TO: STAFF LISTED

SUBJECT: MANUAL MATERIAL
CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY

EXPLANATION: OHCA rules for the Oklahoma Cares Breast and Cervical Cancer Treatment Program are revised to clarify that women must have breast or cervical cancer or a precancerous condition to qualify for treatment through SoonerCare. Additionally, the rules include provision for an OHCA medical review of breast or cervical cancer screening information prior to the OKDHS eligibility review and determination. Finally, rules are revised to clarify that women seeking breast and cervical cancer treatment through SoonerCare must meet income eligibility guidelines.

INSTRUCTIONS FOR FILING OF REVISED MANUAL MATERIAL

Forms or appendices which have an OAC number in the header should be filed at the back of the identified Chapter. (For example, OAC 317:30 means Chapter 30.) Any form or appendix without an OAC number should be maintained in the Forms/Appendix manuals as always.

Any material that has OHCA in place of 317 should be placed in the Chapter that it identifies. To help with placement make dividers for each Chapter as follows: (1) Chapter number with the heading [Example: 30. Medical Providers - Fee for Service]; (2) Appendices; and (3) [this will not apply to all Chapters] OHCA; [Chapter number]. The title in the header is the Chapter heading, the title in the footer is the Subchapter heading.

Should you have questions or need assistance please contact Demetria Morrison 405-522-7641, Health Policy.

REMOVE:
35-21-1, 1 page only
35-21-6, 1 page only
35-21-8, 1 page only
35-21-9, 1 page only
35-21-11, 1 page only
35-21-12, pages 1-2
35-21-13, 1 page only

INSERT:
35-21-1, pages 1-9, Revised 06-25-11
35-21-6, 1 page only, Revised 06-25-11
35-21-8, 1 page only, Revised 06-25-11
35-21-9, 1 page only, Revised 06-25-11
35-21-11, pages 1-2, Revised 06-25-11
35-21-12, pages 1-2, Revised 06-25-11
35-21-13, 1 page only, Revised 06-25-11
317:35-21-1. **Oklahoma Cares 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. A medical eligibility evaluation is performed through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). If the evaluation determines the woman is in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage, recurrent or metastatic cancer the case is forwarded to OHCA for final medical eligibility determination.

(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 upon screening examination found to be in need of treatment, including an abnormal finding that is potentially indicative of a cancerous or precancerous condition or found to have an early stage, recurrent or metastatic cancer of the breast or cervix. (see OAC 317:35-21-5).

2. The woman must:
   - (A) not have creditable insurance coverage that covers the treatment of breast or cervical cancer (see OAC 317:35-21-4),
   - (B) not be eligible for any other categorically needy SoonerCare eligibility group,
   - (C) be under 65 years of age,
   - (D) be a US citizen or qualified alien (see OAC 317:35-5-25 for citizenship/alien status and identity verification requirements),
   - (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 eligibility for services under the SoonerCare program.
317:35-21-6. Age requirements

To be eligible for the Oklahoma Cares Breast and Cervical Cancer Treatment program, 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 SoonerCare category.
317:35-21-8. Social security number

Federal regulations require a woman furnish her Social Security number at the time of application for the Oklahoma Cares Breast and Cervical Cancer Treatment program.
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) Income limits are established for women receiving Breast and Cervical Cancer Treatment program services through SoonerCare. The woman is required to declare her household income so that the OKDHS worker may determine if she qualifies for the program or is otherwise SoonerCare eligible.
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 cancer 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 US citizen or qualified alien (see OAC 317:35-5-25),
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 along with the documentation of clinical findings, (i.e., history and physical findings, pathology reports, radiology reports and other pertinent data) is forwarded to the OHCA Care Management Unit.

(c) The OHCA Care Management nurse verifies that the member meets the medical eligibility criteria described in 317:35-21-1 (a) and meets the "in need of treatment" criteria set forth in 317:35-21-1(b)1 and 317:35-21-5. If this criteria is not met or the appropriate clinical documentation is not included, the application will be denied and the OHCA will send a notice of ineligibility to the applicant. Abnormal findings do not include women who are at high risk or who could appropriately receive risk reduction therapy, but have no evidence of cancer or a precancerous condition. If it is determined that the woman does not have cancer or a precancerous condition, a future application for the BCC program must be based on a different finding of abnormality than the previous application data.

(d) If all medical eligibility criteria are met the application will be forwarded to OKDHS for further determination of eligibility.

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

(f) If a woman does not cooperate in determining her eligibility
for other SoonerCare programs, her BCC application is denied and the appropriate notice is computer generated. For example, a woman otherwise eligible for SoonerCare, 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.

(g) 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 Oklahoma Cares toll free number (866-550-5585) for assistance.

(h) An individual determined eligible for the Oklahoma Cares Breast and Cervical Cancer Treatment program may be certified the first day of the month of application. If the individual had a medical service prior to the application date, certification will occur the first day of the first, second or third month prior to the month of application, in accordance with the date of the medical service, 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 has 60 days from the date of the application to complete the initial appointment for a diagnostic procedure and an additional 60 days to complete any additional diagnostic testing required or to initiate compensable treatment for a cancerous or precancerous condition. The exception to the time limit is evidence of a lack of appointment availability. Upon completion of the diagnostic testing, OHCA is provided a medical report of the findings.

(1) If the woman is found not to have breast or cervical cancer including precancerous conditions and early stage, recurrent or metastatic cancer for which she is in need of treatment or fails to have diagnostic testing or begin treatment within the time frames described in OAC 317:35-21-12(a), the case is closed by OKDHS and appropriate notification is computer generated.

(2) If a medical report necessary to determine continued treatment is not received from a provider within ten working days after a request is made by OHCA, the report is considered negative and the case is closed by OKDHS and appropriate notification is computer generated.

(b) If the woman in need of treatment refuses SoonerCare compensable treatment or diagnostic services and does not plan to pursue the care in the time frames described in OAC 317:35-21-12(a), the case is closed by OKDHS and appropriate notification is computer generated.

(c) In the event a woman is unable to initiate or complete diagnostic services due to a catastrophic illness or injury occurring after certification, SoonerCare will remain open with the approval of a SoonerCare Medical Director or his/her designee.

(d) If it is determined at any time during the certification period by either the woman's treating physician or by a SoonerCare Medical Director or his or her designee that the woman is no longer in need of treatment for breast or cervical cancer or a precancerous condition, OHCA will notify OKDHS and the OKDHS worker closes the case and appropriate notification is computer generated.

(e) 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.

(f) If the OKDHS worker later determines that the woman is otherwise eligible for SoonerCare, the worker takes necessary
actions to certify her for the appropriate category of SoonerCare 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 must provide a statement of current household income, and is responsible for having her SoonerCare provider 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.
317:35-21-14. Appeals and reconsiderations
(a) Applicants who wish to appeal a denial decision made by the OHCA or OKDHS may submit form LD-1 to the OHCA within 20 days of receipt of the decision notification. If the form is not received at the OHCA within the required time frame, the appeal will not be heard. More information on the appeals process is provided at 317:2-1-2(a).
(b) Reconsiderations to the OHCA may be requested by a CDC screener if missing documentation, that could potentially result in a determination of eligibility, has been obtained. The missing documentation must be presented within 30 days of the date of the notice of denial.