Chapter 2 - Program Eligibility

1. Female: for breast, cervical and colon cancer screening.

Male: for colon cancer screening only.

2. Age:

- Ages 40-64 for cervical screening
- · Ages 40 through 64 for breast screening
- Ages 50 through 64 for colon screening
- Ages 65 and over may be enrolled for all screenings if they are not eligible for Medicare
- **3. Income:** At or below 250% federal poverty level (FPL).
 - Current FPL table located in section 2.2 on the next page
 - Mammography available for clients at or below 300% of FPL. See section 2.6
- **4. Insurance status:** The client must **not** have insurance, or may have insurance with high deductible:
 - Does not qualify for Apple Health or Classic Medicaid (Medical Coupons)
 - Does not have Medicare Part B
 - Has insurance with high deductible (\$500 or more). BCCHP may be able to help pay for diagnostic services. <u>The BCCHP office will check with the insurance plan regarding</u> whether the deductible has been met **prior** to enrollment.
 - When the deductible has been met, bill insurance.
 - When the deductible was partially met, bill both BCCHP and the insurance.
 - Submit EOB (Explanation of Benefits) to BCCHP when it is available.

2.1 Special situations

- 1. Clients ages 35 through 39 with breast symptom(s): BCCHP will cover a clinical breast exam (CBE) See section 2.3
 - Suspicious finding: BCCHP covers the office visit and further diagnostics
 - Normal finding: BCCHP only covers the office visit. Further diagnostics are <u>not</u> covered.
- 2. Colon cancer screening: Clients under age 50 may enroll only if they have a family history of a first degree relative (parent, sibling, or child) who was diagnosed before the age of 60 with either colon cancer or pre-cancerous polyps.

3. Transgender clients:

- Female-to-Male (FTM) individuals may receive screening for breast, cervical, and colon cancer. Refer to screening guidelines for each screening type.
- Male to Female (MTF) individuals may receive screenings for breast cancer if the individual is taking hormones prescribed by a physician.
- Services are covered based on medical indications and healthcare provider recommendations.





INCOME ELIGIBILITY TABLES

Effective January 31, 2017 - January 30, 2018

These tables determine income eligibility for the Breast, Cervical and Colon Health Program based on Federal Poverty Level (FPL):

Gross Yearly Income		
Family Size	250% FPL	300% FPL
1	\$ 30,150	\$ 36,180
2	\$ 40,600	\$ 48,720
3	\$ 51,050	\$ 61,260
4	\$ 61,500	\$ 73,800
5	\$ 71,950	\$ 86,340
6	\$ 82,400	\$ 98,880
7	\$ 92,850	\$ 111,420
8	\$ 103,300	\$ 123,960
8+ Add per each additional member	\$ 10,450	\$ 12,540

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$ 2,513	\$ 3,015
2	\$ 3,383	\$ 4,060
3	\$ 4,254	\$ 5,105
4	\$ 5,125	\$ 6,150
5	\$ 5,996	\$ 7,195
6	\$ 6,867	\$ 8,240
7	\$ 7,738	\$ 9,285
8	\$ 8,608	\$ 10,330
8+ Add per each additional member	\$ 871	\$ 1,045

2.3. Eligibility for Women Ages 35-39

Women Served:

Women between the ages of 35 and 39 who are not eligible for Apple Health, and who have a breast symptom or breast finding may enroll in BCCHP.

Services:

A complete women's health exam, including Pap testing, is covered for these clients.

The program covers a breast work-up (diagnostic mammogram, ultrasound, or surgical consult) only when a provider notes an abnormal CBE finding as "suspicious for breast cancer."

- The client is eligible for BCCHP for one year
- If the client has breast symptoms beyond one year, she will need to re-enroll in BCCHP
- During the year, the client is eligible for the full range of BCCHP screening and diagnostic services
- If diagnosed with breast or cervical cancer, the client is eligible to apply for the Medicaid Breast and Cervical Cancer Treatment Program (BCCTP)
- If the client's CBE is benign, the program does not cover any other breast services

Please note: Women under age 35 are not eligible for any BCCHP screening services, even if there is a family history of breast cancer.

2.4. Clients with a hysterectomy:

Covered services include:

- Breast cancer screening (CBE and mammogram)
- Pelvic exam
- Diagnostic testing, if needed
- Pap testing for:
 - Women who had a hysterectomy and the cervix remains
 - Women who had a hysterectomy due to a pre-cancerous condition (CIN II or III, or in-situ or invasive cervical cancer
 - Women who have had a hysterectomy and the reason is unknown

We do not cover Pap testing for women who had a total hysterectomy and have no cervix, for reasons other than cancer.

2.5. Take Charge Family Planning Program

Background:

Clients enrolled in the Take Charge Program for family planning services who are ages 40-64 and need mammography services may enroll in BCCHP.

Breast or cervical diagnostics will be covered, if recommended.

- These clients are considered fully enrolled in BCCHP from the date of enrollment on the Exam and Reimbursement form, even if the only service they receive at enrollment is a mammogram referral
- Track Take Charge BCCHP clients in the same way as other BCCHP clients
- Take Charge BCCHP clients are eligible to apply for BCCTP Medicaid if diagnosed with breast or cervical cancer while enrolled in BCCHP

For clients ages 35 to 39, see section 2.3

Procedure:

- Complete the BCCHP enrollment and consent forms
- Write "Take Charge" at the top of the enrollment form
- Record the Pap, pelvic and CBE results on the Exam and Reimbursement form
- Do not mark a visit/billing code because Take Charge will pay for the women's health exam (office visit, pelvic, Pap and CBE)
- Refer the client for a mammogram as you would with other BCCHP clients



2.6. Komen Fund

Background

The Puget Sound Affiliate of Susan G. Komen for the Cure provides funds for breast health services for women with incomes between 251% to 300% of the Federal Poverty Level. See chart in section 2.2.

Procedure

Complete BCCHP enrollment and consent forms. Write "Komen Only" at the top of the enrollment form.

- The Komen Program pays for mammograms and diagnostic services only
- It does not cover office visits or cervical services (Pap testing, cervical diagnostics)

Clients enrolled in BCCHP through the Komen Program are eligible to apply for Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid if diagnosed with breast or cervical cancer.