

Implementation Guide: Medicaid State Plan Eligibility Individuals Needing Treatment for Breast or Cervical Cancer

Contents

POLICY CITATION	2
BACKGROUND	2
Overview	2
Characteristics	2
Financial Eligibility	3
INSTRUCTIONS.....	5
A. Characteristics	5
B. Financial Methodologies	5
C. Additional Information (Optional)	5
REVIEW CRITERIA.....	5

Individuals Needing Treatment for Breast or Cervical Cancer

POLICY CITATION

Statute: 1902(a)(10)(A)(ii)(XVIII), 1902(aa)

Regulations: 42 C.F.R. §435.213

BACKGROUND

Overview

This reviewable unit (RU) describes the Medicaid eligibility group for women and men under age 65 who have been screened and need treatment for breast or cervical cancer. It provides the criteria under which individuals may be covered under this group.

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established under title XV of the Public Health Service Act to promote breast and cervical cancer screening and to pay for screening services for eligible women. The program operates through cooperative agreements between the Centers for Disease Control and Prevention (CDC) and all 50 states, the District of Columbia, and the territories, to provide screening, diagnostic evaluation, and treatment referrals. But the program does not pay for treatment services. Recognizing that it can be difficult for uninsured women to obtain timely access to treatment services, Congress established a Medicaid eligibility group for uninsured individuals who were screened through the NBCCEDP and require treatment for breast or cervical cancer.

Characteristics

The Individuals Needing Treatment for Breast or Cervical Cancer group is an optional eligibility group established by sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Social Security Act (the Act), and implemented at 42 C.F.R. §435.213. This eligibility group covers individuals who:

- Are under age 65;
- Are not eligible for and enrolled in mandatory Medicaid coverage under the state plan;
- Have been screened for breast and cervical cancer under the CDC's NBCCEDP;
- Have been found to need treatment for breast or cervical cancer; and
- Do not have other creditable coverage for treatment of breast or cervical cancer.

For the purpose of this group, the term "creditable coverage" means coverage under: a group health plan; comprehensive health insurance; Medicare Part A or Part B; full-benefit Medicaid; health coverage of the military and uniformed services; health coverage of employees of Congress and the District of Columbia; and a state health benefits risk pool. The term expressly excludes a medical care program of the Indian Health Service or of a tribal organization.

Screening Under the CDC Program

The state or tribal entity administering the NBCCEDP screening site determines the scope of screening provided and who is considered to have been screened under the program. Breast and cervical cancer treatment programs vary, and some programs combine grant funding from title XV of the Public Health Service Act with other sources of funding. An individual meets the Medicaid eligibility requirement for having been screened under the NBCCEDP if she or he falls under any of the following three categories:

1. CDC title XV funds paid for all or part of the costs of the individual's screening services.
2. The individual is screened under a state or tribal NBCCEDP in which her/his particular clinical service have not been paid for by CDC title XV funds, but the service was rendered by a provider or an entity funded at least in part by CDC title XV funds; the service was within the scope of a grant, sub-grant or contract under that program; and the CDC title XV grantee has elected to include such screening activities by that provider as screening activities pursuant to CDC title XV.
3. The individual is screened by any other provider or entity and the CDC title XV grantee has elected to include screening activities by that provider as screening activities pursuant to CDC title XV. For example, if a family planning or community health center provides breast or cervical cancer screening or diagnostic services, the NBCCEDP grantee would have the option of including the provider's screening activities as part of overall CDC title XV activities.

CDC title XV funds are limited to screening services for women. However, men may also meet the criteria as having been screened under the program. Under categories two and three above, the CDC title XV grantee may determine that individuals, including both women and men, have been screened under the program even though the screening was not paid for through the CDC title XV grant.

Need for Treatment

As described at 42 C.F.R. §435.213(c), the need for breast or cervical cancer treatment consists of a determination by the individual's treating health professional that: definitive treatment is needed, including treatment of a precancerous condition or early stage cancer; and more than routine diagnostic or monitoring services are needed.

After the initial screening and determination of the need for treatment, in order to maintain ongoing eligibility in the Individuals Needing Treatment for Breast or Cervical Cancer group, the individual's treating health professional would determine that the individual continues to need treatment for breast or cervical cancer.

Financial Eligibility

This Medicaid eligibility group has no income or resource test. Federal law limits the NBCCEDP to individuals with income at or below 250 percent of the federal poverty level (FPL). However, as discussed above, the state entity administering the NBCCEDP screening site determines who is considered to have been screened under the program.

While the scope of the eligibility groups to which states may apply less restrictive income and resource methodologies than applicable cash assistance methodologies under section 1902(r)(2) of the Act includes this eligibility group, the non-application of an income or resource test for this group effectively makes section 1902(r)(2) authority inapplicable to this group.

INSTRUCTIONS

A. Characteristics

There are statements (**A.1.** through **A.5.**) describing the characteristics of this eligibility group.

B. Financial Methodologies

There is a statement that there is no income or resource test for this eligibility group.

C. Additional Information (Optional)

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

REVIEW CRITERIA

No specific review criteria are needed.