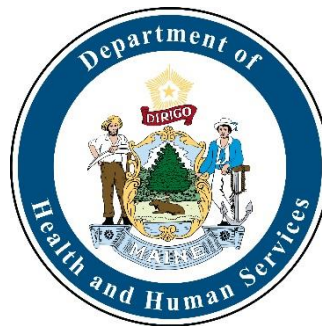


# MBCHP

## Maine CDC Breast and Cervical Health Program Primary Care Provider Policy & Procedures Training Manual

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# 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.

# 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

## 2019

<b>Persons in family/household</b>	<b>250% Poverty Guideline</b>
<b>1</b>	<b>\$31,225</b>
<b>2</b>	<b>\$42,275</b>
<b>3</b>	<b>\$53,325</b>
<b>4</b>	<b>\$64,375</b>
<b>5</b>	<b>\$75,425</b>
<b>6</b>	<b>\$86,475</b>
<b>7</b>	<b>\$97,525</b>
<b>8</b>	<b>\$108,575</b>
<b>Each additional person add:</b>	<b>\$11,050</b>

# Enrollment

## Enrollment of Women Can Be Done

- Centrally through the toll free line (1-800-350-5180.) Women choose an MBCHP participating practice at time of initial enrollment. 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. Once enrolled, women receive a packet of MBCHP information and MBCHP enrollment card. Copy of form is sent to provider.

### OR

- At the Primary Care Practice site (once completed may be faxed to MBCHP)
- **\*\*\* PCP staff must be trained on MBCHP enrollment process: call 1-800-350-5280 to schedule.**
- 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.

# Enrollment

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

# MBCHP Enrollment Card

**MBCHP** 

Maine CDC Breast and Cervical Health Program

1-800-350-5180, Press 1 or 207-287-8068  
TTY users call Maine Relay 711

*Women enrolled in MaineCare or Medicare Part B are not eligible.*

**MBCHP**   
Maine CDC Breast and Cervical Health Program

## Covered Services (when you see an MBCHP provider)

- Clinical breast exam
- Pelvic exam
- Pap test/HPV test (per MBCHP guidelines)
- Mammogram
- Breast ultrasound
- Surgical consults for possible breast or cervical cancer
- Fine needle aspiration (breast cyst)
- Breast biopsy (hospital charges not covered)
- Colposcopy/Biopsy
- Pathology charges for biopsy

Maine CDC, DHHS  
Rev. 1/13

# Re-Enrollment

- Re-enrollment of members is done annually through MBCHP
- 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 confirming dis-enrollment. Member's enrollment status will be 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

- Provide covered services
- Refer women to MBCHP participating diagnostic service providers (Listed on Website)
- Submit clinical data to MBCHP in a timely manner
- Ensure billing is done timely and women are not billed for covered screening or diagnostic services
- 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
- Effective January 1, 2019, conduct a detailed (means use of a tool that allows provider to estimate a woman's risk of developing invasive cancer) breast and cervical cancer risk assessment for enrolled women to determine their risk for breast and cervical cancer
- Assure patient confidentiality

# Initial Contact with PCP Site

## **Front office/ scheduling 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



# MBCHP Vist Form (part 2)

**MBCHP Visit Form – Part 2 of 2** Service Location: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_

• Please send Part 2 immediately after Pap/HPV/Mammogram results have been received.

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or "A" Number: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Date Cervical Sample Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Laboratory: \_\_\_\_\_

Method used:  Cytology (Pap smear alone) with ASC-US Reflex HPV testing... [Ages 30-65, every 3 years]  
 High-Risk HPV (hrHPV) testing alone..... [Ages 30-65, every 3 years]  
 Co-testing (cytology and hrHPV in combination)..... [Ages 30-65, every 5 years]

<p><b>Pap Result</b></p> <input type="checkbox"/> Test not performed	<p><b>High-Risk HPV (hrHPV) Result</b></p> <input type="checkbox"/> Test not performed
<input type="checkbox"/> Negative for intraepithelial lesion or malignancy <input type="checkbox"/> Infection/inflammation/reactive changes <input type="checkbox"/> Atypical squamous cells of undetermined significant (ASC-US) <input type="checkbox"/> Low Grade SIL (including HPV changes) <input type="checkbox"/> **Atypical squamous cells cannot exclude HSIL <input type="checkbox"/> **High Grade SIL <input type="checkbox"/> **Squamous Cell Carcinoma <input type="checkbox"/> **Atypical Glandular Cells <input type="checkbox"/> **Adenocarcinoma in situ (AIS) <input type="checkbox"/> **Adenocarcinoma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Negative <input type="checkbox"/> Positive with 16 and/or 18 hrHPV genotype <input type="checkbox"/> Positive with other hrHPV genotypes (i.e. <u>not 16/18</u> ) <input type="checkbox"/> Positive with genotype unknown/not determined

**Next CERVICAL screening**

 Routine screening \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Short-Term Follow-Up \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*Immediate consultation/diagnostic testing required: Diagnostic Provider: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**BREAST SCREENING**

MAMMOGRAM  Client was "No Show" for Mammogram

Date Mammogram Performed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Facility: \_\_\_\_\_

**Mammogram Result**

 BI-RADS 1 / Negative  
 BI-RADS 2 / Benign Finding  
 BI-RADS 3 / Probably Benign, short interval follow-up suggested
 \*\*BI-RADS 0 / Assessment Incomplete – need evaluation OR film comparison  
 \*\*BI-RADS 4 / Suspicious Abnormality – biopsy should be considered  
 \*\*BI-RADS 5 / Highly Suggestive of Malignancy – appropriate action should be taken

\*\*Immediate consultation/diagnostic testing required: Diagnostic Provider: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Next scheduled BREAST screening:**

 Routine screening mammogram \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Short-Term mammogram Follow-Up \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Screening MRI (High Risk only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form to: MBCHP, 11 State House Station, Augusta, ME 04333, Phone: 1-800-250-5100, Fax: 1-800-325-5760 [Rev 1/2019]

# Submission of Clinical Data

<b>MBCHP Form</b>	<b>Submitted by</b>	<b>Purpose</b>	<b>If screening outcome is NORMAL</b>	<b>If screening outcome is ABNORMAL</b>
MBCHP Visit Form Part 1	PCP Site	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 Part I within 10 days of office visit  Fax: 1-800-325-5760 287-8944	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"> <li>• Pap test</li> <li>• Mammogram</li> </ul>	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/Mam report on day abnormality identified with plan for diagnostic services

# 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 Covered Screening Services

- **Office Visit Must** include a breast cancer risk assessment, a cervical cancer risk assessment, and at least one or more of the following screening services: clinical breast exam (CBE), pelvic exam, Pap test alone, high risk HPV test alone, or Pap test and high risk 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 will be reimbursed** only in conjunction with a covered MBCHP service (screening or diagnostic, not treatment) at a non-hospital MBCHP provider site

# MBCHP Non-Covered Services

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

- Blood test
- Stool test
- Urine test
- Chest x-ray
- Prescriptions (including birth control and hormones)
- Bone density test
- Hysterectomy
- Colonoscopy



# Special consideration with Breast Care

## **Very important Breast Screening information to keep in mind during exams:**

- MBCHP will now cover a screening MRI in conjunction with a mammogram if a breast cancer risk assessment estimates the member to be at “high risk” for breast cancer. MBCHP Patient Navigator (Trisha Donnarumma) preauthorization required.
- Positive CBE with negative mammogram is not considered adequate follow-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 BI-RADS 0 (assessment incomplete), BI-RADS 4, or BI-RADS 5. These are considered abnormal results requiring follow-up.

# MBCHP Covered Breast Diagnostic Services

- Surgical consult for possible breast cancer (only MBCHP Diagnostic Referral Providers)
- Pathology charges for breast biopsies
- Diagnostic Mammography
- Breast MRI ( MBCHP Patient Navigator pre-authorization required)
- Breast ultrasound after mammogram
- Fine needle aspiration of breast cyst
- Breast Biopsies (physician charges only)
  - Excisional & incisional
  - Stereotactic & core needle
- Anesthesia for breast biopsies (physician charges only)

# 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 waiver allows MBCHP to use its limited funding to screen more underserved women.

# Special Consideration with 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, Pap test and high risk HPV test (co-testing), and high risk HPV alone as a primary screening test are all covered
- USPSTF screening interval recommendations are promoted when results are normal:
  - Screen with cytology (Pap smear) every 3 years
  - Screen with co-testing (cytology + high risk HPV testing) every 5 years
  - Screen with high risk HPV every 5 years

# MBCHP Covered Diagnostic Services

- Surgical consults for possible cervical cancer (only MBCHP Diagnostic Referral Providers):
- Colposcopy with or without biopsy
- Endocervical curettage
- Endocervical polyp removal
- Pathology charges for cervical biopsies
- **LEEP/cone biopsy procedure (prior approval required by Patient Navigator)**
- **EMB (prior approval required by Patient Navigator)**
- **Transvaginal Ultrasound (prior approval required by Patient Navigator)**
  
- **Please contact Trisha Donnarumma, Patient Navigator (207285057) for any questions regarding prior approval of diagnostic services.**

# Referral to MBCHP Diagnostic 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 (U.S CDC NBCCEDP Standard)*

*Most Important: Interval between diagnosis and initiation of treatment for breast or cervical cancer should be 60 days or less (U.S. 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.



# Patient Navigation

## **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 are requested by the member, family member, provider or MBCHP staff member. Contact Trisha Donnarumma, Patient Navigator at 1-207-287-5057.

# Treatment Coverage

**The Treatment Act provides full MaineCare coverage 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 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 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:

- 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)

# Billing and Reimbursement

- Participating providers agree to accept MBCHP reimbursement amounts as payment in full for the billed service. MBCHP covered service reimbursement rates are updated annually and are effective July 1 through June 30 each year. The rates are equal to the published Medicare Fee for Service rates for Southern Maine. Some exclusions apply for certain office visit CPT codes.
- Members should not be billed for any portion of an MBCHP covered service.
- Before submitting claims, providers and billing agencies are encouraged to call MBCHP with any questions.
- Providers must bill using MBCHP covered procedure and diagnostic codes.
- If member has private or group health insurance, providers must bill insurance as the primary payor for services and bill MBCHP as secondary.
- 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.

# MBCHP Contact Information

Maine Center for Disease Control and Prevention  
Division of Disease Prevention  
Chronic Disease Prevention and Control Program  
Breast and Cervical Health, 4<sup>th</sup> 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/mecdc/population-health/bcp/index.htm>

# Questions?

**Julie Sipser**

**Provider Education and Training**

**[Julie.Sipser@Maine.gov](mailto:Julie.Sipser@Maine.gov)**

**Phone: 207-287-6024**

**And**

**Kristen Kilcollins**

**[Kristen.Kilcollins@maine.gov](mailto:Kristen.Kilcollins@maine.gov)**

**Phone:207-287-5397**



# Thank You!

MBCHP would like to  
thank you for your  
continued participation.

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

