BC3NP
Breast & Cervical Cancer Control Navigation Program

Client Eligibility Policy

June 2022

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I. Introduction

This policy specifies eligibility criteria for clients receiving services in any of the following BC3NP components: Caseload Enrolled, Navigation-Only, and Medicaid Treatment Act.

II. BC3NP Client Eligibility Criteria

A. Table 1 details client eligibility for each program component based on:
   1. Poverty level as defined by income and number of household members supported by the income
   2. Client age
   3. Insurance status
   4. Michigan residency
   5. US citizenship (MTA clients only)

B. Tables 1-4 specifies client eligibility for specific program services.
   1. Tables 2, 3, and 4 describe client eligibility by age, risk status, and diagnostic services required.

III. Poverty Level Criteria

A. The client's household income and total number of people in the household supported by that income are used to calculate poverty level.

B. To be eligible to receive program services, client's total income must be < 250% Federal Poverty Level (FPL).

C. FPL are updated yearly.

See Appendix A for guidelines in determining household income.

Table 1: Client Eligibility Criteria

Program Criteria	Caseload	Navigation-Only	Medicaid Treatment Act
Income **(Appendix A)**	≤ 250% Federal Poverty Level	No income requirement: eligible women are those identified as having "low-incomes".	≤ 250% Federal Poverty Level
Age Requirement	**Screening/Diagnostic Services** • 21-39: requiring **diagnostics** for a breast **abnormality** • 40-64: requiring **breast** cancer screening and/or diagnostic services **(1)** • 21-64: requiring **cervical** cancer screening and/or diagnostic service **(1)**	• 21 - 64 **(1)**: requiring assistance to receive a Pap test or mammogram	• 21-64: **Diagnosed** with breast or cervical cancer or cervical pre-cancerous lesion (CIN II) and requires treatment
Insurance status	• Uninsured **or** • Underinsured **(2)** Has Medicare Part A but not Part B ***or*** Not eligible/can't afford Medicare Part B.	• Insured (insurance covers total cost of screening and diagnostic services)	• Uninsured ***or*** • Underinsured **(3)**
Residency	• Current Michigan Resident (current Michigan address) • Migrant Worker	• Current Michigan Resident (current Michigan address) • Migrant Worker	• Michigan resident (as determined by verifable current address and a picture ID (E.g. driver's license)
Citizenship	• US citizen, documented or non-documented residents are eligible • No verification of citizenship status required	• US citizen, documented or non-documented residents are eligible • No verification of citizenship status required	• US Citizen or has lived in US for 5 years AND has alien resident card or visa Verification of citizenship **(4)** ***is*** required

Footnotes:

(1) Women up to age 70 can be enrolled in BC3NP for services. Women over age 70 require pre-approval by the BC3NP Nurse Specialist prior to enrollment.

(2) Criteria for Billing BC3NP for Underinsured Caseload Clients

- Underinsured clients are defined as clients who have stated that the cost of their insurance deductible presents a hardship for them and would prevent them from receiving services.
- Bill client's insurance first and BC3NP second. BC3NP payment are funds of last resort.
- After client's insurance Explanation of Benefits (EOB) is received, bill BC3NP for services not covered.
- If client's insurance covers all costs of services, client is ineligible to enroll in BC3NP.

(3) Eligibility Criteria for Enrolling Underinsured MTA Clients

- Client diagnosed with breast or cervical cancer and has not started treatment OR insurance has not paid for any part of treatment.
  Exception: Clients enrolled in Healthy Michigan Plan (HMP) or another type of Medicaid **are** eligible to transfer to BC3NP MTA at any point during their cancer treatment.
- Client has started treatment but stopped because her insurance carrier has terminated insurance coverage.
- Client has an insurance deductible/out of pocket costs that present a hardship and will prevent her from receiving treatment.
- Client who has insurance through the Marketplace is ineligible for BC3NP.
- **Final decision of client eligibility to enroll in MTA based on insurance status is determined by the BC3NP Nurse Specialist or Director.**

(4) Verification of Citizenship Status

- Documents required to verify citizenship status include:
  - Picture ID (any of the following: state ID, Driver's license, Passport) **and**
  - Proof of Citizenship (Voter ID, Birth certificate, Passport, Enhanced Michigan Driver's License, Documented Resident/Registered Alien (living in the US for > 5 years) OR Refugee)

Non-US Citizen but Michigan Resident: Not eligible for MTA; only eligible for Emergency Services Only (ESO). ESO does not cover cancer treatment.

Table 2: Age and Risk Status for Breast Cancer Screening Services

Client Age	Risk Status	Breast Screening Services	Comments
40-64	Average Risk	Screening Mammogram every 1-2 years	Priority Enrollment: women ≥ 50 years of age
25-64	**High Risk***	Screening MRI annually	Pre-approval Required: Contact Kanika Lewis, Breast Nurse Specialist (LewisK27@michigan.gov)

Women classified as High Risk* for Breast Cancer must have one or more of the following risk factors:

- Personal history and/or family member with known genetic predisposition (i.e., BRCA1/2, p53, PTEN) or another gene mutation
- 20-25% or > personal **lifetime** risk based on risk assessment models or > 1.7%/5 years based on NCI Risk model
- Radiation treatment to the chest between ages of 10-30
- History of atypical ductal or lobular hyperplasia or lobular carcinoma in situ
- Personal/family history of genetic syndromes (E.g., Li-Fraumeni syndrome, etc.)

Table 3: Age and Risk Status for Cervical Cancer Screening Services

Client Age	Risk Status	Cervical Screening Services	Comments
21-29	Average Risk	Pap test (ONLY) every 3 years	HPV co-test not indicated for screening in this age group. Reflex HPV testing after ASC-US Pap test will be reimbursed for women ages 21-29.
25 -64	Average Risk	Screening Pap test **only** every 3 years ***or*** Primary HPV Test **only** every 5 years ***or*** Pap and HPV co-test every 5 years	Priority enrollments should be given to women NEVER screened for cervical cancer.
21-64	**High Risk ***	Screening Pap test (alone) annually x 3 years	If normal, Pap/HPV co-test every 3 years. Contact Kristin Pribyl, Cervical Nurse Specialist (PribylK@michigan.gov) for questions.

Women classified as High Risk* for Cervical Cancer must have one or more of the following risk factors:

- Prior history of CIN or cervical cancer
- Prior DES exposure
- Immunosuppression for other causes
- HIV/AIDS infection
- Organ transplantation

Table 4: Breast and Cervical Diagnostics Based on Age

Client Age	Reason for Diagnostic Services	Type of Diagnostic Services	Comments
21-39	Breast Referral for evaluation of abnormal clinical breast* or imaging exam	BC3NP approved breast diagnostic services (including MRI for clients age 25 or older)	Contact Kanika Lewis (LewisK27@michigan.gov) **prior** to enrolling client
40-64	Breast Referral for evaluation of abnormal clinical breast* or imaging exam	BC3NP approved breast diagnostic services	Refer to BC3NP Unit Cost Reimbursement List
21-64	Cervical Referral for evaluation of an abnormal Pap/HPV test	BC3NP approved cervical diagnostic services	Refer to BC3NP Unit Cost Reimbursement List

***Abnormal clinical breast exam results include any of the following:**

- Palpable, dominant breast mass
- **Unilateral, spontaneous,** nipple discharge that is clear or colorless, serous, sanguineous, or serosanguineous
- Asymmetric thickening/nodularity
- **Unilateral** breast pain, non-cyclic
- **Skin** changes

Appendix A

Income/Poverty Level Requirement for BC3NP Enrollment

1. Poverty Level: based on the client's household income (as described below) and the number of people in the household supported by that income.
2. Determining poverty level and program eligiblity is based on a client's verbal* responses to the following questions. (*No written verification or review of tax documents is required.)
   a. Household Income determination - Ask the client the following questions:

      (1) What is your yearly income?

      (2) Do you file income tax by yourself or with another person?

      - If client files by herself – just count her income.
      - If client files jointly with another person – count both incomes.

      (3) **Do you receive any additional income other than wages** (E.g. Social Security, Disability Benefits, alimony, child support, unemployment compensation, workman's compensation, pension/retirement, military allotments, veteran's benefits, and/or interest from assets)?

      (4) **Do you have deductions from your income** (E.g. work-related expenses, alimony/child support paid, adult day care for a parent with dementia, child care for working clients, health/hospital insurance premiums, and family medical expenses paid out of pocket)?

   b. Determining Number of Household Members – Ask the client:

      - **How many people does this income support?**

   c. Poverty level (based on current year FPL rates) = client's yearly income (based on verbalization of amount stated on tax returns) + additional non-wage income minus (-) verbalized deductions to number of people in household income supports.

Example 1: A client and her partner file a joint income tax. Stated income for last year was $42,000. A fifteen-year-old son lives with them and works 10 hours a week at a local restaurant. The client and her partner receive no other income other than wages, but her partner pays $200/month child support to an ex-wife.

To determine Poverty Level:

- Use the income stated by the client on the joint tax return: $42,000
- Add additional non-wage income: $0
- Deduct $2,400 from income for child support ($200/month):
  $42,000 - $2,400 = $39,600
- Number of household members supported by income = 3 (client, partner, and son)
- Final Poverty Level determination: $39,600 for household of 3
- Currently 250% of poverty level for a household of 3 is $51,950
- **Client is eligible for program(s)**

Example 2: A client has SSI benefits ($800/month). She receives no other income and has no deductions. She is providing care for her mother who lives with her. Both file separate tax returns.

To determine Poverty Level:

- Use the income stated by the client: $800/month x 12 months = $9,600 annual
- (Because client and her mother file separate tax returns the mother's income is not counted.)
- Additional non-wage income: $0
- Deductions: $0
- Number of household members supported by income = 2 (client and her mother she is caring for)
- Final Poverty Level determination: $9,600 for household of 2
- Currently 250% of poverty level for a household of 2 is $41,150
- **Client is eligible for program(s).**