

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)

December 17, 2008

*HOSPITALS  
MEDICAL CLINICS  
PHYSICIANS*

## **MEDICAID BULLETIN**

**TO: Rural Health Clinics, Internists, Obstetricians/Gynecologists, and Surgeons**

**SUBJECT: Breast and Cervical Cancer Program Changes**

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 allows states to provide full Medicaid benefits to uninsured women who are found to be in need of treatment for breast or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia). This coverage group is known as the Breast and Cervical Cancer Program (BCCP).

Unfortunately, due to budget reductions, the Department of Health and Human Services (DHHS) must limit this coverage to women, ages 40 – 64, screened through the South Carolina Breast and Cervical Cancer Early Detection Program (Best Chance Network (BCN)). The Centers for Medicare and Medicaid Services (CMS) allows states to offer a range of BCCP coverage options. South Carolina's program has experienced several expansions in recent years. This eligibility change means the BCCP program will operate as it was first created in October 1, 2001. Women screened by a provider other than BCN can no longer qualify. This change will not affect women already enrolled in this program.

Effective January 1, 2009, women screened by BCN and found in need of treatment for either breast or cervical cancer or pre-cancerous lesions (CIN II/III or atypical hyperplasia) may be eligible for Medicaid coverage. **To qualify, a woman must receive the initial screening through BCN.** Women screened through other providers are not subsequently eligible for screening through BCN. A woman potentially eligible for a BCN screening should contact The American Cancer Society at 1-800-227-2345 to ask if she qualifies. The BCN screening includes the clinical breast exam, pelvic exam, mammogram and Pap (as needed).

The following criteria will apply.

- She is of age 40 - 64,
- She does not have other insurance coverage that would cover treatment for breast or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia), including Medicare Part A or B, and
- Her family income is at or below 200% of the Federal Poverty Level.

Application process

When screened through BCN and found in need of treatment for breast or cervical cancer or pre-cancerous lesions (CIN 2/3 or atypical hyperplasia), the Breast and Cervical Cancer Program application, DHHS Form 913 will be provided to applicants.

1. The completed application, along with the Pathology Report indicating the diagnosis, must be faxed to the Breast and Cervical Cancer Program at Fax (803) 255-8223.
2. The applicant will be notified in writing of approval or denial of the application. Women who qualify are eligible for the full range of Medicaid coverage.
3. Coverage continues as long as eligibility criteria are met and the beneficiary continues treatment. The beneficiary must report to her Medicaid worker when treatment is completed.
4. Eligibility is reviewed annually for women with breast or cervical cancer and every 4 months for pre-cancerous lesions (CIN 2/3 or atypical hyperplasia). When it is time for the review, a form for updated information is mailed to the beneficiary and must be completed and returned by the date indicated on the form, or coverage will stop.
5. Once treatment is completed, the beneficiary must qualify under another Medicaid eligibility category for coverage to continue.

Income Limit

<b>Family Size</b>	<b>Annual Income – 200%FPL</b>
1	\$20,800
2	28,000
3	35,200
4	42,400
5	49,600
6	56,800
7	64,000
8	71,200
	For each additional person, add \$7,200

If you have questions regarding this bulletin, call 1-888-549-0820. Please share this information with all staff in your practice. Thank you for your continued support of the South Carolina Medicaid Program.

/s/

Emma Forkner  
Director

EF/jg

**Note:** To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.

