

CHANGE NOTICE FOR MANUAL NO. 01-04, BREAST AND CERVICAL CANCER MEDICAID

DATE: MAY 15, 2003

Manual: Family and Children's Medicaid
Change No: 01-04
To: County Directors of Social Services
Effective: July 1, 2003

I. BACKGROUND

Due to the nominal amount of Breast and Cervical Cancer Medicaid (BCCM) cases, the North Carolina Economic Services Committee voted to accept counties handling BCCM eligibility determination responsibility. The State has had responsibility for eligibility determination in the first year and a half. This decision was made after examination of the following statistics:

PROFILE OF FIRST YEAR BCCM 2002

Estimated Number of Potential Applicants	100
Actual Number of Applicants	142
Approved	134
Denied	1
Withdrawn	0
Pending	7
Number of Applicants who were active as of December 31, 2002	73
Average Number of Months an Applicant was on the program	6

COUNTIES WITH 5 OR MORE APPLICANTS

Catawba	36
Gaston	11
Haywood	5
Mecklenburg	5
Onslow	5
Wilkes	5

Counties are encouraged to contact their local BCCCP Coordinators immediately to establish communication procedures when counties begin to determine BCCM eligibility. It is suggested that a person be designated to handle these cases at the county department of social services.

II. CONTENT OF CHANGE

A. APPLICATION PROCESS

County Health Departments, some community medical centers and other medical facilities that are contracted to perform screening by the Breast and Cervical Cancer Control Program (BCCCP) will be responsible for ensuring that the [DMA-5079](#), Breast and Cervical Cancer Medicaid Application, and the [DMA-5081](#), Verification of Screening, Diagnosis and Treatment, are faxed and mailed to the county department of social services.

1. The BCCCP Coordinator will continue to ensure woman meets eligibility requirements for BCCCP.
2. Once BCCCP eligibility is established, the coordinator forwards the completed BCCM application to the county department of social services. It may be faxed first and then followed with the original forms.
3. The county determines whether the application is complete. An application log must be maintained for tracking purposes. If the application is faxed, and complete, the receipt of the faxed application determines the application date.
4. If complete, the county faxes the DMA-5081 to the Division of Medical Assistance (DMA), Medicaid Eligibility Unit (MEU). The county evaluates for eligibility in any other MA programs.
5. The MEU faxes DMA-5081 to the North Carolina Division of Public Health. Public Health faxes form back to MEU with the number of months needed for treatment. The treatment consists of acute treatment such as medical procedures, chemotherapy, radiation and follow up visits. The treatment does not consist of tamoxifen for breast cancer. The MEU faxes the form back to the county dss. The county uses the months needed for treatment to establish the certification period.
6. The county approves or denies based on information provided on the DMA-5081. Instructions are included to utilize the DSS-8125 'authorized representative' field to generate a copy of the approval notice to the BCCCP Coordinator. Manual withdrawal/denial notices are required in order to provide a copy of the notice to the BCCCP Coordinator. The 'authorized representative' field is not available on the DSS-8124 Application Screen.

If there are questions regarding a case and treatment, contact the DPH BCCCP at (919)-715-0111. If there are questions regarding Medicaid eligibility, contact your Medicaid Program Representative.

B. FORMS

1. DMA-5081, Verification of Screening, Diagnosis and Treatment

DMA- 5081 has been modified to create space to allow identifying/contact information for BCCCP agency and county dss. This information includes names of coordinator and dss worker along with telephone numbers and fax numbers.

2. DMA-5087, Health Department Checklist for Breast and Cervical Cancer

This has been modified to instruct BCCCP coordinators to send DMA-5079 and DMA-5081 to the county dss. BCCCP coordinators are to inform clients that the county dss will notify her of the decision within 45 days and evaluate her for another Medicaid program if she is ineligible for BCCM.

3. DMA-5079, Breast and Cervical Cancer Medicaid Application

A statement has been added to the application to acknowledge the applicant will receive a copy of the Medicaid Notice of Privacy Practices.

C. PROCEDURES FOR REDETERMINATION PROCESS

DSS will now process changes and reviews for BCCM cases. The DMA-5079, Breast and Cervical Cancer Medicaid Application, and the DMA-5081, Verification of Screening and Diagnosis for Breast and Cervical Cancer Medicaid, are mailed to the recipient and the BCCCP screening provider. The BCCCP screening provider will assist the county dss in getting the physician to complete the DMA-5081 if ongoing treatment is still needed.

DSS is also responsible for terminations when the recipient is no longer receiving treatment or becomes otherwise ineligible for BCCM. Before terminating, the county must evaluate eligibility for all other possible Medicaid programs.

D. APPEALS AND HEARING REQUEST

BCCM cases will no longer require different appeal procedures. DMA, Medicaid Eligibility Unit and the Medicaid Program Representative are no longer involved in the appeal/hearing process. Refer to MA-3430, Notice and Hearings Process, for procedures on appeals.

III. ELIGIBILITY INFORMATION SYSTEM (EIS)

- A. The case management report for BCCM cases is in XPTR and is titled DHREJ BREAST/CERV CERT ENDING REPORT. Use this report to determine when cases are due for review.
- B. Beginning July 1, 2003, EIS will produce case profiles for BCCM case actions. Refer to EIS Change Notice 01-04.

IV. EFFECTIVE DATE

Apply this change for applications taken on or after July 1, 2003, and for reviews due in September 2003. This means for cases on the DHREJ Breast/Cerv Cert Ending Report, the county initiates the review process for those cases with a certification period ending September 2003.

DMA will mail active BCCM cases the first week of July 2003 to the counties of a/r's residence. Counties are instructed to assign a district number and county case number to each case and key via the DSS-8125. This will ensure the cases will be displayed and sorted correctly on the case management report when due for a redetermination or age follow-up.

V. MAINTENANCE OF MANUAL

- A. **Remove MA-3250, Breast and Cervical Cancer Medicaid, pages 1-17 and Figures 1, 2 and 3.**
- B. **Insert [MA-3250](#), Breast and Cervical Cancer Medicaid, effective July 1, 2003, pages 1-14, and Figures [1](#), [2](#) and [3](#), revised 07/03.**

If you have questions, please contact your Medicaid Program Representative.

Nina M. Yeager
Director

(This material was researched and written by Beverly Miles, Policy Consultant, Medicaid Eligibility Unit)