TITLE 181 SPECIAL HEALTH PROGRAMS

CHAPTER 40 NEBRASKA BREAST AND CERVICAL CANCER PROGRAM

001. SCOPE AND AUTHORITY. These regulations govern and implement Nebraska Revised Statute (Neb. Rev. Stat.) §§ 71-7003.01 and 71-7010 by setting standards for client and provider eligibility and participation.

002. DEFINITIONS. The following definitions apply to this chapter.

002.01 PROVIDER. A provider offering screening, or diagnostic services for breast cancer, cervical cancer or cardiovascular services and who is listed as a participating provider.

002.02 CLIENT. An individual who has requested assistance in receiving education or services for breast cancer, cervical cancer, or cardiovascular disease screening, follow up, diagnostics, treatment or healthy supports, or is receiving such services.

002.03 COMPLETE ENROLLMENT FORM. An application provided by the Department which contains all the requested information and medical release form, with attestation to its truthfulness and completeness, all required signatures, submitted with all documentation is a complete application.

003. ELIGIBILITY. Providers and clients must meet statutory requirements and the following requirements:

003.01 CLIENT. Eligibility criteria for the screening and diagnostic programs are as follows:

(A) SCREENING. To participate in the screening an individual must submit a complete enrollment form and meet the following:
  - (i) Be a woman between the ages of 21 – 74 years old;
  - (ii) Have an income at or below 225% of the Federal Poverty Guidelines as of the effective date of the enrollment date; and
  - (iii) Not have health coverage that would pay for preventive services.

(B) DIAGNOSTIC. To participate in the Diagnostic Program, an individual must submit a complete enrollment form and meet the following:
  - (i) Have an abnormal screening result within the last six months; and
  - (ii) Be 18 -74 years of age for breast cancer diagnostics; or
  - (iii) Be 21 -74 years of age, for cervical cancer diagnostics; and
  - (iv) Have an income at or below 225% of the Federal Poverty Guideline as of the effective date of the enrollment date; and

(v) Not have private, Medicare, or Medicaid insurance coverage that provides complete coverage for allowable program services.

003.02 PROVIDER. To participate as a provider in the Nebraska Breast and Cervical Cancer Program, a provider must meet the requirements in Neb. Rev. Stat. § 71-7010 and the following:

(A) Service providers must be licensed by the Department, or hold equivalent credentials in another state, and perform services in compliance with requirements set out in 42 United States Code (U.S.C,) § 300m as of the effective date of this chapter;
(B) Submit a complete enrollment form;
(C) Meet-the standards set out in enrollment form;
(D) Submit invoices and follow billing and payment procedures as set out in 181 Nebraska Administrative Code (NAC) 004; and
(E) Accept payment made through the program as payment in full and not bill clients for Services covered by the program for which they were eligible at the time of service.

004. SERVICES. Covered services include those services specified in 42 U.S.C. § 300k and 42 U.S.C. § 300m as of the effective date of this chapter.

005. APPROVAL AND PAYMENT. Claims may be approved for payment when all the following conditions are met:

(A) The client was eligible for participation in the Program when the service was provided and is currently approved;
(B) The services provided are for covered services as described in 181 NAC 004;
(C) The Provider has agreed to provide reports of findings and recommendations which are necessary to compile cancer surveillance data and reports to the funder, the Centers for Disease Control and Prevention. Additionally, the provider shall ensure that the program receives the required documentations specified in the Provider Manual as of the date of this regulation;
(D) Invoice procedures outlined in the Provider Manual as of the effective date of this regulation are complied with; and
(E) All other claims and documentations pursuant to the program policy as set out in the Provider Manual as of the date of this regulation, are submitted.

005.01 PAYOR OF LAST RESORT. The Program is a payer of last resort. Primary insurance providers must be invoiced first and have paid on a client's behalf before an invoice is sent to the program for payment by a provider.

006. LIMITS. The following limitations shall apply:

(A) Pursuant to 42 U.S.C. § 300n, this program shall not be accessed to provide inpatient hospital services or cancer treatment for any individual; and
(B) Provider payment shall be made based upon availability of funds and number of services provided to clients.

007. FAIR HEARING. If an applicant is denied participation in the program the applicant may request a fair hearing. The request must be in writing and filed with the Department within thirty (30) days of the mailing date on the written notice from the Department. The request must:

(A) Include a brief summary of the Department's action being challenged;

(B) Describe the reason for the challenge; and
(C) Be sent to the Director of the Nebraska Department of Health & Human Services, Division of Public Health.

<u>007.01</u> <u>PROCEDURE.</u> The hearing is conducted in accordance with 184 NAC 1.