

# **MBCHP**

(Maine CDC Breast and Cervical Health Program)

## **Primary Care Provider (PCP) Service Location Policy Manual**

# **2016**

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**INTRODUCTION**

The Maine CDC 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) Service location Manual**

When a woman enrolls in the Maine CDC Breast and Cervical Health Program (MBCHP), she is required to select a MBCHP participating Primary Care Provider (PCP) service location at which she will receive her breast and cervical cancer screening examination and 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 service location. The program components summarized here are:

- ⌘ Member 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 service location 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/mecdc/population-health/bcp/contact.htm> ).

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

**MBCHP MEMBER ENROLLMENT**

**MBCHP Member 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 member 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.

**Member 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 member is assigned a unique MBCHP ID number that will serve as the member's billing number. A copy of the signed application will be mailed to the selected PCP service location.

**Member Enrollment at PCP service location**

A member may also enroll at a PCP service location, in which case office staff is responsible for assisting the member in completing and signing the *MBCHP Initial Enrollment* application (<http://www.maine.gov/dhhs/mecdc/population-health/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 service location.
- ⌘ 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 member 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 member.

It is very important that the *MBCHP Initial Enrollment Form* be sent or faxed to MBCHP before submitting claim forms for new members. The MBCHP toll-free line (1-800-350-5180, press 5) is available to connect to the MaineCare “**Voice Response**” system to obtain the member'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 member received MBCHP covered services at participating service location prior to Enrollment Start Date**

If a newly enrolled member 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 service locations 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 Member Enrollment Status**

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

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

- ⌘ Call MaineCare Provider Relations Services 1-866-690-5585
- ⌘ Enter your National Provider Identification (NPI) number
- ⌘ Select the option for member Eligibility
- ⌘ Enter the member’s MaineCare number or Social Security Number
- ⌘ The system will confirm the member’s ID number and eligibility dates

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

## PCP SERVICE LOCATION: DELIVERY OF SCREENING SERVICES

### **Primary Care Providers: Annual Examination**

After a member is enrolled, she should be examined by a clinician at a MBCHP Primary Care Provider (PCP) service location, 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).

Each MBCHP member screened by an MBCHP participating provider will be assessed for tobacco use. Those evaluated and ready to quit will be referred to quit lines for cessation services.

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 member 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 service location, 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. Members are asked to bring the form to the PCP service location when they have their annual examination. However if the member 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/mecdc/population-health/bcp/documents/visitform-Jan2013.pdf>).

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 service location, 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 MaineCare and meet 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 MBCHP fiscal year (July through June). In general, the MBCHP will cover the following screening services; however, the PCP service location 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/mecdc/population-health/bcp/billing-information.htm>).

- ⌘ Physical examinations, which **MUST** include at least one or more of the following screening services: clinical breast exam (CBE), pelvic exam, or Pap test; Pap test/HPV test (co-testing). Physical examinations are only covered when provided by a MBCHP Primary Care Provider service location;
- ⌘ 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:

- ⌘ “facility charges” or “room charges” for overhead expenses (these are included in the office visit non-facility reimbursement rate)
- ⌘ Services not related to breast or cervical cancer screening or diagnostics
- ⌘ Services provided by non-MBCHP participating providers/service locations
- ⌘ 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 members and/or deaf/hard of hearing members 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 service location. If providers have a member who requires these services, please call MBCHP. Providers are responsible for ensuring that interpreters protect member confidentiality.



- **Interpreters for Deaf/Hard of Hearing Member**  
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 members 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 member 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>	Pap test alone:	Once every 3 years
	Pap test and high-risk HPV test (co-testing):	Once every 5 years

### 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 member 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 member has no cervix resulting from a hysterectomy due to cancer, the MBCHP will cover:

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

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

### Office 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 for a screening mammogram.

### Notification of screening test results

The MBCHP PCP service location 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 service location must communicate the abnormal screening findings to their member 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 PCP Visit, no notice of normal results will be issued by the Program.

<b>FOLLOW-UP OF WOMEN WITH ABNORMAL RESULTS</b>
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### Follow-up of women with abnormal results

When a member 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/mecdc/population-health/bcp/diagnosticlist.htm>). A MBCHP Case Manager is always available to assist a provider and member to arrange the necessary referral services.

#### 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.

<b>DIAGNOSTIC SERVICES MBCHP WILL REIMBURSE</b>
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**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/mecdc/population-health/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 member is post-menopausal.*
- ⌘ Endocervical polyp removal and/or biopsy
- ⌘ HPV-DNA Test (Digene Hybrid Capture II, High Risk Typing or Cervista HPV HR):
- ⌘ 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 member, 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/mecdc/population-health/bcp/diagnosticlist.htm>).

If the PCP, and/or member, 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 member to identify an alternate referral service location.

## 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 member 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 member 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 service locations are required to clinically manage follow-up services for their members 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 member 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 members identify and overcome immediate barriers to care and will provide information to members to enhance their skills in navigating the health care system. Case management services may be requested by the member, 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 member.

**If Final Diagnosis confirms Cancer**

When a member 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 member 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 member, 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/mecdc/population-health/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 service location uses visit form Part 1 and 2 to inform MBCHP of screening services performed:**

MBCHP Form	Submitted by	Purpose	If screening outcome is <b>NORMAL</b>	If screening outcome is <b>ABNORMAL</b>
MBCHP Visit Form <b>Part 1</b>	PCP service location	To document outcome of: <ul style="list-style-type: none"> <li>▪ Pelvic exam</li> <li>▪ Clinical Breast Exam</li> <li>▪ Date Pap performed</li> </ul> To document schedule date for: <ul style="list-style-type: none"> <li>▪ Mammogram</li> </ul>	Mail or Fax <b>Part 1</b> within 10 days of office visit	Fax <b>Part 1</b> on day abnormal screening result identified with plan for diagnostic services
MBCHP Visit Form <b>Part 2</b>	PCP service location	To document outcome of: <ul style="list-style-type: none"> <li>▪ Pap test</li> <li>▪ Mammogram</li> </ul>	Mail or Fax <b>Part 2</b> and/or results of Pap test/Mammogram within 10 days of receiving results	Fax <b>Part 2</b> 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 <b>Part 1</b> is used to document:	MBCHP Visit Form <b>Part 2</b> 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
<ul style="list-style-type: none"> <li>▪ If screening outcome is NORMAL, report within 10 days.</li> <li>▪ If screening outcome is ABNORMAL, report IMMEDIATELY upon learning result AND indicate your plan for diagnostic work-up.</li> </ul> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Mail:</u>                      MBCHP                      286 Water Street, Key Plaza – 4<sup>th</sup> Floor                      11 State House Station                      Augusta, ME 04333-0011</p> </div> <div style="width: 45%;"> <p><u>Fax:</u>                      207-287-4100                      1-800-325-5760/287-8944</p> </div> </div>			

**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 service locations when a member is dis-enrolled in MBCHP
- ⌘ Monthly, a list of women enrolled, re-enrolled, and dis-enrolled at the PCP service location (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 service location**

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

We encourage PCP service locations 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 members 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 members due for rescreening in 60 days, as well as members 3 and 5 months overdue. We also encourage providers to remind members due for rescreening. To support providers in sending their own reminders, a set of self-adhesive mailing labels for

each member listed is included with the rescreening reminder mailing. MBCHP also sends members 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 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 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 members for covered services, over-billing MBCHP for covered services; billing MBCHP for non-covered services)

### **Medical Record Requirements**

Medical records for each member must be maintained at each PCP service location 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 member demographic information. There shall be a signature of record on file.

Upon a member’s written request, the PCP service location 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 member, including medical records received from all MBCHP providers, which are used for tracking, and follow-up of the member.

Upon request, the PCP service location 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 members 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/mecdc/population-health/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, members may not be directly billed for services MBCHP has paid. 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 may receive screening examinations at participating primary care service locations (<http://www.maine.gov/dhhs/mecdc/population-health/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/mecdc/population-health/bcp/forms.htm>).

Members may be charged for non-covered services. Before providing any non-covered services to members, providers must explain to members that they will be financially responsible for those specific non-covered services. This ensures that members 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/mecdc/population-health/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/policiesregulations/legislation/index.html> 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 in accordance with MBCHP's list of approved diagnosis/procedure/revenue codes that are posted on our website <http://www.maine.gov/dhhs/mecdc/population-health/bcp/billing-information.htm>.

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 member 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 the difference between the billed charges and third party payment and up to 100% of the MBCHP reimbursement rate for a covered service. 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 claims processing system MIHMS Provider Portal/EDI. Another option is to contact MBCHP and have us do a State Initiated adjustment of your claim.

MBCHP will reimburse for covered billed charges (that were applied to a member's deductible by their insurance) up to 100% of the MBCHP reimbursement rate for women who have third party coverage (e.g. private insurance), if they meet the MBCHP eligibility criteria as explained in Chapter I, but in no case reimburse more than the current MBCHP reimbursement rate. Women who have a health plan with minimal co-pay **may be considered underinsured for eligibility purpose, depending on their income** (page 3).

If the member 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 enrolled in **MaineCare 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, claims paid using MBCHP funds with dates of service that fall in the retroactive MaineCare period MAY be reprocessed and paid by MaineCare at the MaineCare rate for the covered service. MBCHP will determine whether or not to reprocess these claims based on whether or not MBCHP has already received documentation, i.e., visit form/results from the provider for the covered service.

### BILLING INSTRUCTIONS

#### **Billing Instructions**

MBCHP uses the MaineCare claims processing system for processing claims so submission must follow MaineCare rules for submitting electronic or paper claims. Claims submitted must comply with MaineCare Services billing instructions for submitting claims located at the following link: <https://mainecare.maine.gov/Billing%20Instructions/Forms/AllItems.aspx>.

Diagnosis codes, Revenue Codes, and CPT codes used on claims for MBCHP covered services must comply with MBCHP covered services and be listed on the "Information for Providers Participating in MBCHP" page on our website: <http://www.maine.gov/dhhs/mecdc/population-health/bcp/billing-information.htm>.

MBCHP has specific codes that must be used for billing. Allowable procedures and relevant CPT codes are provided to MBCHP by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are updated yearly as well as other times as they determine a need for a change. NBCCEDP provides funding for MBCHP through a federal grant.

### 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 member.**

#### **Allowable Procedure Codes/Diagnostic Codes/Revenue Codes**

Lists of MBCHP allowable CPT codes and fees, as well as MBCHP allowable ICD-9/ICD-10 diagnosis codes are available on the MBCHP website:

<http://www.maine.gov/dhhs/mecdc/population-health/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 members. 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 members. Before performing either a screening HPV test or an Endometrial Biopsy for a MBCHP member, PCPs must inform the member 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 members 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 member needs to be informed that MBCHP will not cover the payment for the service.

#### **HPV Procedure Code ~~87621~~ as of 01/01/2015 87624 (Human Papillomavirus, high-risk types)**

MBCHP does not cover HPV testing (without a Pap test) for screening purpose or any low-risk HPV testing.

At present, MBCHP can **only** cover HPV claims (CPT 87624) in the following cases:

- ⌘ High-Risk HPV done in conjunction with a Pap test (co-testing)
- ⌘ High-Risk HPV Testing in members with ASCUS in Pap smear
- ⌘ High-Risk HPV Testing in postmenopausal members with LSIL in Pap smear

#### **Endometrial Biopsy (EMB) Procedure Code 58100**

MBCHP can only cover an EMB (CPT 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 member 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 <b>04332</b>

**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>

**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 members’ 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.