

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date Code Number

Name of Agency Arkansas Department of Human Services
Department Division of County Operations
Contact Person Sandra Miller Phone 682-8251
Statutory Authority for Promulgating Rules AR Code Annotated 20-76-201 et Seq., AR Code Annotated 20-15-201 et Seq., & The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA)

Medical Services Policy MS 31000 - 31050, Breast and Cervical Cancer Medicaid and Form DCO-129, Breast and Cervical Cancer Medicaid Application for Assistance Date

Intended Effective Date	Legal Notice Published	_____
<input type="checkbox"/> Emergency	Final Date for Public Comment	_____
<input type="checkbox"/> 10 Days After Filing	Filed With Legislative Council	_____
<input checked="" type="checkbox"/> Other	Reviewed by Legislative Council	_____
December 1, 2001	Adopted by State Agency	December 1, 2001

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Signature
Director, Division of County Operations

Title

Date

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
DIVISION of County Operations
DIVISION DIRECTOR Ruth Whitney, Director
CONTACT PERSON Sandra Miller, Assistant Director, OPPD

ADDRESS P. O. Box 1437, Slot 1220, Little Rock, AR 72203
PHONE NO. 682- 8251 FAX NO. 682-1597

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire attached to the front of two (2) copies of your proposed rule and mail or deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. **What is the short title of this rule?**
Medicaid Coverage for Breast and Cervical Cancer
- 2. **What is the subject of the proposed rule?**
To provide Medicaid coverage for uninsured women under the age of 65 who are in need of treatment for breast or cervical cancer.
- 3. **Is this rule required to comply with federal statute or regulations? Yes__No_X**
If yes, please provide the federal regulation and/or statute citation.
- 4. **Was this rule filed under the emergency provisions of the Administrative Procedure Act?**
Yes__ No_X
If yes, what is the effective date of the emergency rule?
When does the emergency rule expire?
Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? Yes__ No

5. Is this a new rule? Yes X No

Does this repeal an existing rule? Yes No X

If yes, please provide a copy of the repealed rule.

Is this an amendment to an existing rule? Yes No X If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Code Annotated 20-76-201 et. Seq. and Arkansas Code Annotated 20-15-201 et. Seq.

7. What is the purpose of this proposed rule? Why is it necessary?

To provide Medicaid coverage under the Breast & Cervical Cancer Prevention & Treatment Act of 2000 to increase the rate of early detection and treatment of breast & cervical cancer and reduce the morbidity rate from these diseases.

8. Will a public hearing be held on this proposed rule?

Yes No X If yes, please give the date, time, and place of the public hearing?

9. When does the public comment period expire?

October 30, 2001.

10. What is the proposed effective date of this proposed rule?

December 1, 2001

11. Do you expect this rule to be controversial? Yes

No X If yes, please explain.

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules? Please provide their position (for or against) if known.

None known.

PLEASE ANSWER ALL QUESTIONS COMPLETELY

July 28, 1995

DEPARTMENT Department of Human Services
DIVISION Division of County Operations
PERSON COMPLETING THIS STATEMENT Sandra Miller
TELEPHONE NO. 682-8250 FAX NO. 682-1597

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: Medicaid Coverage for Breast and Cervical Cancer.

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
Yes X No
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

Not Applicable

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

<u>2001-02 Fiscal Year</u>	<u>2002-03 Fiscal Year</u>
General Revenue <u>\$ 193,171.31</u>	General Revenue <u>\$454,590.32</u>
Federal Funds <u>\$ 513,363.13</u>	Federal Funds <u>\$1,206,924.00</u>
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other _____	Other _____
Total <u>\$706,534.44</u>	Total <u>\$1,661,514.32</u>

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

<u>2001-02 Fiscal Year</u>	<u>2002-03 Fiscal Year</u>
None	None

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

<u>2001 Fiscal Year</u>	<u>2002 Fiscal Year</u>
\$193,171.31	\$454,590.32

July 28, 1995

NOTICE OF RULE MAKING

Pursuant to AR Code 20-76-201 et Seq. & BCCPTA of 2000, Medicaid policy for coverage of Breast & Cervical Cancer and the application form DCO-129 will be implemented effective December 1, 2001.

Copies of the proposed policy may be obtained by writing the Division of County Operations, P.O. Box 1436, Slot 1220, Little Rock, AR 72203. All comments must be submitted in writing to the above address no later than __October 30, 2001__.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, disability, political affiliation, veteran status, age, race, color or national origin.

Ruth Whitney,
Director, Division of County Operations

Date: _____

**MS – BREAST AND CERVICAL CANCER MEDICAID
Eligibility Requirements**

31000 – 31010

31000

Breast and Cervical Cancer Medicaid

12-01-01

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) gives states the option of providing Medicaid benefits to uninsured women under age 65 who are in need of treatment for breast or cervical cancer. Eligible participants must be identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as needing treatment for breast or cervical cancer, including pre-cancerous conditions and early stage, recurrent or metastatic cancer.

Arkansas elected to implement this program effective December 1, 2001 by expanding the Breast Care program currently administered by the Arkansas Department of Health (ADH). This program includes a federally funded program that covers breast and cervical cancer screening and diagnosis as well as a state program that covers breast cancer screening, diagnosis and treatment.

The county DHS offices will not be involved in the screening process or in determining eligibility for this program.

31005

Eligibility Requirements

12-01-01

To qualify for this new category, a woman must meet the following eligibility requirements:

1. The woman must have been screened for breast or cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Service (PHS) Act, and found to need treatment for either breast or cervical cancer, including precancerous conditions.
2. She must not have creditable insurance coverage.
3. She must not be eligible in any other categorically needy Medicaid eligibility group.
4. She must be under age 65.
5. She must be an Arkansas resident per the residency requirements at MS 2200-2220.
6. She must be a US citizen or qualified alien per MS 3310 #3, 3324.
7. She must declare a Social Security number per MS 1390.
8. She must assign rights to Medical Support/Third Party Liability according to MS 1350 if she has insurance that is not creditable (ADH will obtain the DMS-662.)

31010

Screening

12-01-01

To be eligible for Breast and Cervical Cancer Medicaid, a woman must be screened under the CDC Breast and Cervical Cancer Early Detection Program. Women are considered screened under the CDC program if their clinical services were provided all or in part by CDC Title XV funds, or the service was rendered by a provider funded at least in part by CDC Title XV funds, or if they are screened by another provider whose screening activities are pursuant to CDC Title XV. BreastCare provides a toll free number for women to call (1-877-670-CARE) to

Screening

determine if they are eligible for the program. The phone center determines eligibility based on age, income, and insurance status. If the woman is eligible, the enrollment information is entered into a computerized database. An appointment is scheduled with a provider for appropriate services while the woman is still on the phone. She receives a BreastCare identification card that she must present at each visit. When a woman is diagnosed with breast or cervical dysplasia/cancer, the ADH regional care coordinators will complete a form to determine if the individual is potentially eligible for Medicaid in another category before the Breast and Cervical Cancer Medicaid application is approved.

31015 Creditable Coverage**12-01-01**

The term “creditable coverage” in this category means any insurance that pays for medical bills incurred for the diagnosis and treatment of breast and cervical cancer. A woman having the following types of coverage would be considered to have creditable coverage and would normally be ineligible for Breast and Cervical Cancer Medicaid:

- A group health plan
- Health insurance coverage – benefits consisting of medical care under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer
- Medicare Part A and B
- Medicaid
- Armed Forces insurance
- A medical care program of the Indian Health Service (IHS) or of a tribal organization
- A state health risk pool

There may be some circumstances where a woman has creditable coverage, but is not actually covered for treatment of breast or cervical cancer. In instances such as pre-existing condition exclusions, or when the lifetime limit on benefits has been exhausted, a woman is not considered covered for this treatment. In these types of circumstances, the woman may be eligible for Breast and Cervical Cancer Medicaid if she meets all other eligibility criteria.

If a woman has limited coverage, such as limited drug coverage or limits on the number of outpatient visits, or high deductibles, she is still considered to have creditable coverage. However, if she has a policy with limited scope coverage such as those that only cover dental, vision, or long term care, or a policy that covers only a specific disease or illness, she is not considered to have creditable coverage, unless the policy provides full coverage for breast and cervical cancer.

There is no requirement that a woman be uninsured for any specific length of time before she is found eligible for Medicaid under this program. If a woman loses creditable coverage for any reason, she can become immediately eligible for Medicaid coverage in this category, assuming she meets all other eligibility criteria.

Applications for Breast and Cervical Cancer Medicaid will be forwarded to the Arkansas Department of Health for processing.

Preliminary eligibility will be determined by ADH. The back of the DCO-129 will be completed by the ADH worker. If the applicant appears eligible, the ADH worker will forward the DCO-129 along with any supporting documentation (e.g., documentation of alien status, DMS-662, etc.) to the DHS Central Eligibility Unit for the final determination and certification to the system.

When a patient has a current diagnosis of breast or cervical cancer at the time of enrollment, the phone center will contact the provider to verify the diagnosis and treatment recommendations. The patient will be enrolled in BreastCare for the purpose of meeting eligibility criteria for Breast and Cervical Cancer Medicaid. The phone center will notify ADH. The ADH care coordinator will contact the patient within 72 hours to assist them with the Medicaid enrollment process. When the Medicaid application is approved, the phone center will end the patient's eligibility for BreastCare.

Applicants potentially eligible for another category of Medicaid will be referred to DHS. Their applications for Breast and Cervical Cancer Medicaid will be held until other Medicaid eligibility is determined. If the Medicaid application is denied, the DCO-129 will be sent to DHS for processing of the Breast and Cervical Cancer Medicaid.

Applications will be processed within 45 days, barring unusual circumstances. If ADH determines that the applicant is not eligible, the application will not be forwarded to DHS. ADH will send a notice of denial with reason for denial to the applicant.

Individuals inquiring at DHS about Medicaid for Breast and Cervical Cancer should be referred to the toll free number to see if they are eligible for the program (1-877-670-CARE).

31050 **Continuing Eligibility**

12-01-01

A woman eligible in this category will continue to be eligible as long as she is receiving treatment for breast or cervical cancer, is under age 65, and is not otherwise covered under creditable insurance coverage. Cases are reevaluated each year by ADH. A new application form will not be needed. ADH will send an electronic notice to the DHS Central Eligibility Unit that the woman is still eligible. The DHS Central Eligibility Unit will update the reevaluation date on the system. ADH will notify DHS when treatment has ended or that the woman no longer meets the eligibility requirements for the program. DHS will send a 10-day notice via the DCO-700 that the case will be closed, and case closure will be keyed after the 10th day. The patient will be instructed to call the BreastCare phone center 1-877-670-2273 to reenter the BreastCare program.

A woman is not limited to one period of eligibility. A new period of eligibility and coverage would commence each time a woman is screened under a CDC program and found to need treatment for breast or cervical cancer, and meets all other eligibility criteria.

If a woman is still receiving treatment for the initial breast or cervical cancer diagnosis, and the cancer spreads to other parts of her body, she would continue to be eligible for additional treatment if the metastasized cancer is either a known or presumed complication of breast or cervical cancer. However, if the first treatment period is over and her Medicaid eligibility has been terminated, she must be re-certified as eligible for the CDC program to renew her Medicaid eligibility for the treatment of recurrent breast or cervical cancer.