billing_information.htm .

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 clients. The time and complexity of the visit must match the description in the CPT manual.

SCREENING HPV AND EMB BILLING ISSUES

Special Billing Notes:

HPV and EMB procedure codes continue to cause billing issues for PCPs, diagnostic providers, and clients. Before performing either a screening HPV test or an Endometrial Biopsy for a MBCHP client, PCPs must inform the client that MBCHP **only covers these procedures in the below circumstances. If performed under any other circumstance, the claim will be denied payment; providers must explain to clients that they will be financially responsible for the non-covered service.** This in no way implies that a needed service as determined by the PCP should not be performed; only that the client needs to be informed that MBCHP will not cover the payment for the service.

HPV Procedure Code 87621

MBCHP does not cover HPV testing for screening purpose or low-risk HPV testing.

At present, MBCHP can **only** cover HPV claims (Proc Code 87621) in the following cases:

- Reflex High-Risk HPV Testing in clients with ASCUS in Pap smear
- Reflex High-Risk HPV Testing in postmenopausal clients with LSIL in Pap smear

Endometrial Biopsy (EMB) Procedure Code 58100

MBCHP can only cover an EMB (Proc Code 58100) if performed after receiving the following Pap test result:

- Pap test result = Abnormal Glandular Cells (AGC), **or**;
- Pap test result = Adenocarcinoma In-Situ (AIS), **or**;
- Pap test result = Negative, with endometrial cells present **AND** the client is post-menopausal

MISC. BILLING INFORMATION

Claims Mailing

Information below is from the MaineCare Services MECMS to MIHMS Transition Guide (<https://mainecare.maine.gov/Billing%20Instructions/Forms/Publication.aspx>).

Old & New Contact Information

Claims Mailing Address	MIHMS
Common mailing address for MaineCare claims effective 9/1 with mailstops for each type of claim form.	MaineCare Claims Processing 11 State House Station, M-500 (CMS1500) M-100 (for UB-04) M-600 (ADA Dental) Augusta, ME 04332

Links to MBCHP Reference Documents

10-144 Chapter 707: RULES RELATING TO THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (NBCCEDP) IN MAINE

<http://www.maine.gov/sos/cec/rules/10/144/144c707.doc>

10-144 Chapter 708: Rules relating to the Breast & Cervical Cancer Prevention and Treatment Act (BCCPTA) in Maine

<http://www.maine.gov/sos/cec/rules/10/144/144c708.doc>

Reference Information (MaineCare Services Website):

MIHMS Billing Instructions

<https://mainecare.maine.gov/Billing%20Instructions/Forms/AllItems.aspx>

EDI Companion Guides

<https://mainecare.maine.gov/Claim%20Submission%20Manuals/Forms/Publication.aspx?RootFolder=%2fClaim%20Submission%20Manuals%2fHIPAA%20Compliant%20X%2e12%2fEDI%204010A1%20Companion%20Guides&FolderCTID=&View=%7b74D47D02%2dA502%2d49C6%2d98C2%2d067207533849%7d>

Crosswalks for Local Codes

http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html#hipaa_codes

MBCHP Toll-Free Telephone Number (In state only)

The toll-free line (1-800-350-5180) is available for assistance with program procedures, information concerning clients' 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.