Purpose of the Training

The purpose of this training is to orient all MBCHP Primary Care Practice staff to the requirements of the Maine CDC Breast and Cervical Health Program.
MBCHP’s History and Funding

The State of Maine is one of 67 states, territories and tribal organizations receiving funding to support a comprehensive breast and cervical cancer early detection program. Maine’s early detection program started in September 1994 when Maine received funding from the US CDC. MBCHP has a cooperative agreement with the US CDC that provides approximately $1.7 million annually.

The goal of the National Breast & Cervical Cancer Early Detection Program (NBCCEDP) is to reduce breast and cervical cancer morbidity and mortality.
Mission & Vision

Mission
The mission of MBCHP is to provide breast and cervical cancer screening and diagnostic services to underserved women; public education and outreach to promote quality cancer prevention and screening activities; professional education and policy system approaches that enhance statewide cancer control activities.

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

To qualify for MBCHP services, a woman must meet all of the following guidelines:

- Income must be at or below 250% Federal Poverty Level by family size (table on the website)
- Must be uninsured or underinsured
- Must not be receiving MaineCare or Medicare Part B
- Must be a resident of the State of Maine or New Hampshire (within 15 miles of border)
- Must be age 40-64 (65+ only if a woman does not have Medicare Part B)
- Women 35-39 may qualify under special criteria (symptomatic or have not had a Pap test in 5 or more years)
# Federal Poverty Guidelines

## 2018

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>250% Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$30,350</td>
</tr>
<tr>
<td>2</td>
<td>$41,150</td>
</tr>
<tr>
<td>3</td>
<td>$51,950</td>
</tr>
<tr>
<td>4</td>
<td>$62,750</td>
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<tr>
<td>5</td>
<td>$73,550</td>
</tr>
<tr>
<td>6</td>
<td>$84,350</td>
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<tr>
<td>7</td>
<td>$95,150</td>
</tr>
<tr>
<td>8</td>
<td>$105,950</td>
</tr>
</tbody>
</table>

Each additional person add: $10,800
Enrollment of Women

- Centrally through the toll free line (1-800-350-5180.) Completed application is mailed to eligible woman for review and signature. Enrollment start date is the day the signed application is received at the MBCHP office. Copy of form is sent to provider.
- At the Primary Care Practice site (once completed may be faxed to MBCHP)
- If a newly enrolled member received an MBCHP covered service at a participating service location 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 form was received at the MBCHP office.
- MBCHP staff will enter member information in the Automated Client Eligibility System (ACES), 2-3 business days after receipt of the MBCHP Initial enrollment form
- Once entered, eligibility information is available through MIHMS Automated Customer Services System at 1-866-690-5585

Confidentiality

- All MBCHP members sign a consent for Release of Information on the MBCHP initial enrollment form and annually thereafter
Re-enrollment of members is done annually

- MBCHP mails re-enrollment forms to women approximately 8 weeks before due date to re-enroll and, if no response, again 4 weeks later, to ensure ongoing eligibility.
- If eligibility is maintained, member ID# will be the same.
- If a member becomes ineligible, a letter is sent to her and reflected on the monthly enrollment report sent to the PCPs. If her eligibility status changes, she can re-contact MBCHP at any time.
- Members who fail to re-enroll will be closed out of the program 30 days after their re-enrollment due date.
Primary Care Site Responsibilities

Primary care sites under MBCHP agreement will:

- Provide covered services (upcoming slides)
- Refer women to MBCHP participating diagnostic service providers (Listed on Website)
- Submit clinical data to MBCHP in a timely manner (slide 10)
- Ensure billing is done timely and women are not billed for covered services (slides 12 & 13)
- Update MBCHP staff of any changes in staff at the practice
- Assess women for tobacco use and refer to quit lines for cessation services when appropriate
- Assure patient confidentiality
Initial Contact with PCP Site

After initial enrollment, MBCHP encourages women to call their selected PCP site to make an appointment for their screening exam and identify themselves as “Breast and Cervical” members. They are also encouraged to present primary and secondary insurance cards at their appointment (if they also have private insurance). MBCHP is always considered a payor of last resort.

Front office staff

➢ Encouraged to talk to all eligible female patients, ages 40+ about MBCHP
➢ Encouraged to ask all callers if they are covered by MBCHP
➢ Required to schedule symptomatic women for clinical evaluation and appropriate diagnostic procedures as quickly as possible
➢ Encouraged to ask women for their MBCHP card or contact MBCHP to see if she is enrolled (1-800-350-5280)
➢ Should never schedule “new patient consults” for MBCHP members
# Submission of Clinical Data

<table>
<thead>
<tr>
<th>MBCHP Form</th>
<th>Submitted by</th>
<th>Purpose</th>
<th>If screening outcome is NORMAL</th>
<th>If screening outcome is ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBCHP Visit Form Part 1</td>
<td>PCP Site</td>
<td>To document outcome of: • Pelvic exam • Clinical Breast Exam • Date Pap performed To document schedule date for: • Mammogram</td>
<td>Mail or fax Part I within 10 days of office visit Fax: 1-800-325-5760 287-8944</td>
<td>Fax Part 1 on day abnormal screening result identified with plan for diagnostic services</td>
</tr>
<tr>
<td>MBCHP VISIT Form Part 2</td>
<td>PCP Site</td>
<td>To document outcome of: • Pap test • Mammogram</td>
<td>Mail or Fax Part 2 and/or results of Pap test/Mammogram Within 10 days of receiving results</td>
<td>Fax Part 2 and/or abnormal Pap/Mam report on day abnormality identified with plan for diagnostic services</td>
</tr>
</tbody>
</table>

9/2017
MBCHP Visit Forms/ Mammography and Cytology Reports

Please fax visit forms and reports to MBCHP:
fax: 1-800-325-5760 or 207-287-8944
MBCHP Visit Form – Part 1 of 2

Site Name: ______________________________
Provider Name: _________________________

- Please send Part 1 immediately following the office visit and send Part 2 when test results are available.
- Be sure to use a new Part 1 Visit Form every time the client returns for a Routine Screening or Short Term Follow-Up Office Visit.

Name: ________________________________
DOB: ___/___/______ SSN or "A" Number: __________________________

Date of this visit: ___/___/______

Please check one: ☐ Routine screening visit ☐ Short term follow-up visit

If the client reporting any breast symptoms? ☐ Yes ☐ No

*If yes, type of symptom: __________________________

CLINICAL BREAST EXAM (CBE)
Clinical Breast Exam (CBE) not performed at this visit – reason:
☒ Unable due to clinical/medical reason (CBE due date: ___/___/______)
☒ Patient refused
☒ Discussed but not needed this visit (CBE due date: ___/___/______)

CBE Results:
☒ Negative Findings
☒ Benign Findings (such as fibrocystic changes, diffuse lumpiness or nodularity)
☒ Discrete Palpable Mass (not suspicious for cancer) (i.e., previously worked-up or determined benign)

**Abnormal Exam:
☒ Nipple or Areola abnormalities
☒ Skin Dimpling or Retraction
☒ Discrete Palpable Mass suspicious for cancer (i.e., cystic or solid masses that have not been evaluated beyond mammography)

Plan:
☒ Next routine screening due: ___/___/______
☒ Short-Term Follow-Up is recommended and will be due: ___/___/______

**Immediate consultation/diagnostic testing is required: Diagnostic Provider: __________________________

Appointment Date: ___/___/______

MAMMOGRAM SCHEDULING
☒ Mammogram not ordered at this visit

Mammogram scheduled: __________________________

Date of Mammogram: ___/___/______

PELVIC EXAM
☒ Pelvic Exam not performed this visit

If applicable, please select one. ☐ Patient has complete hysterectomy for benign condition (cervix absent)
☒ Patient had supracervical hysterectomy for benign condition (cervix present)
☒ Patient had hysterectomy for cervical neoplasia (cancer)

Pelvic Exam Results:
☒ Cervix normal on exam, next routine screening due: ___/___/______
☒ Cervical abnormality detected, not suspicious for cancer

**Abnormal Exam:
☒ Cervical abnormality detected, suspicious for cancer

**Immediate consultation/diagnostic testing is required: Diagnostic Provider: __________________________

Appointment Date: ___/___/______

PAP TEST
☒ Pap test not performed this visit

Specimen Type
☒ Conventional smear
☒ Liquid based
☒ Other
MBCHP Visit Form – Part 2 of 2

Date of this visit: __/__/____

PAP TEST RESULTS

Cytology Laboratory: __________________________

Specimen Type
- Conventional smear
- Liquid based
- Other

Specimen Adequacy
- Satisfactory
- Satisfactory but limited
- Unsatisfactory

Results: Reported in Bethesda 2001:
- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Low grade SIL (including HPV changes)
- ** Atypical squamous cells cannot exclude HSIL (ASC-H)
- ** High grade SIL
- ** Squamous Cell Carcinoma
- ** Abnormal Clandular Cells (including Atypical, Endocervical adenocarcinoma)
- Other (specify: __________________________)

HPV High-Risk Results:
- Positive
- Negative
- Test not done

Plan:
- Next routine screening (cytology closer=3 yrs.)(co-testing=5 yrs.) __/__/____
- Short-term follow-up is recommended and will be due __/__/____
- ** Immediate consultation/diagnostic testing required: Diagnostic Provider: __________________________

Appointment Date: __/__/____

MAMMOGRAM RESULTS

Client was “No Show” for Mammogram

Mammography facility: __________________________

Mammogram Type:
- Conventional
- Digital

BI-RADS Results:
- ** BI-RAD 0: Assessment is incomplete – need additional imaging evaluation OR Film comparison required
- BI-RAD 1: Negative
- BI-RAD 2: Benign Finding
- BI-RAD 3: Probable Benign – initial short interval follow-up suggested

Abnormal result:
- ** BI-RAD 4: Suspicious Abnormality - biopsy should be considered
- ** BI-RAD 5: Highly Suggestive of Malignancy – appropriate action should be taken

Plan:
- Next routine screening due __/__/____
- Short-term follow-up is recommended and will be due __/__/____
- ** Immediate consultation/diagnostic testing required: Diagnostic Provider: __________________________

Appointment Date: __/__/____

** Request MBCHP Care Management (for assistance in managing patient care)
All other services are **not covered** including, but not limited to:

- Blood test
- Stool test
- Urine test
- Transvaginal ultrasound
- Chest x-ray
- MRI
- Prescriptions (including birth control and hormones)
- Bone density test
- Hysterectomy
- Colonoscopy
MBCHP Covered Screening Services

➢ **Office Visit** must include one or more of the following screening services: clinical breast exam (CBE), pelvic exam, Pap test alone or Pap test and HPV test. A “new patient consult” will not be covered by MBCHP and should never be scheduled for MBCHP members.

➢ **Screening Mammography**

➢ **Interpretation/translation services** can be covered only in conjunction with a covered MBCHP service (screening or diagnostic, not treatment) at a non-hospital MBCHP provider site.
MBCHP Covered Diagnostic Services

Breast Diagnostic Services:

➢ Surgical consults for possible breast cancer (only by a MBCHP Diagnostic Referral Provider - see website)

➢ Pathology charges for breast biopsies

➢ Diagnostic Mammography (if CAD is used, it may not be billed separately to MBCHP or to the patient)

➢ Ultrasound (when used as an adjunct to mammography)

➢ Fine needle aspirations

➢ Breast Biopsies (physician charges only)
  ➢ Excisional & incisional
  ➢ Stereotactic & needle core

➢ Anesthesia for breast biopsies (physician charges only)
Very important breast information to keep in mind during exams:

- Positive CBE with negative mammogram is not considered an adequate work-up unless there is documentation that the lump was previously evaluated and determined benign.
- All palpable lumps must be evaluated beyond a negative mammogram, preferably with a referral to a breast specialist or surgeon.
- Inform MBCHP as soon as possible if mammogram result is Birad 0 (assessment incomplete), Birad 4, or Birad 5. These are considered abnormal results requiring further diagnostic work-up.
MBCHP Covered Services (cont)

Hospital Waivers for Breast Biopsies:

➢ MBCHP has agreements with 30 of the 36 Maine hospitals to waive all hospital charges associated with the breast biopsies, (for a list of the participating hospital contact MBCHP).

➢ The hospital waivers allow MBCHP to use its limited funding to screen more underserved women.
Coverage for Treatment

The Treatment Act provides full MaineCare benefit eligibility to uninsured women who are diagnosed with breast or cervical cancer or pre-cancerous conditions through MBCHP.

The Patient Navigator will assess each woman applying for coverage under the Treatment Act to ensure she meets all of the required MaineCare eligibility requirements.

- In need of treatment for breast or cervical or pre-cancerous condition; and
- Age 35 through 64; and
- U.S. Citizen or resident non-citizen; and
- Uninsured or if insured, it 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 member, or has been seen by a MBCHP participating provider or mammography facility.
MBCHP Covered Diagnostic Services (cont)

Cervical Diagnostic Services (only by a MBCHP diagnostic Referral Provider)

➢ Surgical consults
➢ Colposcopy with or without biopsy
➢ Endocervical curettage
➢ Endocervical polyp removal
➢ Pathology charges for cervical biopsies
➢ LEEP/cone biopsy procedure (must be approved by MBCHP Patient Navigator)
Special Consideration w/Cervical Care

Very important Cervical Screening information to keep in mind during exams:

➢ Pap after hysterectomy for any benign condition will not be covered unless a part of the cervix remains
➢ Pap after hysterectomy is covered ONLY if surgery was done for cancer
➢ Pap test alone or Pap test and HPV test, (co-testing) are both covered
➢ USPSTF screening interval recommendations are promoted when results are normal:
  - Screen with cytology (Pap smear) every 3 years
  - Screen with co-testing (cytology + HPV testing) every 5 years
Referrals to Diagnostic Referral Providers

- PCP's manage the care of the referred member- PCP’s must refer members to MBCHP participating diagnostic referral providers in order for services to be reimbursed by MBCHP (see MBCHP Website for participating sites)

- PCP’s should identify women as MBCHP members when referring for diagnostic services and provide the billing ID# for smooth transfer of billing information

- Diagnostic referral providers will report results directly to the PCP, and the PCP should report results to MBCHP as soon as possible

- MBCHP Patient Navigator may contact the PCP or diagnostic referral provider directly for diagnostic results to meet timely care protocols
Special Consideration
Breast and Cervical Care

*Most important*: Interval between initial abnormal screening and final diagnosis should be 60 days or less (as per CDC & NBCCEDP Standard)

*Most Important*: Interval between diagnosis and initiation of treatment for breast or cervical cancer should be 60 days or less (as per CDC & NBCCEDP Standard)
Notification of Results

➢ All MBCHP members must be notified of the results of their screening tests.
➢ Normal Pap result letters are sent by MBCHP to the client:
  ❖ If the results are received by MBCHP beyond 3 months of the screening date, no notice will be sent.
➢ Members with abnormal results should be notified as quickly as possible and given assistance in arranging follow-up services
➢ PCP must communicate abnormal results to MBCHP immediately upon receipt of result.
➢ Mammography facilities notify women of mammography results.
The MBCHP Patient Navigator can provide assistance with:

- Transportation help for MBCHP appointments
- Translation/language interpretation services
- Information on breast and cervical health issues
- Community resources for bills not covered by MBCHP
- Diagnostic referral providers for recommended Follow-up Testing
- Applying for the Treatment Act (MaineCare) for members with a diagnosis of breast or cervical cancer

Patient Navigation services may be requested by the member, a family member, the provider or an MBCHP staff member. The Patient Navigator can be reached at 1-207-287-5057.
Administrative Information

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. PCP’s receive the following reports generated by the DMRS:

- Weekly, individual member letters are mailed to PCP locations when a member is dis-enrolled in MBCHP
- Monthly, a list of members enrolled, re-enrolled and dis-enrolled at the PCP service location (Report 305)
- Monthly, a list of members who are due for rescreening in 60 days and/or who are 3 and 5 months overdue for short term follow-up rescreening (Report 1015). (members also receive screening reminder letters from MBCHP)
- Every other month, MBCHP Missing Data Reports summarizing
  - MBCHP has not received the required MBCHP Part 1 or 2 Visit form (Report 231)
  - MBCHP paid office visit claim but has no office visit form 1 (Report 240)
Quality Assurance

MBCHP will periodically monitor the performance of PCP service locations meeting Program expectations for the delivery of care to members, 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 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 members for covered services, over-billing MBCHP for covered services; billing MBCHP for non-covered services)
A Word about the Site Capacity (CAP)

➢ The CAP refers to the maximum number of women the primary care practice has agreed to serve under their agreement w/MBCHP.

➢ The number enrolled can be under or over the CAP; it simply serves as a guide to be reviewed periodically by practice staff and MBCHP.
Public Education

MBCHP Public Health Educators support education by:

- Mailing clients cancer prevention and screening promotion information and updates
- Participating in presentations, education and promotion events
Reimbursement & Billing

- Providers participating are **required** to accept payment as the payment in full. The allowance is established annually on July 1\textsuperscript{st} for MBCHP covered services.
- Members cannot be billed for any portion of an MBCHP covered service.
- Providers and billing agencies should call MBCHP directly with questions before processing bills.
- Providers need to ensure that coding done on site for date of service is an MBCHP approved procedure and diagnostic code.
- If client holds private or group insurance, providers must seek payment for services through the primary insurance prior to billing MBCHP.
- Reimbursement for covered services will be the lowest of the provider’s usual and customary charge or the MBCHP rate for the procedure.
- Claims for MBCHP covered services must enter the MIHMS claims processing system within 180 days from the date of service or the system will deny payment as untimely.
- A claim denied for being untimely may not be billed to the member.
- MBCHP fiscal year runs from July 1 to June 30 which means that all claims for services during that time period must be reconciled by September 1\textsuperscript{st}.
MBCHP Contact Information

Maine Center for Disease Control and Prevention
Division of Disease Prevention
Chronic Disease Prevention and Control Program
Breast and Cervical Health 4th floor
286 Water Street, Key Plaza Building
11 State House Station
Augusta, ME 04333-0011

Phone: 1-800-350-5180 or 207-287-8068
Fax: 1-800-325-5760 or 207-287-8944
Website: http://www.maine.gov/dhhs/mecdcpopulation-health/bcp/index.htm
Thank you!

MBCHP would like to thank you for your continued participation.

We appreciate all the work you do to help Maine’s underserved women.