

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

<b>POLICY STATEMENT</b>	<p>The Breast and Cervical Cancer Prevention and Treatment Act of 2000 provides Medicaid coverage to women diagnosed and who are in need of treatment for breast or cervical cancer and/or precancerous conditions of the breast or cervix.</p>
<b>BASIC CONSIDERATIONS</b>	<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"><li>• Screened for breast or cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program in accordance with Title XV guidelines, and diagnosed and found to be in need of treatment for breast or cervical cancer or a precancerous condition of the breast or cervix.</li><li>• Have no creditable health coverage, including health insurance, Medicare and/or Medicaid.</li></ul> <p><b>EXCEPTION:</b> 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"><li>• Is under age 65.</li><li>• Is a U.S. citizen or a lawfully admitted alien.</li></ul> <p><b>NOTE:</b> 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**

In order to qualify for the BCCP COA, the A/R's income must be under 200% of the Federal Poverty Level. This screening of income is completed during the Presumptive Eligibility process by the local public health department. Once the woman meets the financial requirements of the state's Title XV program, there is no further examination of income or assets for Medicaid.

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 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 has an affirmative diagnosis of breast or cervical cancer or pre-cancer and meets all other eligibility criteria in the prior month(s) requested.

**PROCEDURES**
**Process/Implementation**

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.

**Presumptive Eligibility  
Process**

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.

If the woman meets all of the guidelines set forth by Title XV, public health will take a Presumptive Eligibility application. This consists of completing an application, interviewing the woman and determining eligibility in accordance with the basic eligibility criteria.

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

As part of the Presumptive Eligibility determination process, health department personnel are required to complete the DMA-632W Eligibility Determination for Women's Health Medicaid Program; DMA-632A, citizenship affidavit; Form 285, Health Insurance Questionnaire; and the DMA-634W, Notice of Action.

**NOTE:** The DMA-285 is only required if the A/R has other insurance, and the DMA-634W is only completed if the application is denied.

If the A/R is determined eligible, they will be given temporary Medicaid certification forms. The A/R will have immediate access to health care and the full range of Medicaid covered services until the plastic Medicaid card is received. 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 a plastic Medicaid card. A/R's eligible under this COA are not assigned to Georgia Better Health Care, but are subject to applicable Medicaid co-payment provisions.

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.

**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 or Low Income 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 an 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. Refer to [Appendix B-hearings](#).

**Reports**

Presumptive BCCP reports that are sent to county DFCS offices should be mailed to the RSM Project Office in Jonesboro. The address is:

RSM Project Office  
409 Arrowhead Blvd. Suite B-3  
Jonesboro, GA 30236