



Quick Reference Guide for Health Care Providers

Breast and Cervical Cancer Screening,
Diagnosis and Treatment in Kentucky



Kentucky Cancer Program
Kentucky Department of Public Health
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For more information, contact:

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Kentucky Department for Public Health

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Frankfort, KY 40621

502-564-3236

<https://chfs.ky.gov/agencies/dph/dwh/Pages/cancerscreening.aspx>

Breast and Cervical Cancer Treatment Program

Kentucky Department for Medicaid Services

275 East Main Street 6-W-D

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For system access please email:

dms.eligibility@ky.gov

Extension questions please call: 502-564-6890

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To Fax the MAP 813-D: 502-564-0039

<https://chfs.ky.gov/agencies/dms/dpo/epb/Pages/bcctp.aspx>

Centers for Medicare and Medicaid Services

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*Developed by
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Table of Contents

Introduction	4
Kentucky Women’s Cancer Screening Program (KWCSF)	
ELIGIBILITY	5
ENROLLMENT	5
SERVICES	5
FREQUENTLY ASKED QUESTIONS	6
Breast and Cervical Cancer Treatment Program (BCCTP)	
ELIGIBILITY	6
APPLICATION	7
SERVICES	7
REQUESTING A TREATMENT EXTENSION	7
FREQUENTLY ASKED QUESTIONS	8
Glossary	10

Introduction

In the past, providers may have offered cancer screenings and diagnostics to their uninsured patients even if they were unable to pay. The Kentucky Women's Cancer Screening Program and the Breast and Cervical Cancer Treatment Program offer providers the assurance that their patients will get the cancer screening, diagnostics and treatment they need with little or no expense to the provider. The information in this Guide will assist providers in directing patients to the following government-sponsored programs:

KENTUCKY WOMEN'S CANCER SCREENING PROGRAM (KWCS)

Since 1990, the Kentucky Women's Cancer Screening Program of the Kentucky Department for Public Health has provided free or low-cost breast and cervical cancer screening and follow-up diagnostic services through local health departments and contracted health care providers. Additional information about KWCS services is outlined in the "Screening" section of this Guide.

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)

Since October 2002, women who are screened or diagnosed through the KWCS 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, administered through the Kentucky Department for Medicaid Services. It is important to note that women must be screened or diagnosed through the KWCS 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*).

**Note: If interested in becoming a participating provider, call 1-844-249-0708.*

Screening

KWCSP offers free breast and cervical screening for low income women through participating providers. Diagnostic follow-up is also provided at low or no cost.

KWCSP ELIGIBILITY

A woman may be eligible for the KWCSP if she:

- ✓ is 21 or older.
- ✓ has a household income at or below 250% of the *federal poverty guideline*.
- ✓ has no health insurance (no Medicare, no Medicaid and no private health insurance).

Age	Services
21-39*	KWCSP eligible: Pap test/pelvic exam, clinical breast exam and most cervical/breast diagnostic procedures if indicated.
40 and older	KWCSP eligible: Pap test/pelvic exam, clinical breast exam, mammogram, and most cervical/breast diagnostic procedures if indicated.

*Mammography or breast ultrasound is available for women under 40 as indicated by family or medical history.

NOTE: Eligibility for the KWCSP does not guarantee eligibility for Medicaid Services' BCCTP. See pages 6-7 for BCCTP eligibility.

ENROLLMENT

Women interested in KWCSP services should call 1-844-249-0708 for assistance in locating the nearest participating clinic to assist them through the enrollment process.

SERVICES

Cancer screening services are provided by a licensed physician, nurse practitioner or physician assistant; a specially trained and certified registered nurse may provide services at participating local health departments. Patients are encouraged to receive all services; however, the patient retains the right to refuse any part of the exam.

To ensure that each woman receives a complete cycle of care in a timely manner nurse case management or patient navigation is provided for women needing diagnostic follow-up.

The KWCSF covers the cost of diagnostic services, such as breast or cervical biopsies. The program also pays for case management/patient navigation for all women receiving an abnormal test result. Women receiving services through participating local health departments may be asked to pay a small, sliding-scale fee, based on income.

The program monitors services to ensure a woman’s complete cycle of care is completed.

FREQUENTLY ASKED QUESTIONS

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

No. A woman can be screened at any participating clinic in the state of Kentucky.

If you have additional questions regarding services covered by the KWCSF, please contact KWCF at 502-564-3236.

Treatment

Women who have been screened or diagnosed through the KWCSF 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’ BCCTP. Women must be screened or diagnosed through the KWCSF to be eligible for the BCCTP.

BCCTP ELIGIBILITY

A woman may be eligible for the BCCTP if she:

- ✓ has been screened or diagnosed with cancer or a precancerous condition by a KWCSF participating 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 at or below 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 group.
- ✓ is not a resident of a public institution (e.g. prison).

BCCTP eligibility will be determined at the clinic location where the woman received KWCSF services.

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

Initial eligibility periods (length of Medicaid coverage) 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

The application for the BCCTP can be submitted at the same clinic where the woman received KWCSF services.

SERVICES

A woman who is eligible for the BCCTP 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, FQHCs, dentists, hospital emergency rooms, independent laboratory services, inpatient hospitalization, vision services, screening services and health department services.

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, *BCCTP Extension*, at:
<https://chfs.ky.gov/agencies/dms/dpo/epb/Pages/bcctp.aspx>.

The request for the extension must be initiated by the treating physician. Before a treatment period ends, a completed MAP-813D form must be faxed to the Department for Medicaid Services at 502-564-0039 (and, if necessary, can call the same office at phone: 502-564-6890 ext. 2278 (Jeana Jolly) or ext. 2255 (Jennifer Swingle)) 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 BCCTP program?

To be eligible for the BCCTP, women must first receive at least one service provided by the KWCSF.

Can a woman who was screened or diagnosed by an outside provider still receive treatment through the BCCTP?

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 a KWCSF participating clinic for comprehensive follow-up and diagnosis prior to diagnostic tests (e.g. biopsy). If diagnostic tests were also done through an outside provider, the provider should call the KWCSF for discussion.

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.

Can a woman who was screened or 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 (each state has a NBCCEDP cancer program) 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 for BCCTP?

Eligibility begins on the first day of the month in which the application is made. The designated staff at the KWCSF participating clinic 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 return to the clinic to complete a new application. She does not need to repeat the cancer screening/diagnosis or the qualification process. To prevent a lapse in coverage, treating physicians must be diligent in requesting a BCCTP extension *before* the treatment period ends (preferably about 2 weeks before).

Can a woman have multiple BCCTP 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 the KWCSF, 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 for the KWCSF.

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

Yes. Individuals should contact Medicaid's member services at 1-800-635-2570.

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 treatment 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 designated staff at the clinic 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 financial assistance programs.

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 KWCSF; therefore, men are not eligible.

If you have additional questions regarding services covered by the BCCTP, please contact the Member Services at **1-800-635-2570**.

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 KWCSF and found to need treatment for breast or cervical cancer may be eligible for this program.

Contract Provider: a local or district health department or other non-profit healthcare entity (such as an FQHC) 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 <https://www.hhs.gov/>.

Kentucky Women's Cancer Screening Program (KWCSF): 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 to low-income women. Screening and follow-up services are provided through participating clinics and contracts they have with local health care providers.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP): a program through the Breast and Cervical Cancer Mortality Prevention Act of 1990, directs the Centers for Disease Control and Prevention (CDC) to implement a national strategic effort in all fifty states for increasing access to breast and cervical cancer screening and diagnostic services for women in need.

GLOSSARY

Need Treatment: the term “need treatment” means that a KWCSP breast or cervical cancer screening 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.

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