

Regulatory Analysis Form

This space for use by IRRC
RECEIVED

(1) Agency Department of Public Welfare
Office of Income Maintenance – Bureau of Policy
Division of Health Services

2004 NOV 16 AM 9:56

INDEPENDENT REGULATORY
REVIEW COMMISSION

(2) I.D. Number (Governor's Office Use)

14-490

IRRC Number:

(3) Short Title

Breast and Cervical Cancer Prevention and Treatment (BCCPT) Program

(4) PA Code Cite

55 Pa.Code Chapter 140

(5) Agency Contacts & Telephone Numbers

Primary Contact: Edward J. Zogby 787-4081

Secondary Contact: George L. Hoover 772-7809

(6) Type of Rulemaking (check one)

- Proposed Rulemaking
 Final Order Adopting Regulation
 Final Order, Proposed Rulemaking Omitted

(7) Is a 120-Day Emergency Certification Attached?

- No
 Yes: By the Attorney General
 Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

The purpose of this proposed regulation is to take advantage of a Federal option of the Breast and Cervical Cancer Prevention and Treatment (BCCPT) Act of 2000 that permits states to provide Medicaid coverage to uninsured women under 65 years of age who have been screened for breast or cervical cancer through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and diagnosed and found to need treatment for either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

§§ 201(2) and 403(b) of the Public Welfare Code (P.L. 31, No. 21) (62 P.S. §§ 201(2) and 403(b)).

Title XIX of the Social Security Act, § 1902(a)(10)(A)(ii)(XVIII) (42 U.S.C.A. § 1396a(a)(10)(A)(ii)(XVIII)).

Regulatory Analysis Form

- (10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

Although Federal law does not mandate this regulation, it does provide for a state to elect to implement this option under the Medicaid Program. Pennsylvania elected to implement BCCPT effective January 1, 2002.

- (11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

Breast cancer is the most common form of cancer diagnosed among women in Pennsylvania and the second most common cause of cancer deaths for women in Pennsylvania. Cervical cancer, while less common than breast cancer, is one of the most successfully treated cancers if detected at an early stage. The Department of Health's (DOH) HealthyWoman Project, through its grant from the NBCCEDP, provides breast and cervical cancer screening for uninsured women who are under 65 years of age and have a household income below 250% of the Federal Poverty Income Guidelines (FPIG). Under Federal law, the DOH must agree that low-income women will be given priority in the provision of services. (42 U.S.C.A. § 300n(a)). Prior to implementation of BCCPT, there were no consistent avenues available to fund the ongoing treatment needs of low-income, uninsured women who were screened and diagnosed with breast or cervical cancer. This proposed regulation provides full Medicaid benefits to eligible women who are diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. BCCPT is part of a continuum of efforts by Pennsylvania to ensure the detection, prevention and treatment of breast and cervical cancer, or a pre-cancerous condition of the breast or cervix, among low-income, uninsured women.

- (12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Women who are diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, may forgo necessary treatment due to lack of insurance coverage and inability to pay. Providing low-cost or no-cost treatment for breast and cervical cancer, or a pre-cancerous condition of the breast or cervix, to low-income, uninsured women may decrease the mortality rate for this population.

- (13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

Uninsured women under 65 years of age, whose income is below 250% of the FPIG and who require treatment for breast or cervical cancer, or a pre-cancerous condition of the breast or cervix will benefit from this regulation. It is estimated that 1,109 women will be eligible for this program annually.

Regulatory Analysis Form

- (14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

No one will be adversely affected as this proposed regulation provides necessary health care coverage to women diagnosed with either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

- (15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

Women seeking BCCPT benefits will be required to meet the eligibility criteria.

There are approximately 11,600 women diagnosed with breast and cervical cancer each year in Pennsylvania. Census data was used to estimate the total number of the 11,600 women who are under 65 years of age and have income levels between 100% and 250% of the FPIG. The result of this analysis indicated that there are an additional 1,109 women who may be eligible for Medicaid each year under this option.

- (16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

The proposed regulation was shared with the Medical Assistance Advisory Committee, the Income Maintenance Advisory Committee and the Consumer Subcommittee for their review and comments. All three committees applauded the Department for its effort to provide Medicaid benefits to low-income, uninsured women in need of treatment for breast or cervical cancer.

- (17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

Low-income (under 250% FPIG), uninsured women who may have otherwise incurred personal debt will realize a savings.

Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

There will be no costs incurred or savings realized by local governments associated with compliance with this proposed regulation.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

The annual costs of this new program for Fiscal Year 2001-2002 were \$0.512 million (\$0.162 million in State funds) and for Fiscal Year 2002-2003, \$3.954 million (\$1.254 million in State funds). The projected costs for Fiscal Year 2003-2004 are \$7.281 million (\$2.307 million in State funds) and for Fiscal Year 2004-2005, \$9.332 million (\$3.000 million in State funds).

Steve Kelly 4-15-04

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

(Dollar Amounts In Thousands)

	FY 01-02 Year	FY +1 02-03 Year	FY +2 03-04 Year	FY +3 04-05 Year	FY +4 05-06 Year	FY +5 06-07 Year
SAVINGS:						
Regulated Community						
Local Government						
State Government						
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
COSTS:						
Regulated Community						
Local Government						
State Government	\$162	\$1,254	\$2,307	\$3,000	\$3,537	\$3,868
Total Costs	\$162	\$1,254	\$2,307	\$3,000	\$3,537	\$3,868
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

(20a) Explain how the estimates listed above were derived.

Fiscal Year 2001-2002 and Fiscal Year 2002-2003 costs reflect actual paid claims data for this program which was implemented January 1, 2002.

The cost estimates for Fiscal Year 2003-2004 and thereafter are based on estimated eligibles expected to utilize medical assistance and average Medicaid costs for women with breast, cervical cancer and pre-cancerous conditions of the breast or cervix. Fiscal Year 2003-2004 estimates 506 average monthly eligible women while Fiscal Year 2004-2005 estimates 611 monthly eligibles.

	FY 01-02	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07
MA-Inpatient	\$41	\$353	\$639	\$805	\$920	\$975
MA-Long Term Care	\$0	\$3	\$5	\$7	\$8	\$9
MA-Outpatient	\$121	\$898	\$1,663	\$2,188	\$2,609	\$2,884

Regulatory Analysis Form

(20b) Provide the past three years expenditure history for programs affected by the regulation.

(Dollar Amounts In Thousands)

Program	FY 1998-1999	FY 1999-2000	FY 2000-2001
MA-Inpatient	\$453,594	\$392,528	\$418,707
MA-Long Term Care Facilities	\$721,631	\$693,625	\$722,565
MA-Outpatient	\$695,935	\$622,669	\$668,586

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

There has been no consistent avenue available to fund the ongoing treatment needs of low-income, uninsured women diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. As such, many individuals have gone without necessary treatment that would prevent or cure their illness. This option will provide uninsured, low-income individuals with health care coverage that will enable them to seek necessary treatment; thereby, decreasing the incidence of uncompensated care on Pennsylvania's cancer mortality rate.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

The Department considered forgoing this Medicaid option, but recognized that the option would allow Pennsylvania to continue its current efforts to reduce the incidence of breast and cervical cancer.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No alternative regulatory schemes were considered.

Regulatory Analysis Form

- (24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

No provisions in this proposed regulation are more stringent than Federal standards.

- (25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

Washington and Virginia implemented BCCPT on July 1, 2001 via amendments to their state plans. South Carolina implemented BCCPT on October 1, 2001 via an amendment to its state plan. All three states received Federal approval of their state plan amendments. The regulation will not put Pennsylvania at a competitive disadvantage with other states. Pennsylvania implemented BCCPT on January 1, 2002 and received approval to the State Plan Amendment on February 15, 2002 from the Centers for Medicare and Medicaid Services.

- (26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No other State agency regulations are affected by this proposed regulation.

- (27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

No public hearings or informational meetings are planned. The proposed regulations were shared with the Consumer Subcommittee, Medical Assistance Advisory Committee and the Income Maintenance Advisory Committee. If necessary, future meetings will be held with these groups.

Regulatory Analysis Form

- (28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports, which will be required as a result of implementation, if available.

New application forms were created for use with BCCPT: the PA 600B – for applications, the PA 600BP – for partial redeterminations and the PA 600BR – for annual redeterminations. These forms have been in use since the start of BCCPT. Each form provides instructions for use by the applicant or recipient and provider. The Department has not received any adverse comments regarding these forms.

(Continued on separate page designated as page 8A of 8)

- (29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

This proposed regulation provides additional health services to low-income, uninsured women.

- (30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The effective date of this regulation is retroactive to January 1, 2002.

- (31) Provide the schedule for continual review of the regulation.

This regulation will be reviewed through the Department's Quality Control and Corrective Action review process, which is monitored by the Federal Centers for Medicare and Medicaid Services.

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports, which will be required as a result of implementation, if available.
(Cont'd.)

PA 600B - The Breast and Cervical Cancer Prevention and Treatment Program Application Form - A two-part application used by the HealthyWoman Project and the County Assistance Office (CAO) to determine eligibility for BCCPT. Part A of the application is completed at the DOH HealthyWoman Project screening site and contains the HealthyWoman Project enrollment, consent for release of information and BCCPT rights and responsibilities. Part B of the application is completed by the applicant, the medical provider and the CAO. Use of a single form to document demographic information needed by both programs for an eligibility determination will reduce additional paperwork for providers, applicants and the Department.

PA 600BP - The Breast and Cervical Cancer Prevention and Treatment Program Partial Renewal Form - Completed at a partial redetermination of eligibility for women whose treatment for breast or cervical cancer is expected to last less than 12 months. The recipient, the medical provider and the CAO complete this form.

PA 600BR - The Breast and Cervical Cancer Prevention and Treatment Program Annual Renewal Form - Completed every 12 months when continued eligibility for BCCPT is reviewed. The recipient, the medical provider, the Office of Medical Assistance Programs and the CAO complete this form.

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)

RECEIVED

2004 NOV 16 AM 9:56

REGULATORY
REVIEW COMMISSION

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved
as to form and legality.

Attorney General
Angela M. Elliott

By: _____
(Deputy Attorney General)

NOV 08 2004

Date of Approval

Check if applicable
Copy not approved.
Objections attached.

Copy below is hereby certified to be a true and correct
copy of a document issued, prescribed or promulgated
by:

DEPARTMENT OF PUBLIC WELFARE
(Agency)

LEGAL COUNSEL: *CA Fellner*

DOCUMENT/FISCAL NOTE NO. 14-490
(DPW-OIM-12-01-01)

DATE OF ADOPTION: _____

BY: *Estelle B. Richman*

TITLE: Secretary of Public Welfare
(Executive Officer, Chairman or Secretary)

Copy below is hereby approved as to
form and legality. Executive or
Independent Agencies.

BY: *Tanya Glubko*

9.29.04

Date of Approval

Asst.

(Deputy General Counsel)

(Chief Counsel, Independent Agency)
(Strike inapplicable title)

Check if applicable. No Attorney
General approval or objection
within 30 days after submission.

NOTICE OF PROPOSED RULEMAKING
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF INCOME MAINTENANCE
[55 Pa.Code Chapter 140]
SPECIAL MA ELIGIBILITY PROVISIONS

STATUTORY AUTHORITY

Notice is hereby given that the Department of Public Welfare (Department), under the authority of §§ 201(2) and 403(b) of the Public Welfare Code, Act of June 13, 1967, P.L. 31, No. 21 (62 P.S. §§ 201(2) and 403(b)) and Title XIX of the Social Security Act, § 1902(a)(10)(A)(ii)(XVIII) (42 U.S.C.A. § 1396a(a)(10)(A)(ii)(XVIII)), proposes to amend the regulation as set forth in Annex A to this notice. Title XIX of the Social Security Act, § 1902(a)(10)(A)(ii)(XVIII) (42 U.S.C.A. § 1396a(a)(10)(A)(ii)(XVIII)) provides states with the option to expand their Medicaid programs to include uninsured women who are diagnosed with and found to need treatment for either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

PURPOSE

The purpose of this proposed regulation is to take advantage of a Federal option of the Breast and Cervical Cancer Prevention and Treatment (BCCPT) Act of 2000 that permits states to provide Medicaid coverage to uninsured women under 65 years of age who have been screened for breast or cervical cancer through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and diagnosed and found to need treatment for either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

Consistent with the Federal enabling legislation, providers and facilities funded in full or in part by the CDC permit screening of women only. Breast cancer is the most common form of cancer diagnosed among women in Pennsylvania and the second most common cause of cancer deaths for women in the Commonwealth (www.health.state.pa.us/stats). Cervical cancer, while less common than breast cancer, is one of the most successfully treatable cancers, if detected at an early stage (www.health.state.pa.us/stats).

The Breast and Cervical Cancer Prevention and Treatment (BCCPT) Act of 2000 (Pub. L. 106-354) amended Title XIX of the Social Security Act, § 1902(a)(10)(A)(ii)(XVIII) (42 U.S.C.A. § 1396a(a)(10)(A)(ii)(XVIII)). This amendment affords states the option of providing medical assistance to eligible women who were screened for, diagnosed with and found to need treatment for breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. Pennsylvania has elected this option and published a Notice of Intent to implement BCCPT at 31 Pa.B. 115 (January 5, 2002). Pennsylvania's State Plan Amendment to provide Medicaid benefits under BCCPT to uninsured women screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, was approved on February 15, 2002 by the Centers for Medicare and Medicaid Services (CMS). The Department of Health (DOH) is the designated screening entity for BCCPT.

Under Federal law the DOH must agree that low-income women will be given priority in the provision of services. (42 U.S.C.A. § 300n(a)). Pursuant to its grant agreement with the NBCCEDP, the DOH HealthyWoman Project provides breast and cervical cancer screening for uninsured women who are under 65 years of age and have a household income below 250% of the Federal Poverty Income Guidelines (FPIG). Prior to the implementation of BCCPT in January 2002, there were no consistent avenues available to fund the ongoing treatment needs of low-income, uninsured women who were screened and diagnosed with breast or cervical cancer.

NEED FOR REGULATION

The proposed regulation is needed to establish BCCPT, which will provide full Medicaid coverage to eligible women under 65 years of age who are diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, and who have no insurance coverage or have insurance that does not cover treatment of breast or cervical cancer. These women may have gone without necessary treatment or may have sought treatment without the means to pay for the care received. The proposed regulation is part of the continuum of efforts by Pennsylvania to ensure detection, prevention and treatment of breast and cervical cancer, or a pre-cancerous condition of the breast or cervix, among low-income, uninsured women.

REQUIREMENTS

The Department is proposing to add a new Subchapter D titled "Breast and Cervical Cancer Prevention and Treatment" to 55 Pa.Code Chapter 140 (relating to special MA eligibility provisions) that explains the requirements for Medicaid eligibility under BCCPT.

Eligibility for the HealthyWoman Project will be determined by the DOH based on information provided at the time of enrollment into the screening program. Eligibility for full Medicaid coverage will be determined based on both the information provided at the time of enrollment into the HealthyWoman Project and the provider's diagnosis of breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

To become eligible for BCCPT, a woman must go to the DOH HealthyWoman Project site, complete a BCCPT application and undergo screening for breast and cervical cancer. If cancer is detected, the woman is referred for further testing to confirm the diagnosis. If further testing confirms the need for treatment, the HealthyWoman Project forwards the completed BCCPT application, which includes the provider's diagnosis and the need for treatment, to the County Assistance Office (CAO). If the woman meets all of the eligibility criteria, the CAO worker authorizes Medicaid for her.

A woman determined eligible under BCCPT is entitled to full Medicaid benefits. Therefore, in addition to receiving the treatment needed for her identified breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, the woman will also have access to the full range of treatment and preventive health care available under the Medicaid program.

Following is a summary of specific proposed regulatory amendments:

1. Policy on Medicaid for women with breast or cervical cancer. (§ 140.601)

A new section is proposed to establish the general policy for women under categorically needy BCCPT.

2. Definitions. (§ 140.602)

The Department is proposing to define specific terms relating to BCCPT including Breast and Cervical Cancer Prevention and Treatment program, Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program and uninsured.

3. Conditions of eligibility. (§ 140.621)

A new section is proposed to establish the eligibility factors under BCCPT.

4. Income, resources and verification. (§§ 140.631, 140.632 and 140.633)

New § 140.631 is proposed to explain that there are no income limits under BCCPT except those necessary to be eligible for screening by the CDC's NBCCEDP. New § 140.632 is proposed to explain that there are no resource requirements under BCCPT. New § 140.633 is proposed to establish the verification requirements for BCCPT.

5. Complete redetermination and partial redetermination. (§§ 140.641 and 140.642)

These new sections are proposed to establish the redetermination and partial redetermination requirements for BCCPT.

6. Benefit coverage. (§ 140.651)

A new section is proposed to explain Medicaid coverage for services.

7. Eligibility begin date. (§ 140.661)

A new section is proposed to establish the eligibility begin date under BCCPT.

8. Retroactive eligibility. (§ 140.671)

A new section is proposed to establish retroactive eligibility under BCCPT.

9. Reporting of changes. (§ 140.681)

A new section is proposed to establish the reporting requirements under BCCPT.

10. Appeal and fair hearing. (§ 140.691)

A new section is proposed to explain the woman's right to an appeal and fair hearing under BCCPT.

AFFECTED INDIVIDUALS AND ORGANIZATIONS

This proposed regulation gives priority to low-income (under 250% FPIG), uninsured women under 65 years of age, who are screened by Pennsylvania's CDC NBCCEDP and subsequently diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. Pennsylvania's CDC NBCCEDP is administered through the DOH HealthyWoman Project.

There are approximately 11,600 women diagnosed with breast and cervical cancer each year in Pennsylvania (www.health.state.pa.us/stats). Census data was used to estimate the total number of the 11,600 women who are under 65 years of age and have income levels between 100% and 250% of the FPIG. The result of this analysis indicated that there are an additional 1,109 women who may be eligible for Medicaid each year under this option.

ACCOMPLISHMENTS/BENEFITS

Pennsylvania may see a reduction in its premature mortality rates from breast and cervical cancer as a result of screening, early diagnosis and treatment. Health care providers may see a reduction in the incidence of uncompensated care for uninsured women who require treatment for breast and cervical cancer.

There has been no consistent avenue available to fund ongoing treatment needs of low-income, uninsured women diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. As a result, many women have gone without necessary treatment that may prevent or cure their illness. This option will provide low-income, uninsured women with Medicaid coverage that will enable them to seek necessary treatment, thereby decreasing the incidence of uncompensated care and Pennsylvania's cancer mortality rate.

FISCAL IMPACT

COMMONWEALTH:

The annual cost of this new program for Fiscal Year 2002-2003 was \$3.954 million (\$1.254 million in State funds). The projected costs for Fiscal Year 2003-2004 are \$7.281 million (\$2.307 million in State funds) and for Fiscal Year 2004-2005, \$9.332 million (\$3.000 million in State funds).

The Pennsylvania Department of Insurance may realize a savings since some women determined eligible for BCCPT may have been eligible for medical coverage under the adultBasic Program administered by the Department of Insurance and funded by tobacco settlement funds.

PUBLIC SECTOR:

No other government entity will incur any costs or realize any savings.

PRIVATE SECTOR:

Private hospitals and physicians who treat uninsured women with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, may be compensated for services rendered.

GENERAL PUBLIC:

Low-income (under 250% FPIG), uninsured women who may have otherwise incurred personal debt will realize a savings.

PAPERWORK REQUIREMENTS

New application forms were created exclusively for use with BCCPT: the PA 600B--for applications; the PA 600BP--for partial redeterminations; and the PA 600BR--for annual redeterminations. These forms have been in use since the start of BCCPT. Each form provides instructions for use by the applicant or recipient and provider. The Department has not received any adverse comments regarding these forms.

The Breast and Cervical Cancer Prevention and Treatment Program application, form PA 600B, is a two-part application used by the HealthyWoman Project and the County Assistance Office (CAO) to determine eligibility for BCCPT. Part A of the application is completed at the DOH HealthyWoman Project screening site and contains the HealthyWoman Project enrollment, consent for release of information and BCCPT rights and responsibilities. Part B of the application is completed by the applicant, the medical provider and the CAO. Use of a single form to document demographic information needed by both programs for an eligibility determination will reduce additional paperwork for providers, applicants and the Department.

The Breast and Cervical Cancer Prevention and Treatment Program Partial Renewal, form PA 600BP, is completed at a partial redetermination of eligibility for women whose treatment for breast or cervical cancer is expected to last less than 12 months. The recipient, the medical provider and the CAO complete this form at the end of the initial length of treatment.

The Breast and Cervical Cancer Prevention and Treatment Program Annual Renewal, form PA 600BR, is completed every 12 months when continued eligibility for BCCPT is reviewed. The recipient, the medical provider, the Office of Medical Assistance Programs and the CAO complete this form.

#14-490
NOV 04 2004

EFFECTIVE DATE

This regulation will be effective retroactive to January 1, 2002.

SUNSET DATE

There is no sunset date.

PUBLIC COMMENT

Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to the Department of Public Welfare, Office of Income Maintenance, Edward J. Zogby, Director, Bureau of Policy, Room 431 Health and Welfare Building, Harrisburg, Pennsylvania 17120, telephone (717) 787-4081 within 30 calendar days after the date of publication of this proposed rulemaking in the *Pennsylvania Bulletin*.

Persons with a disability who require an auxiliary aid or service may submit comments by using the AT&T Relay Service at 1-800-654-5984 (TDD users) or 1-800-654-5988 (voice users).

REGULATORY REVIEW ACT

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on ~~NOV 16 2004~~ the Department submitted a copy of this proposed rulemaking to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. In addition to submitting the proposed rulemaking, the Department has provided the IRRC and the Committees with a copy of a Regulatory Analysis Form prepared by the Department. A copy of this form is available to the public upon request.

Under § 5(g) of the Regulatory Review Act, if the IRRC has any comments, recommendations or objections to any portion of the proposed regulation, it may notify the Department and the Committees within 30 days after the close of the public comment period. Such notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General Assembly and the Governor, of any comments, recommendations or objections raised, prior to final publication of the regulation.

ANNEX A

TITLE 55. PUBLIC WELFARE

PART II. PUBLIC ASSISTANCE MANUAL

Subpart C. ELIGIBILITY REQUIREMENTS

CHAPTER 140. SPECIAL MA ELIGIBILITY PROVISIONS

Subchapter D. THE CATEGORICALLY NEEDY BREAST AND
CERVICAL CANCER PREVENTION AND TREATMENT PROGRAM FOR QUALIFIED
WOMEN

GENERAL PROVISIONS

§ 140.601. Policy on Medicaid for women with breast or cervical cancer.

The Department provides full Medicaid benefits to uninsured women, under 65 years of age, who have been screened and diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, who are eligible under the Commonwealth's categorically needy Breast and Cervical Cancer Prevention and Treatment (BCCPT) program.

§ 140.602. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

BCCPT--Breast and Cervical Cancer Prevention and Treatment --A Federally-funded Medicaid option that provides full Medicaid benefits to uninsured women under 65 years of age, screened, diagnosed and in need of treatment for breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. These women have been identified through an entity funded in full or in part by the Centers for Disease Control and Prevention.

CDC--Centers for Disease Control and Prevention--The lead Federal agency for protecting the health and safety of people at home and abroad by applying disease prevention and control.

NBCCEDP--National Breast and Cervical Cancer Early Detection Program--A program established by Congress under the Breast and Cervical Cancer Mortality Act of 1990 which authorizes the CDC to promote breast and cervical cancer screening and to pay for screening services for eligible individuals.

Uninsured--Having no creditable coverage as the term is used under the Health Insurance Portability and Accountability Act (HIPAA) (§ 2701(c) of the Public Health Service Act (42 U.S.C.A. § 300gg(c)).

ELIGIBILITY

§ 140.621. Conditions of eligibility.

Eligibility for Medicaid under BCCPT is based on the following:

(1) A woman shall meet the following eligibility requirements:

- (i) Chapter 125 (relating to application process).**
- (ii) Chapter 148 (relating to residence).**
- (iii) Chapter 149 (relating to citizenship and alienage).**
- (iv) Chapter 155 (relating to enumeration).**
- (v) Chapter 255 (relating to restitution).**
- (vi) Chapter 257 (relating to reimbursement).**

(2) Under categorically needy BCCPT, a woman shall:

(i) Be under 65 years of age.

(ii) Be screened under the CDC's NBCCEDP and diagnosed with either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, and need treatment for either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

(iii) Be uninsured.

(iv) Be ineligible for any other categorically needy Medicaid program.

INCOME, RESOURCES AND VERIFICATION

§ 140.631. Income eligibility limitations.

There are no income limits when determining eligibility under BCCPT except those necessary to be eligible for screening by the CDC's NBCCEDP.

§ 140.632. Resource eligibility limitations.

There are no resource limits when determining eligibility under BCCPT.

§ 140.633. Verification requirements.

(a) Under BCCPT, the following verification is required:

(1) Verification that the woman was screened for breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, by a provider or facility funded in full or in part by the CDC under its NBCCEDP, and diagnosed and found to need treatment for either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix. Verification of the continued need for treatment must be provided at each partial and complete redetermination.

(2) Verification that the woman is a U.S. citizen or qualified alien.

(3) Verification that the woman is under 65 years of age.

- (4) Verification that the woman is a resident of Pennsylvania.
 - (5) Verification that the woman is uninsured.
- (b) The verification specified in subsection (a) must be provided on a form established by the Department.

REDETERMINATION AND PARTIAL REDETERMINATION

§ 140.641. Complete redetermination.

(a) A complete redetermination is required at least every 12 months for women who continue to require treatment for either breast or cervical cancer, or a pre-cancerous condition of the breast or cervix.

(b) For Categorically Needy Breast and Cervical Cancer Prevention and Treatment Program for qualified women, the redetermination/reapplication requirements in Chapter 133 (relating to redetermining eligibility) apply.

§ 140.642. Partial redetermination.

(a) A partial redetermination is required at the end of the initial length of treatment for a woman whose initial length of treatment is expected to last less than 12 months. The initial length of treatment is based on the diagnosing or treating physician's attestation regarding the woman's diagnosis.

(b) For Categorically Needy Breast and Cervical Cancer Prevention and Treatment Program for qualified women, the partial redetermination requirements in Chapter 133 (relating to redetermining eligibility) apply.

14-490
NOV 04 2004

BENEFIT COVERAGE

§ 140.651. Benefit coverage.

The Department will provide full Medicaid coverage for a woman determined eligible under BCCPT.

§ 140.661. Eligibility begin date.

The eligibility begin date is the date the woman is diagnosed with breast or cervical cancer, or a pre-cancerous condition of the breast or cervix, but not prior to January 1, 2002.

§ 140.671. Retroactive eligibility.

The earliest possible date for retroactive BCCPT benefits to begin is the first day of the third month preceding the month of application, but not prior to January 1, 2002. The period of eligibility for retroactive BCCPT benefits begins the first day of the month in which the first medical service was incurred if the applicant was otherwise eligible during that month.

REPORTING

§ 140.681. Reporting of changes.

The recipient shall report changes in circumstances that would affect eligibility for participation in BCCPT within 10 days from the date of the change.

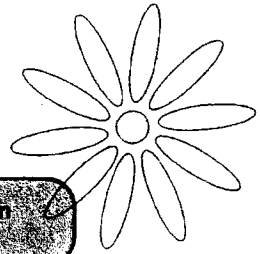
RIGHT TO APPEAL AND FAIR HEARING

§ 140.691. Appeal and fair hearing.

The applicant or recipient is entitled to the appeal and fair hearing rights under Chapter 275 (relating to appeal and fair hearing and administrative disqualification hearings).

* * * * *

HealthyWoman Project Enrollment Information



The following information will help determine if you are eligible for the Department of Health HealthyWoman Project. It will also be used to make a contact record. Thank you for answering the following questions.

NAME (Last, First, Middle Initial)	MAIDEN NAME	TELEPHONE NO. ()	BIRTH DATE	SOCIAL SECURITY NO.
ADDRESS		COUNTY	STATE	ZIP CODE

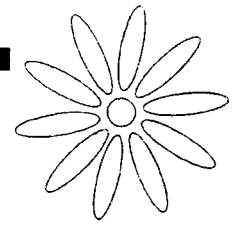
1. WHAT IS YOUR TOTAL HOUSEHOLD INCOME EACH MONTH BEFORE TAXES? ▶ \$	2. HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD? INCLUDE YOURSELF ▶
3. DO YOU HAVE ANY CHILDREN UNDER THE AGE OF 21 LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. ARE YOU PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. What type of health insurance do you have? (check one)
- 1. None (uninsured)
 - 2. Medical Assistance/ACCESS
 - 3. Medicare Part A only
 - 4. Private - not HMO - My insurance does not cover screening services provided by the Project.
 - 5. Private - not HMO - I am unable to pay the required co-pay or deductible of my insurance.
 - 6. Any HMO Coverage
 - 7. Medicare Part A and B
 - 8. adultBasic

If you checked box #4 or #5, please complete the following:

INSURANCE CARRIER NAME	POLICY NO.	GROUP NO.
IS THE ABOVE PRIVATE INSURANCE OBTAINED THROUGH EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES - EMPLOYER NAME		EMPLOYER TELEPHONE NO. ()
ADDRESS		

6. If this is your first visit in this program, tell us how you heard of the program. If this is your second year in the program, or if you have been a HealthyWoman client for some time, tell us how you knew to come back. (check one)
- 1. Friend, Relative
 - 2. Physician
 - 3. Outreach Worker
 - 4. Healthcare Provider
 - 5. TV/Radio
 - 6. Newspaper
 - 7. Flyers, Posters, Newsletters
 - 8. Reminder
 - 9. Church
 - 10. Community Event
7. Are you Hispanic or Latino? 1. Yes 2. No
8. What race do you consider yourself? (May select more than one)
- 1. White
 - 2. Black or African American
 - 3. Asian
 - 4. Pacific Islander or Native Hawaiian
 - 5. American Indian or Alaska Native
 - 6. Other
9. What is your marital status?
- 1. Never married
 - 2. Married
 - 3. Widowed
 - 4. Divorced/Separated
 - 5. Other
10. What is the highest grade you completed in school? _____
11. Are you a citizen of the United States or an alien in lawful immigration status? Yes No
12. Are you a resident of Pennsylvania? Yes No
13. May the Department of Health mail you information about women's health issues? Yes No



HealthyWoman Project

A Breast & Cervical Cancer Early Detection Project of the Pennsylvania Department of Health
Funding for this program is provided by the Pennsylvania Department of Health through a cooperative agreement with the
Centers for Disease Control and Prevention.

**HealthyWoman Project Consent and Enrollment Form
Breast and Cervical Cancer Prevention and Treatment (BCCPT) Program
Medicaid Eligibility Application – Part A**

CHART NUMBER

PROVIDER NAME AND ADDRESS

The Pennsylvania Department of Health (DOH) offers a health project for women called the HealthyWoman Project. This Project offers breast and cervical cancer screening. Screening can find cancer early so it can be treated or cured. The way to screen or test for breast cancer is to have a doctor or nurse examine your breasts and to have a breast X-ray, which is called a mammogram. The way to screen for cervical cancer is to have a pelvic exam and a Pap test. A Pap test is a smear taken from the cervix during the pelvic exam. The HealthyWoman Project pays for screening tests. If you are eligible for this Project, you should not be asked to pay for these tests.

If you have an abnormal screening test result, sometimes more tests are needed. The HealthyWoman provider will help you get the extra tests. The Project can pay for some of the extra tests needed. The provider will tell you if the Project will pay for a test that is recommended before you have the test. If needed, case management services will be offered to you.

If treatment for breast or cervical cancer is needed, the HealthyWoman provider will help you to get treatment. The Project does not pay for treatment. Medicaid may be available to pay for treatment.

HealthyWoman Project Consent for Release of Information

I understand the explanation above about the Pennsylvania Department of Health, HealthyWoman Project for women. I agree to be screened by the HealthyWoman Project. I give permission to any and all of my healthcare providers to provide all personal and medical information to the DOH and its contractors involved in this Project, as necessary, to perform treatment, care, and healthcare operations. This includes information about screening and other test results, treatment, care, and information from this form. I give permission for the DOH to share information with my healthcare provider(s) as needed for treatment, payment, and healthcare operations. I understand that I can revoke this consent at any time, except to the extent that the DOH has already released information based on this consent. I may request further restrictions on the disclosure of my information.

I understand that any information I give to the DOH is confidential. This means the DOH will not disclose or share my information, except for the minimum necessary to administer the Project described above. Statistical reports which result from this Project will not use my name or any other identifying information.

By signing this form, I am stating that I agree to, and understand, the terms of the Project described above. I am also stating that the information I provided on the other side of this form is true. I understand that my participation in this Project is voluntary, and that I can drop out of the Project at any time.

Signature _____

Today's Date _____

Witness Signature _____

Today's Date _____

(Verifies the signature of the Project participant)

**Medicaid Breast & Cervical Cancer Prevention & Treatment Program
Rights & Responsibilities**

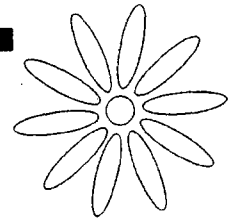
I only wish to apply for screening under the HealthyWoman Project, and do not wish to apply for *the Breast and Cervical Cancer Prevention and Treatment Program* at this time. Please initial:

- I understand that if I need treatment for breast or cervical cancer, the information on this form will be used to see if I am eligible for Medicaid.
- I understand that the information on this form will be kept confidential.
- I authorize the release of personal, financial, and medical information for the purpose of determining eligibility and for review of the Medicaid program.
- I understand that I must report any change in my circumstances that may affect my eligibility to the County Assistance Office within one week of the change.
- I understand that I may request a hearing if I do not agree with a decision made on this application.
- I understand that all Medicaid applicants/recipients must provide their Social Security Number, except those applying for treatment for an emergency medical condition. This number may be used to check the information on this application.
- I understand that I have a right to a certificate of creditable coverage to verify my medical coverage. Federal law limits when healthcare coverage may be denied or limited for a pre-existing condition. If I enroll in a group plan that allows for a pre-existing condition, I may get credit for the time I received Medicaid.
- I certify that the information on this application is correct under the penalty of perjury.
- I certify that I understand my rights and responsibilities.

Applicant's Signature _____

Date _____

Breast and Cervical Cancer Prevention and Treatment Program



Instructions for completing Form PA 600B

PART I – TO BE COMPLETED BY THE APPLICANT OR APPLICANT'S REPRESENTATIVE

YOUR NAME: Last, First, Middle Initial – Print or type clearly the Last Name, First Name and Middle Initial of the applicant.

DATE OF BIRTH: Enter the eight-digit birth date (mm/dd/yyyy) of the applicant.

SOCIAL SECURITY NUMBER: Enter the nine-digit social security number of the applicant.

PART II – TO BE COMPLETED BY A PROVIDER

DATE OF DIAGNOSIS: Enter either the date of the first positive biopsy/confirmation of diagnosis, or the confirmation of reoccurrence of breast or cervical cancer.

ICD-9 CODE: Check the most appropriate box to indicate the diagnosis. **Only one box should be checked.** If 196 or 198 is checked, the provider is attesting that the applicant has either breast or cervical cancer, including pre-cancerous conditions of the breast or cervix, as a primary diagnosis. If breast or cervical cancer, including pre-cancerous conditions of the breast or cervix, is not the primary diagnosis, applicant is not eligible for this program.

PROVIDER NAME: Enter the name of the provider who renders medical care to the applicant.

PROVIDER M.A.I.D. NUMBER: If the provider is a Medical Assistance (MA) participating provider, enter the seven-digit Medical Assistance Provider ID number assigned to the designated payee. If the provider is not an MA provider, leave the field blank.

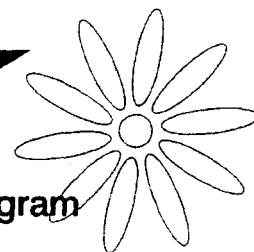
TELEPHONE NUMBER: Enter the telephone number of the office where the applicant is seen.

ADDRESS – STREET, CITY, STATE: Enter the address of the office where the applicant is seen.

PROVIDER AUTHORIZED SIGNATURE AND DATE: Signature of the provider who renders medical care to the applicant and the date the form is completed. **NOTE:** This signature attests to the fact that all information indicated in Part II is complete and accurate.

PART III – TO BE COMPLETED BY THE COUNTY ASSISTANCE OFFICE

Commonwealth of Pennsylvania – Department of Public Welfare



Breast and Cervical Cancer Prevention and Treatment (BCCPT) Program
MEDICAID ELIGIBILITY APPLICATION – PART B

PART I. TO BE COMPLETED BY THE APPLICANT OR APPLICANT'S REPRESENTATIVE

YOUR NAME – Last, First, Middle Initial	BIRTH DATE	SOCIAL SECURITY NO.
YOUR SIGNATURE _____		DATE _____

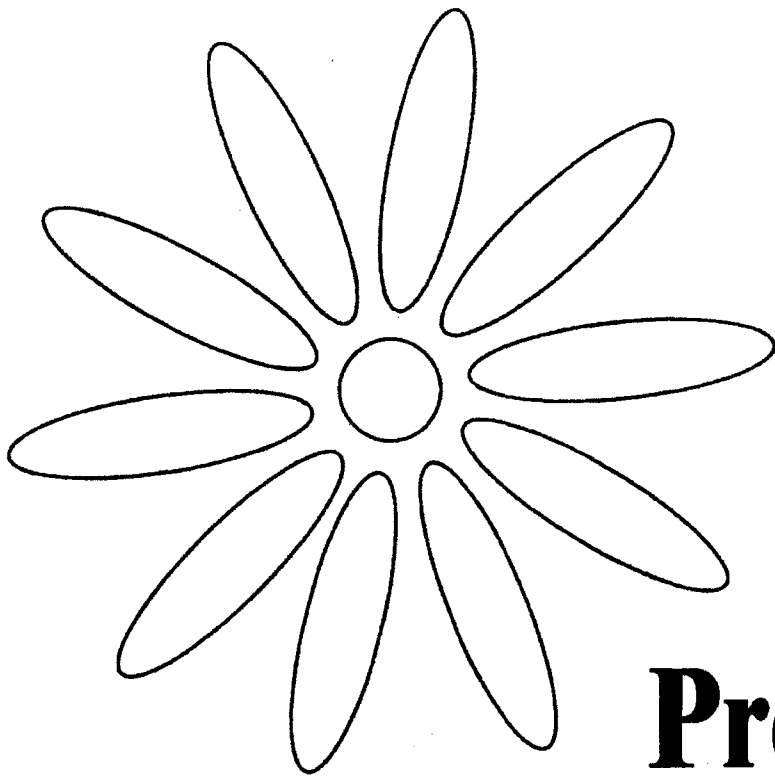
PART II. TO BE COMPLETED BY A PROVIDER

DATE OF FIRST BIOPSY/ CONFIRMATORY DIAGNOSIS	OR	DATE OF CONFIRMATION OF REOCCUR- RENCE OF BREAST OR CERVICAL CANCER
ICD.9 CODE	CLINICAL DESCRIPTOR	INITIAL ELIGIBILITY TIMEFRAME
BREAST CANCER		
<input type="checkbox"/> 174	Malignant Neoplasm of Female Breast, Primary (Includes: 174.0 - Nipple and areola; 174.1 - Central Portion; 174.2 - Upper-inner quadrant; 174.3 - Lower-inner quadrant; 174.4 - Upper-outer quadrant; 174.5 - Lower-outer quadrant; 174.6 - Axillary tail; 174.8 - Other specified sites of female breast; 174.9 - breast, unspecified.	12 month
<input type="checkbox"/> 196	Secondary and Specified/Unspecified Malignant Neoplasm of Lymph Nodes [with Breast Primary] (Includes: 196.1 - Intrathoracic lymph nodes (bronchopulmonary, mediastinal, intercostal, tracheobronchial); 196.3 - Lymph nodes of axilla and upper limb (brachial, infraclavicular, epitrochlear, pectoral); 196.8 - Lymph nodes of multiple sites	12 month
<input type="checkbox"/> 198	Secondary Malignant Neoplasm of Other Site [with Breast Primary] (Includes: 198.2 - Skin (skin of breast); 198.3 - Brain and spinal cord; 198.5 - Bone and bone marrow; 198.81 - Other specified sites (breast, excludes skin of breast); 198.89 - Other (with breast CA primary)	12 month
<input type="checkbox"/> 233	Carcinoma In Situ, Breast	6 month
<input type="checkbox"/> 233.0	Breast	
CERVICAL CANCER		
<input type="checkbox"/> 180	Malignant Neoplasm, Cervix uteri (Includes: 180.0 - Endocervix (Cervical canal NOS, Endocervical gland, endocervical canal), 180.1 - Exocervix, 180.8 - Other specified sites of cervix (Cervical stump, squamocolumnar junction of cervix, malignant neoplasm of contiguous or overlapping sites of cervix uteri whose point of origin cannot be determined), 180.9 - Cervix uteri, unspecified	6 month
<input type="checkbox"/> 196	Secondary and Specified/Unspecified Malignant Neoplasm of Lymph Nodes [with Cervix Primary] (Includes: 196.2 - Intra-abdominal lymph nodes (Intestinal, retroperitoneal, mesenteric), 196.5 - Lymph nodes of inguinal region and lower limb (Femoral, popliteal; groin, Tibial), 196.6 - Intrapelvic lymph nodes (Hypogastric, obturator, iliac, parametrial), 196.8 - Lymph nodes of multiple sites.	6 month
<input type="checkbox"/> 198	Secondary Malignant Neoplasm of Other Site [with Cervix Primary] (Includes: 198.1 - Other urinary organs, 198.3 - Brain and spinal cord, 198.5 - Bone and bone marrow, 198.6 - Ovary, 198.82 - Genital organs, 198.89 - Other (with cervix CA primary)	12 month
PRE-CANCEROUS CONDITIONS		
<input type="checkbox"/> 233.1	Carcinoma In Situ, Cervix (Cervical Intra-epithelial Neoplasia Grade III only)	3 month
<input type="checkbox"/> 238	Neoplasm of Uncertain Behavior (Includes: 238.2 - Skin (excludes: anus, skin of genital organs, vermillion border of lip); 238.3 - Breast (excludes skin of breast)	3 month
<input type="checkbox"/> 622.1	Dysplasia of Cervix (Cervical Intra-epithelial Neoplasia Grade II only)	3 month
PROVIDER NAME	PROVIDER M.A.I.D. NUMBER	TELEPHONE NUMBER ()
ADDRESS	STATE	ZIP CODE
PROVIDER AUTHORIZED SIGNATURE _____		DATE _____

PART III. TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE

1. <input type="checkbox"/> APPLICANT IS ELIGIBLE FOR ONGOING MEDICAID – BEGINNING	Month	Day	Year	COUNTY NUMBER
2. <input type="checkbox"/> APPLICANT IS NOT ELIGIBLE FOR ONGOING MEDICAID				RECORD NUMBER
REASON FOR REJECTION: <input type="checkbox"/> NO DOCUMENTATION OF ALIEN STATUS				CATEGORY
<input type="checkbox"/> OTHER: _____				LINE NO.
CAO WORKER'S SIGNATURE _____			DATE _____	

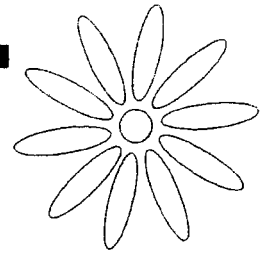
Breast & Cervical Cancer



Prevention & Treatment Program

**PARTIAL
RENEWAL**

PA 600BP



Breast and Cervical Cancer Prevention and Treatment Program

Instructions for Completing Form PA 600 BP Partial Renewal Form

PART I – TO BE COMPLETED BY THE APPLICANT OR APPLICANT'S REPRESENTATIVE

YOUR NAME: Last, First, Middle Initial – Print or type clearly the Last Name, First Name and Middle Initial of the recipient.

DATE OF BIRTH: Enter the eight-digit birth date (mm/dd/yyyy) of the recipient.

SOCIAL SECURITY NUMBER: Enter the nine-digit social security number of recipient.

PART II – TO BE COMPLETED BY A PROVIDER

CONTINUED TREATMENT REQUIRED FOR: Check the appropriate box to indicate the recipient's condition requiring continued treatment.

ADDITIONAL ELIGIBILITY PERIOD REQUESTED: Check the appropriate box to indicate the requested extension of eligibility. The requested eligibility should be based on the expected length of treatment, not to exceed 12 months.

REQUIRED DOCUMENTATION: Check the boxes to indicate that all required documentation is included in the submission.
NOTE: Treatment for breast or cervical cancer, as defined, will be used by the physician reviewer in the approval/denial of additional eligibility periods.

PROVIDER NAME: Enter the name of the provider who renders medical care to the recipient.

PROVIDER M.A.I.D. NUMBER: If the provider is a Medical Assistance (MA) participating provider, enter the seven-digit Medical Assistance Provider ID number assigned to the designated payee. If the provider is not an MA provider, leave the field blank.

TELEPHONE NUMBER: Enter the telephone number of the office where the recipient is seen.

ADDRESS – STREET, CITY, STATE: Enter the address of the office where the recipient is seen.

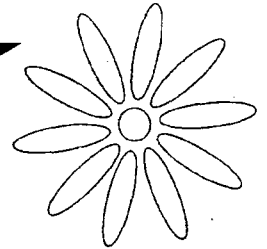
PROVIDER AUTHORIZED SIGNATURE AND DATE: Signature of the provider who renders medical care to the recipient and the date the form is completed.

NOTE: This signature attests to the fact that all information indicated in Part II is complete and accurate.

PART III – TO BE COMPLETED BY OMAP (PHYSICIAN REVIEWER)

PART IV – TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE

Commonwealth of Pennsylvania
Department of Public Welfare



BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT PROGRAM

PARTIAL RENEWAL

COUNTY NO.	RECORD NO.	CATEGORY	LINE NO.
------------	------------	----------	----------

PART I. CLIENT INFORMATION

YOUR NAME – Last, First, Middle Initial	DATE OF BIRTH	SOCIAL SECURITY NO.	
ADDRESS	STATE	ZIP CODE	TELEPHONE # ()
CLIENT'S COMMENTS:			

PART II. TO BE COMPLETED BY PROVIDER

INDIVIDUAL'S TREATMENT IS FOR:

1. BREAST CANCER CERVICAL CANCER PRE-CANCEROUS CONDITION

ADDITIONAL ELIGIBILITY PERIOD REQUIRED:

2. 3 MONTHS 6 MONTHS 12 MONTHS NO LONGER NEEDS TREATMENT

3. REQUIRED DOCUMENTATION FOR CONSIDERATION OF CONTINUED ELIGIBILITY

- Copies of diagnostic and pathology test results/reports pertaining to the diagnosis of breast or cervical cancer.
- A letter from the treating physician documenting medical necessity for further treatment of breast or cervical cancer, which includes:
 - Current cancer diagnosis, including stage and ICD-9 code.
 - A detailed summary of breast or cervical cancer treatment and the applicant's response, including a statement of applicant's compliance with cancer treatment to date.
 - Anticipated plan of care, including expected course and length of treatment.

- Ameliorate the direct effects of the breast or cervical cancer; or
- Aid in the clinical characterization of the breast or cervical cancer, including test or cure, but excluding screening for recurrence or new primary cancer; or
- Prevent the recurrence of breast or cervical cancer.

PROVIDERS NAME	PROVIDER M.A.I.D. NUMBER	TELEPHONE NUMBER ()
ADDRESS	STATE	ZIP CODE

PROVIDER'S AUTHORIZED SIGNATURE

DATE

PART III. TO BE COMPLETED BY OFFICE OF MEDICAL ASSISTANCE PROGRAMS

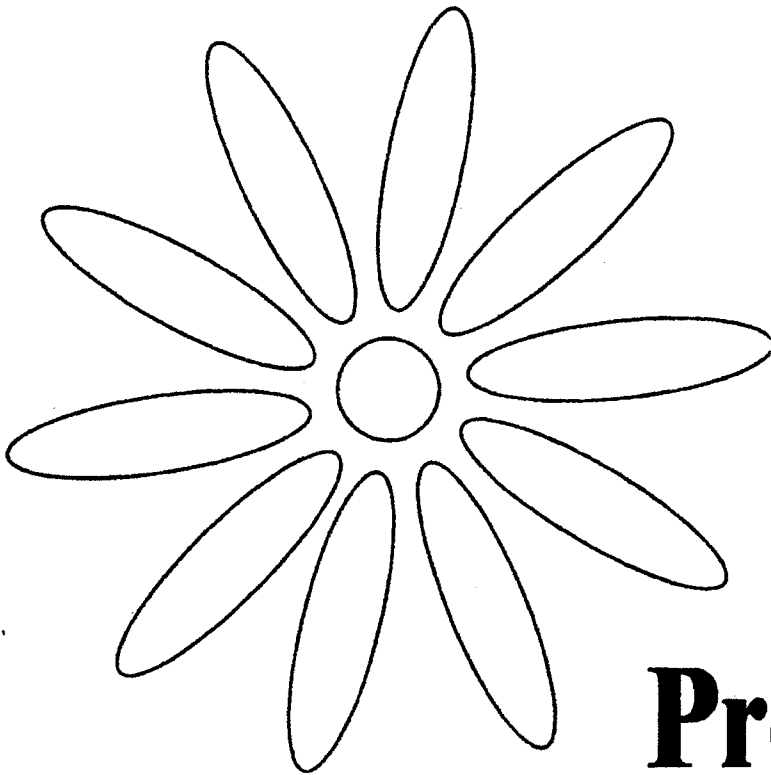
<input type="checkbox"/> ADDITIONAL ELIGIBILITY PERIOD APPROVED <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 12 MONTHS			ICD.9 CODE _____
<input type="checkbox"/> INDIVIDUAL NO LONGER NEEDS TREATMENT UNDER THE BCCPT PROGRAM BASED UPON THE MEDICAL EVALUATION.			
NAME	OFFICE	TELEPHONE NUMBER ()	
_____			_____
OMAP AUTHORIZED SIGNATURE			DATE

PART IV. TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE

<input type="checkbox"/> INDIVIDUAL REMAINS ELIGIBLE FOR ONGOING MEDICAID UNDER THE BCCPT PROGRAM.	
<input type="checkbox"/> INDIVIDUAL IS NO LONGER ELIGIBLE FOR ONGOING MEDICAID UNDER THE BCCPT PROGRAM BECAUSE:	
<input type="checkbox"/> MEDICAL EVALUATION AS NOTED IN PART III	<input type="checkbox"/> CREDITABLE INSURANCE COVERAGE <input type="checkbox"/> AGE (OVER 65)

CAO WORKER'S SIGNATURE	DATE

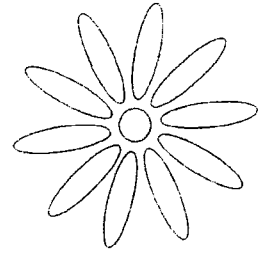
Breast & Cervical Cancer



Prevention & Treatment Program

**ANNUAL
RENEWAL**

PA 600BR



Breast and Cervical Cancer Prevention and Treatment Program

Instructions for Completing Form PA 600 BR Annual Renewal Form

PART I – TO BE COMPLETED BY THE APPLICANT OR APPLICANT'S REPRESENTATIVE

YOUR NAME: Last, First, Middle Initial – Print or type clearly the Last Name, First Name and Middle Initial of the recipient.

DATE OF BIRTH: Enter the eight-digit birth date (mm/dd/yyyy) of the recipient.

SOCIAL SECURITY NUMBER: Enter the nine-digit social security number of recipient.

PART II – TO BE COMPLETED BY A PROVIDER

CONTINUED TREATMENT REQUIRED FOR: Check the appropriate box to indicate the recipient's condition requiring continued treatment.

ADDITIONAL ELIGIBILITY PERIOD REQUESTED: Check the appropriate box to indicate the requested extension of eligibility. The requested eligibility should be based on the expected length of treatment, not to exceed 12 months.

REQUIRED DOCUMENTATION: Check the boxes to indicate that all required documentation is included in the submission.
NOTE: Treatment for breast or cervical cancer, as defined, will be used by the physician reviewer in the approval/denial of additional eligibility periods.

PROVIDER NAME: Enter the name of the provider who renders medical care to the recipient.

PROVIDER M.A.I.D. NUMBER: If the provider is a Medical Assistance (MA) participating provider, enter the seven-digit Medical Assistance Provider ID number assigned to the designated payee. If the provider is not an MA provider, leave the field blank.

TELEPHONE NUMBER: Enter the telephone number of the office where the recipient is seen.

ADDRESS – STREET, CITY, STATE: Enter the address of the office where the recipient is seen.

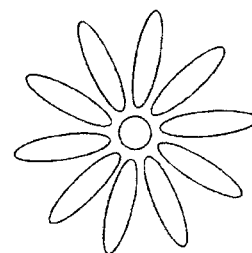
PROVIDER AUTHORIZED SIGNATURE AND DATE: Signature of the provider who renders medical care to the recipient and the date the form is completed.

NOTE: This signature attests to the fact that all information indicated in Part II is complete and accurate.

PART III – TO BE COMPLETED BY OMAP (PHYSICIAN REVIEWER)

PART IV – TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE

**Commonwealth of Pennsylvania
Department of Public Welfare**



Breast and Cervical Cancer Prevention and Treatment Program

ANNUAL RENEWAL

COUNTY NO.	RECORD NO.	CATEGORY	LINE NO.
------------	------------	----------	----------

PART I. CLIENT INFORMATION

YOUR NAME – Last, First, Middle Initial	DATE OF BIRTH	SOCIAL SECURITY NO.
ADDRESS	STATE	ZIP CODE
		TELEPHONE ()

COMPLETE THE FOLLOWING INFORMATION AND SIGN BELOW

YES NO DO YOU HAVE HEALTH INSURANCE? IF YES, PROVIDE THE FOLLOWING INFORMATION:

Name of Insurance Carrier:	POLICY NO.	GROUP NO.
----------------------------	------------	-----------

RIGHTS AND RESPONSIBILITIES

- I understand that the information on this form will be kept confidential.
- I authorize the release of personal, financial, and medical information for the purpose of determining eligibility and for review of Medicaid program.
- I understand that I must report any change in my circumstances that may affect my eligibility to the County Assistance Office within one week.
- I understand that I may request a hearing if I do not agree with a decision made on this application.
- I understand that all Medicaid applicants/recipients must provide their Social Security Number. This number may be used to check on information on this application.
- I understand that I have the right to a certificate of creditable coverage to verify my medical coverage. Federal law limits when health care coverage may be denied or limited for a pre-existing condition. If I enroll in a group plan that has a pre-existing condition, I may get credit for the time I received Medicaid.
- I certify that the information on this application is correct under penalty of perjury.
- I certify that I understand my rights and responsibilities.

CLIENT'S SIGNATURE

DATE

CLIENT'S COMMENTS: _____



PART II. TO BE COMPLETED BY PROVIDER

INDIVIDUAL'S TREATMENT IS FOR:

1. BREAST CANCER CERVICAL CANCER PRE CANCEROUS CONDITION

ADDITIONAL ELIGIBILITY PERIOD REQUIRED:

2. 3 MONTHS 6 MONTHS 12 MONTHS NO LONGER NEEDS TREATMENT

3. REQUIRED DOCUMENTATION FOR CONSIDERATION OF CONTINUED ELIGIBILITY

- Copies of diagnostic and pathology test results/reports pertaining to the diagnosis of breast or cervical cancer.
- A letter from the treating physician documenting medical necessity for further treatment of breast or cervical cancer, which includes:
- Current cancer diagnosis, including stage and ICD-9 code.
 - A detailed summary of breast or cervical cancer treatment and the applicant's response, including a statement of applicant's compliance with cancer treatment to date.
 - Anticipated plan of care, including expected course and length of treatment.

- Ameliorate the direct effects of the breast or cervical cancer; or
- Aid in the clinical characterization of the breast or cervical cancer, including test or cure, but excluding screening for recurrence or new primary cancer; or
- Prevent the recurrence of breast or cervical cancer.

PROVIDERS NAME	PROVIDER M.A.I.D. NUMBER	TELEPHONE NUMBER ()	
ADDRESS		STATE	ZIP CODE

PROVIDER AUTHORIZED SIGNATURE_____
DATE**PART III. TO BE COMPLETED BY OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

- ADDITIONAL ELIGIBILITY PERIOD APPROVED 3 MONTHS 6 MONTHS 12 MONTHS ICD.9 CODE _____

- INDIVIDUAL NO LONGER NEEDS TREATMENT UNDER THE BCCPT PROGRAM BASED UPON THE MEDICAL EVALUATION.

NAME	OFFICE	TELEPHONE NUMBER
------	--------	------------------

OMAP AUTHORIZED SIGNATURE_____
DATE**PART IV. TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE**

- INDIVIDUAL REMAINS ELIGIBLE FOR ONGOING MEDICAID UNDER THE BCCPT PROGRAM.

- INDIVIDUAL IS NO LONGER ELIGIBLE FOR ONGOING MEDICAID UNDER THE BCCPT PROGRAM BECAUSE:

- MEDICAL EVALUATION AS NOTED IN PART III CREDITABLE INSURANCE COVERAGE AGE (OVER 65)

CAO WORKER'S SIGNATURE_____
DATE

IRRC
TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO 14th Floor
REGULATORY REVIEW ACT HARRISTOWN II

I.D. NUMBER: 14-490
SUBJECT: Office of Income Maintenance - Special MA Eligibility Provisions
AGENCY: DEPARTMENT OF PUBLIC WELFARE

TYPE OF REGULATION

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
 - a. With Revisions
 - b. Without Revisions

RECEIVED
2004 NOV 16 AM 9:56
INDEPENDENT REGULATORY REVIEW COMMISSION

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
11/16		HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES
11/16		
11/16/04		SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE
11/16/04		
11/16/04		INDEPENDENT REGULATORY REVIEW COMMISSION (Last Signature)
		ATTORNEY GENERAL (for Final Omitted only)
11/16/04		LEGISLATIVE REFERENCE BUREAU (for Proposed only)