
POLICY TRANSMITTAL NO. 04-66	DATE: DECEMBER 29, 2004
OKLAHOMA HEALTH CARE AUTHORITY	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:35-21-1 through 35-21-13.

EXPLANATION: **Policy revisions were approved by the Board and the Governor as required by the Administrative Procedures Act.**

Rules are issued to establish criteria that implements the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) program. The BCCPTA gave states the option of providing Medicaid benefits to uninsured women under age 65 who are in need of treatment for breast and/or cervical cancer and do not have creditable health insurance coverage. Eligible participants must be identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as needing treatment for breast or cervical cancer, including pre-cancerous conditions and early stage, recurrent or metastatic cancer.

Original signed on 12-29-04

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WF # 04-KK (DT)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS as the rulemaking agency; the “2” specifies the Chapter number; and the “1” specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, DHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, DHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at (405) 521-3611.

REMOVE

INSERT

- 317:35-21-1, pages 1-2, issued 1-1-05
- 317:35-21-2, 1 page only, issued 1-1-05
- 317:35-21-3, 1 page only, issued 1-1-05
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- 317:35-21-5, 1 page only, issued 1-1-05
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- 317:35-21-8, 1 page only, issued 1-1-05
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317:35-21-1. Breast and Cervical Cancer Treatment program

(a) The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) allows states to provide Medicaid to uninsured women under age 65 who are in need of treatment for breast and/or cervical cancer. Medical eligibility is determined through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as needing treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage, recurrent or metastatic cancer.

(b) To receive Breast and Cervical Cancer (BCC) Treatment services, the woman must meet all of the following conditions.

(1) The woman must have been screened for BCC under the CDC Breast and Cervical Cancer Early Detection Program (see OAC 317:35-21-3) established under Title XV of the Public Health Service (PHS) Act, and found to be in need of treatment, including abnormal finding on screening examination, precancerous conditions and early stage, recurrent or metastatic cancer (see OAC 317:35-21-5).

(2) The woman must:

(A) not have creditable insurance coverage that covers BCC (see OAC 317:35-21-4),

(B) not be eligible for any other categorically needy Medicaid eligibility group,

(C) be under 65 years of age,

(D) be a US citizen or qualified alien (see OAC 317:35-21-7),

(E) be a resident of Oklahoma,

(F) declare her Social Security number,

(G) assign her rights to Third Party Liability if she has insurance that is not creditable, and

(H) declare her household income for the purpose of determining that she is not otherwise eligible for Medicaid. For the BCC treatment program, income is not a condition of

eligibility and verification of income is not required.

317:35-21-2. Scope of coverage

The BCC program provides the full scope of Medicaid coverage. Coverage is not limited to treatment of breast and/or cervical cancer.

317:35-21-3. CDC screening

(a) To be eligible for the Breast and Cervical Cancer Treatment program, a woman must be screened under the CDC Breast and Cervical Cancer Early Detection Program. A woman is considered screened under the CDC program if her screening was provided all or in part by CDC Title XV funds, or the service was rendered by a provider funded at least in part by CDC Title XV funds, and/or if she is screened by another provider whose screening activities are pursuant to CDC Title XV of the Public Health Service (PHS) Act.

(b) Prior to certification of the BCC application, the OKDHS worker must verify that the BCC applicant was screened by a CDC provider and found to be in need of treatment.

317:35-21-4. Creditable coverage

(a) Creditable coverage when used in this subchapter means any insurance that pays for medical bills incurred for the diagnosis and/or treatment of breast or cervical cancer. A woman having any one of the following types of coverage is considered to have creditable coverage and would normally be ineligible for the Breast and Cervical Cancer Treatment program:

(1) Coverage under a group health plan;

(2) Health insurance coverage, i.e., benefits consisting of medical care under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer;

(3) Medicare Part A and/or B;

(4) Medicaid;

(5) Armed Forces insurance; and/or

(6) A state health risk pool.

(b) If a woman has limited coverage, such as limited drug coverage or limits on the number of outpatient visits, or high deductibles, she is still considered to have creditable coverage. However, if she has a policy with limited scope coverage such as those that only cover dental, vision, or long term care, or a policy that covers only a specific disease or illness, she is not considered to have creditable coverage, unless the policy provides coverage for breast or cervical cancer.

(c) There may be some circumstances when a woman has creditable coverage but that coverage does not actually cover treatment of breast or cervical cancer. In instances such as pre-existing condition exclusions, or when the annual or lifetime limit on benefits has been exhausted, a woman is not considered to have creditable coverage for this treatment. In these types of circumstances the woman may be eligible for Breast and Cervical Cancer services if she meets all other eligibility criteria.

(d) There is no requirement that a woman be uninsured for any specific length of time before she is found eligible for Medicaid under this program. If a woman loses creditable coverage for any

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reason and satisfies all other eligibility requirements for the BCC program it is possible for her to become immediately eligible for coverage in this program.

(e) The CDC screener determines whether or not the woman has creditable coverage. All health insurance, creditable or not, is listed on the OKDHS computer system in order for OHCA Third Party Liability Unit to verify insurance coverage.

317:35-21-5. In need of treatment

In need of treatment, when used in this subchapter, means an abnormal screen determined as a result of a screening for BCC under the CDC BCC Early Detection Program established under Title XV of the Public Health Service Act, including pre-cancerous conditions and early stage, recurrent or metastatic cancer.

317:35-21-6. Age requirements

To be eligible for Breast and Cervical Cancer services, a woman must be under 65 years of age. If a woman turns 65 during the certification period, eligibility ends effective the last day of her birth month. The OKDHS worker assists the woman in determining if eligibility may continue in another Medicaid category.

317:35-21-7. Citizenship and Residence

The requirements for citizenship and residence found at OAC 317:35-5-25 and 317:35-5-26 apply to the BCC treatment program.

317:35-21-8. Social security number

Federal regulations require a woman furnish her Social Security number at the time of application for Breast and Cervical Cancer services.

317:35-21-9. Income

(a) There is no income limit imposed by state or federal law for the Breast and Cervical Cancer Treatment program. However, the CDC Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service (PHS) Act does allow CDC program grantees to set maximum income limits.

(b) Even though there is no income limit, the woman is required to declare her household income so that the OKDHS worker may determine if she is otherwise eligible for Medicaid.

317:35-21-10. Resources

There is no resource test for the Breast and Cervical Cancer Treatment program.

317:35-21-11. Certification for BCC

(a) In order for a woman to receive BCC treatment services she must first be screened for BCC under the CDC Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act and found to be in need of treatment. Once determined to be in need of treatment the CDC screener determines that the woman:

- (1) does not have creditable health insurance coverage,
- (2) is under age 65,
- (3) is a self declared US citizen or qualified alien,
- (4) is a self declared Oklahoma resident,
- (5) has provided her social security number,
- (6) is willing to assign medical rights to TPL, and
- (7) has declared all household income.

(b) If all of the conditions in subchapter (a) are met, the CDC screener assists the woman in completing the BCC application (OHCA BCC-1). The completed BCC-1 is forwarded to the OKDHS office.

(c) If all of the conditions in subchapter (a) are not met, an application is not completed.

(d) The OKDHS worker verifies that the screener is a CDC screener. The worker also establishes whether or not the woman is otherwise eligible for Medicaid. If the woman is not otherwise eligible for Medicaid, she is certified for the BCC program. If the woman is eligible under another Medicaid category, the application is certified in the other Medicaid category.

(e) If a woman does not cooperate in determining her eligibility for other Medicaid programs, her BCC application is denied and the appropriate notice is computer generated. For example, a woman otherwise eligible for Medicaid, related to the low income families with children category, refuses to cooperate with child support enforcement without good cause would not be eligible for the BCC program.

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(f) If a woman in treatment for breast or cervical cancer contacts the OKDHS office and has not been through the CDC screening process, she is referred to the BCC program.

(g) An individual determined eligible for BCC may be certified the first day of the month of application or, if the individual had a medical service within three months prior to the application date, the first day of the first, second or third month prior to the month of application, provided the date of certification is not prior to the CDC Screen.

317:35-21-12. Changes after certification/continued need for treatment

(a) A woman found to be in need of treatment as the result of an abnormal BCC screen receives diagnostic testing to determine if she has breast and/or cervical cancer. When diagnostic testing is complete, the OKDHS is notified if the woman was found not to have BCC including pre-cancerous conditions and early stage, recurrent or metastatic cancer. When the woman is found not to have breast or cervical cancer, the case is closed by OKDHS and appropriate notification is computer generated.

(b) If it is determined at any time during the certification period that the woman has creditable health insurance coverage, the OKDHS worker closes the case and appropriate notification is computer generated.

(c) If it is determined at any time during the certification period that the woman is no longer in need of treatment, the OKDHS worker closes the case and appropriate notification is computer generated.

(d) If the OKDHS worker later determines that the woman is otherwise eligible for Medicaid, the worker takes necessary actions to certify her for the appropriate category of Medicaid coverage.

317:35-21-13. Redetermination

A periodic redetermination of eligibility is required every 12 months. The computer generated redetermination form is mailed to the woman during her 11th month of eligibility. The woman is responsible for having her BCC provider/case manager complete the statement certifying that she continues to be in need of treatment.

(1) If the completed forms are not returned, the case is closed and appropriate notice is computer generated.

(2) When the completed forms are returned timely and the woman remains eligible for the BCC program, the computer is updated to show her continued eligibility.