**STATE OF MAINE**

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

**10-144 CODE OF MAINE RULES**

**Chapter 707**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**MAINE CENTER FOR DISEASE CONTROL AND PREVENTION**

**11 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0011**

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**SECTION 1. PURPOSE**

This rule outlines the eligibility criteria for the Maine Department of Health and Human Services (the “Department”) - Maine Center for Disease Control and Prevention’s Breast and Cervical Health Program (MBCHP), which is funded through a cooperative agreement with the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) [established under Title XV of the Public Health Service Act]. This rule describes enrollment procedures, covered services and appeal rights.

**SECTION 2. ELIGIBILITY FOR SERVICES**

**A.** If a person does not meet the criteria below, the person is offered written information regarding Maine’s Medicaid program (MaineCare), “free care,” and sliding-fee clinics available in the county in which the person lives.

**B.** To the extent that funding is available from federal, State, and other sources, in order to determine eligibility for MBCHP, an applicant must be eligible according to the NBCCEDP and be:

1. A person age 21 through 64 years old (or older than age 64 years old and without Medicare Part B coverage);

2. A resident of Maine or a New Hampshire resident whose primary residence is located within 15 miles from the Maine border;

1. A person who is visiting Maine or residing in the State temporarily is not considered a Maine resident for the purpose of this rule.
2. There is no length of residency requirement.

c. Proof of citizenship is not required.

3. A person determined financially eligible in accordance with this rule; and

4. A person determined uninsured or underinsured in accordance with this rule.

**SECTION 3. FINANCIAL ELIGIBILITY**

1. MBCHP will use an applicant’s “Countable Income” at the time of application to determine financial eligibility. Self-declaration of income may be accepted; however, MBCHP reserves the right to require official documentation to prove the amount, timing, and/or source of the self-reported income.

“Countable Income” means earned and/or unearned income for the calendar year. Examples include, but are not limited to, wages, unemployment, alimony, worker’s compensation, and Social Security.

1. Incomes of the applicant, spouse, and dependent children under the age of 21 are included and countable. Earned income of dependent children who are under the age of 21, and are full-time or part-time students or are receiving SSI payments, will be disregarded.

2. Income is calculated before taxes and/or payroll deductions.

3. In the case of self-employment, the previous year’s federal and state income tax returns will be used, and countable income is the reported income after allowable self-employment related expenses are deducted, but before other tax deductions are taken out. If the person did not file a tax return, then other suitable documentation may be required to establish eligibility.

4. In the case of self-employment with significant reduction in income from the previous year, statements from a quarterly income tax report or other suitable documentation may be required to determine actual countable income.

**B.** MBCHP will determine a person financially eligible when the applicant's self- declared countable income is less than or equal to 250% of the Federal Poverty Guidelines(FPG) for the applicant’s family/ household size.

**SECTION 4. INSURANCE STATUS**

**A.** MBCHP will determine a person to be uninsured if the person does not have health insurance coverage.

**B.** MBCHP will determine a person to be underinsured if the person has health insurance with copayments, deductibles, and/or coinsurances.

**C.** A person who has full MaineCare or Medicare Part B is ***not*** eligible.

# SECTION 5. ENROLLMENT

**A.** Initial Enrollment. After a person is determined to be eligible for services under this rule, the person must complete, sign, and return an *Initial Enrollment Form* to MBCHP.

1. The date MBCHP receives the signed form will be the client’s application date.

2. Eligibility can be retroactive up to 90 days prior to the application date, if requested at the time of the application and the applicant meets all eligibility requirements throughout the retroactive period.

**B.** Upon enrollment, the client is eligible for 12 months of MBCHP services.

**C.** Reenrollment. Continued eligibility for program coverage will be determined annually.

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

2. The client must complete, sign, and return the *MBCHP Reenrollment Form* before the indicated deadline.

3. In the case that a client does not return the reenrollment form before the indicated deadline due to a justifiable event causing the delay, the client will be reenrolled as of the date the form is received by MBCHP. If the lapse is 90 days or more, the client may not obtain benefits more than 90 days retroactively from the date the form is received by MBCHP.

**D.** Termination of Enrollment

MBCHP will terminate a client’s MBCHP enrollment under the following circumstances:

1. When the client requests termination from MBCHP;

2. When the client no longer meets all the criteria set forth in this rule; or

3. When the client does not return the *MBCHP Reenrollment Form* by 30 days after the last day of the eligibility period, unless for good cause justifying the delay.

**SECTION 6. COVERED SERVICES**

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

1. Physical examinations, which must include one or more of the following screening services: clinical breast exam, pelvic exam, and/or Pap/HPV tests. Annual physical examinations are only covered when provided by a participating MBCHP Primary Care Provider.

2. Mammography (screening and diagnostic).

3. 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.

4. Cervical diagnostic services (to include, but may not be limited to, colposcopy, cervical biopsy, and endocervical curettage).

5. Surgical consults for diagnosis of breast and cervical cancer.

6. Interpretation/translation services for MBCHP-covered services.

7. Pathology charges for breast and cervical biopsies.

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

**B.** Non-Covered Services

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

1. Services not related to breast or cervical cancer screening or diagnosis.

2. Treatment procedures and/or services.

3. Services provided by non-MBCHP participating providers.

4. Hospital charges for breast biopsies.

5. In-patient services.

# SECTION 7. HEARING/APPEAL RIGHTS

If a person is aggrieved by a determination or decision issued under this rule, the person has the right to request an administrative fair hearing before the Administrative Hearing Unit of the Department in accordance with 5 MRS Ch. 375, Subchapter IV.

* 1. MBCHP will process as a hearing request any clear expression, written or verbal [in person or by calling], made by a client or a person lawfully acting on the client’s behalf, to the effect that the client wants a hearing. The request must be directed to the Department of Health and Human Services, Maine Center for Disease Control and Prevention - Maine CDC Breast and Cervical Health Program, 11 State House Station, Augusta, ME 04333. The client may elect to be represented during the administrative appeal by legal counsel selected by the person.
  2. Requests for an administrative hearing must be received within 30 days from the date of the MBCHP closure or denial notice. The Department will consider an appeal request received more than 30 days after a closure or denial, provided the client demonstrates good cause for the late appeal. Upon receipt of the request, MBCHP will immediately forward the appeal to the DHHS Office of Administrative Hearings.

**C.** A person may file a claim of discrimination based on race, color, sex, physical or mental disability, sexual orientation, religion, ancestry, or national origin, by submitting the details of the complaint in writing to the Affirmative Action Officer, Department of Health and Human Services, 11 State House Station, Augusta, ME 04333.

**SECTION 8. PRIORITY FOR PROGRAM EXPENDITURES**

In the event the Department determines, 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 clients in excess of anticipated enrollment, the Department may, until financial exigency abates, restrict new applicants’ participation in MBCHP as follows:

* First priority will be given to clients age 50 years old and older.
* Second priority will be given to clients age 40-49 years old who are symptomatic.
* Third priority will be given to clients age 21-39 years old who are symptomatic.
* Fourth priority will be given to clients age 40-49 years old who are high risk according to NBCCEDP.
* Fifth priority will be given to clients age 21-39 years old who are high risk according to NBCCEDP.

In the event the financial exigency abates, the Department will withdraw the financial shortfall certification, and program eligibility and enrollment will resume in accordance with this rule.

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

EFFECTIVE DATE:

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May 16, 2006 – Sections 2.4.4.2, 2.4.4.3, and 2.4.4.4

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