

**CATEGORICAL FACTORS****MEDICAID CANCER TREATMENT PROGRAM: BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCER (MCTP)**

**Description:** The Medicaid Cancer Treatment Program for Breast and/or Cervical Cancer provides full Medicaid coverage to individuals who meet the established criteria to qualify for the Centers for Disease Control and Prevention (CDC) screening under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The Medicaid Cancer Treatment Program for Colorectal and/or Prostate Cancer provides full Medicaid coverage for individuals who are screened and/or diagnosed by the Cancer Services Program Partnerships (CSPP) or a CSPP provider and meet established criteria. Individuals must be in need of treatment for these types of cancers or pre-cancerous conditions. Coverage is available for all medically necessary Medicaid services for the period of time the individual needs treatment.

In New York State cancer screening is conducted by the New York State Department of Health's Cancer Services Program (through the Cancer Services Program Partnerships (CSPP)). The income standard for the CDC screening program is 250% of the FPL. There is no resource test.

A list of CSPP is available on the Department of Health's website at <http://www.health.state.ny.us/nysdoh/cancer/center/partnerships.htm>.

or

By calling the Cancer Services Program at 1-866-442-2262.

**Policy:** Individuals who meet the following criteria are eligible for the Medicaid Treatment Program for Breast and/or Cervical Cancer:

- have been screened by their local CSPP and diagnosed as needing treatment for breast and/or cervical cancer or a precancerous condition;
- are uninsured (no creditable coverage);
- are New York State residents;
- are U.S. citizens or aliens with satisfactory immigration status; and
- are ineligible for Medicaid under any of the mandatory categorical groups (i.e., pregnant women, parents of a dependent child, Low Income Families, or the disabled).

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**NOTE:** While the federal program restricts eligibility to women under age 65, New York State will cover any males or individuals 65 years of age or older who meet the screening and eligibility requirements.

Individuals who meet the following criteria are eligible for the Medicaid Cancer Treatment Program for Colorectal and/or Prostate Cancer:

- have been screened by their local CSPP or a CSPP provider and found to be in need of treatment for colorectal and/or prostate cancer or pre-cancerous condition;
- have income at or below 250% Federal Poverty Level (FPL);
- are less than 65 years of age;
- are uninsured (no creditable coverage);
- are New York State residents;
- are U.S. citizens or aliens with satisfactory immigration status;
- and
- are ineligible for Medicaid under any of the mandatory categorical groups (i.e., parents of a dependent child, Low Income Families, or the disabled).

## CATEGORICAL FACTORS

### THE MEDICAID CANCER TREATMENT PROGRAM: BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCER (MCTP)

**References:**       SSL Sect.    366(4)(v)  
  
                      GISs            07 MA/026  
  05 MA/038

**Interpretations:**   There are specific application forms and unique procedures for the MCTP. If an individual meets the CSPP screening and diagnosis criteria for treatment for breast, cervical, colorectal or prostate cancer, the CSPP assists the individual with completing the MCTP application process. The State Department of Health's Cancer Services Program reviews the application, certifies the need for treatment and submits the application to the State Office of Health Insurance Programs (OHIP).

State OHIP staff review each application and make the final determination of eligibility. If it appears the individual may be eligible for regular Medicaid under any of the mandatory categories, the case will be authorized by State OHIP staff for at least 90 days and the individual will be sent a letter referring him/her to apply for Medicaid at the local district. For an individual to continue on the MCTP past the 90 days, the individual must show a notice of decision by the county or show just cause why they did not apply. State OHIP staff will work with the local district to coordinate the closing of the MCTP case and the opening of the Medicaid case in the district if required. If the individual is not otherwise eligible for Medicaid, State OHIP staff will maintain the case in District 99; this includes undercare and renewal.

Transportation is authorized by local department of social services staff.

**NOTE:** Individuals eligible for the MCTP are not eligible for managed care.