

## Chapter 5 - Cancer Treatment

### 5.1 Background:

On June 11, 2001 Governor Gary Locke signed legislation (2SHB 1058) that allowed Washington to expand Categorically Needy (CN) Medicaid coverage to many women with breast or cervical cancer. Women diagnosed with those cancers through the Breast and Cervical Health Program are eligible for Medicaid. This is called the Breast & Cervical Cancer Treatment Program (BCCTP). The program was discontinued January 2014 with the advent of the Affordable Care Act. However, the Washington State Legislature reinstated BCCTP on April 1, 2014 to help the many women who continued to need this service.

Women are eligible who:

- Have been diagnosed with the conditions described in section 5.2 and 5.4
- Have seen a healthcare provider who is contracted with the BCCHP
- Meet the eligibility criteria described in section 5.3

Women who meet these criteria may transition onto BCCTP Medicaid as soon as they receive the diagnosis.

### 5.2 General Guidelines for Eligibility & Diagnoses

For breast or cervical diagnoses, the finding must be from a pathology result of tissue (breast biopsy, cervical colposcopy with biopsy, LEEP or cervical conization).

<b>U.S citizens &amp; Permanent Residents</b> (in the U.S. for 5 years or more)	
<p><b><u>Breast: 18 - 64 years of age</u></b></p> <ul style="list-style-type: none"> <li>• Atypical lobular hyperplasia (ALH)</li> <li>• Atypical ductal hyperplasia (ADH)</li> <li>• Lobular carcinoma <i>in situ</i> (LCIS)</li> <li>• Ductal carcinoma <i>in situ</i> (DCIS)</li> <li>• Invasive breast cancer</li> </ul>	<p><b><u>Cervical : 35 - 64 years of age</u></b></p> <ul style="list-style-type: none"> <li>• CIN II</li> <li>• CIN III</li> <li>• Carcinoma <i>in situ</i> (CIS)</li> </ul> <p><b><u>Cervical: 18 - 64 years of age</u></b></p> <ul style="list-style-type: none"> <li>• Invasive cervical cancer</li> </ul>
<b>Undocumented clients &amp; Permanent Residents</b> (in the U.S. less than 5 years)	
<p><b><u>Breast: 18 - 64 years of age</u></b></p> <ul style="list-style-type: none"> <li>• Lobular carcinoma <i>in situ</i> (LCIS)</li> <li>• Ductal carcinoma <i>in situ</i> (DCIS)</li> <li>• Invasive breast cancer</li> </ul>	<p><b><u>Cervical : 35 - 64 years of age</u></b></p> <ul style="list-style-type: none"> <li>• Carcinoma <i>in situ</i> (CIS)</li> </ul> <p><b><u>Cervical: 18 - 64 years of age</u></b></p> <ul style="list-style-type: none"> <li>• Invasive cervical cancer</li> </ul>

### 5.3 Eligibility Details for BCCTP

<b>Eligibility Details</b>	
<b>Eligibility Area</b>	<b>Clients must meet all requirements to enroll in or continue services</b>
<b>Enrollment</b>	<ul style="list-style-type: none"> <li>Enrolled in the Breast, Cervical &amp; Colon Health Program (BCCHP)</li> <li>No waiting period for enrollment</li> <li>Eligibility begins up to 90 days before enrollment – claims for diagnostic services may be paid by the BCCTP</li> <li>No limitations to the length of coverage or the number of cycles</li> <li>Eligibility determination needs to be re-established if:               <ol style="list-style-type: none"> <li>The Prime Contractor or HCA-MEDS receive new information that the woman may no longer be eligible</li> <li>Annually, if treatment extends beyond one year</li> <li>New cycle of screening is done through the BCCHP for new or recurrent breast or cervical cancer</li> </ol> </li> </ul>
	<ul style="list-style-type: none"> <li>≤ 300% or below Federal Poverty Level (FPL)</li> <li>Assets are not considered in determining eligibility for this program</li> </ul>
<b>Age</b>	<ul style="list-style-type: none"> <li>18-64 years old</li> <li>Coverage ends on the last day of the month of the client's 65th birthday</li> </ul>
<b>Residency</b>	<ul style="list-style-type: none"> <li>Lives in Washington State and intends to live here permanently or for an indefinite period of time</li> <li>Can be out of state for more than one month temporarily if there is adequate information to demonstrate intent to continue living in this state</li> <li>Not a resident if the person enters the state only for medical care</li> <li>Not a resident if a student is attending college/university as a non-resident</li> <li>Not a resident if the person is a temporary visa holder (must have pending application with United States Citizen and Immigration Services (USCIS) to be considered a resident) – includes student Visas</li> </ul>
<b>Citizenship</b>	<ul style="list-style-type: none"> <li>United States (U.S.) citizen or lawfully permanent resident alien eligible for comprehensive medical care</li> <li>Non-citizens (documented or undocumented) may be eligible through the Alien Emergency Medical (AEM) Program – eligible for limited services related to breast or cervical cancer treatment</li> </ul>
<b>Insurance Status</b>	<ul style="list-style-type: none"> <li>Uninsured or underinsured (Lack of Credible Coverage)               <ul style="list-style-type: none"> <li><u>Definition: Lack of Credible Coverage</u> <ul style="list-style-type: none"> <li>Excludes breast or cervical cancer care</li> <li>Limited scope (e.g. covers dental, vision or long-term care only)</li> <li>Spend-downs (need to reach a certain amount of medical bills) until the spend-down is reached</li> <li>Indian Health Services or tribal health care eligibility</li> </ul> </li> </ul> </li> <li>Ineligible for another Categorically Needy (CN) Medicaid Program</li> <li>Women who lose credible coverage any time after the diagnosis is made are eligible</li> </ul>

	<u>Definition of Credible Coverage</u> <ul style="list-style-type: none"><li>○ Medicare</li><li>○ Medicaid</li><li>○ Supplemental Security Income (SSI)</li><li>○ Group Health Plan</li><li>○ Armed Forces Insurance</li><li>○ State Health Risk Pool</li><li>○ Plans with high deductibles, co-pays, limited drug coverage or limits on outpatient visits</li></ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"><li>• Must have a qualifying diagnosis of breast or cervical cancer or a related pre-cancerous condition (See <i>Qualifying Diagnosis List for BCCTP Enrollment</i>)</li></ul>

## 5.4 Eligible Conditions - Detailed

<b>QUALIFYING DIAGNOSES – CERVICAL</b> For BCCTP enrollment, diagnosis must be made through biopsy & laboratory testing	
<b>Pre-Cancerous – Age 35-64*</b>	<b>Cervical Cancer – Age 18-64**</b>
Cervical Intraepithelial Neoplasia (CIN) <ul style="list-style-type: none"> <li>• CIN II – High-grade squamous intraepithelial lesion (HSIL), Moderate Dysplasia</li> <li>• CIN III – HSIL, Severe Dysplasia</li> <li>• Carcinoma in Situ (CIS)               <ul style="list-style-type: none"> <li>o Adenocarcinoma In Situ (AIS)</li> <li>o Squamous Cell Carcinoma In Situ</li> </ul> </li> </ul>	Invasive Cervical Cancer <ul style="list-style-type: none"> <li>• Endocervical Adenocarcinoma</li> <li>• Cervical Carcinoma</li> <li>• Squamous Cell Carcinoma</li> <li>• Cervical Melanoma</li> <li>• Cervical Sarcoma</li> <li>• Adenoid Cystic Carcinoma</li> <li>• Malignant Neoplasia</li> <li>• Invasive Neoplasm</li> <li>• Small Cell Carcinoma</li> <li>• Glassy Cell Carcinoma</li> <li>• Adenosquamous Carcinoma</li> <li>• Neuroendocrine Tumors</li> <li>• Cervical Cancer, Unspecified</li> </ul>

**QUALIFYING DIAGNOSES – BREAST**

For BCCTP enrollment, diagnosis must be made through biopsy & laboratory testing

<b>Pre-Cancerous – Age 18-64*</b>	<b>Breast Cancer – Age 18-64**</b>
Flat Epithelial Atypia (FEA) Intraductal Papilloma Radial Scar Atypical Hyperplasia <ul style="list-style-type: none"> <li>• Atypical Lobular Hyperplasia (ALH)</li> <li>• Atypical Ductal Hyperplasia (ADH)</li> </ul>	Ductal <ul style="list-style-type: none"> <li>• Ductal Carcinoma In Situ (DCIS)</li> <li>• Ductal Carcinoma - unspecified</li> <li>• Invasive Ductal Carcinoma (IDC)</li> <li>• Inflammatory Breast Cancer (IBC)</li> <li>• Medullary</li> <li>• Comedo</li> <li>• Mucinous (Colloid)</li> <li>• Papillary or Micropapillary</li> <li>• Scirrhou (Fibrosum)</li> <li>• Tubular</li> <li>• Cribiform</li> </ul> Lobular <ul style="list-style-type: none"> <li>• Lobular Carcinoma In Situ (LCIS)</li> <li>• Lobular Carcinoma – unspecified</li> <li>• Invasive Lobular Carcinoma (ILC)</li> </ul> Nipple <ul style="list-style-type: none"> <li>• Paget's Disease – Ductal In Situ (DIS)</li> <li>• Paget's Disease – Unspecified</li> <li>• Paget's Disease – Invasive Ductal</li> </ul> Other <ul style="list-style-type: none"> <li>• Metaplastic Carcinoma</li> <li>• Aprocrine Breast Cancer</li> <li>• Adenocystic Breast Carcinoma</li> <li>• Squamous Cell Breast Cancer</li> <li>• Breast Sarcomas (Phyllodes, Angiosarcoma)</li> <li>• Inflammatory Breast Cancer (IBC)</li> <li>• Breast Cancer, Unspecified</li> </ul>

#### **5.4 Screening Coordinator Role and Responsibilities for Clients Diagnosed with Cancer:**

1. Notify BCCHP staff of the cancer diagnosis as soon as possible, preferably within 5 business days of diagnosis.
2. Follow the steps on the Checklist in the following section (5.5) to transition the client diagnosed with breast or cervical cancer or a pre-cancerous condition onto the BCCTP Medicaid Treatment Program.
3. Assist the client in applying for charity care or medical coverage if the client is not eligible for BCCHP Medicaid (BCCTP).
4. Coordinate the client's referral to cancer treatment providers.
  - For clients with BCCTP Medicaid, make sure that the providers accept Medicaid.
5. Provide the BCCHP Client Coordinator with updates on the client's cancer treatment progress, including the name of the providers treating her cancer and the start date of treatment.
6. Assist with additional client needs. See chapter 7 of this manual – Cancer Resources. Call BCCHP Client Coordinator as needed for help with resources.
7. Medicaid coverage gets renewed annually. The BCCHP Client Coordinator leads this renewal process but may ask for assistance from the Screening Coordinator.
8. Inform the BCCHP Client Coordinator when the client has completed active cancer treatment. Active treatment may range from a few months for cervical cancer clients to many years for breast cancer clients on endocrine therapy.

"Active treatment" is defined as:

- Surgery
- Chemotherapy
- Radiation treatment
- Reconstructive surgery
- Endocrine therapy

### 5.5. Checklist: Transitioning Clients with Cancer onto Medicaid BCCTP

Clients must be eligible by age, income, insurance status, diagnosis, place of diagnosis & association with a contracted provider.

☐ Notify & fax the pathology result of this diagnosis to BCCHP staff as soon as possible.

Coverage varies by immigration status:

► Permanent Residents here less than 5 years and Undocumented clients are eligible for treatment of cancerous conditions only. These clients are not eligible for treatment of pre-cancerous conditions.

► Non- U.S. citizen clients here on a visitor's visa are not eligible for this program

☐ Meet with the client and verify that the client is not eligible for Apple Health. If a client has limited insurance coverage, she would not be eligible.

☐ Ask if client has applied for other medical or Medicaid services (GAU, TANF).

☐ Complete & copy applicable forms, based on table below.

☐ Fax forms to the BCCHP office at **(206) 296-0208**

#### 1) BCCTP Eligibility Screening, Release & Consent Form (DOH 345-214 1/2012)

**THIS IS REQUIRED FOR ALL CLIENTS. COMPLETE IN THE CLIENT'S LANGUAGE, IF POSSIBLE.**

#### 2) BCCHP Program Consent - For **SEAT** clients, NOT ENROLLED IN **BCCHP** AT A CLINIC

#### 3) BCCHP Tracking form – REQUIRED FOR CLIENTS IN CATEGORIES D & E BELOW.

Citizenship or Immigration status	Forms needed (SEE ABOVE FOR NUMBERS)	Copy (lighten & enlarge) & submit the following:
a) U.S. Citizens	# 1 required # 2 possibly	Proof of Identity Document (SEE SECTION 5.6)
b) U.S. citizens <u>born in another country</u>	# 1 required # 2 possibly	U.S. Citizenship Document (SEE SECTION 5.6)
c) Lawful Permanent Resident, in US $5 \geq$ years	# 1 required # 2 possibly	Permanent Resident card showing date of entry
d) Lawful Permanent Resident, in US $<5$ years	# 1 and # 3 are required # 2 possibly	Permanent Resident card showing date of entry
e) Undocumented client	# 1 and # 3 are required # 2 possibly	Proof of Identity Document (SEE SECTION 5.6)

- Give all clients: 1) Contact information for the BCCHP Client Coordinator (206) 263-8176  
2) “Frequently asked Questions about BCCTP Medicaid”

► Have client call BCCHP with any questions or if they receive unexpected letters from Medicaid about this coverage.

BCCHP staff will review the application for completeness & then fax it on to the Health Care Authority (HCA).

## 5.6. Documents that Provide Proof of Identity, Citizenship, or Lawful Residency

### **Proof of Identity:**

*Just one is needed*

- State driver's license
- State ID card
- Tribal document
- Military ID card

### **Proof of BOTH Identity & U.S. Citizenship:**

*Just one is needed*

- U.S. Passport/US Passport Card
- Certificate of Naturalization
- Certificate of U.S. citizenship
- Tribal membership card with photo

### **Proof of U.S. Citizenship:**

*Just one is needed*

*If born in the U.S., this is only needed when the Social Security number cannot be verified*

- U.S. Passport
- U.S. Passport Card
- Certificate of Naturalization
- Certificate of U.S. citizenship
- Tribal membership card with photo
- Certified birth certificate
- Final U.S. adoption decree
- U.S. citizenship ID card

*If client has none of the above, then complete:*

- DSHS form 13-789  
[http://www.dshs.wa.gov/pdf/ms/forms/13\\_789.pdf](http://www.dshs.wa.gov/pdf/ms/forms/13_789.pdf)

### **Immigration Document:**

*This is needed when the client was born in another country and is not a U.S. citizen*

- Permanent Resident Card,  
also known as a Green Card



Clients that are approved for Medicaid will receive coverage for breast or cervical cancer treatment for the length of time that she is undergoing active cancer treatment. After her BCCTP Medicaid is granted, HCA will send the client an award letter and a Provider One card. The Provider One card is a permanent card with her client identification number that she must show for her medical services. Her coverage is checked for eligibility in the Provider One database at medical visits.

Active treatment is defined as:

- Surgery
- Chemotherapy
- Radiation
- Reconstructive surgery
- Medication; for example on-going endocrine therapy treatments such as tamoxifen, Femara or Arimidex.

Coverage needs to be renewed each year while the client continues to be having active treatment. This process is initiated by the BCCHP Client Coordinator but may require some assistance on the part of the Screening Coordinator.