TEXAS DEPARTMENT OF HEALTH
BREAST AND CERVICAL CANCER TREATMENT ACT
MEDICAL ASSISTANCE OVERVIEW/TRAINING
FOR BCCCP CONTRACTORS/PROVIDERS

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Act) gives states the authority to provide Medicaid eligibility to low income women previously not eligible under the Medicaid program. The Centers for Medicare and Medicaid Services (CMS) approved a Medicaid state plan amendment to allow Texas to provide full Medicaid benefits to uninsured women under age 65 who are screened or diagnosed through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions. CMS also approved the Texas Medicaid state plan amendment to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible.

In Texas, the NBCCEDP is administered by the Texas Department of Health Breast and Cervical Cancer Control Program (BCCCP). As a BCCCP contractor/provider, it is your responsibility to assist with completion of the Texas Department of Human Services (DHS) medical assistance form and determine presumptive eligibility for qualified clients. It is DHS responsibility to enter the presumptive determination into the DHS database, make a final Medicaid eligibility determination, and send the client notification.

Eligibility:

In order to qualify, the Act requires that a woman will need to meet the following eligibility requirements:

1. The woman must have been screened for breast or cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program, and found to need treatment for either breast or cervical cancer; and
2. She must not be insured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid). There is no requirement that there be a waiting period of prior uninsured status before a woman screened under BCCCP can become eligible for Medicaid; and
3. She must be under age 65; and
4. She must be a citizen or qualified alien.

Screened Under the Program:

In Texas a woman has been “screened under the program” if CDC Title XV funds paid for all or part of the cost of her screening services. The BCCCP contractor/provider is

responsible for providing the DHS with verification that the woman was screened under the CDC program.

A woman is considered screened under the BCCCP and may be eligible for Medicaid services if she received a screening mammogram, clinical breast exam, or Pap test; or she received diagnostic services following an abnormal clinical breast exam, mammogram, or Pap test; and she has received a diagnosis of breast or cervical cancer or of a pre-cancerous condition.

Need Treatment:

A woman is considered to "need treatment" if, in the opinion of the individual's treating health professional (i.e., the individual who conducts the screen or any other health professional with whom the individual consults), the screen (and diagnostic evaluation following the clinical screening) indicates that the woman is in need of treatment services.

Presumptive Eligibility:

Presumptive eligibility is a Medicaid option that allows states to enroll Medicaid applicants for a limited period of time before a Medicaid determination is completed, based on a determination by a Medicaid provider of likely Medicaid eligibility. Presumptive eligibility facilitates the prompt enrollment and immediate access to services for women who are in need of treatment for breast or cervical cancer.

Presumptive eligibility begins on the date that a provider determines that the woman appears to meet the eligibility criteria described above. If there is doubt as to whether a client qualifies for Medicaid services, the contractor/provider does not make a presumptive eligibility determination, but completes the medical assistance form and forwards it to DHS Centralized Benefits Services for an eligibility determination.

Eligibility Period:

A woman's eligibility for coverage under the Act begins on the date of diagnosis of breast or cervical cancer. A woman's eligibility for coverage under the treatment act may begin up to three months prior to the month in which she applies for Medicaid, if as of this earlier date she would have met all eligibility requirements under the state plan.

Three Months Prior Unpaid Medical Expenses

To qualify under the Act, a woman must:

- have been screened for breast or cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program, and found to need treatment for either breast or cervical cancer;
- not otherwise have creditable coverage;
- under age 65; and
- be a citizen or qualified alien.

Cancer Diagnosis and Medical Assistance Application	**Eligibility for Coverage**	**Reason**
Cancer diagnosis prior to 9/01/02 and medical assistance application submitted to DHS on/or after 12/01/02	Coverage of unpaid medical expenses would begin three months prior to the month of receipt of application by DHS.	Act will be implemented December 1, 2002. Any unpaid medical expenses three months prior to the application submission to DHS are paid, but not for services earlier than 9/01/02.
Cancer diagnosis between 9/01/02 and 12/01/02 and medical assistance application to DHS on/or after 12/01/02	Coverage of unpaid medical expenses would begin at the time the woman meets all eligibility requirements.	Coverage of unpaid medical expenses is determined based on the date eligibility requirements are met and DHS receives the application for medical assistance.

Eligibility for coverage ends when the woman no longer meets the criteria for this eligibility category (for example, because she has attained age 65 or has creditable coverage, or no longer needs treatment for breast or cervical cancer).

A woman is not limited to one period of eligibility. A new period of eligibility and coverage commences each time a woman is screened under BCCCP, found to need treatment of breast or cervical cancer, and meets other eligibility criteria.

Coverage:

A woman is entitled to full Medicaid coverage while in active treatment for breast or cervical cancer; coverage is not limited to coverage for treatment of breast or cervical cancer.

Citizenship and Alienage:

The Medicaid rules that govern citizenship and alienage apply to the Act. In general, to be eligible for Medicaid an individual must either be a citizen or a qualified alien. In

Texas, legal permanent residents who arrived in the United States after August 21, 1996 are barred from receiving Medicaid. If the provider is uncertain if a woman meets citizenship and alienage status, the completed medical assistance form should be forwarded to the DHS for processing and determination. When citizenship and alienage is in question, the woman is not presumptively eligible.

Emergency Condition:

A woman who does not meet the immigration-related eligibility criteria may still be able to receive Medicaid coverage related to an "emergency medical condition." The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy; (B) serious impairment of bodily functions; or (C) serious dysfunction of any bodily part.

Breast or cervical cancers may be identified at various stages. Some women in need of treatment for breast or cervical cancer will have an emergency condition. As with other examples of emergency medical conditions, medical judgment and the facts of a particular case will form the basis for identifying those conditions in screened women that amount to an emergency medical condition. Coverage begins on the day of onset of the emergency and only services directly related to the emergency or life-threatening situation are covered. Coverage ends once the emergency condition is stabilized.

BCCCP Responsibilities:

BCCCP contractor/provider will be responsible for:

- determining BCCCP eligibility;
- diagnosing qualifying condition for medical assistance;
- assisting in completing medical assistance application form (See attached form);
- determining client presumptive eligibility;
- submitting application to the Medicaid unit of DHS Centralized Benefits Services; and
- submitting a copy of the 1034 form and diagnosis to the BCCCP at the same time the Medicaid application and diagnosis are sent to DHS for processing.

Timeframe: Application must be submitted to DHS no later than 5 working days from the date the presumptive eligibility determination is made.

DHS Responsibilities

DHS will be responsible for:

- routing the Medical Assistance for Breast and Cervical Cancer Application for Assistance (Form 1034) to designated certification staff;
- reviewing form for presumptive eligibility;
- manually completing data entry to certify presumptive client as an eligible recipient to initiate presumptive coverage;
- completing Breast and Cervical Cancer Control Program Medicaid Worksheet (Form 1105) to make final eligibility determination; and
- mailing notification of Medicaid eligibility to client.

Timeframe: Presumptive eligibility data entry is to be submitted within 2 workdays of receipt of the application packet.

Eligibility for regular coverage is to be determined within 45 calendar days of receipt of the application packet.

Contact Information:

For additional information and/or questions regarding the Breast and Cervical Cancer Treatment Act contact:

Rosamaria Murillo, LMSW
Texas Department of Health
Breast and Cervical Cancer Control Program
1100 West 49th Street
Austin, Texas 78756-3199

Telephone Number: 800-452-1955 or (512) 458-7644
Fax Number: (512) 458-7650

Email Address: Rosamaria.Murillo@tdh.state.tx.us
Web address: http://www.tdh.state.tx.us/bcccp/default.htm

Mail completed Breast and Cervical Cancer Medical Assistance Form 1034 to:

Texas Department of Human Services,
PO Box 149030
Austin, Texas 78714
Attention MC 018-3

Fax: 1-866-246-8444

For client eligibility determination questions, call:
Shane Brewington
1-800-248-1078 Extension 9658

For eligibility policy questions, call:
Lesa Ledbetter
(512) 438-2482