

# **State Implementation of the Breast & Cervical Cancer Prevention and Treatment Act of 2000**

## **Research Designed to Assess States' Initial Efforts to Implement this Landmark Legislation**

### **Findings from Ten States**

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## Policy Context

- Signed into law on October 24, 2000, BCCPTA established a new state coverage option under Medicaid that permits states to extend Medicaid to uninsured women under 65 screened and diagnosed with breast or cervical cancer through National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded by CDC.
- The creation of this coverage option is groundbreaking as an effort to use population-wide public health screening programs (NBCCEDP) as pathways for publicly funded health insurance (Medicaid).
- Because state implementation of the new law is still at an early stage, little is known about states' experiences in adopting this new Medicaid coverage, and about how women's access to breast and cervical cancer treatment might be affected or improved.

# Research Design

- Center for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS, formerly HCFA) have engaged the GWU Center for Health Services Research and Policy to conduct an 18-month study to understand the initial efforts of the states to implement BCCPTA.
- The GWU research uses a case study approach to examine efforts in selected states; the primary method of data collection is interviews w/ state stakeholders (e.g., Medicaid officials, Title XV grantees, and persons from provider, community-based, and advocacy groups).
- States were selected based on when they implemented BCCPTA (i.e., early versus later), what screening option they chose, whether tribal grantees were involved, the relative size of the state and the Medicaid and Title XV programs.

# Research Questions

**Research Questions to be explored by examining closely states' early efforts at implementing BCCPTA:**

- (1) How are states taking advantage of this new Medicaid option
- (2) How are state Medicaid agencies and Title XV grantees collaborating on implementation
- (3) Whether and how the BCCPTA implementation is affecting the operation of NBCCEDPs
- (4) What procedures are involved for enrolling women in Medicaid
- (5) What are states' experiences to date in implementing BCCPTA

# Key Issues for Data Collection and Analysis

- ✓ Screening options chosen by the states and deliberations involved
- ✓ Key implementation challenges and key stakeholder activities
- ✓ Factors facilitating collaboration between the state Medicaid agencies and Title XV grantees
- ✓ How existing NBCCEDP programs and staff have been affected
- ✓ How BCCPTA Medicaid eligibility is determined and for how long
- ✓ Whether access to treatment through Medicaid has been expanded for uninsured women

# Value of Early Insights

Study will provide early insights on: (1) states' strategies for implementing BCCPTA, (2) how women are getting enrolled in Medicaid under BCCPTA, and (3) whether BCCPTA seems to be improving access to treatment.

Findings provide early feedback to federal and state officials for CQI (continuous quality improvement).

Findings will provide the essential first step toward designing and conducting Impact Evaluation Research that will:

- (1) Evaluate the effectiveness of BCCPTA in improving the ability of uninsured women with breast or cervical cancer to secure earlier and better treatment, and thereby, to experience improved outcomes, and
- (2) Assess whether using prevention programs as a pathway for publicly-funded coverage is an effective way to promote access to care and improve health outcomes.

# Study States Selected for Early Insights

- Examinations of first ten states completed by the middle of October  
(Alabama, Alaska, Georgia, Illinois, Iowa, New Hampshire, South Dakota, Utah, Washington, West Virginia)
- Examinations of next six states will be completed by the end of 2002 (Arizona, California, Connecticut, Michigan, Missouri, Rhode Island)
- BCCPTA characteristics of the ten states:
  - **Screening Option:** 2 states chose Option 1, 4 states chose Option 2, 4 states chose Option 3
  - **Implementation Date in 2001:** 1 state in March, 2 states in April, 5 states in July, 1 state each in August and October
  - **Implementation Procedures:** 4 states used state plan amendment only, 6 states used legislation and SPA

## State BCCPTA Characteristics

BCCPTA Characteristic	AL	AK	GA	IL	IA	NH	SD	UT	WV	WA
<i>Screening Option</i>	1	2	3	2	3	2	1	3	3	2
<i>Implementation Month 2001</i>	Oct	July	July	Aug	July	Mar	Apr	July	July	Apr
<i>Implementation Procedures</i>	SPA + Law	SPA + Law	SPA	SPA + Law	SPA + Law	SPA	SP A	SP A	SPA + Law	SPA + Law

# State Medicaid Characteristics

<b>Medicaid Program</b>	<b>US</b>	<b>AL</b>	<b>AK</b>	<b>GA</b>	<b>IL</b>	<b>IA</b>	<b>NH</b>	<b>SD</b>	<b>UT</b>	<b>WA</b>	<b>WV</b>
<b>Total Medicaid Enrollment in Thousands 2001</b>	34,841	579.4	86.2	948.4	1,390	224.8	76.7	81.8	140.7	788.5	260.6
<b>% Change in Medicaid Enroll 6/96-6/00</b>	+1.7%	+9.0%	-7.0%	-13.0%	-0.5%	11.0%	+8.9%	+17.0%	+17.9%	+14.9%	-14.7%
<b>% State Budget Spent Medicaid</b>	NA	15.7%	8.5%	17.0%	16.0%	12.7%	23.5%	19.9%	11.3%	16.5%	23.8%
<b>FMAP 2002</b>	NA	71%	58%	60%	50%	64%	50%	65%	71%	50%	75%
<b>FMAP BCCPTA 2002</b>	NA	77%	71%	72%	65%	74%	65%	76%	80%	65%	83%
<b>1931 Eligible % FPL **</b>	NA	31%	82%	64%	58%	90%	64%	68%	57%	93%	46%
<b>SCHIP Eligible % FPL ***</b>	NA	200%	NA	235%	185%	200%	300%	200%	200%	250%	200%
<b>BCCPTA Elig. % FPL ***</b>	NA	200%	250%	200%	200%	250%	250%	200%	250%	200%	200%
<b>Medicaid Managed Care Penetration Rate</b>	58.3%	55.3%	N/A	83.0%	9.6%	87.9%	8.6%	97.5%	93.3%	62.0%	100%

## Table Sources:

Total Medicaid Enrollment, 2001 and % Changes in Medicaid Enrollment 6/96-6/00: ER Ellis and V Smith, *Medicaid Program Enrollment Data Update: September 2001*, Kaiser Commission on Medicaid and the Uninsured, June 2002, [www.kff.org](http://www.kff.org).

% State Budget Spent on Medicaid, 2000: KA Maloy, KA Kenney, J Darnell, and S Cyprien, *Can Medicaid Work for Low-Income Working Families?* Kaiser Commission on Medicaid and the Uninsured, April 2002, Table 2, pages 126-127.

FMAP 2002: Kaiser Family Foundation, State Health Facts Online, [www.statehealthfacts.kff.org](http://www.statehealthfacts.kff.org).

FMAP BCCPTA 2002: Based on SCHIP match rate which equals BCCPTA match. Kaiser Family Foundation, State Health Facts Online, [www.statehealthfacts.kff.org](http://www.statehealthfacts.kff.org).

1931 Eligible % FPL: KA Maloy, KA Kenney, J Darnell, and S Cyprien, *Can Medicaid Work for Low-Income Working Families?* Kaiser Commission on Medicaid and the Uninsured, April 2002, Table 5, pages 132-133. **\*\* Eligibility level is the maximum that a family of three can earn and accounts for full earned income disregard**

SCHIP Eligible % FPL: Kaiser Family Foundation, State Health Facts Online, [www.statehealthfacts.kff.org](http://www.statehealthfacts.kff.org). **\*\*\*Eligibility is for a family of any size and no disregards**

BCCPTA Eligible % FPL: Based on CHSRP findings. **\*\*\*Eligibility is for a family of any size and no disregards**

Medicaid Managed Care Penetration Rate, 2001: Centers for Medicare and Medicaid Services, Medicaid Managed Care State Enrollment, December 31, 2001, [www.cms.gov](http://www.cms.gov).

## Emerging Themes from First Ten States

- *Title XV and Title XIX agencies worked well together to adopt BCCPTA and on relatively equal footing, although Title XV agencies generally took the lead on implementation and worked through questions with CDC and CMS.*
- *States reported having notable confusion about the meaning of the screening options in particular as well as about other aspects of implementation. But, confusion about screening options did not appear to constrain these states' decision making about implementation.*
- *States considered/selected screening options largely based on design and scope of their existing Title XV NBCCEDP screening network. Moreover, they decided what their screening network would be and then determined which option seemed to 'fit' their choice.*

## Emerging Themes from First Ten States Cont'd

➤ *States' experiences with enrollment and expenditures* for BCCPTA coverage varied - it is difficult to generalize about these experiences. But, four states reported greater than anticipated enrollment, and three states were able to estimate costs and enrollment accurately.

➤ *States' used a range of techniques to estimate enrollment and cost* projections for BCCPTA coverage, although it is too early to tell whether certain techniques produced more accurate projections.

➤ *Techniques for costs:* (1) average costs associated with coverage of women under Medicaid; (2) findings by Title XV agencies of average costs associated with treatment of breast or cervical cancer; and (3) average cost data from CBO.

➤ *Techniques for enrollment:* (1) number of women diagnosed under the Title XV programs; and (2) incidence of breast and cervical cancer in states. It was often difficult to predict/estimate the incidence and potential enrollment of women with pre-cancerous cervical conditions.

## Emerging Themes from First Ten States Cont'd

- *Variability in BCCPTA Medicaid eligibility procedures*, E.g. (1) whether first day of eligibility for BCCPTA Medicaid is diagnosis date or Medicaid application date; (2) how retroactive eligibility and presumptive eligibility are determined; (3) whether standardized BCCPTA verification/eligibility forms are used; and (4) if women must visit Medicaid office to complete their BCCPTA Medicaid application.
  - Implications of this variability are uncertain or if any effect on women's ability to get prompt/accurate eligibility determination.
  
- *Procedures for ongoing eligibility review and redetermination* also vary but may present more complex challenges as ongoing eligibility is a function of woman's ongoing need for treatment.
  - Most states ask providers to determine course of treatment/when treatment ends - many use standardized format.

## Emerging Themes from First Ten States Cont'd

➤ *Impact on most Title XV agencies reportedly greater than expected* due to growing/additional responsibilities beyond their CDC-mandated responsibilities in two main areas: (1) tracking women in terms of initial Medicaid eligibility and ongoing eligibility redetermination, and (2) case managing women to and through treatment.

➤ Extent to which Title XV agencies have taken on new responsibilities seems to be a function of several factors including: (1) the extent of the agencies' existing/customary case management activities; (2) whether the state asked the agency to perform these duties; and (3) whether the agency could voluntarily assume new duties.

➤ *Whether BCCPTA women are enrolled in state Medicaid managed care programs* may affect distribution of tracking or case management duties between Medicaid and Title XV agencies, and could affect issues such as capitation rates for condition-specific eligibility.

## Emerging Themes from First Ten States Cont'd

- *Substantial variability exists regarding states' capacities for data collection and monitoring.* Quality/availability of data needed to assess effect of BCCPTA may need to be determined on a state-by-state basis.
  - This uncertainty about data capacity/quality likely to present future challenges for designing a data-based impact evaluation.
- *BCCPTA-specific quality assurance measures not established* in 10 study states. To the extent that state Medicaid agencies reported complying with already established quality assurance measures for their Medicaid programs, BCCPTA cases are included.
- While Medicaid budget crises are common backdrops, states all reported that they are not *currently* experiencing pressure to contain BCCPTA costs or anticipating directives to restrict BCCPTA coverage.

## What Are Next Steps for this Research?

- ◆ *Complete 6 More State Case Studies by End of 2002*
- ◆ *Continue Analyses and Refinement of Findings*
- ◆ *Provide & Get Feedback from State & Federal Players*
- ◆ *Prepare a Range of Written Reports/Briefs/TA Materials*
- ◆ *Prepare 50-State BCCPTA Fact Sheets*
- ◆ *Propose Study/Research Design for BCCPTA Evaluation*

**Can States Successfully Implement BCCPTA?  
Is BCCPTA Effective for Creating Pathway to  
Insurance and Early Access to Treatment?  
Are Women Better Off Due to BCCPTA?  
Do Health Outcomes Improve?**