

**MODEL AGREEMENT  
FOR  
PROVISION OF BREAST AND CERVICAL CANCER  
SCREENING, PREVENTION, AND TREATMENT SERVICES  
STATE OF \_\_\_\_\_**

**I. PARTIES**

The parties entering into this agreement are:

The \_\_\_\_\_,  
(Hereinafter known as the State Medicaid agency.)

and

The \_\_\_\_\_,  
(Hereinafter known as the National Breast and Cervical Cancer Early Detection  
Program (NBCCEDP) grantee.)

**II. PURPOSE**

The purpose of this agreement is to facilitate coordination between the parties to implement the provisions of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) (Public Law 106-354). This law authorizes the State to extend Medicaid eligibility and full Medicaid benefits for otherwise uninsured women under age 65 who are identified through the NBCCEDP grantee as in need of treatment for breast or cervical cancer (including precancerous conditions). The State has amended the State Medicaid Plan to elect to extend Medicaid eligibility to this group, in accordance with the Centers for Medicare and Medicaid Services (CMS) (formerly the Health Care Financing Administration's) guidance letter of January 4, 2001 which can be located at (<http://www.cms.gov/states/letters/sho01041.asp>). Frequently asked questions can also be found at the CMS web site. Information about the NBCCEDP can be obtained at (<http://www.cdc.gov/cancer/nbccedp/law106-354.htm>).

**III. OBJECTIVES**

The objective of this agreement is to facilitate coordination between the parties in their efforts to improve access to needed breast and cervical cancer treatment for low-income uninsured women identified under the NBCCEDP program as needing such treatment; to reduce morbidity and mortality from breast and cervical cancers; and to improve health outcomes for women screened under the NBCCEDP program.

**IV. FRAMEWORK**

**A. The NBCCEDP grantee:**

\_\_\_ Specifies that the following women are “screened under” the program it operates under title XV of the Public Health Service Act:

(Check all that apply - first option must be checked)

- (Required) 1. Women who are screened by a provider that receives direct payment for the screening services with the NBCCEDP grantee's Title XV funds.
- (Optional) 2. Women who are screened by a provider and/or an entity funded at least in part by NBCCEDP grantee Title XV funds if the service is within the scope of a grant, sub-grant or contract with the NBCCEDP grantee.
- (Optional) 3. Women who are screened by any other provider and/or entity that is identified by the NBCCEDP grantee as part of its program under Title XV of the Public Health Service Act, and that operates consistently with NBCCEDP grantee program guidelines.

\_\_\_ Identify women as candidates for screening services as provided in its cooperative agreement with the CDC's NBCCEDP, established under Title XV of the Public Health Service (PHS) Act.

\_\_\_ Provide screening services including breast examinations, mammograms, pelvic examinations and Papanicolaou tests to such women.

\_\_\_ Provide diagnostic services, such as surgical consultations and biopsies, to ensure that women with abnormal screening results receive timely and adequate diagnostic and treatment referrals.

\_\_\_ Provide signed consent for release of medical information in accordance with the Health Insurance Portability and Accountability Act {HIPAA [2701 of the PHS Act, 42 U.S.C. 300gg (c)]} or other applicable state legislation.

\_\_\_ Enter into an agreement with the \_\_\_\_\_  
[insert agency name(s)]  
to share relevant data to manage the individual treatment and follow-up process, particularly that which links Medicaid eligibility and screening and treatment results. A template of such a data sharing agreement between state programs is found at CMS web site (<http://www.cms.gov/states/letters/smd10228.asp>).

\_\_\_ Assist women screened under the NBCCEDP program in establishing Medicaid eligibility in the new eligibility group.

In order to qualify for Medicaid under the BCCPTA, a woman must:

- be screened under the NBCCEDP program;
- require treatment for breast or cervical cancer or pre-cancerous lesions;
- be under the age of 65;
- be otherwise uninsured; i.e., not have creditable coverage as the term is used

under HIPAA, except in the case of American Indians and Alaska Natives as described in the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001.

\_\_\_ Provide verification of the above conditions for eligibility to the State Medicaid Agency and otherwise assist candidates identified above with establishing Medicaid eligibility.

Such verification shall consist of: (check one box)

- Letter
- Certificate
- \_\_\_\_\_ (insert other method)
- (Insert other conditions agreed to by the parties)

All methods of verification must contain the last name, first name, and date of birth of the woman; a statement of the screening and diagnostic findings and that treatment is necessary; and a statement that the woman has no creditable health insurance coverage. The verification shall be signed and dated by:

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[Insert title of authorized signer(s)].

**B. The State Medicaid agency shall:**

\_\_\_ Provide Medicaid coverage under its State plan for eligible women under the NBCCEDP.

\_\_\_ Provide information to women and the NBCCEDP grantee regarding the locations and hours of places where women who have been screened under the NBCCEDP program may apply for benefits under the Medicaid program.

\_\_\_ Make available a list of providers participating in the Medicaid Program.

\_\_\_ Accept applications and determine eligibility for Medicaid with reasonable promptness, in accordance with the requirements of the Medicaid program.

\_\_\_ Give formal notice to applicants of the results of the eligibility determination and offer the opportunity to have unfavorable determinations reconsidered, according to the requirements of the Medicaid program. Notice of favorable eligibility determinations shall include the date that the applicant is enrolled as a Medicaid beneficiary, including retroactive eligibility, if applicable, a description of benefits, and information on providers who are available to the beneficiary under the Medicaid program.

\_\_\_ Inform beneficiaries of the requirements for redetermination of eligibility and that eligibility will end when the course of treatment is completed. Further inform the beneficiary that, if the Medicaid agency determines that the beneficiary no longer

meets the requirements of 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act, eligibility will not be terminated until the Medicaid agency has determined (in accordance with 42 CFR 435.916) that she is not eligible for Medicaid under an alternate eligibility category.

\_\_\_ Enter into an agreement with the \_\_\_\_\_  
[insert agency name(s)]

to share relevant data to manage the individual treatment and follow-up process, particularly that which links Medicaid eligibility and screening and treatment results. A template of such a data sharing agreement between state programs is found at web site (<http://www.cms.gov/states/letters/smd10228.asp>).

\_\_\_(Check if applicable)

- The State Medicaid agency will design a simplified application for women who apply under the NBCCEDP program, and 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act.
- The State Medicaid agency shall enter into an inter-agency agreement to pay administrative costs to the NBCCEDP grantee associated with eligibility determinations, case management and/or data collection activities.
- In order to facilitate prompt treatment, the State Medicaid agency elects presumptive eligibility for women screened under NBCCEDP requirements

Presumptive eligibility is a Medicaid option that allows states to enroll women in Medicaid for a limited period of time before full Medicaid applications are filed and processed, based on a determination by a Medicaid provider of likely Medicaid eligibility. States have the option to use the presumptive eligibility procedure to facilitate the prompt enrollment and immediate access to services for women who are in need of treatment for breast or cervical cancer. Election of presumptive eligibility provides states the opportunity to offer immediate health care coverage to women likely to be Medicaid eligible, before there has been a full Medicaid eligibility determination.

State Medicaid agencies can certify entities that are capable of making presumptive eligibility determinations. A certified entity can enroll women who appear to be eligible in Medicaid on a temporary basis.

Presumptive eligibility begins on the date a qualified entity determines that the woman appears to meet the eligibility criteria for this new Medicaid option, and ends on the earlier of:

- the date on which a formal determination is made regarding the woman's application for Medicaid, or
- in the case of a woman who fails to apply for Medicaid following the presumptive eligibility determination, the last day of the month following the

month in which presumptive eligibility begins.

**V. EFFECTIVE DATE AND LIFE OF AGREEMENT**

\_\_\_ This agreement shall be effective on (insert date)\_\_\_\_\_ and shall remain in effect until (insert period)\_\_\_\_\_ or until terminated by one of the parties.

\_\_\_ The terms of this agreement may not be waived, altered, modified, amended or supplemented, except by written agreement of both parties.

\_\_\_ This agreement may be terminated by either party upon 90 days notice in writing delivered by certified mail or in person.

\_\_\_ In addition, this agreement may be rendered null and void by changes in federal or state law or funding that prevents either or both parties from fulfillment of the conditions of the agreement. In such case, each party agrees to notify the other as soon as possible.

\_\_\_\_\_  
Signature of Authorized State NBCCEDP Grantee Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized State Medicaid Agency Official

\_\_\_\_\_  
Date