

TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, and CNS Coordinators

FROM: Betty Rice, Director, Division of Consumer and Local District Relations

SUBJECT: Breast and/or Cervical Cancer Treatment Program

EFFECTIVE DATE: Immediately

CONTACT PERSON: Kathy Orkwis (518)474-3468 or
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This purpose of this message is to remind the Local Departments of Social Services (LDSS) of the policy regarding the eligibility and processing of Breast and/or Cervical Cancer Treatment Program (BCCTP) clients. As enrollment in the BCCTP increases, we have received more inquiries and questions on how the program is administered.

To be eligible for Medicaid coverage under the BCCTP, individuals must:

- Meet the established criteria to qualify for Centers for Disease Control and Prevention (CDC) screening under the National Breast and Cervical Cancer Early Detection Program;
- Not be covered under any creditable insurance;
- Need treatment for breast and/or cervical cancer or pre-cancerous conditions; and
- Be ineligible for Medicaid under mandatory eligibility groups.

New York State covers any males or individuals over 65 years of age under a State-funded program. Individuals must still meet all other CDC criteria (excluding age and gender).

The point of entry for this program is the Healthy Women Partnerships (HWP). The HWP are the designated qualified entities that assist the individuals in completing the Medicaid application process. This process fulfills the face-to-face interview requirement. The New York State Cancer Services Program administers the HWP across New York State.

The applications are processed by State Office of Medicaid Management (OMM) staff in Albany. All cases opened under the BCCTP are subject to a full eligibility review by OMM staff. The cases are authorized in District 99 with the specific county code to identify the district of fiscal responsibility. As long as the individual remains otherwise ineligible for Medicaid under a mandatory eligibility group, the case will continue to be handled centrally with undercare maintenance and recertification handled by OMM staff. Local Districts will be charged back the local share of program costs which is 17.5%.

Individuals will be afforded full Medicaid coverage during the period in which they require treatment for breast and/or cervical cancer. This includes all Medicaid covered services including transportation and prescription drugs, if medically necessary. If transportation services are necessary, prior authorization must be obtained from the state OMM office at (518) 473-5330. Individuals must use a participating New York State Medicaid Provider and are not eligible to participate in managed care.

The Department appreciates the willingness of local district staff to assist and collaborate with State staff to assure the success of this important program.