



Breast and Cervical Cancer Early Detection Program Report

**New York State Department of Health
Cancer Services Program**

Combined Report for Program Years

2013-2014

AND

2014-2015

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Additional and related information is available from the New York State Department of Health (NYSDOH) at: <http://www.health.ny.gov/cancerservicesprogram>

Persons interested in obtaining additional information about this report should contact the NYSDOH Cancer Services Program at:

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EXECUTIVE SUMMARY

The New York State Department of Health (NYSDOH) Cancer Services Program (CSP) facilitates access to breast, cervical and colorectal cancer screening and diagnostic services for uninsured and underinsured women and men in New York State (NYS) and promotes awareness about and access to cancer screening for all New Yorkers. This work is conducted through a network of contractors that conduct public education and targeted outreach to enroll eligible New Yorkers into the program for receipt of services. The contractors enter into agreements with health care providers and clinical laboratories in their service areas for the provision of breast, cervical and colorectal cancer screening and diagnostic services. This report, which is required pursuant to Section 2408 of the Public Health Law, focuses on the program's provision of breast and cervical cancer screening services across NYS.

Over 15,000 women are newly diagnosed with breast cancer and approximately 2,600 die from the disease annually in NYS.¹ Cervical cancer is diagnosed in about 850 women in NYS each year and approximately 270 women die from the disease annually.¹ An increase in timely, age-appropriate screening could prevent many of these deaths by detecting cancer early when it is most treatable.

From April 1, 2013 through March 31, 2014, over 36,000 eligible women were screened for cancer through the CSP with approximately 34,000 mammograms, 32,000 clinical breast exams and almost 10,000 Papanicolaou (Pap) tests. Over the course of this same 12-month period, the CSP identified 407 individuals with breast cancer, 8 with cervical cancer and 160 with precancerous cervical dysplasia. A total of 646 clients were enrolled in the Medicaid Cancer Treatment Program for breast or cervical cancer treatment. From April 1, 2014 through March 31, 2015, nearly 29,000 eligible women were screened for cancer through the CSP with approximately 27,000 mammograms, 25,000 clinical breast exams and over 8,000 Pap tests. Over the course of this same 12-month period, the CSP identified 267 individuals with breast cancer, 4 with cervical cancer and 136 with precancerous cervical dysplasia. A total of 323 clients were enrolled in the Medicaid Cancer Treatment Program for breast or cervical cancer treatment.

Mammograms and the Pap test are highly effective cancer screening tools, but are underused in some subsets of the population. A disproportionate number of deaths from breast and cervical cancer occur among women who are uninsured and underinsured, geographically and culturally isolated, older, medically underserved or racial, ethnic and cultural minorities.² The goal of the CSP is to improve

¹ New York State Cancer Registry, 2016. *Cancer Incidence and Mortality for New York State, 2009-2013*. <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm>

² National Cancer Institute, 2008. *National Cancer Institute Cancer Fact Sheets: Cancer Health Disparities*. <http://www.cancer.gov/cancertopics/factsheet/disparities/cancer-health-disparities>

access to and utilization of cancer preventive services for these underserved populations and improving the quality of care received by all women in NYS.

This report provides information about the breast and cervical cancer early detection and diagnostic services offered to eligible clients by CSP contractors for the periods from April 1, 2013 through March 31, 2014 (program year 2013-2014), and April 1, 2014 through March 31, 2015 (program year 2014-2015). During these two periods, there were 36 CSP contractors with agreements with over 5,500 health care providers, facilities and clinical laboratories, providing screening services in every NYS County and New York City borough. Starting in 2013 with NYS's full implementation of the Affordable Care Act and Medicaid expansion, CSP contractors also began educating about and making referrals to the New York State of Health, the State's health plan marketplace.

PROGRAM DESCRIPTION

OVERVIEW

The New York State Department of Health (NYSDOH) Cancer Services Program (CSP) oversees the delivery of comprehensive breast, cervical and colorectal cancer screening and diagnostic services to eligible uninsured and underinsured individuals in NYS through local screening program contractors. CSP contractors develop relationships with regional providers (e.g., hospitals, clinics, laboratories) and community-based organizations to conduct outreach to priority populations; provide screening, diagnostic and case management services; provide public education; and conduct data management and quality assurance.

The priority population for the CSP is adults who:

- Have household incomes at or below 250 percent of the federal poverty level (FPL) or who live above 250 percent of the FPL but attest, on a client consent form, that they are unable to afford the costs of cancer screening or diagnostic services,
- Are uninsured or underinsured,
- Aged 50 to 64,
- Are medically underserved or underserved, including, but not limited to, individuals who experience barriers to services from race, ethnicity, age, disability, sexual orientation, gender identity, socioeconomic status, cultural isolation and/or geographic location.

CSP contractors and their partners also assist individuals diagnosed with breast, cervical, colorectal or prostate cancer to obtain prompt, comprehensive treatment through the NYS Medicaid Cancer Treatment Program (MCTP), if eligible. Eligible individuals may receive full Medicaid coverage for the duration of their cancer treatment. The NYSDOH does not support routine population-based screening for prostate cancer. However, men screened or diagnosed with prostate cancer through participating providers are eligible for treatment coverage through the MCTP.

NYS proceeded with full implementation of the Affordable Care Act and Medicaid expansion in 2013. At this time, CSP contractors were required to educate clients about the New York State of Health and use referral systems to local in-person assistors and navigators to facilitate enrollment in public health insurance programs or qualified health plans. As a result, many uninsured individuals obtained health insurance, reducing the number of people eligible for the CSP.

During program years 2013-2014 and 2014-2015, the CSP had combined state and federal annual budgets of approximately \$24 million and \$23.5 million, respectively, which included support for screening, diagnostic, and case management services, and surveillance and data management. The CSP receives federal funds from the Centers for Disease Control and Prevention (CDC) for breast and cervical cancer screening as part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

ELIGIBILITY CRITERIA

In order to access the screening, diagnostic and case management services available through the CSP, individuals must meet program eligibility criteria. The CSP eligibility criteria include women who are 40 years of age or older, uninsured or underinsured (defined as those financially unable to meet their co-payments or deductibles or whose insurance does not provide coverage for breast and/or cervical cancer screenings) and whose household incomes are at or below 250 percent of the federal poverty level (FPL). Women with household incomes above 250 percent of the FPL who meet all other eligibility criteria are also eligible for services if they are unable to afford cancer screenings. Women ages 40 years and older are eligible for clinical breast exams, mammograms, Pap tests and any associated diagnostic testing. Women ages 18-39 years who are deemed at high-risk for, or who have clinically significant findings for, breast cancer are eligible for appropriate mammography or other diagnostic testing. Multiple factors determine a woman's risk for breast cancer, including, but not limited to, a personal or family history of breast, ovarian and other cancers, the age at which a family member was diagnosed with a particular cancer, or a personal history of chest irradiation for treatment of lymphoma during adolescence or young adulthood.

While CSP eligibility for breast cancer screening includes women between the ages of 40-49 years, the CSP priority population is women between the ages of 50-64 years. A focus on this population is supported by the CDC and recognizes that the risk of breast cancer increases with increasing age.

Women diagnosed with breast or cervical cancer or pre-cancerous conditions of the cervix through the CSP and who meet Medicaid eligibility criteria are encouraged to apply for full Medicaid coverage for the duration of their cancer treatment through the NYS MCTP.

CASE MANAGEMENT

Case management has been an integral part of the CSP since the federal legislation for the NBCCEDP was reauthorized to include this component in 1998. Clients found to have abnormal screenings are provided with case management services to ensure that they receive timely diagnosis, appropriate follow-up care and access to necessary treatment.

Case management increases client adherence to screening, diagnostic and treatment services, and ensures clients receive support to obtain needed services. The CSP requires a direct, personal level of support be available to assist clients to address barriers that might delay or prevent their care. Barriers to care may include transportation, lack of child or elder care, language and cultural barriers, fear and misunderstanding of clinical recommendations and psychosocial issues related to the emotional burden of cancer.

QUALITY ASSURANCE

In 1998, the CSP began monitoring clinical performance and outcomes among providers offering clinical services through the program to ensure that women receive quality clinical services. These quality assurance (QA) efforts have since become a model recognized by the CDC; many other states have adopted similar QA activities.

The CSP QA team reviews data reported on a monthly basis and works with contractors and providers to determine reasons for any unusual data patterns. The findings may require a more extensive review, including review of medical records, and may result in the development of a corrective action plan. The quality improvement activities developed as part of these corrective action plans potentially reach beyond those women enrolled in the CSP; improvements in technique or processes benefit both uninsured and insured women served by these providers. The CSP QA activities not only result in improved quality of clinical care, but also help raise awareness of CSP goals, increase participation by the providers and facilities and improve access for clients.

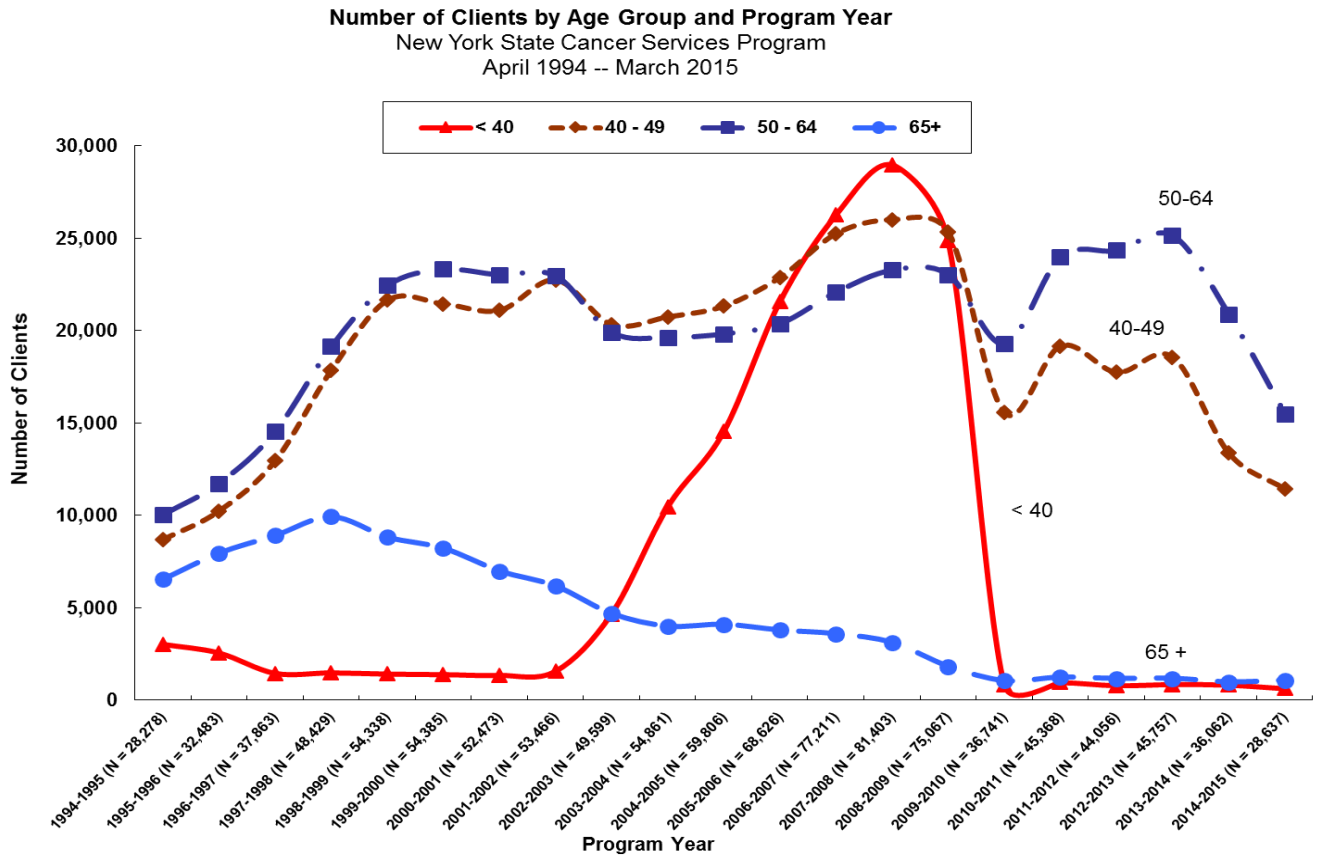
PROGRAM OUTCOMES

This section summarizes the breast and cervical cancer screening and diagnostic services provided through the CSP, screening test results and final diagnoses determined for program years 2013-2014 and 2014-2015.

WOMEN SCREENED THROUGH THE CANCER SERVICES PROGRAM

The number of women screened for breast and/or cervical cancer through the CSP has varied through the years since the program's inception in 1994. Figure 1 provides information about the number of women screened for breast and/or cervical cancer from 1994 to present. The total number of women screened reached a high of over 81,000 in the 2007-2008 program year, but declined in the following two program years due to refinement of program eligibility criteria, a loss of high volume providers downstate that focused primarily on screening women younger than age 40 and QA activities that identified two large CSP contractors that were misinterpreting program eligibility criteria and screening clients who were not eligible for CSP services. The number of women screened by the program then increased by over 8,000 between the 2009-2010 and the 2010-2011 program years. In the 2011-2012 program year, the total number of women screened declined by 1,400 compared to the 2010-2011 program year, but increased again in the 2012-2013 program year by over 1,700 clients. Most recently, the number of women screened has decreased during each of the past two each program years, from 45,757 in program year 2012-2013 to 36,062 in program year 2013-2014 and 28,637 in program year 2014-2015. This decrease is primarily due to implementation of the Affordable Care Act and Medicaid expansion, resulting in a reduction in the number of individuals eligible for the CSP.

Figure 1

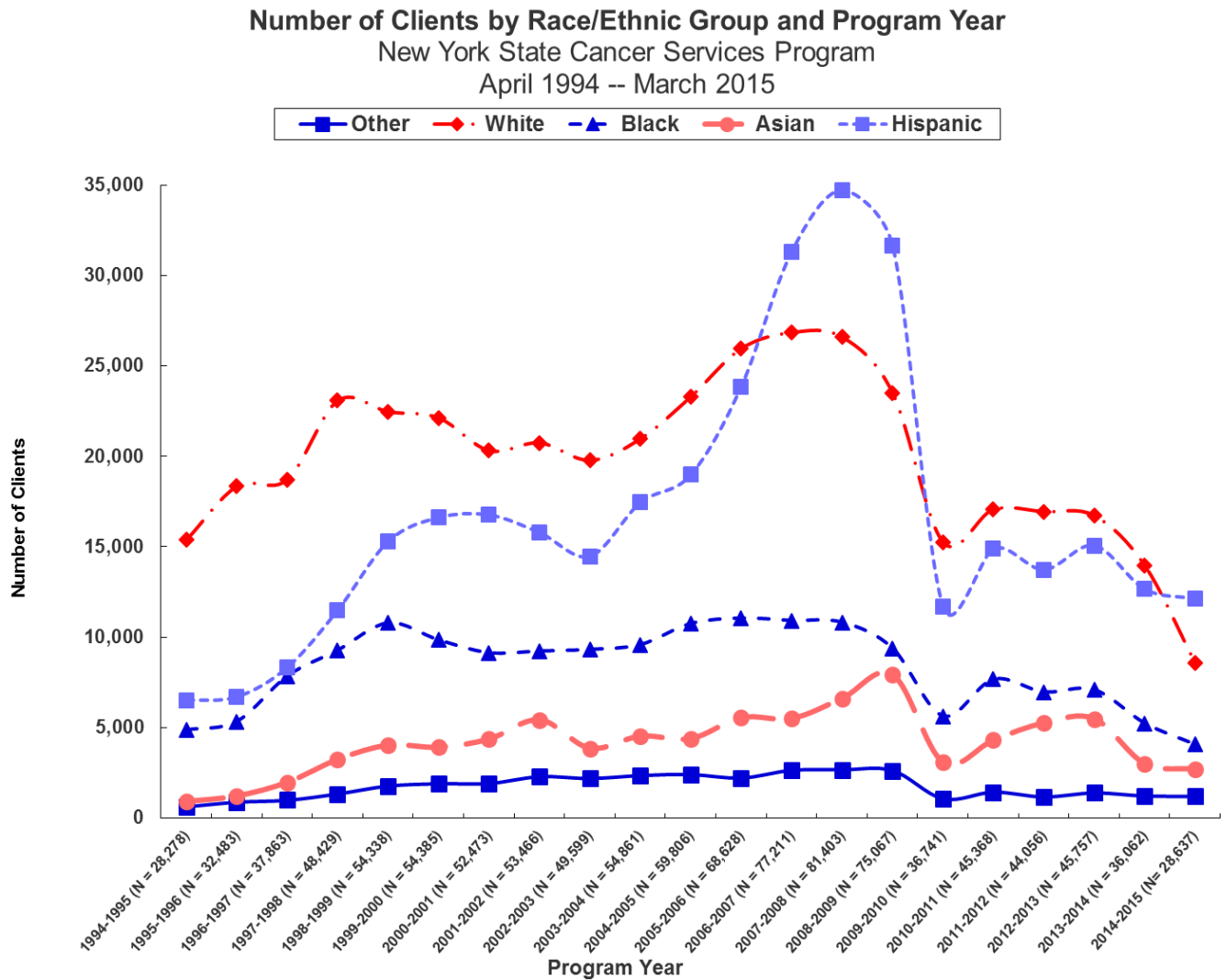


Changes in eligibility criteria for the program can explain most of the variation seen within age-specific groups of women across the 21 program years. The initial increase among younger women was due to the expansion of the number of women 18 to 39 years of age served by the program. A sharp decline in this age group occurred in the 2009-2010 program year when the eligibility criteria for the program changed again to focus recruitment on the priority population of women 50 to 64 years of age, while other providers, such as family planning providers and federally qualified health centers, continued to provide recommended cancer screenings to women in younger age groups in NYS. The gradual decrease in women ages 65 and older was due to changes in Medicare Part B coverage in January 1998 to include annual mammograms and the increased focus on the priority population of women 50 to 64 years of age. Since the 2009-2010 program year, women in the 50-64 age group represent the largest group of clients served. This is a reflection of the greater emphasis on the priority population of women 50 to 64 years of age, as well as changes in the program eligibility criteria beginning in the 2009-2010 program year.

Despite the decreased numbers of women screened by the CSP, estimates of the number of low-income, uninsured women in NYS during the period covered by this report exceeded the capacity of the program. The number of women ages 40 to 64 screened through the CSP in the 2013-2014 program year represented 14.9 percent (34,264/229,706) of the estimated eligible population of women ages 40 to 64 who are uninsured and at or below 250 percent of FPL in NYS (data source for eligible population: U.S. Census, Small Area Health Insurance Estimates, 2013). The percent of the eligible population screened was 17.9 percent (20,894/116,605) for those ages 50 to 64 for the 2013-2014 program year. The number of women ages 40 to 64 screened through the CSP in the 2014-2015 program year represented 15.1 percent (26,937/178,597) of the estimated eligible population of women ages 40 to 64 who are uninsured and at or below 250 percent of FPL in NYS (data source for eligible population: U.S. Census, Small Area Health Insurance Estimates, 2014). The percent of eligible population screened was 17.1 percent (15,504/90,716) for those ages 50 to 64 for the 2014-2015 program year.

The racial and ethnic distribution of women screened through the CSP is shown in Figure 2. In the 2013-2014 program year, 14.5 percent of women screened identified themselves as Black, 8.3 percent identified as Asian and 38.7 percent identified as white. In the 2014-2015 program year, 14.2 percent of women screened identified themselves as Black, 9.4 percent identified as Asian and 29.9 percent identified as white. The number of Hispanic women screened through the CSP increased dramatically until the 2007-2008 program year when approximately 35,000 Hispanic women were screened (42.7 percent of all women screened that year). The number of Hispanic women then declined to approximately 12,000 Hispanic women screened in the 2014-2015 program year. Due to a recent decline in the proportion of white women screened (from 38.7 percent in program year 2013-2014 to 29.9 percent in program year 2014-2015), Hispanic women again became the largest proportion of clients being served by the program in program year 2014-2015, representing 42.3 percent of all clients screened.

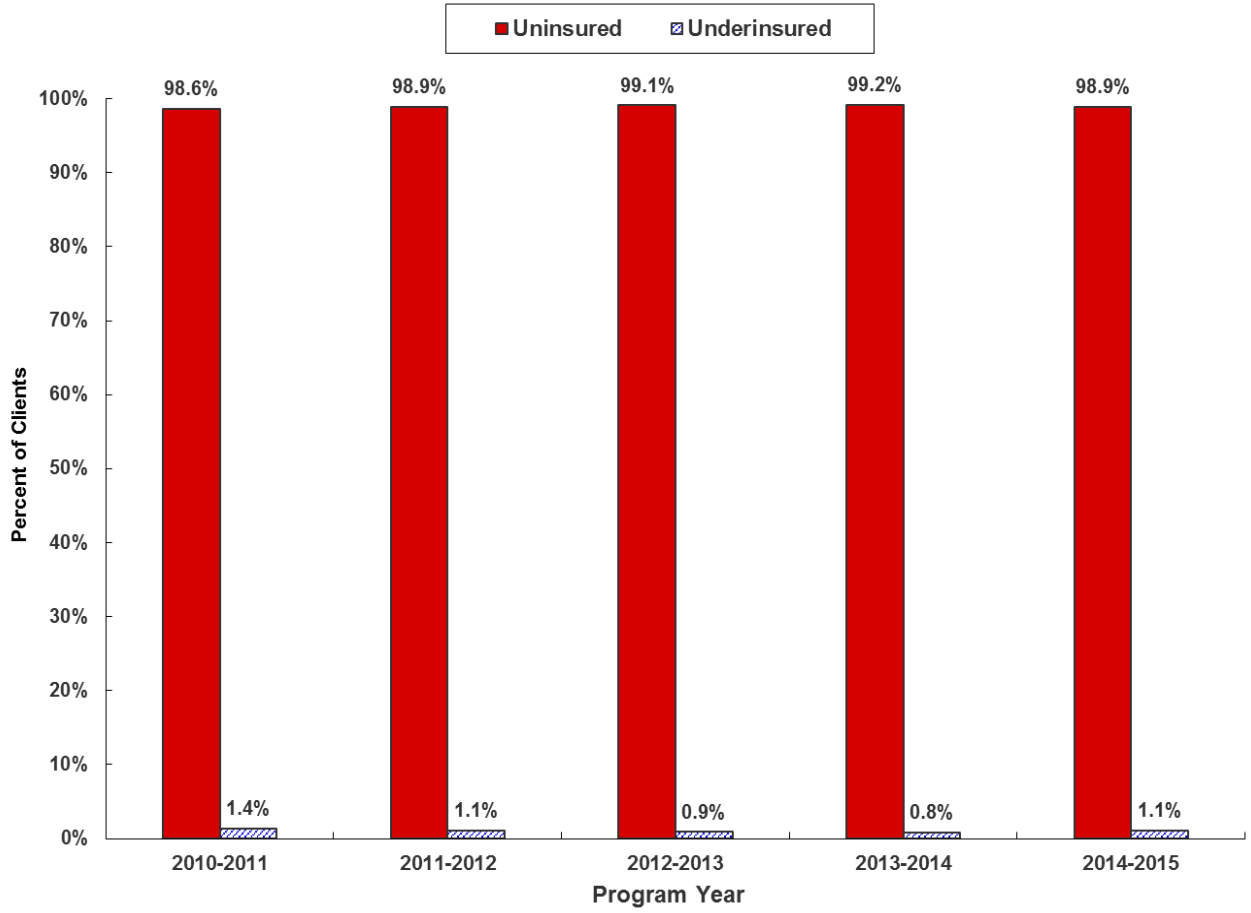
Figure 2



Although the CSP screens women who are either uninsured or underinsured, the vast majority of the women screened through the program are uninsured (Figure 3). In the 2013-2014 and 2014-2015 program years, approximately 99 percent of women screened did not have health insurance.

Figure 3

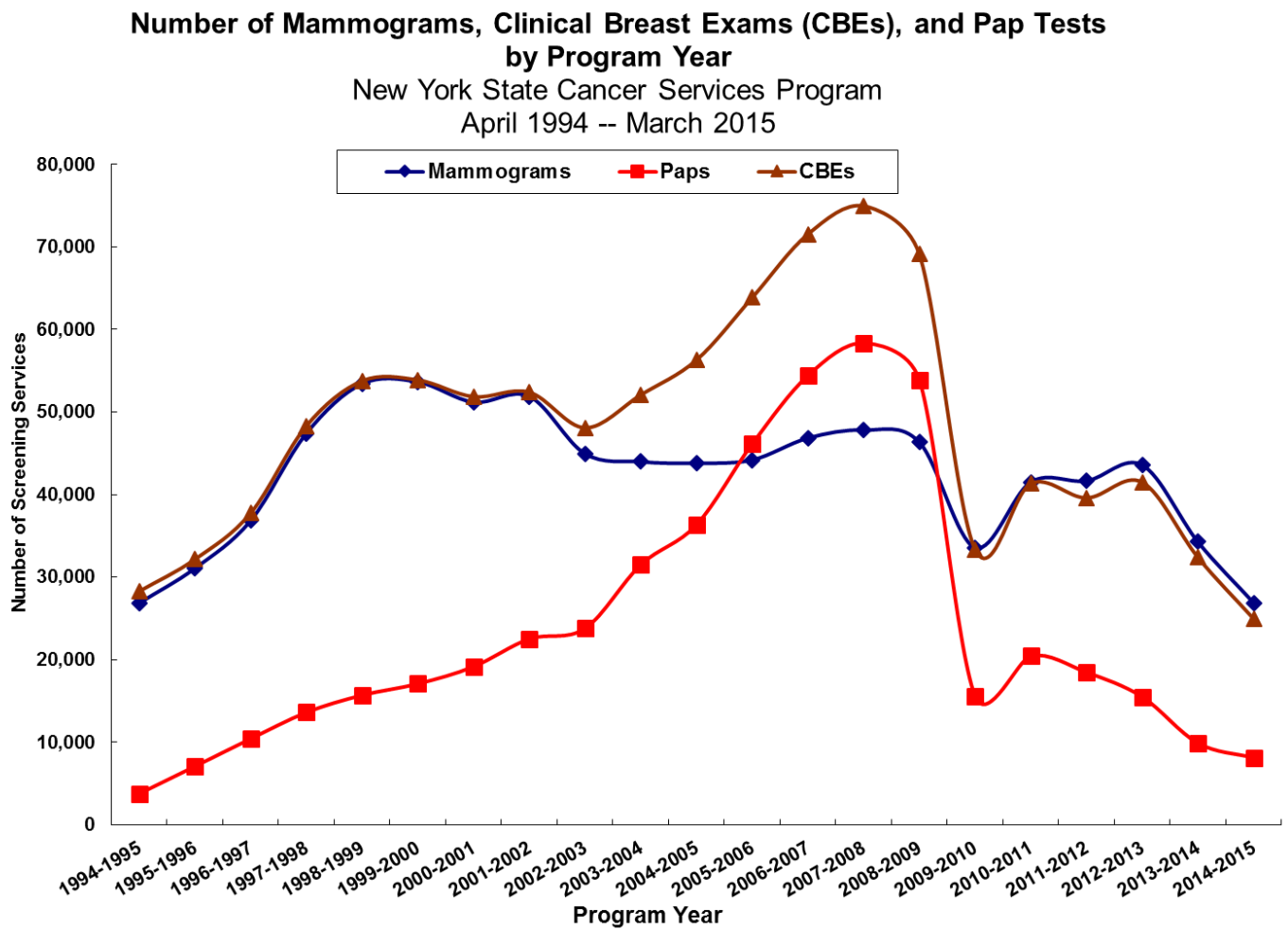
Insurance Status of Clients by Program Year
New York State Cancer Services Program
April 2010 -- March 2015



BREAST AND CERVICAL CANCER SCREENING SERVICES

The CSP has provided over 890,000 mammograms, over 1,000,000 clinical breast exams (CBEs) and over 500,000 Pap tests to low income, uninsured and underinsured women since the program's inception in 1994 (Figure 4). In the 2013-2014 program year, 34,264 mammograms, 32,387 CBEs, and 9,897 Pap tests were provided through the CSP. In the 2014-2015 program year, 26,885 mammograms, 24,949 CBEs and 8,121 Pap tests were provided.

Figure 4



The CSP provides screening mammograms to women ages 40 years and older, but identifies women ages 50 years and older as a high priority group for mammography screening due to increased breast cancer incidence in older women. The program goal is to provide at least 75 percent of screening mammograms to women ages 50 years and older. In the 2013-2014 program year, 62.2 percent of women who received screening mammograms were ages 50 years or older. In the 2014-2015 program year, 60.4 percent of women who received screening mammograms were in this age group. Another priority for the CSP is to provide Pap tests to women who are rarely (screened more than 5 years ago) or never screened for cervical cancer. The program goal is to provide at least 20 percent of initial program-funded Pap tests to women who meet these criteria. In the 2013-2014 program year, 33.5 percent of initial Pap tests provided through the CSP were for women who were rarely or never screened. In the 2014-2015 program year, 36.1 percent of women met this criteria.

BREAST CANCER SCREENING RESULTS

The CSP follows guidance from the CDC that women eligible for the CSP be offered a CBE as part of breast cancer screening. While CBEs are not recommended screening by the United States Preventive Services Task Force, the CDC's guidance acknowledges that this access should be offered to uninsured women because in many cases these exams may be a woman's only access to a medical provider. An abnormal CBE result is defined as having a mass or other finding in the breast. Figures 5a and 5b illustrate the age-specific percentages of abnormal CBEs in the 2013-2014 and 2014-2015 program years. Overall, the percentage of abnormal CBEs among all clients screened in the program was 8.7% for the 2013-2014 program year and 8.6% for the 2014-2015 program year, but was 93.7% and 95.6% among clients under 40 years of age (Figures 5a and 5b). This is explained, in part, by the fact that, beginning in 2009, clients ages 18 to 39 years old were only eligible to receive breast cancer screening through the CSP if they were at increased risk or symptomatic for breast cancer.

Figure 5a

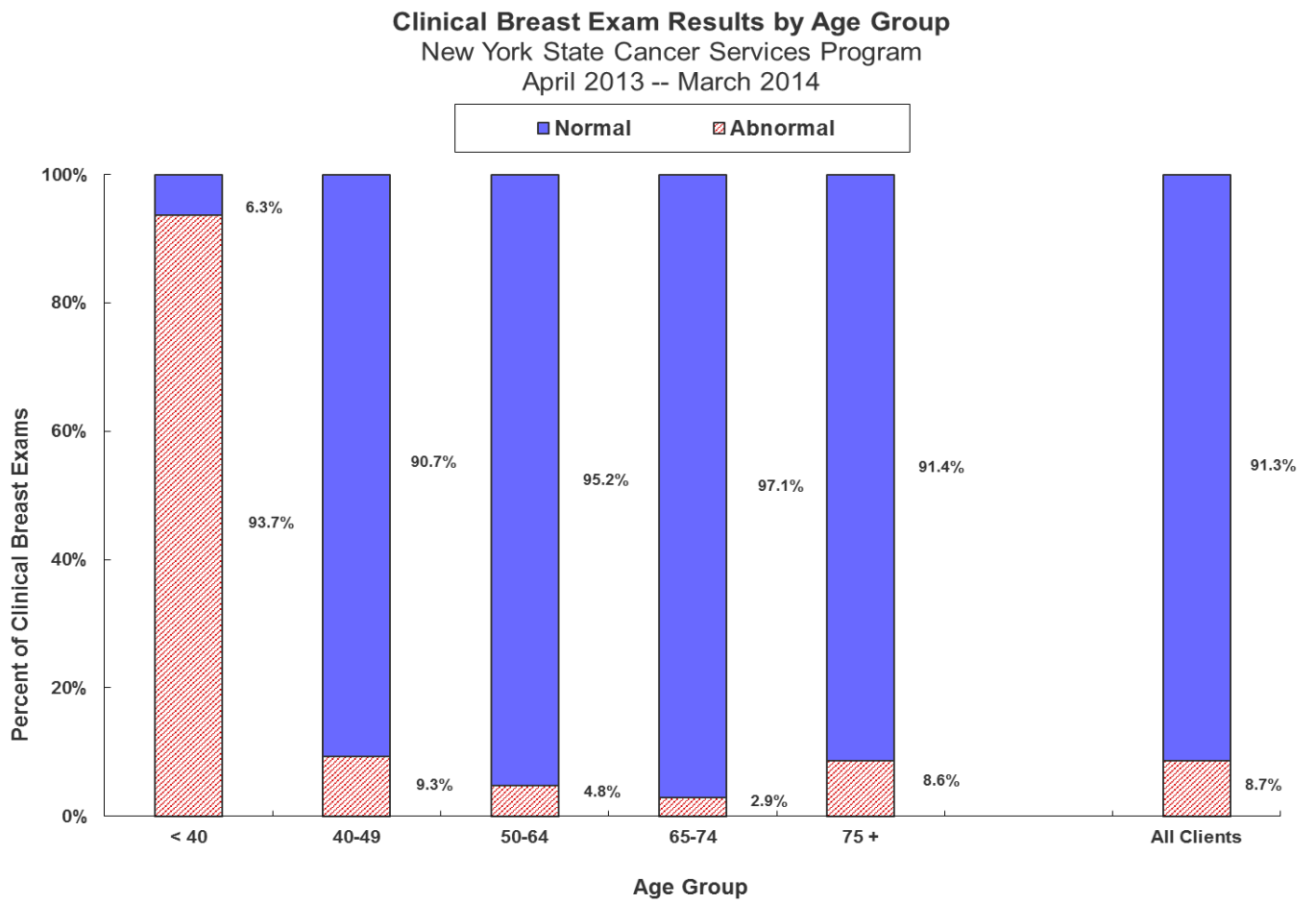
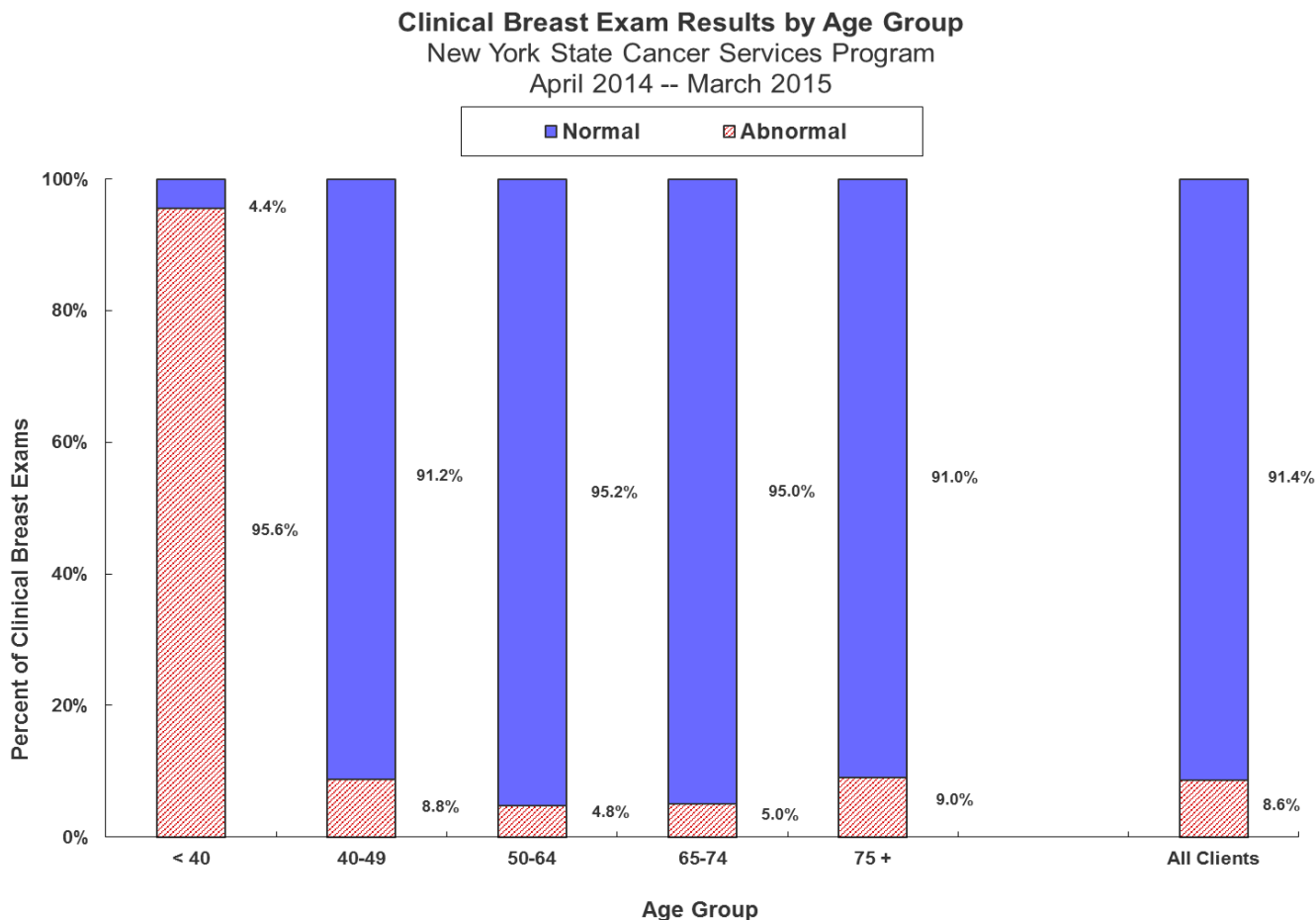


Figure 5b



Figures 6a and 6b illustrate the age-specific percentages of abnormal screening mammograms in the 2013-2014 and 2014-2015 program years. Abnormal screening mammograms include those with results of “assessment incomplete”, “suspicious abnormality” or “highly suggestive of malignancy.” Overall, the percentage of abnormal mammograms among all clients screened in the program was 21.1 percent during the 2013-2014 program year and 21.5 percent during the 2014-2015 program year. The percent of abnormal mammograms varies by age, and is lowest among women in the 50-64 and 65-74 age categories. Younger women aged <40 had approximately two to three times as many abnormal findings as women in other age groups. This is likely due to the fact that women less than 40 years of age are eligible to receive a mammogram through the CSP only if they are at increased risk or are symptomatic for breast cancer.

Figure 6a

Screening Mammogram Results by Age Group
New York State Cancer Services Program
April 2013 -- March 2014

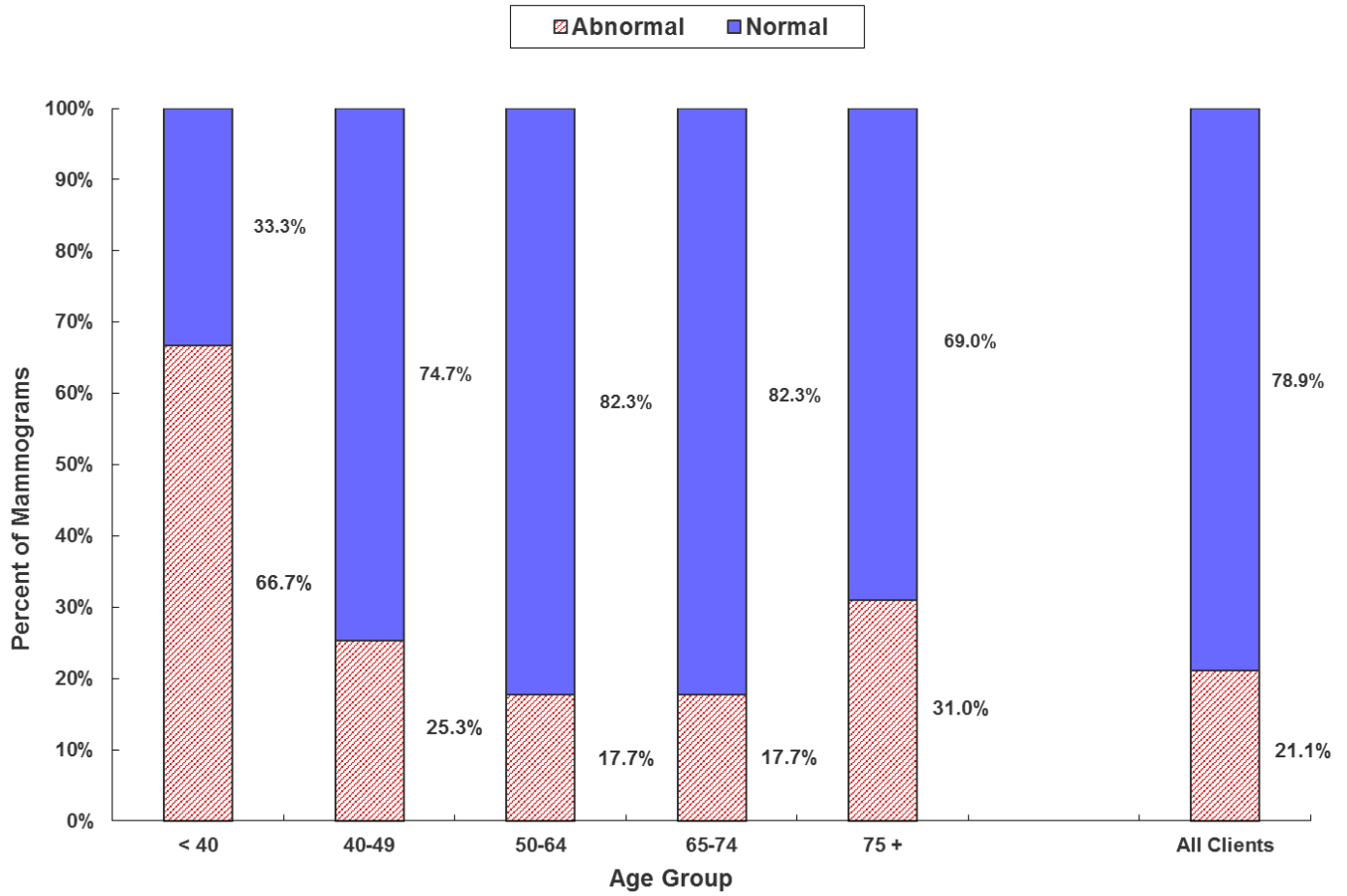
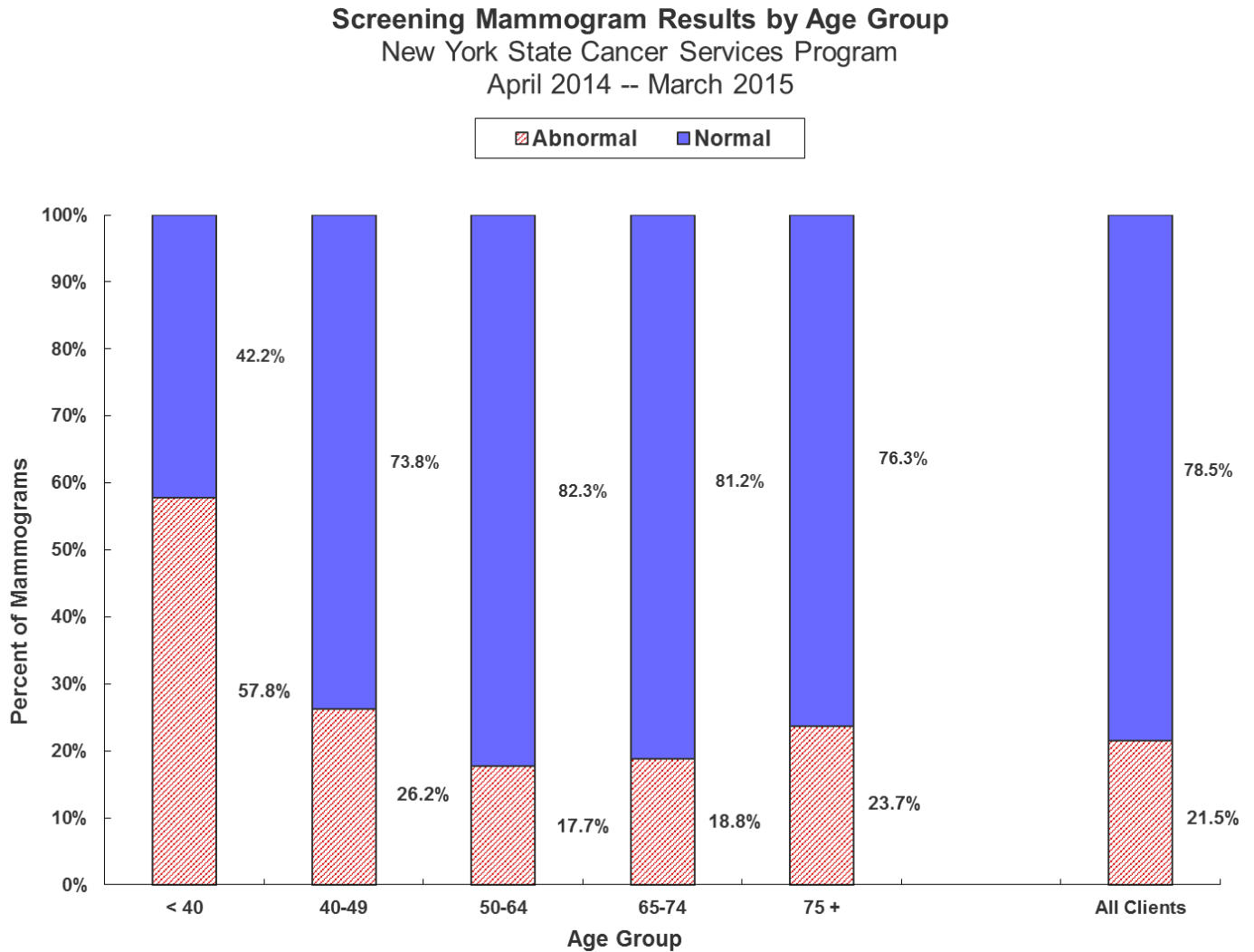


Figure 6b

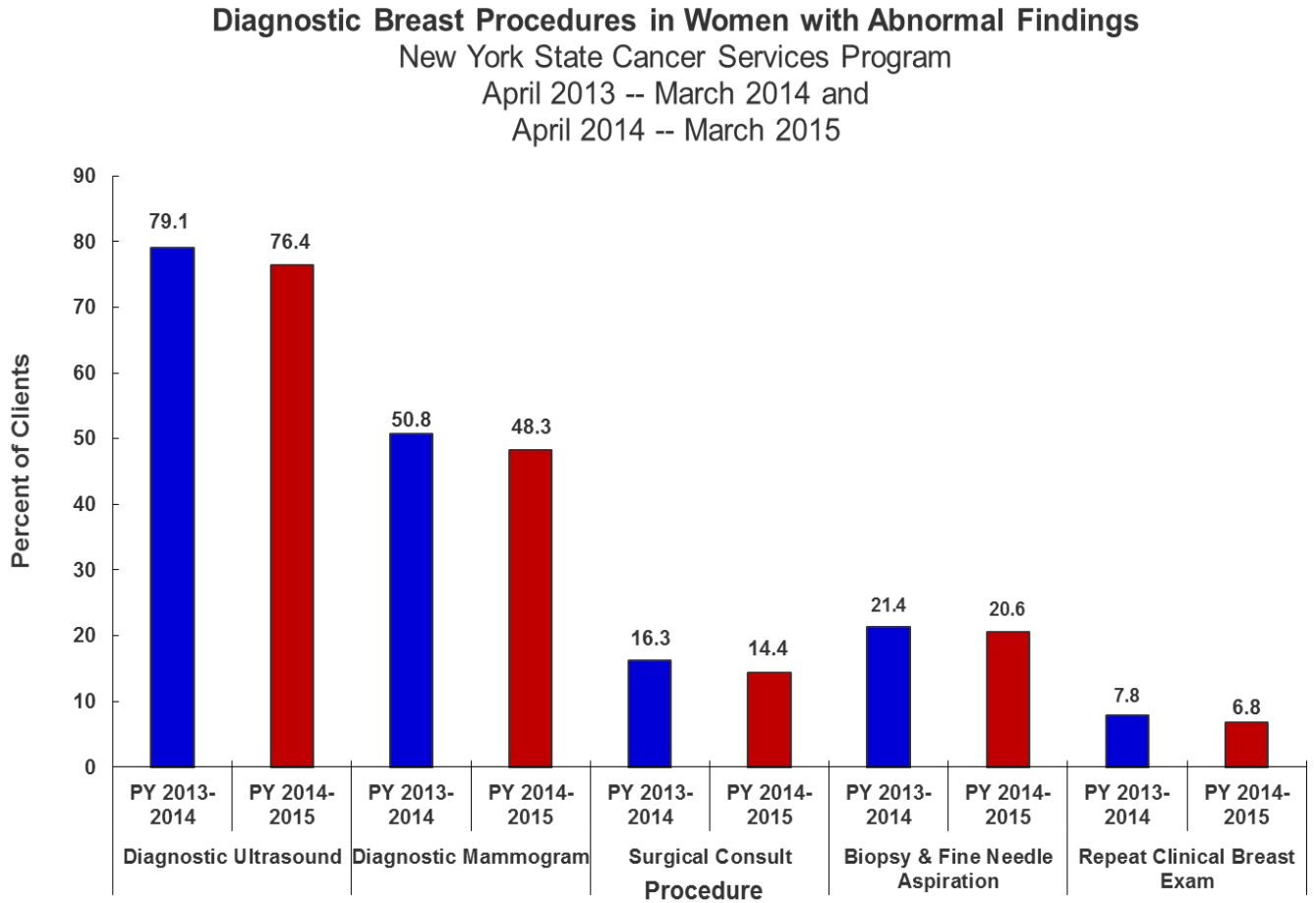


BREAST CANCER SCREENING DIAGNOSTIC FOLLOW-UP

Women with abnormal findings on breast screenings (either CBEs or screening mammograms) are referred for diagnostic services through case management. The program goal is to provide timely diagnostic follow-up (defined as a final diagnosis determination within 60 days of the date of screening) for at least 75 percent of abnormal breast screenings. During the 2013-2014 program year, 85.1 percent of abnormal breast cancer screenings had timely follow-up, and 82.8 percent had timely follow-up in the 2014-2015 program year. Figure 7 illustrates the most common diagnostic procedures provided through the CSP to women with abnormal findings. During the 2013-2014 program year, 79.1 percent of women with abnormal findings received ultrasounds and 50.8 percent received diagnostic mammograms.

During the 2014-2015 program year, 76.4 percent of women with abnormal findings received ultrasounds and 48.3 percent received diagnostic mammograms.

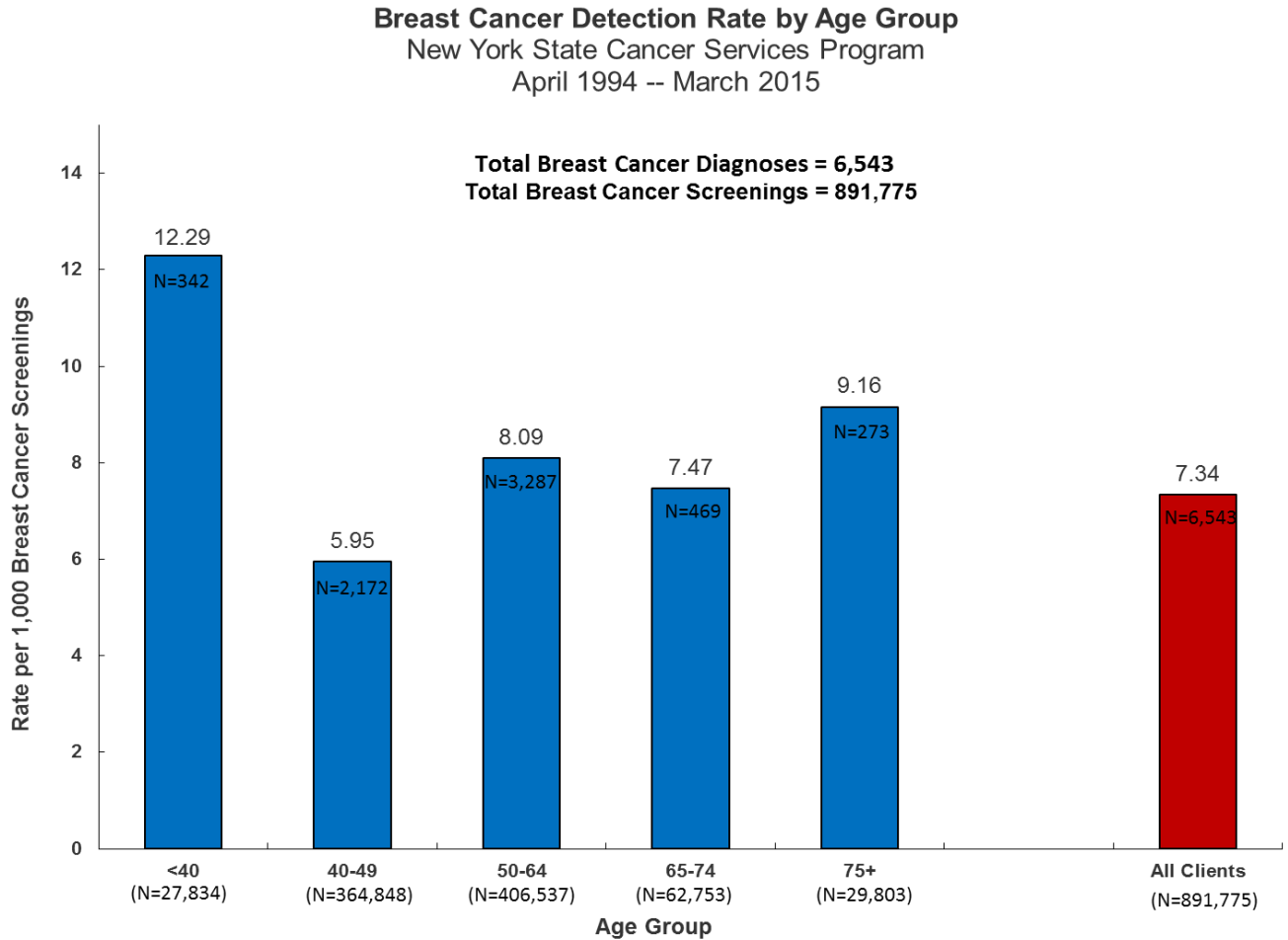
Figure 7



BREAST CANCER DETECTION

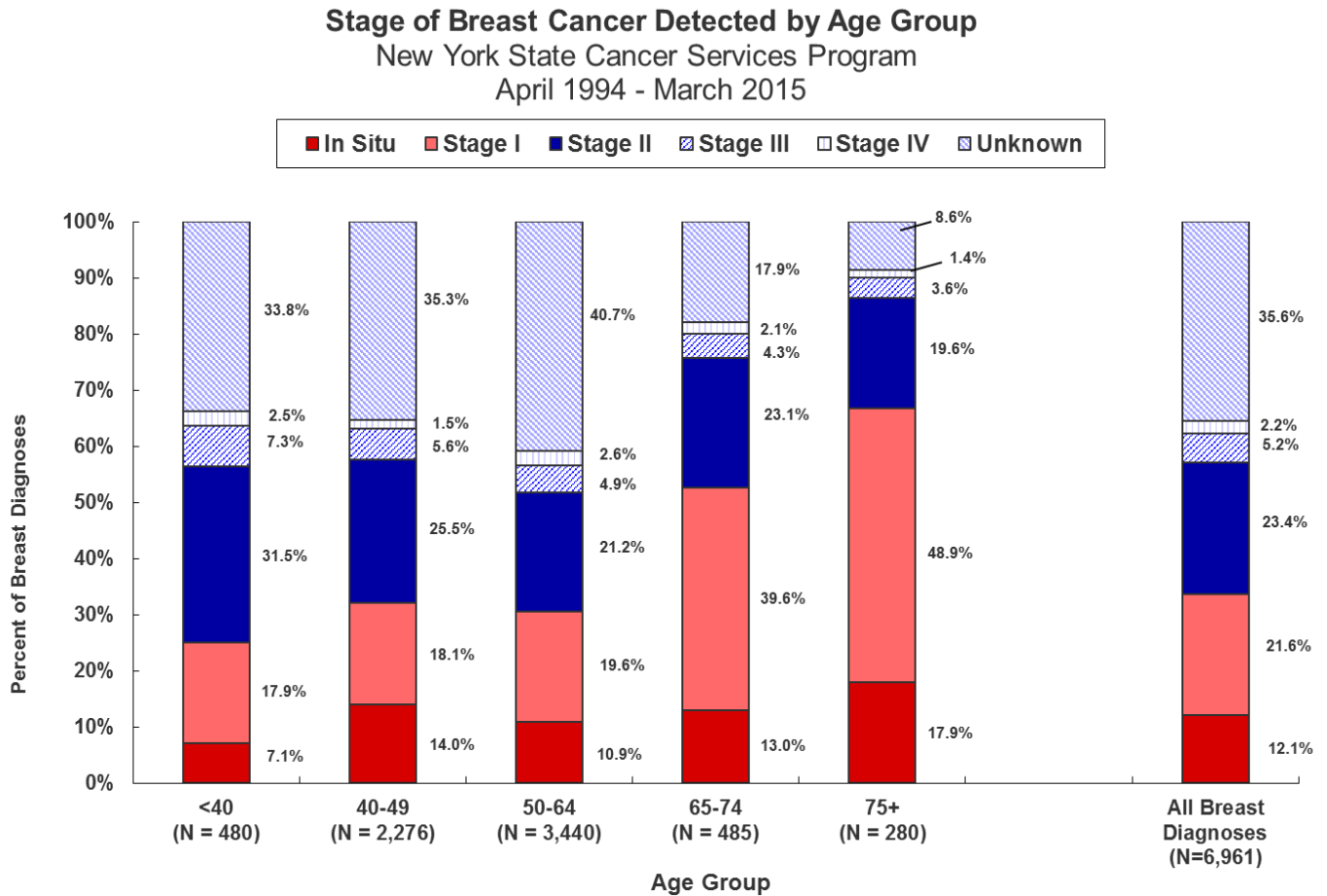
During the 2013-2014 program year, a total of 370 cases of breast cancer, including invasive breast cancer, Lobular Carcinoma in Situ (LCIS), Ductal Carcinoma in Situ (DCIS) and all other Carcinoma in Situ, were diagnosed through the CSP, representing an overall breast cancer detection rate of 10.8 cases per 1,000 women screened through the program during the program year. During the 2014-2015 program year, a total of 242 cases of breast cancer, including invasive breast cancer, LCIS, DCIS and all other Carcinoma in Situ, were diagnosed through the CSP, representing an overall breast cancer detection rate of 9.0 cases per 1,000 women screened through the program during the program year. Figure 8 shows how the detection rate for breast cancer varies by age for cases diagnosed between the 1994-1995 and 2014-2015 program years; rates were highest among the youngest and oldest age groups. The relatively high detection rate of breast cancer among women under age 40 years can be explained, in part, by the program's eligibility criteria which allow younger women to receive mammograms through the CSP only if they are at increased risk or symptomatic for breast cancer. The higher detection rate for breast cancer among the older age group is consistent with the increasing incidence of breast cancer with age in the general population, with the highest incidence in women 75-79 years of age (New York State Cancer Registry, 2009-2013; <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm>).

Figure 8



Identification of breast cancer at an early stage when it is most treatable and the survival rate is more favorable is a primary goal of the CSP. Overall, the percent of clients diagnosed with breast cancer at early stages (in situ or Stage I) was 33.7 percent between the 1994-1995 and 2014-2015 program years (Figure 9). The percentage of early stage diagnosis increases with age. The lower percent of early stage disease in younger women may again be related to the CSP eligibility criteria, which allow women under age 40 to have screening mammograms only if they are symptomatic or considered to be at increased risk for breast cancer.

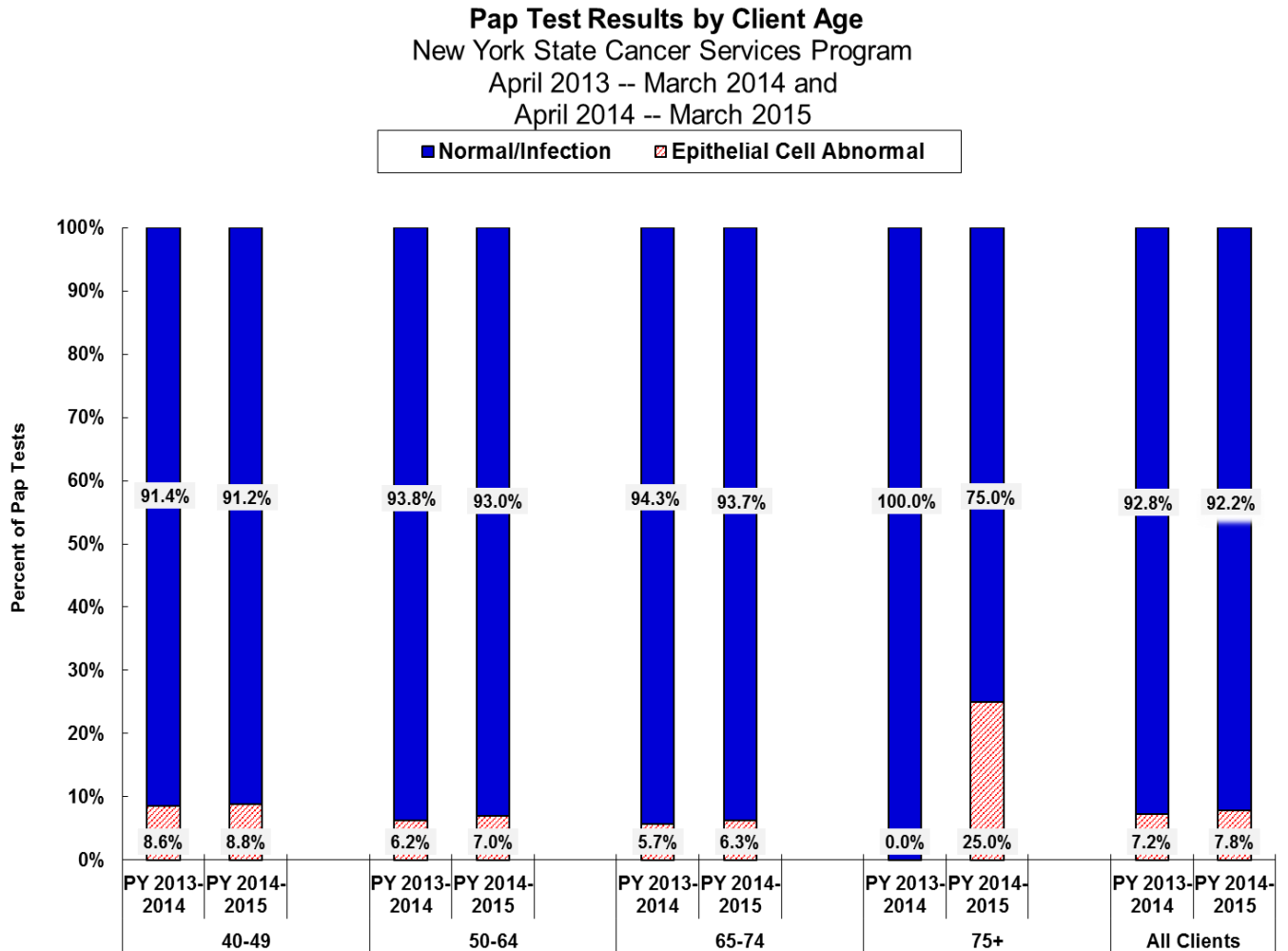
Figure 9



CERVICAL CANCER SCREENING RESULTS

The percentage of abnormal Pap test results among all women screened by the CSP was 7.2 percent for the 2013-2014 program year and 7.8 percent for program year 2014-2015. Abnormal Pap test results can include any of the following: atypical squamous cells of undetermined significance (ASC-US), low-grade squamous intraepithelial lesions (LSIL) including human papillomavirus (HPV) changes, high-grade squamous intraepithelial lesions (HSIL), atypical squamous cells of undetermined significance - cannot exclude HSIL (ASC-H), atypical glandular cells – all subcategories (AGC), squamous cell cancer or other. Figure 10 illustrates how the percentage of abnormal Pap test results varied with age in the 2013-2014 and 2014-2015 program years. The youngest women were slightly more likely to have abnormal findings than women 50 to 64 and 65 to 74 years of age.

Figure 10

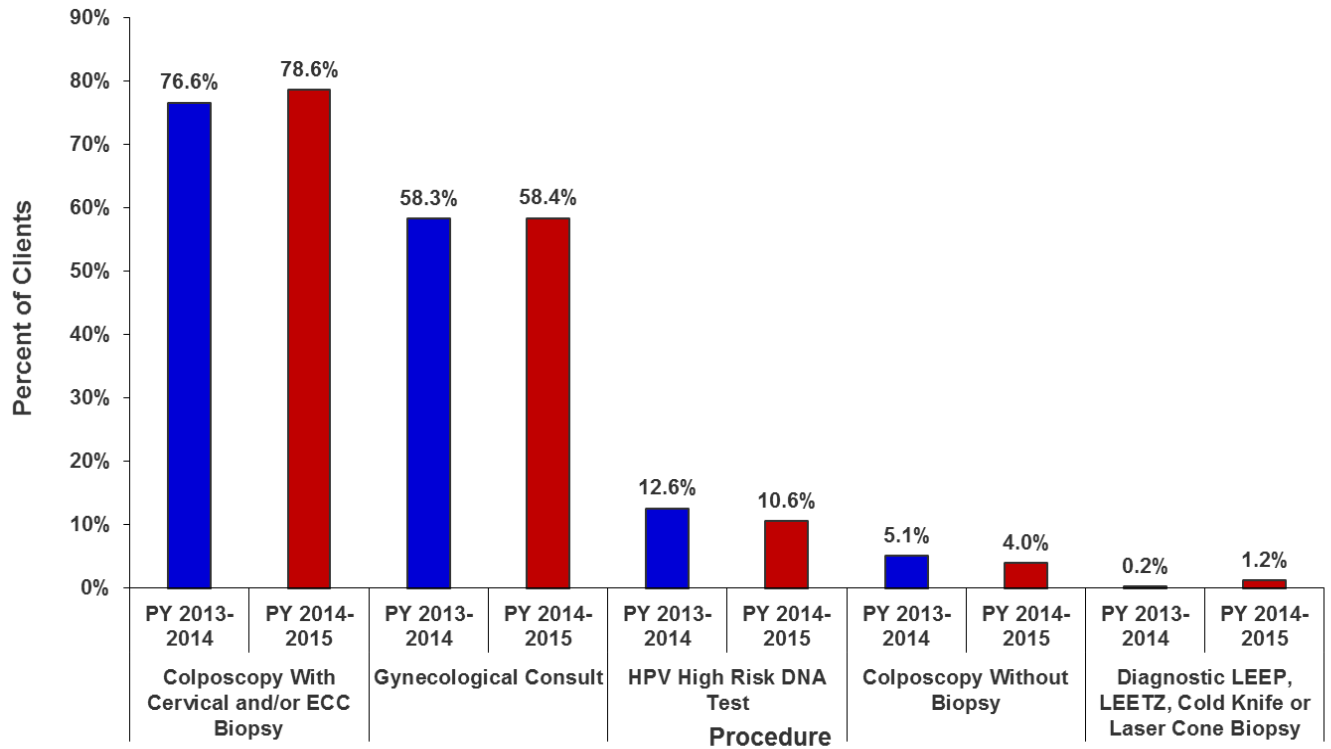


CERVICAL CANCER DIAGNOSTIC FOLLOW-UP

Women with abnormal Pap tests are referred to diagnostic services. The program goal is to provide timely diagnostic follow-up (defined as a final diagnosis determination within 90 days of the date of screening) for at least 75 percent of the abnormal cervical cancer screenings provided through the CSP. During the 2013-2014 program year, 84.4 percent of abnormal cervical cancer screenings had timely follow-up, and 84.7 percent had timely follow-up in the 2014-2015 program year. Figure 11 illustrates the most common diagnostic procedures provided for women with abnormal cervical cancer screenings. In the 2013-2014 program year, 76.6 percent of women who had abnormal cervical cancer screenings had colposcopies with biopsies, and 58.3 percent had gynecological consults. In the 2014-2015 program year, 78.6 percent of women who had abnormal cervical cancer screenings had colposcopies with biopsies, and 58.4 percent had gynecological consults.

Figure 11

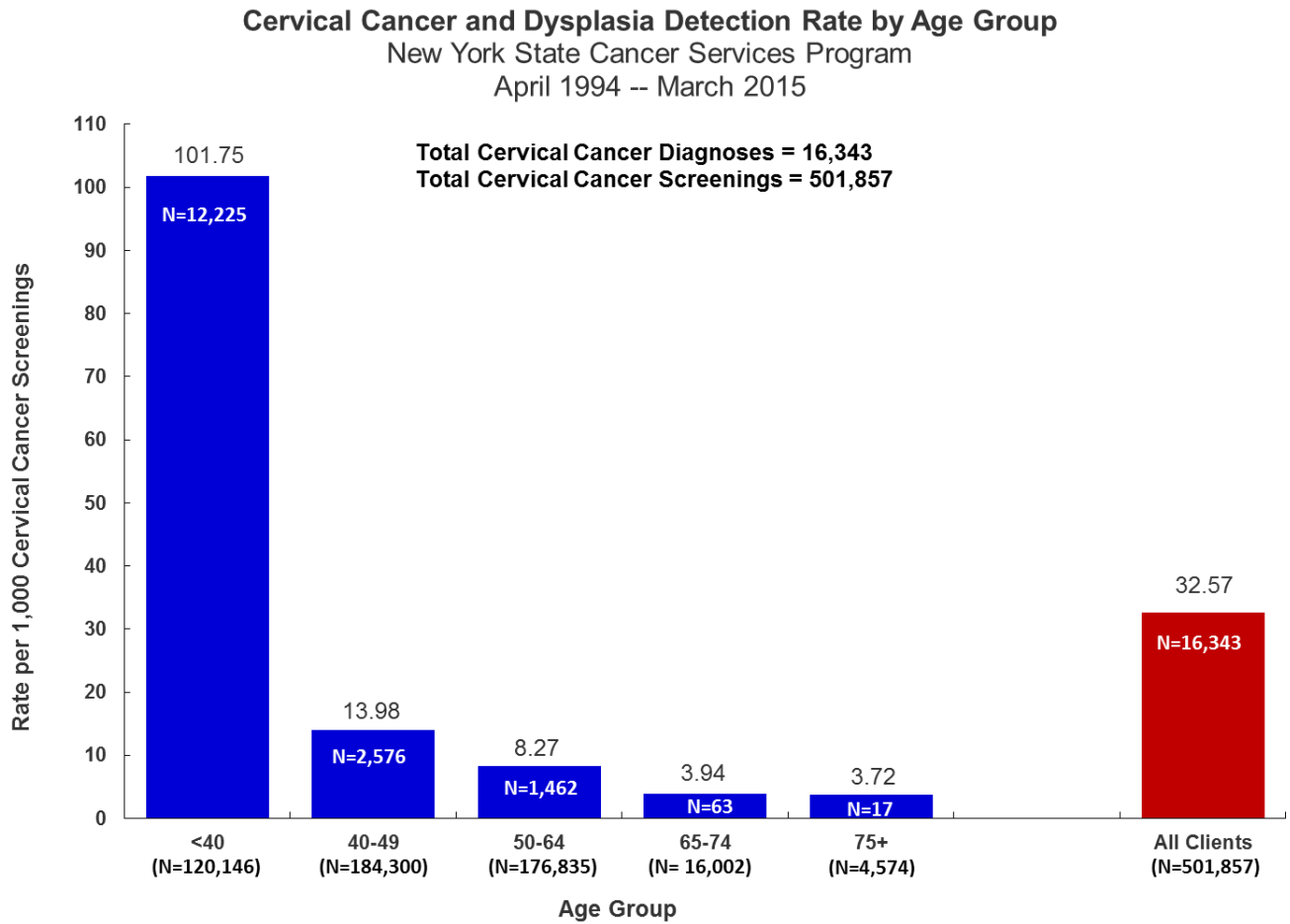
Diagnostic Cervical Procedures in Women with Abnormal Findings
 New York State Cancer Services Program
 April 2013 -- March 2014 and
 April 2014 -- March 2015



CERVICAL CANCER AND DYSPLASIA DETECTION

In the 2013-2014 program year, a total of 8 cases of invasive cervical cancer and 149 cases of cervical intraepithelial neoplasia (CIN) were diagnosed among those receiving screenings through the CSP. In the 2014-2015 program year, a total of 4 cases of invasive cervical cancer and 135 cases of CIN were diagnosed through the CSP. The overall rate of invasive cervical cancer and dysplasia (defined as CIN I or worse [including CIN I, CIN II, CIN III - carcinoma in situ]) was 15.9 cases per 1,000 women screened for program year 2013-2014, and 17.1 cases per 1,000 women screened for program year 2014-2015. Figure 12 shows how the detection rates of cervical cancer and dysplasia vary by age for cases diagnosed between the 1994-1995 and 2014-2015 program years. The high detection rate for women under age 40 years may be due, in part, to patterns of enrollment prior to the 2009-2010 program year, where younger women with abnormal Pap tests were more likely to be enrolled in the CSP for additional follow-up.

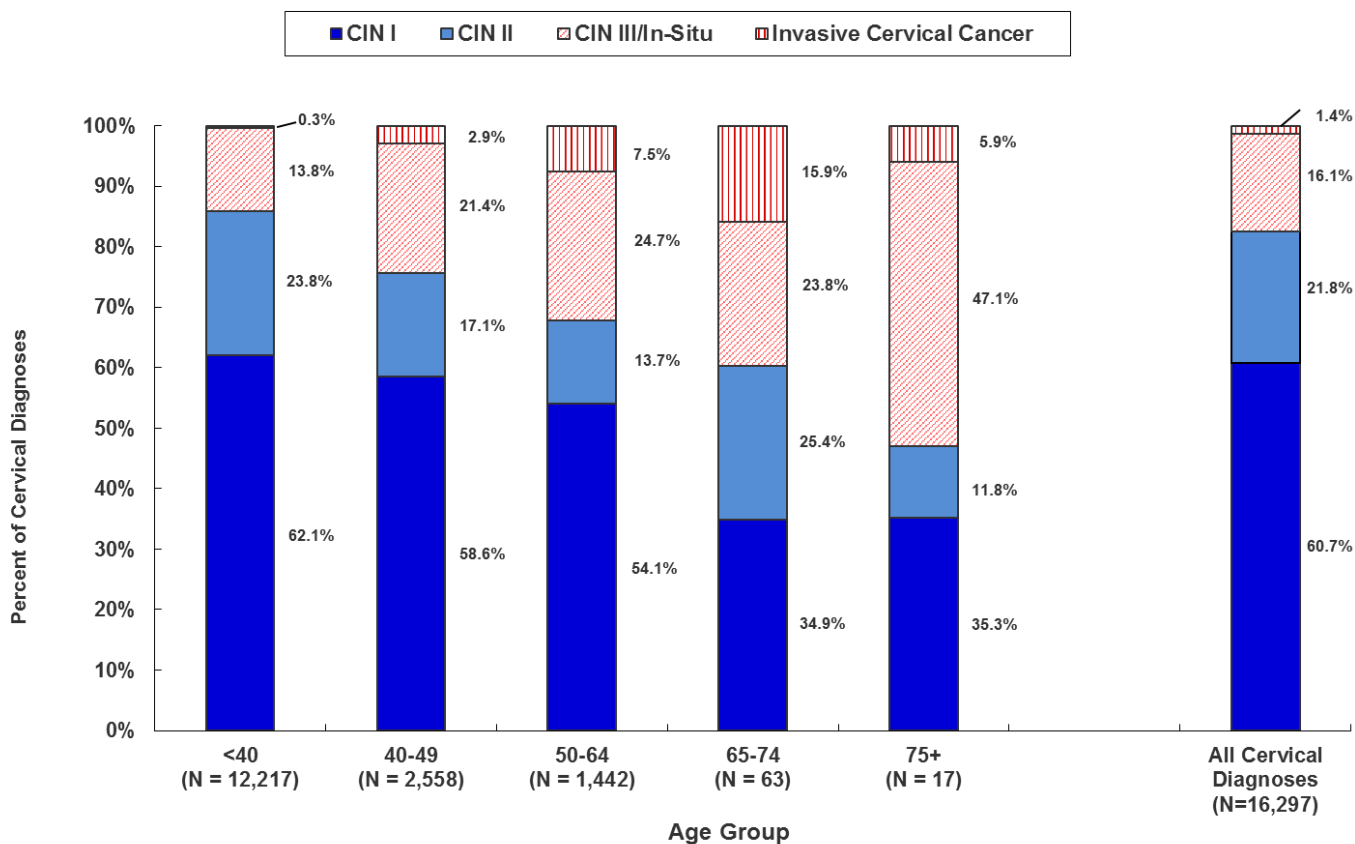
Figure 12



The percent of clients diagnosed with invasive cervical cancer is very small. Less than two percent of abnormal Pap tests were determined to be invasive cervical cancer during the period between the 1994-1995 and 2014-2015 program years (Figure 13). The higher detection rate of invasive cervical cancer in women 65 to 74 years of age is consistent with the incidence of cervical cancer in the general population, where incidence generally increases with age and the highest incidence is in women 65-69 years of age (New York State Cancer Registry, 2009-2013; <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm>). As noted above, the higher number of precancerous cases in younger women may be due, in part, to patterns of enrollment prior to the 2009-2010 program year, where younger women with abnormal Pap tests were more likely to be enrolled in the CSP for additional follow-up.

Figure 13

Cervical Cancer and Dysplasia by Age Group New York State Cancer Services Program April 1994 - March 2015

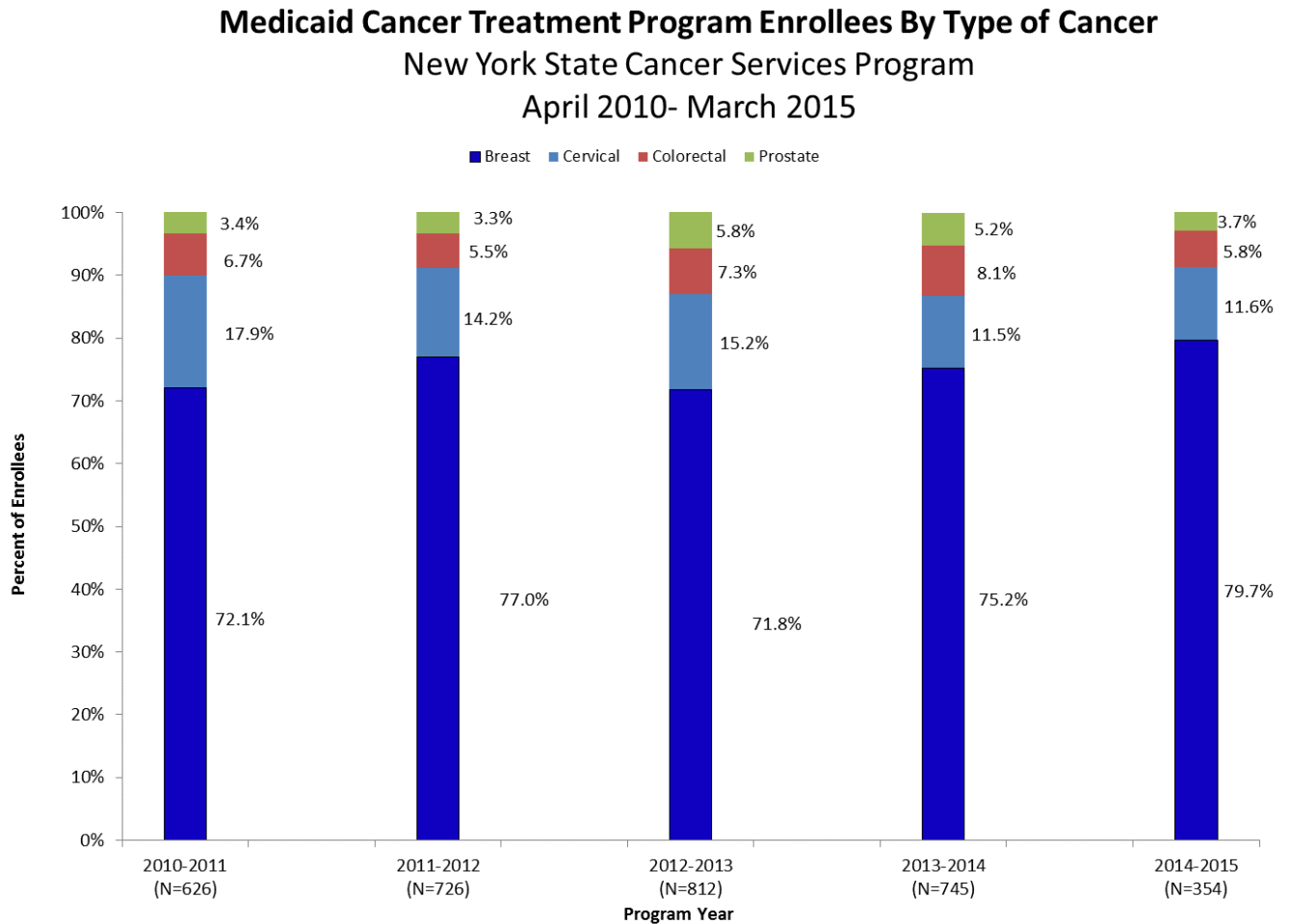


CANCER TREATMENT: MEDICAID CANCER TREATMENT PROGRAM (MCTP)

The CSP actively follows eligible clients diagnosed with cancer or precancerous conditions for enrollment in the MCTP, with a program goal for this measure of at least 90 percent of eligible clients enrolled. During the 2013-2014 program year, 97.0 percent of MCTP-eligible women diagnosed with breast or cervical cancers or precancerous conditions through the CSP were enrolled in the MCTP. Figure 14 presents the number of enrollees in the MCTP by type of cancer and program year. In the 2013-2014 program year, the overall number of MCTP enrollees (n=745) remained about the same as previous years, but decreased in program year 2014-2015 (n=354). In the 2013-2014 program year, the percentage of enrollees with a diagnosis of breast cancer was 75.2 percent (n=560), while the percentage with a diagnosis of cervical cancer or precancerous cervical dysplasia was 11.5 percent (n=86). In the 2014-2015 program year, the percentage of enrollees with a diagnosis of breast cancer was 79.7% (n=282), while the percentage of enrollees with a diagnosis of cervical cancer or

precancerous cervical dysplasia was 11.6% (n=41). The number of enrollees with a diagnosis of breast cancer has generally increased over the past 5 years, which is likely explained by the increased focus on the priority population of women ages 50 to 64 years.

Figure 14



In addition to new enrollees in the MCTP, eligible clients are also recertified for additional years of coverage. Almost 58 percent of clients are recertified for a second year of coverage, approximately 36 percent are enrolled for a third year, almost 24 percent for a fourth year and slightly over 15 percent for a fifth year of MCTP coverage. Applications for enrollment are processed quickly; on average, final determinations of eligibility for coverage are provided within four to six days.

CONCLUSION

The NYS Cancer Services Program provides critical cancer preventive services to eligible uninsured and underinsured individuals across every area of NYS and ensures women receive all follow up care necessary in a timely manner as well as access to any needed treatment. During the 2013-2014 and 2014-2015 program years, over 5,500 providers and health care facilities offered breast and cervical cancer screening and diagnostic services through the CSP. From April 1, 2013 through March 31, 2014, over 36,000 eligible women were screened for cancer with approximately 34,000 mammograms, 32,000 clinical breast exams and almost 10,000 Pap tests. Over the course of this same 12-month period, the CSP identified 407 individuals with breast cancer, 8 with cervical cancer and 160 with precancerous cervical dysplasia. A total of 646 clients were enrolled in the Medicaid Cancer Treatment Program for breast or cervical cancer treatment. From April 1, 2014 through March 31, 2015, nearly 29,000 eligible women were screened for cancer with approximately 27,000 mammograms, 25,000 clinical breast exams and over 8,000 Pap tests. Over the course of this same 12-month period, the CSP identified 267 individuals with breast cancer, 4 with cervical cancer and 136 with precancerous cervical dysplasia. A total of 323 clients were enrolled in the Medicaid Cancer Treatment Program for breast or cervical cancer treatment.

In the two program years covered by this report, the CSP experienced the impact of the Affordable Care Act and Medicaid expansion through a reduced number of eligible, uninsured women being screened as compared to prior years. This reduction is likely a reflection of both a reduction in the number of clients eligible for CSP services due to the increased number of women and men obtaining health insurance and the transition time required for CSP contractors to modify their usual patterns of partner and provider engagement to better identify areas in their communities where the remaining uninsured and underinsured are located. This latter point is supported by the data estimates shared in this report that in the 2014-2015 program year, the CSP reached approximately 15.1% (26,937/178,597) of the estimated eligible population of women ages 40 to 64 who are uninsured and at or below 250 percent of FPL in NYS (data source for eligible population: U.S. Census, Small Area Health Insurance Estimates, 2014). Future efforts will look at the geographic distribution of the remaining uninsured as well as specific population demographics. Even with a continued need for screening services for the uninsured and underinsured, a future role of the CSP will be to promote cancer screening among the newly insured and work with community and health care partners to improve processes aimed at increased screening and timely follow up. This point acknowledges the fact that having insurance does not guarantee a person will be up-to-date with recommended cancer screenings.