



Help Uninsured Patients Get Screened for Breast, Cervical, and Colorectal Cancer

Become a **Participating Health Care Provider** with the New York State Cancer Services Program

The New York State (NYS) Department of Health funds local [Cancer Services Programs](#) in every county of the state to provide free breast, cervical, and colorectal cancer screening to eligible uninsured or underinsured people.

These programs serve more than **20,000** New Yorkers each year for screening. More than **5,000** health care providers, facilities, and laboratories participate by providing screening and diagnostic services to those who are uninsured or underinsured.

Benefits to Becoming a **Participating Health Care Provider**

Local Cancer Services Programs have agreements with participating health care providers in their region to provide cancer screenings to eligible patients. **As a participating provider you will:**

- be reimbursed for breast, cervical, and colorectal cancer screening and/or diagnostic services for uninsured or underinsured patients
- get assistance from local Cancer Services Program staff to:
 - educate patients about cancer screening
 - assess patient barriers, refer patients to community resources to address barriers, and navigate patients to screening appointments
 - provide case management to patients to ensure timely follow-up of abnormal screening tests
 - enroll patients diagnosed with breast, cervical, colorectal, or prostate cancer in the [NYS Medicaid Cancer Treatment Program](#)
- have access to free cancer education materials for patients in multiple languages

Steps to Becoming a Participating Provider

STEP 1: The local Cancer Services Program will gather information from the provider/facility and submit it to the New York State Department of Health (the Department).

STEP 2: The Department will review the information to ensure participating providers have the necessary clinical certifications and qualifications for the services provided. The Department will also gather the information needed to set up the provider reimbursement process (Direct Provider Payment).

STEP 3: The local Cancer Services Program will initiate agreements with all participating providers and laboratories. Agreements can be for up to five years, depending on the date the agreement is signed.

STEP 4: Meet with the local Cancer Services Program to review the following:

- Participating Provider Requirements
- Maximum Allowable Reimbursement Schedule
- Required data reporting forms for reimbursement
- Direct Provider Payment Process Guide
- Cancer Services Program Operations Manual

STEP 5: The local Cancer Services Program will train designated staff at the participating provider's facility on how to enroll eligible patients, how to complete all necessary forms, and how to get reimbursed for services.

To connect with your local Cancer Services Program, call 1-866-442-CANCER (2262) or visit http://www.health.ny.gov/diseases/cancer/services/community_resources



Reimbursable Services

The New York State Cancer Services Program reimburses participating providers for the following breast, cervical, and colorectal cancer screening tests for eligible, uninsured or underinsured people:

Breast Cancer Screening

(Mammogram and Clinical Breast Exam)

- Women aged 40 or older
- Women under the age of 40 at high risk for breast cancer*
- Transgender men who have not had a bilateral mastectomy
- Transgender women who have taken or are taking hormones

Cervical Cancer Screening

(Pap Test and Pelvic Exam)

- People with a cervix aged 40 or older

Colorectal Cancer Screening

(Fecal Occult Blood/Fecal Immunochemical Test Kit)

- People aged 45 or older at average risk for colorectal cancer

(Colonoscopy)

- People at high risk for colorectal cancer*

***High risk is determined by a clinical risk assessment performed and documented by a NYS-licensed provider, per Cancer Services Program protocol.**

Diagnostics

Reimbursement is available for imaging, facility fees, biopsies, pre- and post-operative procedures, pathology, and consultations.

Treatment

Patients in need of treatment for breast, cervical, colorectal, or prostate** cancer may be eligible for full Medicaid coverage through the **New York State Medicaid Cancer Treatment Program**. Coverage lasts for the entire treatment period and includes medications. All eligible individuals must be seen by a Medicaid-approved provider for treatment. Eligibility criteria varies based on the diagnosed cancer; these include:

- being screened and diagnosed by a New York State licensed health care provider or a NYS Cancer Services Program participating provider
- age, income, U.S. citizenship, and New York State residency
- not being covered under any creditable insurance at the time of application

**** The NYS Cancer Services Program does not provide reimbursement for prostate cancer screening and diagnostic services.**

Patient Referral, Cancer Education, and Support



The New York State Cancer Services Program operates 1-866-442-CANCER (2262), a 24/7 toll-free phone line that refers callers directly to their local Cancer Services Program, support services, and genetic counselors in their area. Interpreters are available.



The New York State Department of Health has educational brochures available in multiple languages about breast, cervical, colorectal, prostate, and skin cancer. These can be viewed here:

https://www.health.ny.gov/diseases/cancer/educational_materials/



Materials are free of charge and can be ordered using this form,

https://www.health.ny.gov/forms/doh_publication_order_form.pdf, which is also posted on the webpage.