P-2421 Documentation of SSI/AABD-Related Eligibility Factors

F. Eligibility for Breast and Cervical Cancer Treatment (BCCT) Program
Rule 4202.4 and 4312.8 (E)

1. Step One – BCCT Ladies First Screening for Clinical and Financial Eligibility

If a woman indicates that she is receiving treatment for breast/cervical cancer, or a precancerous condition (i.e. cervical dysplasia), refer her to Ladies First for initial eligibility screening.

Ladies First screens her for eligibility for their program based on the following requirements:

- 18 – 65 years old,
- income below 250% FPL,
- uninsured or underinsured,
- Vermont resident.

Eligible women are then referred for medical screenings. Ladies First verifies if the woman is receiving active treatment for her BCCT related condition.

If eligible for Ladies First AND the medical screening shows a diagnosis of breast cancer, cervical cancer, or a precancerous condition (i.e. cervical dysplasia), Ladies First completes the BCCT application form with the woman. Ladies First then mails the BCCT application to HAEU (or faxes the application and mails the original).

2. Step Two- Determine Medicaid Eligibility

BPS #779 in HAEU is the only BPS who processes eligibility for a BCCT case (applicant and applicant's other family members if applicable). This worker does a preliminary review of the BCCT application for potential eligibility for other traditional Medicaid programs, and determines if she is already covered by another insurance plan. If ACCESS or the BCCT application indicates that she has active health insurance, skip to section 4.

a. Screen for traditional ANFC- or SSI- related Medicaid eligibility

1. If she has category for traditional Medicaid, send her a 202MED application to complete, via 202V letter (and 202V2, if necessary). Explain in the letter that her BCCT application was received, but she must first be screened for traditional Medicaid programs. Request additional information as needed to determine traditional Medicaid eligibility. BCCT applicants must also meet citizenship and identity requirements.

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- If she does not return the 202MED, all coverage must be denied for non-cooperation. Calling her to assist with this process may be effective to avoid denial.

2. Eligible

- Grant traditional Medicaid.

- Enter a WARN: Eligible for traditional Medicaid but if she becomes ineligible before her twelve month review, notify #779 so can grant BCCT for the remainder of the twelve months with a BG category code.

- Enter a CATN stating that she is eligible for traditional Medicaid.

- Notify the Public Health Specialist at Ladies First via email.

- Write the period of eligibility on the bottom of the BCCT application. The 202MED is filed in regular filing, not specified BCCT filing.

3. Ineligible

- If she is not eligible for traditional Medicaid, grant BCCT Medicaid for twelve months, beginning the first day of the month in which the BCCT application was received in HAEU.

- Include explanation in additional text of Notice of Decision that she has been granted coverage through the BCCT Medicaid program and request that she report any changes, including treatment providers, to Member Services.

- Enter a WARN function on all BCCT cases - WARN: BCCT Medicaid Case - Do not make any changes to this case. Contact worker #779 in HAEU.

- If case is active in a district office, worker # 779 will need to be notified if she reports a new treatment provider, as the Breast and Cervical Cancer Treatment Program Manager at OVHA and Ladies First will need to be notified by # 779 of the change.

- If she needs retroactive assistance, see section 2 (b).

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- Email the Public Health Specialist at Ladies First and the Breast and Cervical Cancer Treatment Program Manager at OVHA contact person with the BCCT eligibility decision, including effective date of coverage, review date and diagnosis.

- Write on the BCCT application the period of coverage granted and make three copies of the application. Forward one to OVHA, one to Ladies First and one is filed in HAEU's regular filing. The original BCCT application is filed in the BCCT filing cabinet kept in HAEU.

- Enter her information on BCCT Tracking Spreadsheet (name, social security number, date coverage began, review date, any case notes, such as retroactive coverage periods granted and diagnosis code). This spreadsheet is used so worker # 779 will know what individuals are scheduled for review each month. Also, OVHA and Ladies First use this spreadsheet to update their records.

Breast and Cervical Treatment Medicaid (BCCT)

New Program -- Effective 7/1/01

Last updated on 7/29/08

Last Name	First Name	Social Security #	Initial Grant	Next Review	DENIAL	**Closed**	(**All cases have WARNs on them.) Notes	Continuing Coverage???	Dx
Simpson	**Marge**	111-11-1111	11/01/03	10/31/04		10/31/04	**No longer receiving treatment**		D
Simpson	**Lisa**	222-22-2222	09/01/05	08/31/08			**Marge Simpson - HH**		B
Boop	**Betty**	333-33-3333	02/01/04	01/31/06		01/31/06	**failure to return review application**		D
Oil	**Olive**	444-44-4444	02/01/07	01/31/08			**has private insu through 1/31/07Active LDO #198**		B
Mouse	**Minny**	555-55-5555	10/01/03	09/30/06		11/30/06	**no longer receiving treatment**		D
Duck	**Daisy**	666-66-6666	09/01/06	08/31/08			**retro 9/06**		D
Poppins	**Mary**	777-77-7777	01/01/04	12/31/06		11/30/06	**no longer receiving treatment**		D
White	**Snow**	888-88-8888	09/01/03	08/31/08			**Retro coverage eff 8/1/03 thru 8/31/03**		B
Fiona	**Princess**	999-99-9999	02/01/04	08/31/05		08/31/05	**HH: Shrek**		C
Shortcake	**Strawberry**	000-00-0000	06/01/07	05/31/08			**retro for 6/07**		D

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b. Retroactive BCCT Eligibility

Retroactive coverage is available and can be granted up to three months prior to the BCCT application month, but not further back than the date of diagnosis. A Medicaid Request for Retroactive Assistance, ESD 202A, is not needed. If retroactive assistance is being requested, Ladies First will have written it on the BCCT application. If not, email the Public Health Specialist at Ladies First for clarification.

- If retroactive assistance is granted, grant BCCT Medicaid twelve months from the start of the retroactive date, as she is only eligible for twelve months of coverage.

- Enter a CATN with period of retroactive coverage and that Ladies First and OVHA were notified, via email.

- Enter in the "notes" section of the BCCT Tracking Spreadsheet the dates of retroactive coverage granted, if any.

c. Eligibility of Other Household Members

There is no resource or income test for BCCT eligibility, however, if other household members are applying for coverage, her income and resources are counted toward their eligibility.

#779 will determine other household member's eligibility as well. If additional information is needed to determine their eligibility, verification letters will be sent requesting this information. If they fail to respond to the letters, their coverage will be denied/closed for non-cooperation, however the BCCT coverage will not be affected.

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d. ESD District Cases

1. If a BCCT application is received and the case is already pending in a district office and it appears she may have category for Medicaid, request a copy of the 202 or 202MED application from the district. Notify the worker that case will be transferred to # 779 briefly, to determine BCCT eligibility (follow procedures in Step 2), then will be transferred back upon completion.

2. If a district worker transfers an active BCCT case to themselves, # 779 should request that the category code not be changed from BCCT (BG/BH), unless it is a Reach Up Financial Assistance case. RUFA cases will change the BG/BH code to a RUFA code (AR/A8). When RUFA ends, district worker needs to notify #779 of this, and if still BCCT eligible, #779 will change code back to BG/BH.

e. BCCT Review

1. On the first of each month, send separate emails to the Breast and Cervical Cancer Treatment Program Manager at OHVA listing women's names and date of birth who are due for a medical review in the following month. Explain that she is due for review and ask if she is still receiving active treatment for her BCCT related condition. As replies are received from OVHA, print and file the emails and enter a CATN in ACCESS documenting if she is still receiving treatment or if treatment has ended.

2. If she is active in a district case, email the district worker to notify that HAEU needs the case to determine BCCT eligibility and transfer the case to #779. This is done so that the 202MED review form, along with the review letter, will be mailed with HAEU's information instead of the district's, lessening the confusion when the review form comes in. Also put on the WARN function to not send the 202MED to the district office.

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3. Upon receipt of 202MED:

Still in Need of Treatment

- OVHA notifies #779 via email that she is still in need of treatment and to continue BCCT. (Do not screen for traditional Medicaid eligibility at this time).

- Approve BCCT Medicaid for another twelve months.

- Include an explanation in additional text of the Notice of Decision that she continues to receive coverage under the BCCT Medicaid program and request that she notify Member Services if she changes treatment providers.

- Send emails to the Breast and Cervical Cancer Treatment Program Manager at OVHA and Ladies First notifying them that she will continue to receive BCCT Medicaid. Indicate the next review date.

No Longer in Need of, or Complying with, Continued Treatment

- If OVHA notifies #779 that she is no longer in need of, or in compliance with, continued treatment, close BCCT Medicaid with reason code 32, and screen for all other health care programs.

- In additional text of Notice of Decision, explain that she is no longer eligible for BCCT Medicaid, as she is no longer receiving active treatment for her BCCT related condition and that she has been screened for other health care programs.

- Enter a CATN and update WARN in ACCESS explaining this.

- Send an email to Ladies First and OVHA with BCCT closure date, reason for closure and new program she is eligible for, if any.

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4. Update BCCT Tracking Spreadsheet with new review date, if she continues to be eligible for BCCT. If denied/closed, update denial or closure date and include in "notes" section reason for denial/closure.

5. If this case is active in the district, once BCCT eligibility is complete, transfer case back to the district office and note this on BCCT Tracking Spreadsheet.

3. Changes

a. Upon notification of an address, phone number and/or treatment provider changes, # 779 must send an email to the Breast and Cervical Cancer Treatment Program Manager at OVHA and Ladies First with updated information. Enter a CATN to document notification of the change to OVHA and Ladies First.

b. Critical Age changes

1. If she turns 18 or 21 years old, while on Dr. Dynasaur or traditional Medicaid, during the twelve month review period, set her up for a review on the first of the month prior to her birthday month. Her coverage can then be changed to BCCT for the remainder of her twelve month review period, based on the BCCT application date.

2. If she is turning 65:

- Set up for review the month prior to her birthday month and screen for all other health care programs at that time.

- Once review is complete, transfer case to appropriate worker and remove WARN in ACCESS.

- Enter a CATN explaining that she turned 65 and is no longer eligible for BCCT Medicaid.

- Email the Public Health Specialist at Ladies First and the Breast and Cervical Treatment Program Manager at OVHA with closure date and reason and update BCCT Tracking Spreadsheet with closure date and reason in "notes" section.

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c. BCCT Individual Moves to Vermont

1. VDH and ESD can accept the BCCT determination of the previous state of residence. She does not need to be screened through Ladies First or for traditional Medicaid.

2. Grant BCCT Medicaid with the review date twelve months from the eligibility decision from the previous state of residence.

4. Other health insurance

a. A woman who has health insurance is not eligible for the BCCT program. She may close her private or state health insurance plan and be placed on the BCCT Medicaid program, if eligible. However, you should refer her to the Ombudsman's office before she terminates her current private (non-state sponsored health insurance) coverage.

b. A BCCT recipient under the age of 65 who becomes Medicare eligible is not eligible for BCCT Medicaid. This will be important if she expects to need treatment for an extended period of time and begins receiving Medicare on the basis of disability. You will need to explain this to her in writing, if she indicates that she is contemplating applying for disability and refer her to the Ombudsman's office (1-800-917-7787) for assistance.

★ See Centers for Medicare and Medicaid Services (CMS) website for more information following the link below:

http://www.cms.hhs.gov/MedicaidSpecialCovCond/02_BreastandCervicalCancer_PreventionandTreatment.asp.

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5. BCCT Eligibility Flow Chart

* To refer a woman for this program, she must call Ladies First at 1-800-508-2222.

STEP ONE (done by *Ladies First*):

- Initial screening for potential BCCT eligibility.
- Fax /Pink mail completed BCCT application to # 779 in HAEU.

STEP TWO (done by ESD/HAEU):

- PROCESS signed application WHEN IT ARRIVES in the mail/fax.
- Determine from signed application whether woman:
  - might qualify for SSI-related Medicaid
  - might qualify for ANFC-related Medicaid

Eligibility Decision Process

Begin here: