

Referring Women to Medicaid for Breast and Cervical Cancer



MEDICAID FOR BREAST AND CERVICAL CANCER

Beginning September 1, 2007, health care providers have a new treatment resource for qualifying low-income woman with certain breast or cervical cancer diagnoses.

Medicaid for Breast and Cervical Cancer (MBCC) is a special Medicaid program authorized by federal and state laws to provide access to cancer treatment services for qualified women. Agencies that contract with the Texas Department of State Health Services for the delivery of breast and cervical cancer screening and diagnostic services are responsible for assisting women with the MBCC application, determining presumptive eligibility and assessing case management needs.

A health care provider must evaluate whether a woman meets the eligibility criteria described below **before** offering this resource. If she meets the eligibility criteria, she should be referred to a Breast and Cervical Cancer Services (BCCS) contractor for application to MBCC. To locate the nearest BCCS contractor, go to: www.dshs.state.tx.us/bcccs/locator.shtm.

ELIGIBILITY

To be eligible for MBCC, a woman must be:

- ❑ Diagnosed and in need of treatment for one of the following biopsy-confirmed definitive breast or cervical diagnoses: CIN III, severe cervical dysplasia, cervical carcinoma in-situ, invasive cervical cancer, ductal carcinoma *in situ* or invasive breast cancer, as defined by BCCS policy; **and**
- ❑ Have income at or below 200% of the Federal Poverty Income Guidelines, as defined by BCCS policy; **and** (see Table at: www.dshs.state.tx.us/bcccs/eligibility.shtm#income.)
- ❑ Uninsured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid); **and**
- ❑ Under age 65; **and**
- ❑ A Texas resident; **and**
- ❑ A U.S. citizen or qualified alien.

REFERRALS

To ensure a successful referral and to facilitate prompt enrollment of qualified women into MBCC, health care providers must:

- ❑ Identify the appropriate BCCS contractor;
- ❑ Ensure that the diagnosis falls within the qualifying timeframe;
- ❑ Ensure the pathology report has a definitive qualifying diagnosis (all diagnoses must be biopsy-confirmed);
- ❑ Use the "Medicaid for Breast and Cervical Cancer: Guidelines for Determination of Qualifying Diagnosis" as a reference tool (www.dshs.state.tx.us/chscontracts/pdf/MBCCQualifyingDx91807.pdf);
- ❑ Provide the client with a copy of the pathology report for the referral BCCS contractor; or
- ❑ Fax the pathology report to the referral BCCS contractor, to the Attention of the agency's Case Manager; and
- ❑ Most importantly, **communicate** with the referral BCCS contractor about the necessary documents the clients will need to bring to complete the eligibility and application process (financial documents, citizenship or alien status).