

H-1400 BREAST AND CERVICAL CANCER (BCC) PROGRAM**H-1410 GENERAL INFORMATION**

The Breast and Cervical Cancer (BCC) Program provides full Medicaid benefits to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program and are in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer.

An applicant/enrollee may be eligible for Medicaid services under the BCC program if she:

- Is under the age of 65;
- Has been screened for breast and/or cervical cancer under the Louisiana Breast and Cervical Health Program (LBCHP) and found to "need treatment" for breast and/or cervical cancer (including a precancerous condition);

Note:

For purposes of the BCC program, "need treatment" means in the opinion of the applicant's/enrollee's treating physician, the diagnostic test(s) following a breast and/or cervical cancer screen indicates she is in need of cancer treatment services. Cancer treatment services include diagnostic procedures necessary to determine the extent and proper course of treatment, as well as definitive cancer treatment itself. Based on the physician's plan-of-care, women who require only routine monitoring services for a precancerous breast or cervical condition (e.g., breast examinations and mammograms) are not considered to "need treatment."

- Is not eligible for Medicaid under any other mandatory eligibility group; and
- Does not have creditable health insurance (Refer to [I-2200 Creditable Health Insurance](#)). If the applicant/enrollee has health insurance coverage, they may be considered uninsured if:
 - The treatment of breast and/or cervical cancer is not covered by the plan,
 - Her lifetime limit on all benefits under the plan has been exhausted,

- She is in a period of exclusion (such as a pre-existing condition exclusion) for treatment of breast and/or cervical cancer, or
- She is an American Indian or Alaska Native woman eligible for health care services provided under a medical care program of the Indian Health Service or of a tribal organization.

H- 1410.1 COVERAGE

Enrollees are eligible for full Medicaid coverage. Coverage is not limited to the treatment of breast and/or cervical cancer.

H-1420 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously:

H-1420.1 DETERMINE ASSISTANCE UNIT

The assistance unit includes the applicant/enrollee.

H-1420.2 ESTABLISH CATEGORICAL REQUIREMENT

Verification must be provided that applicant is under age 65 and has been screened for breast and/or cervical cancer under the LBCHP and found to need treatment for breast and/or cervical cancer (including a pre-cancerous condition).

H-1420.3 ESTABLISH NON-FINANCIAL ELIGIBILITY

Verify eligibility for each member of the assistance unit with regard to the following factors:

- [Assignment of Third Party Rights](#) I-200
- [Citizenship/Alien Status](#) I-300
- [Enumeration](#) I-600

- [Residence](#) [I-1900](#)
- [Creditable Health Insurance](#) [I-2200](#)

H-1420.4 ESTABLISH NEED

All income and resources are exempt for BCC Medicaid.

Note:

To be eligible for a LBCHP screening, household income must be below 250 percent of the poverty level and is determined by LBCHP.

H-1420.5 ELIGIBILITY DECISION

Evaluate all eligibility requirements and verifications received, to make an eligibility decision.

H-1420.6 ELIGIBILITY PERIOD

Eligibility may begin up to three (3) months prior to the date of application if program requirements are met. Eligibility for coverage ends when the enrollee's course of treatment is complete or the state has determined the enrollee no longer meets the eligibility criteria for the program.

An enrollee is not limited in the number of eligibility periods for which they may receive coverage under the BCC program. A new period of eligibility may begin each time an applicant/enrollee has been screened under the LBCHP, found to need treatment for breast and/or cervical cancer, and meets all other eligibility criteria.

H-1420.7 CERTIFICATION PERIOD

The initial certification period shall not exceed six (6) months, including any retroactive coverage.

Retroactive medical eligibility shall be explored for the three (3) months prior to the month of application. Refer to [H-1800, Retroactive Medical Eligibility \(RME\)](#).

Renewal

BCC certifications may be renewed using the ex-parte process. Consider the following factors when determining continued eligibility:

- Eligibility for another mandatory eligibility group,
- Continuous need for treatment of breast and/or cervical cancer based on the treating physician's statement regarding the projected length of remaining treatment,
- Creditable insurance coverage, and

Note:

Insurance that is paid by Medicaid through the LaHIPP program is not considered creditable insurance and therefore, does not affect eligibility for BCC.

- Age under 65.

Renewals may be extended up to 12 months and is determined by the physician's statement regarding the projected length of remaining treatment.

H-1420.8 NOTICE OF DECISION

Send the appropriate notice of decision to the applicant/enrollee.

Note:

Applicants/enrollees that do not meet the eligibility requirements shall be referred to the FFM for enrollment in a qualified health plan (QHP).