

Aged, Blind and Disabled Manual	Section: Categories of Eligibility
Policy Manual Number: 115.005	Chapter: Breast or Cervical Cancer

BREAST OR CERVICAL CANCER

Legal Authority: 1902(a)(10)(A)(ii)(XVIII) of the Social Security Act; Tenn. Comp. R. & Regs. 1200-13-20

1. Overview

The Center for Disease Control and Prevention’s (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides funding to all 50 states, the District of Columbia, 5 U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations to provide low-income individuals with screening, diagnostic and referral services for breast and cervical cancer. The Department of Health (DOH) Tennessee Breast and Cervical Cancer Screening Program (TBCCSP) provides these screening services to individuals at DOH local offices throughout the state.

The TBCCSP provides clinical breast exams, mammograms and Pap tests and other needed cervical services for eligible individuals, free of charge. In order to receive these services free of charge, an individual must be:

- a.** Under a certain income level based on family size; and
- b.** Uninsured, or insured by a health policy that does not cover these screening tests.

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 allows states to offer individuals in the NBCCEDP access to treatment through the Medicaid program. In Tennessee, eligible individuals receive Medicaid benefits in the Breast or Cervical Cancer (BCC) Category of Eligibility (COE). The CDC and the Centers for Medicare and Medicaid Services (CMS) provide matching funds to the program, equal to the state’s Medicaid Federal Medical Assistance Payment (FMAP).

2. Policy Statement

TennCare Medicaid benefits are available to individuals who receive breast or cervical cancer diagnoses, including for precancerous conditions, through the TBCCSP. Eligible individuals must require ongoing treatment for the cancer, meet all non-financial and financial eligibility requirements, and not be eligible in any other TennCare Medicaid or TennCare Standard COE. Individuals diagnosed with breast or cervical cancer by the DOH may receive presumptive eligibility for the TennCare Medicaid program, if they are otherwise eligible. Presumptive eligibility provides coverage through the end of the month after the eligibility determination is made.

3. Presumptive Eligibility

Presumptive eligibility for the BCC COE is determined by the DOH.

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a. Primary Screening Providers and Locations

All DOH offices are expected to provide assistance to qualified individuals who are diagnosed with breast or cervical cancer, or who have suspicious symptoms related to these two forms of cancer. Participating statewide providers, including local DOH offices and certain primary care clinics provide screening services.

A list of participating Community Health Centers is available on the DOH Breast and Cervical Cancer Screening Program website:

<https://www.tn.gov/health/health-program-areas/localdepartments.html>

b. Presumptive Eligibility Requirements

To be eligible for presumptive eligibility, an individual must:

- i.** Have a verified diagnosis of breast or cervical cancer, including precancerous conditions;
- ii.** Be under age 65;
- iii.** Be uninsured or lack creditable health insurance coverage;
- iv.** Participate in the TBCCSP program; and
- v.** Have income at or below 250% of the Federal Poverty Level (FPL), based on family size.

Note: Self-attestation of income is accepted by TBCCSP when determining presumptive eligibility.

c. Presumptive Eligibility Benefits

Presumptive eligibility benefits include TennCare Medicaid coverage not limited to the treatment of breast and/or cervical cancer but does not include experimental treatments.

Presumptive eligibility extends through the end of the month following the month in which presumptive eligibility is established. If an individual files a Valid Application during that period, the individual's presumptive eligibility will remain open until final disposition of the Valid Application.

d. DOH Responsibilities

i. Establishing Presumptive Eligibility

Once the TBCCSP determines presumptive eligibility, DOH staff complete the Presumptive Eligibility application using TennCare Access. DOH staff will either assist or instruct the individuals eligible for presumptive coverage to apply for Medicaid

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ii. Services and Treatment-Related Expenses

The DOH TBCCSP provides all screening tests necessary to make a cancer diagnosis, as well as post-screening diagnostic services, such as surgical consultations and biopsy, to ensure that all individuals with abnormal results receive timely and adequate referrals.

4. Coverage under the BCC COE

a. Applicants with Presumptive Eligibility

- i.** Individuals who file a Valid Application during their presumptive eligibility period may receive continuous eligibility (i.e., no interruption between presumptive eligibility and TennCare Medicaid coverage) in the BCC COE if they meet all non-financial and financial eligibility requirements. See all non-financial and financial eligibility requirements listed below.
- ii.** Individuals who file a Valid Application up to 45 days prior to the approval of the presumptive eligibility period may receive continuous eligibility in the BCC COE if they meet all non-financial and financial eligibility requirements. Individuals will not be required to file a subsequent application during the presumptive period

b. Applicants who Require a Referral to DOH TBCCSP

If TennCare Medicaid applicants indicate that they have breast or cervical cancer, and they are not eligible in any open non-BCC TennCare Medicaid COE, they must be referred to the DOH TBCCSP program.

5. Non-Financial Eligibility Requirements

a. Age

Eligible individuals must be under the age of 65.

b. Citizenship

Eligible individuals must be U.S. citizens, U.S. nationals or eligible non-citizens.

c. Residency

Eligible individuals must be residents of Tennessee.

d. Enumeration

Eligible individuals must possess and provide a valid Social Security Number (SSN) or proof of application for an SSN.

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e. TBCCSP Participant

Eligible individuals must be participants of the TBCCSP program. They must have received a cancer diagnosis from the TBCCSP and be approved for presumptive eligibility.

f. Cancer Diagnosis and Ongoing Treatment

Eligible individuals must have a diagnosis of breast or cervical cancer, including cancerous or precancerous conditions, and require on-going treatment. In order to be continuously eligible in the BCC COE after presumptive eligibility is established, individuals must submit a treatment plan to TennCare. The treatment plan is also submitted at each redetermination.

Once a treatment plan is received by TennCare, it is reviewed by TennCare Member Services. Coverage in the BCC COE provides full TennCare Medicaid benefits; however, TennCare Medicaid does not cover experimental treatments.

g. Lacks Creditable Coverage

Eligible individuals must be uninsured. An individual who lacks “creditable coverage” is considered to be uninsured. “Creditable coverage” includes:

- i.** Other health insurance, including individual plans;
- ii.** Group health insurance plans;
- iii.** Medicare;
- iv.** Medicaid (Individuals applying for coverage will be screened for all open TennCare Medicaid COEs prior to being determined eligible in the BCC COE);
- v.** Military health plans;
- vi.** Medical care programs of the Indian Health Services or tribal organizations;
- vii.** State risk pools;
- viii.** Public health plans; and
- ix.** Health plans under Section 5(e) of the Peace Corps Act.

Note: Once third party coverage of cancer has been exhausted, the applicant will be considered to no longer have health insurance. Insurance through the Exchange does not prevent eligibility for the BCC COE.

h. TennCare Medicaid Eligibility

An eligible individual cannot be eligible for any other open TennCare Medicaid COE.

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6. Financial Eligibility Requirements

Income and resources are not taken into account by TennCare when providing continuing eligibility in the BCC COE after presumptive eligibility is approved. However, this information is required for processing the eligibility determination of other open TennCare Medicaid COEs.

7. Coverage in another TennCare Medicaid COE

If an individual receiving coverage in the BCC COE gains eligibility in another TennCare Medicaid COE, BCC coverage will close. This policy applies to all COEs, except Emergency Medical Services (EMS) and both Presumptive Pregnancy and BCC.

8. Case Closure

a. Presumptive Eligibility

If an individual is diagnosed with breast or cervical cancer and is approved for presumptive eligibility, and the diagnosis is determined to be benign or the individual fails to provide necessary information for ongoing coverage in the BCC COE (or other TennCare Medicaid COE), the presumptive eligibility coverage will end the last day of the month following the month in which presumptive eligibility was established.

b. BCC Eligibility

Once an oncologist determines that the enrollee is cancer-free or in remission, the BCC coverage will be terminated. Individuals losing eligibility in the BCC COE will be reviewed for coverage in an open TennCare Medicaid COE prior to termination.

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