I Introduction
As a result of the Affordable Care Act, the availability of both the Insurance Marketplace
and the Healthy Michigan Plan (HMP) will change the way women may receive services
from the BCCCP. PRIOR to enrolling any woman in the BCCCP, these criteria must be
followed:

II Determining Eligibility
A. The following information MUST be determined PRIOR to enrolling women in
BCCCP

1. Insurance status: Ask the following questions:
   a. Are you on Medicaid or the Healthy Michigan Plan?
      • If yes: NOT eligible for BCCCP
      • If no, go to b.
   b. Do you have insurance?
      • If yes, determine coverage, go to IV. C.
      • If no, go to IV A and B.

2. Age:
   a. 40-64 to receive BCCCP reimbursed screening and/or diagnostic services
   OR
   b. Age 19-39 and referred from a Title X/Family Planning provider for
cervical diagnostic services as follow-up of a cervical abnormality.

3. Income* see Appendix A for determination of household income
   a. \(\leq 138\%\) Federal Poverty Level (FPL): go to IV A. (See algorithm
      Uninsured Women, Age 40-64 Seeking BCCCP Services)
   b. \(> 138\% \text{ but } < 250\% \text{ and UNINSURED}\) go to IV B. (See algorithm
      Uninsured Women, Age 40-64 seeking BCCCP Services)
   c. \(> 138\% \text{ but } < 250\% \text{ and INSURED}\) go to IV C (See algorithm, Insured
      Women, Age 40-64 seeking BCCCP Services)
   d. \(> 250\%\): Ineligible for BCCCP – Inform the woman of her option to enroll
      in a health plan during open enrollment for the Insurance Marketplace.

4. Residency and Citizenship Status: (must be Michigan Resident)
   a. US Citizen and Michigan Resident (as determined by verifiable current
      address (E.g. driver’s license, voter ID, Passport)
   b. Non US Citizen but Michigan Resident: Enroll in BCCCP (Not eligible for
      Medicaid or Insurance Marketplace unless non-citizen has been a resident
      for at least 5 years)
c. **EXCEPTIONS** for Residency Status:
   - Migrant workers
   - Women living near the border of a neighboring state (Indiana, Ohio, Wisconsin, Minnesota) who plan to receive screening and/or diagnostic services in Michigan
   - Women who opt not to purchase insurance secondary to religious Objections

   **Note:**
   - For women $\leq 138\%$ FPL, who are not eligible for HMP due to religious reasons or are non-citizens, this information does not need to be entered in MBCIS.
   - Agencies who want to track this information in MBCIS can document it on the “Clients Tab” under Special Considerations.

III. **EFFECTIVE IMMEDIATELY** prior to the opening of the Healthy Michigan Plan (HMP) in April 2014.

   A. Uninsured women, age 40 to 64, $< 250\%$ poverty:
      1. **Are eligible to enroll in the BCCCP**
      2. The 75/25 split will apply if the client is between ages 40-49 and receives a SCREENING mammogram in the BCCCP.
      3. *There is no 75/25 requirement for screening CBE and/or Pap tests or breast or cervical diagnostics (this includes a diagnostic mammogram).*
      4. However, women in this age range who receive a screening CBE and/or Pap tests or breast or cervical diagnostics **WILL COUNT in the agency’s caseload.**

   B. Insured women*, age 40-64; $\leq 250\%$ FPL:
      1. Insurance MUST be verified for coverage of screening and/or diagnostic services (copy both sides of card).
      2. If the insurance coverage does not include prevention services, the woman is eligible to enroll in BCCCP for screening and follow-up services
      3. If the insurance covers screening services and the woman is identified with a breast or cervical abnormality suspicious for cancer BUT the insurance either does not include coverage for needed diagnostic testing and/or has a very high deductible, she is eligible to enroll in BCCCP to pay for diagnostic services
*Includes women enrolled in Medicare Part A ONLY but are ineligible to enroll in Medicare Part B due to insufficient length of Medicare-covered employment or cannot afford Medicare Part B.

IV. After the enrollment for HMP opens (April, 2014) and continuing into FY15 (Beginning October 1, 2014)

A. Uninsured women whose stated income is \( \leq 138\% \) of poverty
   1. Provide patient navigation assistance to refer all eligible clients to the HMP. These women are INELIGIBLE to enroll in BCCCP.

2. Beginning October 1, 2014, it is MANDATORY that information listed below documented on the BCCCP enrollment form and in MBCIS in order to track those women referred to HMP.
   a. Enrollment Form Documentation: Complete the following information on Page 1 of the BCCCP enrollment form
      - Client Contact Information
      - Race and Ethnicity
      - Household Members and Income
      - Check the “Referral to HMP/Medicaid Box” under the section “For BCCCP Admin Use Only”
   b. MBCIS Documentation
      (1) Document “Client Contact” information and “Race and Ethnicity” information in MBCIS on the Client tab
      (2) Open a new enrollment cycle. Document the following on the Enrollment Tab
         - Enrollment Site
         - Enrollment Date
         - Household Income
         - Household Members
         - Check the Referral to HMP/Medicaid box (When box is checked, status will change to “Inactive: HMP/Medicaid
         and No services can be entered in the screening summary if HMP referral box is checked)

3. Prior to Oct. 1st, 2014 referrals to the HMP may be documented in MBCIS at the discretion of the individual agency and tracked in MBCIS. This is NOT mandatory until October 1st, 2014.
4. Women who are rejected by the HMP:
   • Are eligible to enroll in the BCCCP as caseload permits.
   • Prior to enrollment, the woman must provide a paper copy of the HMP rejection notice.

NOTE:
• The 75/25 requirement will apply if the client is between ages 40-49 and receives a SCREENING mammogram in the BCCCP.
• There is no 75/25 requirement if the client receives a screening CBE and/or Pap test or breast or cervical diagnostic procedure (this includes a diagnostic mammogram).
• **However, clients age 40-49 who receive a screening CBE and/or Pap test or breast or cervical diagnostic procedure WILL COUNT in the agency’s caseload.**

B. Uninsured women between 138% and 250% of poverty
   (See algorithm Uninsured Women, Age 40-64 seeking BCCCP Services)
   1. These women are eligible to enroll in the BCCCP for screening services, and/or diagnostic services as may be indicated. The 75/25 requirement applies as stated above.
   2. Encourage these women to enroll in a health plan through the Marketplace during open enrollment.
   3. Refer the woman to a certified navigator to learn about their insurance options and the subsidies available to pay for them.

C. Insured women between 138% and 250% of poverty
   (See algorithm Insured Women, Age 40-64 seeking BCCCP Services)
   1. Both insurance and coverage for breast/cervical diagnostic services must be verified prior to enrolling in the program.
   2. If the coverage does not include prevention (screening services), the woman is eligible to enroll in BCCCP for screening services.
   3. If the insurance covers screening services and the woman is identified with an abnormality suspicious for breast or cervical cancer BUT the insurance plan requires a deductible* prior to performing diagnostic procedures or does not include coverage for needed diagnostic procedures, the woman is eligible to enroll in BCCCP. **Her case DOES NOT count in the 75-25 percent requirement.**

*Agencies should evaluate the monetary hardship a deductible imposes upon a woman’s financial status instead of setting a monetary limit. A fixed deductible amount of e.g., $300 may not be a hardship for one woman but may be for another and should be evaluated on a case by case basis to avoid creating barriers to the woman receiving needed program services.
APPENDIX A

Income/Poverty Level Requirement for BCCCP Enrollment

1. Poverty level is determined based on a woman’s verbal responses to the following two questions. (No written verification or review of tax documents is required.)
   - What is your yearly household family income?
   - How many people live in your family? (Family consists of married persons or a single individual with or without dependent children.

2. Clarification of “Household Family Income”
   a. Family income includes the total income of a married couple or single person but not the income of dependents. Do not include income of other adults living in the same household. *

      Example:
      A husband and wife are both wage earners. They support a fifteen year old son who works part-time at a local restaurant. While the income of both husband and wife are counted, the income of the son is not included in family income.

   b. Inclusion of Family Income - If the wage earner(s) receives additional income other than wages, this income is included in family income (e.g. Social Security, SSI, alimony received, child support received, unemployment compensation, workmen’s compensation, disability benefits, pension/retirement, military allotments, veteran’s benefits, and interest from assets.

      Example:
      A woman receives SSI benefits. She lives with her daughter who provides care for her. In assessing the woman’s income for BCCCP eligibility the daughter’s income is not included.

   c. Allowable Deductions From Family Income - include the following: work related expenses, alimony/child support paid, and child care for working parents, health/hospital insurance premiums, and family medical expenses paid out-of-pocket.
Uninsured Women, Age 40-64 Seeking BCCCP Services

**Eligibility Criteria**

**Income < 138% FPL**

- **NOT ELIGIBLE for BCCCP**

  **Provide Patient Navigation Assistance to apply for Healthy Michigan Plan (HMP)**

  - Eligible for HMP? NO
  - Eligible for HMP but refuses to enroll? NO
  - NOT Eligible for HMP YES

  - Complete PAGE 1 ONLY of BCCCP Enrollment Form.
  - Check the box for referral to Medicaid

  - In MBCIS: Enter data from page 1 of Enrollment Form. Open new enrollment cycle. Check Referral to HMP/Medicaid on Enrollment Tab

**Income > 138% < 250% FPL**

- **ELIGIBLE for BCCCP**

  - Encourage woman to enroll in a health plan through the marketplace

  - Refer the woman to a navigator to learn about their insurance options and subsidies available to pay for them

  - If client refuses to enroll in a private insurance plan enroll in BCCCP as caseload permits

**NOTE:**

- Non-citizens (unless they have been a resident for 5 years) and women with religious objections are **ELIGIBLE for BCCCP**
- Women with impending insurance to start in < 3 months are **NOT ELIGIBLE for BCCCP**
INSURED Women age 40-64 Seeking BCCCP Services
Income > 138% < 250% FPL

1. Determine type of Insurance Plan
   - “Grandfathered Insurance Plan”?
   - Insurance Plan covers Screening Services?

   △ YES △ NO

   △ YES △ NO

   - Screening services NOT covered OR High Deductible
     - Obtain copy of insurance card
     - Verify insurance coverage/non-coverage of breast and/or cervical screening/diagnostic services
     - Enroll in BCCCP
     - Provide needed screening OR diagnostic services
     - Bill insurance first
     - Obtain EOB
     - Bill BCCCP for remainder not covered by insurance
     - Document all demographic information, screening and diagnostic test results in MBCIS

   △ YES △ NO

   - Diagnostic services NOT/PARTIALLY covered OR has a high deductible
     - If only diagnostic services provided (75/25 split for women age 40-49) DOES NOT APPLY

Effective April 2014