



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
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MassHealth
All Provider Bulletin 129
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TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Acting Commissioner *Beth Waldman*
RE: **MassHealth Breast and Cervical Cancer Treatment Program**

Background

Effective January 1, 2004, the Division of Medical Assistance (Division) has expanded its benefits to women diagnosed with breast or cervical cancer. These women must have been diagnosed through a federally funded screening program that is operated in Massachusetts by the Department of Public Health Women's Health Network (WHN) and meet other MassHealth eligibility requirements.

Please see Transmittal Letter ALL-121 for revisions to the Division's administrative and billing regulations.

MassHealth Coverage

Generally, members eligible under this expansion will be able to receive MassHealth Standard benefits through enrollment in the Division's Primary Care Clinician (PCC) Plan. All members eligible under this expansion are covered for medically-necessary services listed in 130 CMR 450.150(H)(3). Applicants who do not meet MassHealth Standard citizenship requirements may still be eligible for MassHealth Limited.

Other Health Insurance Coverage

By federal law, women covered under this expansion must be uninsured or must not otherwise have "creditable coverage" for treatment of breast or cervical cancer. A woman is not considered to have "creditable coverage" when she is in a period of exclusion for treatment of breast or cervical cancer, she has exhausted her lifetime limit on all benefits under her plan, including treatment for breast or cervical cancer, or she has limited-scope coverage (e.g., covered only for dental, vision, or long-term-care) or coverage only for a specified disease. In addition, a woman who is an American Indian or Alaska Native who is provided care through a medical-care program of the Indian Health Service or of a tribal organization is not considered to have "creditable coverage."

***Attached Information
Sheet***

The Division has included with this bulletin an information sheet that describes the eligibility requirements for women who have been diagnosed with breast or cervical cancer through the Women's Health Network. If you know of individuals who might be eligible for these benefits, please encourage them to seek screening services through the Women's Health Network. The Department of Public Health WHN can be reached at 1-877-414-4447 (TTY: 617-624-5992 for people with partial or total hearing loss).

Questions

Applicants or members wanting additional information may contact the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

MassHealth-participating providers who want to enroll as PCCs in order to deliver primary care to members diagnosed with breast or cervical cancer may contact MassHealth Provider Enrollment and Credentialing at 617-576-4424 or 1-800-322-2909.

Breast and Cervical Cancer Treatment Program Information

The federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) allows states to give health insurance to certain women who need treatment for breast or cervical cancer. Massachusetts covers these women through the MassHealth Breast and Cervical Cancer Treatment Program (MassHealth BCCTP).

Who can get benefits

To be eligible for the MassHealth BCCTP, you must:

- be a woman who is under the age of 65;
- be screened or have received diagnostic services for breast or cervical cancer through a screening site of the Department of Public Health (DPH) Women's Health Network;
- be in need of treatment for breast or cervical cancer, including precancerous conditions or early stage cancer (see note below);
- have income at or below 250% of the federal poverty level (FPL);
- be uninsured or underinsured (that is, not have coverage for breast or cervical cancer treatment);
- not otherwise be eligible for MassHealth Standard; and
- meet other MassHealth eligibility requirements (such as citizenship and residency requirements).

Note: Treatment does not include routine monitoring of precancerous conditions, but does include further diagnostic evaluation to determine the extent and proper course of treatment, as well as the treatment itself.

How to enroll

To enroll in the MassHealth BCCTP, you must fill out a MassHealth BCCTP Enrollment Form. Your case manager at the Women's Health Network will send this form to the Division of Medical Assistance (DMA). You must sign this form. Your doctor must sign a Treatment Certification form, which says that you need treatment for breast or cervical cancer and estimates the length of your treatment plan. If you are pregnant, disabled, or have dependent children, you may be eligible for other MassHealth benefits. You must fill out a MassHealth Medical Benefit Request (MBR) and submit it to the Division to apply for these benefits.

Covered services

Once you enroll in the MassHealth BCCTP, you will receive MassHealth Standard coverage or MassHealth Limited coverage (see the MassHealth Member Booklet), depending on your citizenship or immigration status.

Period of coverage

If you are eligible for the BCCTP, your medical coverage may begin 10 calendar days before the date the Division gets your application for the program, if we get all the needed information within 60 days. If you enroll in the MassHealth BCCTP and continue to meet the requirements of the program, you will get MassHealth benefits as long as you remain in cancer treatment. Your doctor will decide the length of your treatment care plan, and write it on the Treatment Certification form. The length of your treatment can change while you are getting MassHealth. If this happens, you will receive a new Treatment Certification form that should be filled out by your doctor and returned to the Division.

You must tell the Division, within 10 days or as soon as possible, of any change in your situation that would affect your eligibility for the BCCTP. This includes a change in your income or your address.

Choosing a doctor or health center

Generally, you will receive all of your MassHealth Standard health benefits through the Primary Care Clinician (PCC) Plan, a health plan administered by DMA.

You need to choose a PCC Plan provider. You may not have to change your health-care provider since it is likely that your current doctor or health center is a provider in the PCC Plan. You may need to get a referral from your PCC to continue seeing any specialist you may be seeing now. Please call the number below or check with the doctor or health center.

If your current doctor or health center is not in the PCC Plan, a Health Benefits Advisor at the MassHealth Customer Service Center can help you choose another doctor or health center in the PCC Plan. Please call 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

For more information, please see "Choosing a health plan and a doctor" in the MassHealth Member Booklet. Women in the BCCTP cannot get their health care through a managed care organization (MCO).

Copayments and premiums

- If you are eligible for MassHealth Standard coverage, you will be responsible for paying all co-payments that apply to the pharmacy or medical services you receive.
- If your income is above 133% of the federal poverty level (FPL), you may be charged a monthly premium. The chart below tells you how much your monthly premium may be. If your monthly income is at or above the amount shown in the chart, you may pay the premium listed. The Division updates the federal poverty level each April based on changes made by the federal government. These income levels reflect the standards as of April 1, 2003.

MassHealth Breast and Cervical Cancer Treatment Program							
% of FPL	Premium	Maximum Monthly Family Gross Income					
		1	2	3	4	5	6
100.1 to 133.0	\$ 0	\$ 996	\$ 1,344	\$ 1,692	\$ 2,040	\$ 2,388	\$ 2,736
133.1 to 150.0	\$ 15.00	\$ 1,123	\$ 1,515	\$ 1,908	\$ 2,300	\$ 2,693	\$ 3,085
150.1 to 160.0	\$ 15.00	\$ 1,198	\$ 1,616	\$ 2,035	\$ 2,454	\$ 2,872	\$ 3,291
160.1 to 170.0	\$ 20.00	\$ 1,273	\$ 1,717	\$ 2,162	\$ 2,607	\$ 3,052	\$ 3,497
170.1 to 180.0	\$ 25.00	\$ 1,347	\$ 1,818	\$ 2,289	\$ 2,760	\$ 3,231	\$ 3,702
180.1 to 190.0	\$ 30.00	\$ 1,422	\$ 1,919	\$ 2,417	\$ 2,914	\$ 3,411	\$ 3,908
190.1 to 200.0	\$ 35.00	\$ 1,497	\$ 2,020	\$ 2,544	\$ 3,067	\$ 3,590	\$ 4,114
200.1 to 210.0	\$ 40.00	\$ 1,572	\$ 2,121	\$ 2,671	\$ 3,220	\$ 3,770	\$ 4,319
210.1 to 220.0	\$ 48.00	\$ 1,647	\$ 2,222	\$ 2,798	\$ 3,374	\$ 3,949	\$ 4,525
220.1 to 230.0	\$ 56.00	\$ 1,722	\$ 2,323	\$ 2,925	\$ 3,527	\$ 4,129	\$ 4,731
230.1 to 240.0	\$ 64.00	\$ 1,796	\$ 2,424	\$ 3,052	\$ 3,680	\$ 4,308	\$ 4,936
240.1 to 250.0	\$ 72.00	\$ 1,871	\$ 2,525	\$ 3,180	\$ 3,834	\$ 4,488	\$ 5,142

More information

- The MassHealth Member Booklet contains information that may help you if you have questions. The booklet explains who is eligible, what the income rules are, and what medical services you can get under MassHealth. Please see "Other things you need to know" for additional information on your appeal rights, out-of-state emergency treatment, citizenship and immigration rules, estate recovery, and confidentiality.
- For more information, please contact the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) or the Department of Public Health at 1-877-414-4447 (TTY: 617-624-5992 for people with partial or total hearing loss).