



CLINICAL ELIGIBILITY GUIDELINES (Updated August 2012)

(Keep this two-page information sheet handy, post it, make copies, share it, etc.)

In order to be eligible for this program, women must meet the criteria in each of these three categories: (1) age/symptoms, (2) income, and (3) insurance. All women must complete an application form and submit it to us for approval. Please use the most recent version of the application form, which can be found on our program web site: http://www.health.wyo.gov/phsd/bccedp. Copies can also be obtained by calling the program (1-800-264-1296). Applications may be faxed to expedite the process (fax 307-777-3765).

CATEGORY 1: AGE / SYMPTOMS

Women who are:

- Age: 50-64 years: Any woman in this age group (asymptomatic or symptomatic).
- Age 30-49: Any woman in this age group that has not had a Pap test in the past 5 years.
- Age 40-49: Any woman in this age group with a previous history of breast cancer.
- Age: 65 years or older. Women without Medicare Part B are eligible.

Other potentially eligible women:

• Age 18-64 with an abnormal breast cancer screening or diagnostic test such as abnormal clinical breast exam (CBE), mammogram, ultrasound, or other breast cancer diagnostic test <u>suspicious for cancer</u>, **if** the abnormal screening or diagnostic test was completed within the past three months.

<u>Note</u>: If a woman does not meet the criteria, but the healthcare provider considers her to be at high risk for breast cancer due to *other* reasons, the healthcare provider must send a letter to the program manager indicating the reason(s) they believe an exception should be made. The program will then take the request to our WDH staff physician and/or our Medical Advisory Council for review.

- Age 18-64 with a breast biopsy positive for breast cancer. <u>Biopsy should</u> be within the past three months. If the biopsy/diagnosis of breast cancer is older than three months ago, please call the program manager at 307-777-6006.
 - The usual criterion for transition to Medicaid for treatment of breast cancer is a biopsy positive for breast cancer.
- Age 21- 64 with certain abnormal Pap test results (women under age 21 do not qualify):
 - Age 21 to 29 with a Pap test of HSIL, ASC-H, AGC (due to cervical reasons) or CIS (those with ASCUS or LSIL with or without + high risk HPV are <u>not</u> eligible if under age 30).
 - Age 30 or older: ASCUS with + high risk HPV, ASC-H, HSIL, LSIL with + high-risk HPV, LSIL-H*, persistent LSIL (2 or more within the past 12 months), AGC (due to cervical reasons) or CIS.

*LSIL-H is not a designated Bethesda category however some pathologists use this designation if HSIL can not be completely ruled out.

o Abnormal Pap results *must* be within the previous three months.

<u>Note:</u> If a woman does not meet these criteria, but the healthcare provider considers her to be at high risk for cervical cancer due to other reasons, the healthcare provider must send a letter to the program manager indicating the reasons they believe an exception should be made in this case. The program will then take the request to our WDH staff physician and/or our Medical Advisory Council for their review.

- Women age 21-64 with a cervical biopsy of CIN II, III, CIS, AGC (due to cervical reasons), or cervical cancer, *if* the diagnosis was within the past three months. For women with invasive cervical cancer who have a diagnosis older than three months ago, please call the program manager at 307-777-6006.
 - The criterion for transition to Medicaid for treatment is a cervical biopsy of CIN II, CIN III, CIS, AGC (due to cervical reasons), or Cervical Cancer.

NOTE: Documentation of abnormal breast or cervical cancer screening or diagnostic test results must be submitted with the application form. Failure to do so will delay the application process. Abnormal cancer screening or diagnostic test results must be within the previous three months! Again, foe a woman with a breast or cervical biopsy positive for cancer that is older than three months, call the program manager.

CATEGORY 2: INCOME

In addition to age/symptom criteria, women's gross household income (before taxes) must be at or under 250% of the federal poverty level. Federal poverty level guidelines are updated yearly. *The most recent / current Program Income Guideline table is posted on our program web site*: http://www.health.wyo.gov/PHSD/bccedp.

CATEGORY 3: INSURANCE

In addition to the age and income criteria, potentially eligible women must also be <u>uninsured</u> – meaning they do *NOT* currently have (a) health insurance, (b) Medicare Part B, or (c) Title 19 (Medicaid).

Note Regarding CITIZENSHIP: Women are <u>not</u> required to be U.S. citizens to enroll in and receive <u>screening and diagnostic services</u> through the Wyoming Breast and Cervical Cancer Early Detection Program/Women's Health Source. If a non-citizen is diagnosed with breast or cervical cancer (or high-grade cervical pre-cancer) their case will be forwarded to the Office of Health Care Financing for review and they make the final determination concerning if the woman qualifies for any Medicaid treatment coverage.

Note Regarding CRITERIA FOR BREAST OR CERVICAL CANCER TREATMENT: Women who are not already enrolled in our program might qualify for enrollment to be immediately transitioned to Medicaid if they are uninsured, low-income (<250% of the Federal Poverty Guidelines), and have a pathology report positive for breast cancer or cervical cancer. Don't delay - please call us if you have any question concerning this policy!

Questions??? Call us at 1-800-264-1296

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