



Quick Reference Guide for Health Care Providers

Breast and Cervical Cancer Screening and Treatment in Kentucky



Kentucky Cancer Program

**Kentucky Department
for Public Health**

For more information, contact:

**Kentucky Women's Cancer
Screening Program**

Kentucky Department for Public Health
275 East Main Street
Frankfort, KY 40621
502-564-3236

www.chfs.ky.gov

click on "Women's Cancer Screening"

**Breast and Cervical Cancer
Treatment Program**

Kentucky Department for Medicaid Services
275 East Main Street
Frankfort, KY 40621
1-877-298-6108

www.chfs.ky.gov

click on "Medicaid Services" then click on "Covered Services" then click on "Breast and Cervical Cancer Treatment Program"

Centers for Medicare and Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850
1-877-267-2323

www.cms.hhs.gov



**Developed by
Kentucky Cancer Program
University of Louisville**

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Introduction

This Guide to breast and cervical cancer screening and treatment for low income women was developed by the Kentucky Cancer Program for Kentucky health professionals. In the past, providers may have offered cancer screenings to their uninsured patients even if they were unable to pay. These programs offer providers the assurance that their patients will get the cancer screening and treatment they need with little or no expense to the provider. This information will assist providers in directing patients to the following government-sponsored programs:

KENTUCKY WOMEN'S CANCER SCREENING PROGRAM

Since 1990, the Kentucky Women's Cancer Screening Program (KWCSPP) of the Kentucky Department for Public Health has provided breast and cervical screening and follow-up diagnostic services through local health departments and contracts with local health care providers. Additional information about KWCSPP services is outlined in the "Screening" section of this Guide.

Breast and Cervical Cancer Treatment Program

Beginning in October of 2002, women who are eligible for and screened or diagnosed through the KWCSPP and found to *need treatment* for breast or cervical cancer, or precancer of the breast or cervix, may be eligible for coverage of treatment through the Breast and Cervical Cancer Treatment Program (BCCTP), administered through local health departments and the Kentucky Department for Medicaid Services. It is important to note that **women must be screened or diagnosed through the Kentucky Women's Cancer Screening Program to be eligible for this program.** Additional information about BCCTP services is outlined in the "Treatment" section of this Guide.

Providers with detailed questions beyond the scope of this Guide are encouraged to contact these programs directly (*see inside front cover*).

Screening

The Kentucky Women’s Cancer Screening Program (KWCSPP) funds breast and cervical screening for low income women at a low or reduced cost through local health departments and contract providers. Some women may qualify for services at no cost.

ELIGIBILITY

A woman may be eligible for the KWCSPP if she:

- is 21 or older and less than 65 years of age.
- has a household income less than 250% of the *federal poverty guideline*.
- has no health insurance (no Medicare, no Medicaid and no private health insurance).

Age	Services
Less than 21	May be eligible for a Pap test/pelvic exam through other Kentucky Department for Public Health programs. Not KWCSPP eligible.
21-39*	KWCSPP eligible: Pap test/pelvic exam, clinical breast exam and most cervical/breast diagnostic procedures if indicated.
40-64	KWCSPP eligible: Pap test/pelvic exam, clinical breast exam, mammogram, and most cervical/breast diagnostic procedures if indicated.
65 and older	Eligible for Pap test/pelvic exam, clinical breast exam, mammogram, and most cervical/breast diagnostic procedures if indicated through Medicare/Medicaid. Not KWCSPP eligible.

*Mammography or breast ultrasound is available for women under 40 as indicated by family or medical history to be determined by the local health department provider.

NOTE: Eligibility for the KWCSPP does not guarantee eligibility for Medicaid services through the Breast and Cervical Cancer Treatment Program.

APPLICATION

Women interested in KWCSPP services should contact their local health department for scheduling and eligibility information.

SERVICES

Cancer screening services are provided by a licensed physician, nurse practitioner, physician assistant or specially trained and certified registered nurse at a local health department or by a *contract provider*.

A cancer screening visit includes:

- a comprehensive health history
- a physical examination (including clinical breast exam and pelvic exam)
- laboratory tests (including conventional or liquid based Pap test, fecal occult blood test for ages 50+ and other tests as indicated by history/exam)
- referral for annual mammogram for ages 40+
- risk reduction counseling

Nurse case management is also made available for follow-up in the event of abnormal results. Patients are encouraged to receive all services; however, the patient retains the right to refuse any part of the exam.

FREQUENTLY ASKED QUESTIONS

Does a woman need to be screened in her county of residence?

No. A woman can be screened at any Kentucky health department or by a contract provider in any Kentucky county.

What are the requirements for accepting follow-up referrals from outside providers?

Local health departments may accept referrals from outside providers for screening services. If an income eligible woman has had a recent physical examination that included CBE (within 30 days), pelvic exam and/or Pap test (within 6 months) from another provider, the following are the requirements of the KWCSPP:

- She must meet the KWCSPP eligibility requirements and provide consent for services.

- She must bring (or have sent to the health department) medical record documentation of the physical examination and a copy of the Pap test and other pertinent lab results.
- If she cannot provide documentation of services, the health department will need to perform them.

Does the KWCSF cover the cost of diagnostic services?

Yes. Most diagnostic services such as breast or cervical biopsies are covered on a sliding fee scale based on income eligibility. Contract providers should contact the local health department for information on coverage of specific diagnostic services.

If you have additional questions regarding services covered by the KWCSF, please contact the Kentucky Women's Cancer Screening Program at **502-564-3236**.

Treatment

Women who have been screened by a local health department or contract provider and found to need treatment for breast or cervical cancer, or precancer of the breast or cervix, may be eligible for treatment funded through Kentucky Medicaid Services. **Women must be screened or diagnosed through the Kentucky Women’s Cancer Screening Program to be eligible for this program.** If for some reason a patient has been screened by an outside provider, it is imperative that she be referred to local health department prior to any diagnostic tests.

ELIGIBILITY

A woman may be eligible for the Breast and Cervical Cancer Treatment Program (BCCTP) if she:

- has been screened or diagnosed with cancer or precancerous condition by the Kentucky Women’s Cancer Screening Program (KWCSPP) through a local health department or contract provider.
- has been found to be in need of treatment for either breast or cervical cancer, including a precancerous condition or early stage cancer.
- is 21 or older and less than 65 years of age.
- has a household income less than 250% of the federal poverty guideline.
- does not otherwise have *creditable health insurance coverage*.
- is a United States citizen or qualified alien.
- is a resident of Kentucky.
- is not eligible for medical assistance or public insurance in any other eligible group.
- is not a resident of a public institution (e.g. prison).

Participant eligibility will be determined by the health department.

NOTE: Eligibility for the KWCSPP does not guarantee eligibility for Medicaid services through the Breast and Cervical Cancer Treatment Program.

Initial eligibility periods (length of Medicaid eligibility) are:

- Breast Cancer – four (4) months
- Cervical Cancer – three (3) months

- Precancerous Cervical – two (2) months
- Breast Disorder – two (2) months

NOTE: A woman who is determined to require routine monitoring services for precancerous breast or cervical conditions (e.g. breast examinations and mammograms) is not considered to need treatment.

APPLICATION

An application for Medicaid can be completed at the local health department, after screening and diagnosis reveals the need for treatment for breast and/or cervical cancer or a precancerous condition.

At the time of the application, the following documentation will be needed:

- Social Security Number
- Health insurance status
- Proof of immigration status for non-citizens
- Proof of citizenship
- Proof of identity

SERVICES

A woman who is eligible under this new program receives the full range of Medicaid Services in addition to her cancer treatment. Services include: visits to primary care physicians, primary care centers, rural health clinics, dentists, hospital emergency rooms, independent laboratory services, inpatient hospitalization, vision services, screening services and health department services. It is not necessary to choose a KenPAC or managed care physician.

Any excess cost of diagnostic services may be covered by the BCCTP if a woman is determined to be in need of cancer treatment.

REQUESTING A TREATMENT EXTENSION

Some patients may require longer than the initial period of treatment. To meet this need the Department of Medicaid Services (DMS) may grant an extension of Medicaid eligibility.

Providers can locate the MAP-813D form, Breast and Cervical Cancer Treatment Program Extension, at <http://chfs.ky.gov/dms/bcctp.htm>. The request for the extension must be initiated by the treating physician. Before a treatment period ends, the physician should fax form MAP-813D to the Department for Medicaid Services at Fax: **502-209-3290** to prevent any interruption in Medicaid coverage.

Other changes which need to be reported include moving in or out of state or obtaining medical insurance.

FREQUENTLY ASKED QUESTIONS

What are the cancer screening requirements to be eligible for the treatment program?

To be eligible for the BCCTP, women must receive at least one breast or cervical cancer screening service provided by the local health department before being diagnosed with cancer or precancerous condition.

Women who are KWCSF eligible (see eligibility requirements, page 4) and have had an abnormal screening (Pap, CBE or mammogram) through an outside provider should be referred to the local health department for comprehensive follow-up and diagnosis **prior to diagnostic tests** (e.g. biopsy).

Does a woman need to be screened for both breast and cervical cancer?

No. A woman does not have to be screened for both breast and cervical cancer as a condition of eligibility for Medicaid. However, she must be screened for the cancer for which she is seeking treatment.

Can a woman who was screened and diagnosed in another state still receive treatment through the BCCTP?

Yes. The patient may still be eligible for the BCCTP **if** she was screened through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in another state and has relocated and become a Kentucky resident. Women who are appropriately screened through the NBCCEDP can have their cases transferred to Kentucky with no interruption of coverage and services if they move or relocate.

When does the eligibility period begin?

Eligibility begins on the first day of the month in which the application is made and a **confirmation number is requested**. Eligibility can begin in the same month that the breast biopsy or other diagnostic service was performed and not reimbursed by the KWCSF. The nurse case manager at the local health department will assist the patient in qualifying for coverage to best suit her medical needs.

If the deadline for the eligibility period extension has passed but a woman requires further treatment, does she need to re-apply for the BCCTP?

Yes. If a woman's eligibility period has lapsed but she is continuing a current course of treatment, she can complete a new application at her local health department. She does not need to repeat the cancer screening or the qualification process.

Can a woman have multiple eligibility periods?

Yes. A woman is not limited to one period of eligibility. A new period of eligibility and coverage would begin each time an eligible woman is screened under a Center for Disease Control and Prevention (CDC) program, found to need treatment for a cancer recurrence or a new breast or cervical cancer, and meets all other eligibility criteria.

Can a patient with health insurance still be Medicaid eligible through the BCCTP?

Yes. A woman is eligible for the BCCTP if the treatment of breast and cervical cancer:

- is not a covered service with her insurance provider.
- is not covered due to exclusion as a pre-existing condition.
- is not covered due to an HMO affiliation period.
- is not covered due to the exhaustion of a lifetime limit on benefits.

NOTE: These are not the same eligibility requirements as for participation in the KWCSF.

Is there presumptive eligibility for the BCCTP?

No. There is no presumptive eligibility for this Medicaid program.

Is there an appeals process for women who do not meet the eligibility requirements?

Yes. Individuals should contact the Kentucky Department for Medicaid Services at **1-877-298-6108**.

Does a woman need to be treated in her county/state of residence?

Women can obtain treatment services anywhere in Kentucky regardless of her county of residence. However, treatment services at facilities in other states are only covered through the Kentucky program if the facility is a Kentucky Medicaid provider.

Is breast reconstruction covered by the BCCTP?

Yes. The cost of breast reconstruction is covered if completed within the period of eligibility. However, breast reconstruction alone does not qualify a woman for an extension.

Is the cost of preventative maintenance therapy covered by the BCCTP?

Yes, the cost of preventative maintenance therapy (e.g. tamoxifen) is covered only within the period of eligibility (prescription co-pay may apply). However, ongoing maintenance therapy with tamoxifen does not qualify a woman for an extension.

Note: *Some pharmaceutical companies have special programs to assist with the cost of maintenance medications. Patients should discuss this resource with their physician.*

What happens when a patient falls outside the program age range?

Medicaid eligibility through the BCCTP shall be terminated at the end of the birth month in the year a woman turns 65. At that time the health department will explore other categories of Medicaid coverage and should assist the individual to continue coverage under Medicare.

Women under 21 are not eligible for treatment through the BCCTP. However, they may be eligible for treatment through regular Medicaid, the Kentucky Children's Health Insurance Program (K-CHIP), local health department funds or other health care institution funds.

Are men diagnosed with breast cancer eligible for the BCCTP?

No. The Breast Cancer Prevention and Treatment Act of 2000 precludes men from being eligible to receive screening and/or diagnostic services through the CDC NBCCEDP; therefore, men are not eligible.

If you have additional questions regarding services covered by the BCCTP, please contact the Kentucky Department for Medicaid Services at **1-877-298-6108**.

Glossary

Breast and Cervical Cancer Treatment Program (BCCTP): a program administered through the Kentucky Department for Medicaid Services to provide breast and cervical cancer treatment to income eligible women. Women screened through the KWCSPP and found to need treatment for breast or cervical cancer may be eligible for this program.

Contract Provider: a local or district health department may secure the services of a health care provider or facility to provide screening, diagnostic and/or some treatment services for the Kentucky Women's Cancer Screening Program and/or the Breast and Cervical Cancer Treatment Program.

Creditable Coverage: the term "creditable coverage" is defined under the new Act to have the same meaning as "creditable coverage" for purposes of HIPAA, but without regard to a medical care program of the Indian Health Service or of a tribal organization. A woman having the following types of coverage would be considered to have creditable coverage and would, therefore, be ineligible for the new Medicaid option:

- A group health plan
- Health insurance coverage – benefits of medical care (provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as 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
- Medicare
- Medicaid
- Armed forces insurance
- A state health risk pool

Federal Poverty Guideline: a poverty measure issued annually in the Federal Register by the U.S. Department for Health and Human Services. For current figures, please visit www.hhs.gov.

Kentucky Women's Cancer Screening Program (KWCSPP): a program of the Kentucky Department for Public Health to provide breast and cervical screening and follow-up services, professional education, public education, outreach, quality assurance and surveillance. Screening and follow-up services are provided through local health departments and contracts they have with local health care providers.

Need Treatment: the term "need treatment" means that a KWCSPP breast or cervical cancer screen indicates that the woman is in need of cancer treatment services. These services include diagnostic services that may be necessary to determine the extent and proper course of treatment, as well as definitive cancer treatment itself. Women who are determined to require only routine monitoring services for a precancerous breast or cervical condition (e.g. breast examinations and mammograms) are not considered to need treatment.

Outside Provider: a health care provider or facility that does not have a contract with a local health department to provide screening, diagnostic and/or some treatment services for the Kentucky Women's Cancer Screening Program.

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