



## **ACA/FAMILY MEDICAID 201-9**

### **Breast and Cervical Cancer**

Supersedes: FMA 201-11 (01/01/08)

Reference: 42 U.S.C. 1396a (a)(10)(A)(ii)(XVIII); ARM 37.82.101, .701

Overview: Individuals who are screened by a Montana Breast and Cervical Health Program (MBCHP) and are subsequently diagnosed with breast and/or cervical cancer or pre-cancer may be eligible for Medicaid under the Montana Breast and Cervical Cancer Treatment Program (MBCCTP).

#### **APPLICATION DATE:**

The application date is the date the signed application (HCS/BCC-002) is received and date stamped in the PAB Central Office. Applications received at any other location are not considered filed.

#### **NONFINANCIAL CRITERIA:**

Medicaid standard nonfinancial requirements are listed in section CMA 300 Non-Financial Overview. In addition to the standard criterion that applies to all Medicaid programs, the following nonfinancial criteria are specific to the MBCCP program. The individual must:

- Have received a breast and/or cervical health screening through the Montana Breast and Cervical Program;
- Have been diagnosed with breast and/or cervical cancer or pre-cancer as a result of the screening;
- Not have creditable health insurance or other coverage for breast and/or cervical cancer, including Medicare;
- Not be eligible for any other categorically needy Medicaid program; and
  - o If the individual is eligible for any categorically needy Medicaid coverage, that program must be opened;
  - o If the individual is or would be eligible as medically needy, breast and cervical cancer coverage is opened;
  - o If the individual fails to either follow through with applying for or complying with eligibility requirements for other Medicaid coverage, the individual is not eligible under the breast and cervical cancer program;
- Be under the age of 65

#### **FINANCIAL CRITERIA:**

Countable income must be at or below 250% FPL. Income is self-attested.

**CREDITABLE COVERAGE:**

Individuals applying for Medicaid under the MBCCTP cannot have health insurance or other coverage that will pay for breast and/or cervical cancer treatment and meets the definition of 'creditable coverage'. The deductible amount (such as \$5,000 or more) does not change the determination; if the policy covers treatment and is considered creditable coverage, the individual is not eligible for the MBCCTP.

\*Indian Health Service coverage is not considered creditable coverage for the BCC program.

**COVERAGE LENGTH:**

MBCCTP Medicaid coverage continues until the earlier of:

1. Cancer treatment is completed; or  
NOTE: Follow-up screenings are NOT considered treatment, and BCC Medicaid cannot remain open to cover follow-up.
2. The month prior to the individual's 65<sup>th</sup> birthday, whether or not treatment is completed;

Other factors that cause BCC Medicaid to close are when the individual:

1. Obtains creditable coverage; or
2. Fails to comply with any MBCCTP requirement, including renewal.

**RETROACTIVE COVERAGE:**

Up to three months of retroactive MBCCTP coverage is available to eligible individuals. Retroactive months are based on application date and cannot be opened prior to the month of diagnosis.

**SEE BUSINESS PROCESS:** Montana Breast and Cervical Cancer

**Effective Date:** November 03, 2018

**Revised Date:** May 2, 2024