

**2198 – BREAST AND CERVICAL CANCER PREVENTION
AND TREATMENT**

POLICY STATEMENT	<p>The Breast and Cervical Cancer Prevention and Treatment Act of 2000 under Title XV of the Public Health Services Act provides Medicaid coverage to women who are in need of treatment for breast or cervical cancer.</p>
BASIC CONSIDERATIONS	<p>Effective July 1, 2001 the Department of Community Health (DCH) began implementation of the Breast and Cervical Cancer Prevention (BCCP) and Treatment class of assistance (COA) for women who are in need of treatment for breast and cervical cancer, including pre-cancerous conditions and early stage cancer.</p> <p>Public Health or one of its partner affiliates completes the breast and/or cervical cancer screening in accordance with the Center for Disease Control (CDC) guidelines established under Title XV.</p> <p>To be eligible under the BCCP COA an A/R must meet the following conditions:</p> <ul style="list-style-type: none">• Screened for breast or cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program and found to be in need of treatment for either.• Have no creditable health coverage, including health insurance, Medicare and/or Medicaid. <p>EXCEPTION: There may be limited circumstances where the A/R has creditable coverage but is in a period of exclusion such as a pre-existing condition or where life time limits have been exhausted. In these situations, the A/R is considered uninsured.</p> <ul style="list-style-type: none">• Is under age 65.• Is a U.S. citizen or a lawfully admitted alien. <p>NOTE: A/R's who do not meet the citizenship requirement may qualify for this COA using EMA criteria.</p>

**BASIC
CONSIDERATIONS
(cont.)****Other Eligibility Factors**

There is **no** asset or income test under the BCCP COA. The A/R's income and assets are totally disregarded.

The A/R must be a Georgia resident.

A/R's approved for this COA are entitled to the full range of Medicaid covered services. Eligibility for coverage ends when the A/R's course of treatment is completed or they are no longer meet eligibility requirements (for example, they have attained the age of 65 or obtained creditable health coverage) or they become eligible under another Medicaid COA.

Eligibility begins the month of application if the A/R meets all eligibility criteria. Retroactive Medicaid is available provided the A/R was screened and diagnosed for breast or cervical cancer and meets all other eligibility criteria in the prior month(s) requested.

PROCEDURES	
Process/Implementation	<p>This program involves the Department of Community Health, Division of Public Health and the Right from the Start Medicaid Project. The eligibility determination is a two-pronged process consisting of a presumptive eligibility determination and a determination of eligibility for regular categories of Medicaid.</p>
Presumptive Eligibility Process	<p>Women who have received a diagnosis or suspect they have cervical or breast cancer should be referred to their local public health department. Public health or one of its partner affiliates \will complete the breast and/or cervical cancer screening procedures in accordance with CDC guidelines established under Title XV.</p> <p>If the result of the screening is an affirmative diagnosis of breast or cervical cancer, the woman will be contacted by the health department and advised of the results. She will be given an explanation of the Breast and Cervical Cancer Prevention and Treatment program and encouraged to return to the health department to apply. When the woman returns, public health will complete a Presumptive Eligibility determination. This consists of completing an application, interviewing the woman and determining eligibility in accordance with the basic eligibility criteria.</p>

PROCEDURES**(cont.)****Presumptive
Eligibility Process
(cont.)**

As part of the Presumptive Eligibility determination process, health department personnel are required to complete the application, Eligibility Determination for Women's Health Medicaid Program; citizenship affidavit; Form 285, Health Insurance Questionnaire; and the Notice of Action.

Public Health personnel will obtain Medicaid identification numbers by contacting state RSM Project staff. The Medicaid identification number will be entered on the application. Until this COA is added to the SUCCESS system, Medicaid numbers will consist of thirteen digits, begin with the series 175 and end in D00.

If the A/R is determined eligible, they will be given two copies of the application, representing the client and pharmacy copies. The A/R will have immediate access to health care and the full range of Medicaid covered services. The A/R is also given a Notice of Action form advising of approval and a list of cancer specialists in their area.

Public Health will fax the eligibility determination to state RSM Project staff for entry into the Medicaid Management Information System (MMIS) if the application is approved and the A/R will receive the goldenrod Medicaid card as long as they remain eligible. A/R's eligible under this COA will not be assigned to Georgia Better Health Care

If the A/R is determined to be ineligible for the program, public health gives a Notice of Action advising of ineligibility, an application for the State Cancer Aid Program and a list of cancer specialists in their area.

NOTE: Women who are screened in accordance with CDC guidelines by providers other than the health departments or their partner affiliates are eligible to participate in this program. They should be referred to their local health department to complete an application for the Breast and Cervical Cancer Prevention and Treatment Program.

**PROCEDURES
(cont.)****Eligibility Determination**

Public Health will forward to local RSM Project staff copies of all applications, approved or denied, for review and to determine the A/R's ongoing eligibility under the BCCP COA or any other potential Medicaid COA such as RSM, Low Income Medicaid and Work Transition Medicaid.

If continued eligibility is determined for BCCP or RSM COA, state RSM Project staff have the responsibility for ongoing case maintenance. If the A/R is potentially eligible for another COA, the local RSM Project staff will refer the application to the Department of Community Health (DCH) for eligibility to be determined. DCH is responsible for entering the eligibility information into MMIS and ongoing case maintenance. Reviews will be completed annually and reminder notices will be sent out after the sixth month of eligibility instructing A/R's to report changes.

When an A/R is found to be ineligible by local RSM Project staff, the A/R is sent appropriate notification and another application for the State Cancer Aid program. Appeal rights are applicable when eligibility for continued Medicaid is denied. Appeals and all inquiries pertaining to Breast and Cervical Cancer Prevention and Treatment Medicaid cases should be directed to the RSM Project at 1-800-809-7276.