

Policy Clarifications – Medicaid – BCCPT PMC-17977-317

Submitted: 04/2016

Agency: CAOs

Subject: Evaluating Eligibility for BCCPT (PH 20)

Question: Should the Breast and Cervical Cancer Treatment Prevention (BCCPT) category PH20 be opened only after other Medical Assistance (MA) categories higher on the cascade are evaluated?

Response By: Division of Health Services

Date: 04/21/2016

Yes. The CAO must review all BCCPT applications for other categories of MA using information provided on the initial application and at renewal (MAEH 317.2). If an individual meets eligibility for an MA category that is higher than PH20 on the MA cascade, she should be placed in that category.

At Application:

When a completed BCCPT Application (PA 600 B) is received from the Department of Health's HealthyWoman Program, the County Assistance Office (CAO) must authorize MA under BCCPT within five work days, if no health insurance is reported. If health insurance is reported, the CAO must make a referral to the Health Insurance Premium Program (HIPP) and the five work day requirement begins the date the CAO receives a response from HIPP.

If it appears that the individual may be eligible for a category higher than PH 20 based upon information reported on the PA 600 B, the CAO must first attempt to electronically verify information that cannot be self-attested by using available data sources (MAEH 312.7). If verification is unable to be obtained electronically, the CAO will enter a "P-Verification Pending" on the applicable screen (for example, the income screen), authorize benefits under BCCPT and send a PA 253 to request additional information in order to make an informed eligibility determination. If the individual does not return verification that is required for another MA category but not BCCPT, the CAO must keep PH 20 open.

At Renewal and Maintenance:

When a BCCPT Renewal (PA 600 BR) is received from the Office of Medical Assistance Programs (OMAP), the CAO must complete an "ex-parte" review by looking at existing case data and available

data sources to obtain required verification electronically. If the case data is reasonably compatible with the data source information, the information on file should be used to process the renewal.

If there is limited information entered in eCIS and the CAO has reason to believe that information exists (for example, from a data source or a previous application) that would make the individual eligible for a category higher than PH 20 on the cascade, the CAO must request additional information in order to make an informed eligibility determination. Entering a "P-Verification Pending" on the applicable screen (for example, the income screen) will allow PH 20 to open. If the individual does not return verification that is required for another MA category but not BCCPT, the CAO must keep PH 20 open.

Note: Individuals who are eligible under BCCPT are enrolled in a HealthChoices managed care plan and receive benefits under the Children's Healthcare Benefit Package (if under age 21) or the Adult Healthcare Benefit Package (if age 21 or older). Coverage will not differ if a category higher than PH 20 is authorized and PH 20 is not.

Please see the BCCPT Desk Guide on the OIM Intranet for additional information on the BCCPT application and renewal process.