LOUISIANA BREAST & CERVICAL HEALTH PROGRAM

Reference Sheet for Eligibility (FFS)

This document serves to assist in determining patient eligibility for the Louisiana Breast & Cervical Health Program based on the following criteria:

1. AGE:
Is she between 21 and 64 years of age? If **YES,** go to question #2, if **NO***: Not eligible. ****NOTE:*** *women of any age up to 64 years with symptoms or physical findings may qualify.*

2. RESIDENCY:
Is she a Louisiana resident? If **YES***, go to question #3, if **NO***: Not eligible. ****NOTE:*** LA address is sufficient, regardless of citizenship status. If resident in the U.S. outside of LA, you can refer her to the breast and cervical program where she lives.

3. INCOME:
Does she meet the following federal poverty guidelines on self-reported income as shown below? If **YES**, go to question #4, if **NO**: Not eligible.

2024 Federal Poverty Level (FPL)						
Household Size	138%		200%		250%	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	$1,732	$20,783	$2,510	$30,120	$3,138	$37,650
2	$2,351	$28,207	$3,407	$40,880	$4,258	$51,100
3	$2,969	$35,632	$4,303	$51,640	$5,379	$64,550
4	$3,588	$43,056	$5,200	$62,400	$6,500	$78,000
5	$4,207	$50,480	$6,097	$73,160	$7,621	$91,450
6	$4,825	$57,905	$6,993	$83,920	$8,742	$104,900
7	$5,444	$65,329	$7,890	$94,680	$9,863	$118,350
8	$6,063	$72,754	$8,787	$105,440	$10,983	$131,800

FPL guidelines taken from the U.S. Department of Health and Human Services (HHS)
https://aspe.hhs.gov/poverty-guidelines

4. INSURANCE STATUS:
Does she have insurance? If **NO, she is eligible for all LBCHP services.**
1. Consent the patient (see Guidelines below for instructions).
2. Refer her to the LBCHP Patient Navigator _____
PN Name Phone

If **YES** (has insurance), go to question #5.

5. UNDERINSURED vs. INSURED:
Does she have unaffordable co-pays or deductibles associated with diagnostic breast/cervical services? If **YES, she is UNDERINSURED and is eligible for LBCHP out-of-pocket assistance and navigation services**.

1. Consent the patient (see Guidelines below for instructions).
2. Refer her to the LBCHP Patient Navigator _____
   PN Name Phone

Underinsured women are entitled to the same LBCHP services as eligible uninsured women. "If a woman says she can't afford her co-pays or deductibles, she is considered underinsured and might be eligible for the LBCHP".

Women under Medicare Part B and/or Medicaid are not eligible for LBCHP clinical services but are eligible for navigation services. LBCHP cannot pay the co-payment for Medicare.

If **NO**, **she is INSURED and eligible for navigation services only**.

1. Consent the patient (see Guidelines below for instructions).
2. Refer her to the LBCHP Patient Navigator _____
   PN Name Phone

GUIDELINES

CONSENT

1. Have patients complete LBCHP consent.

2. Provide one copy of consent to patient, **keep original copy to submit to LBCHP** (give to the LBCHP Patient Navigator).

3. On the second copy, make note of the patient's LBCHP-eligibility:
   a. Uninsured
   b. Insured, eligible pending diagnostics
   c. Underinsured, eligible for out-of-pocket

4. Explain that under the Affordable Care Act (ACA) her insurance covers mammograms and Pap tests (preventive screenings).

INSURED & UNDERINSURED

FLAG a woman in the facility database if she has insurance and meets all other LBCHP eligibility requirements (Ex: flag as "LBCHP-eligible with health insurance"). A woman's screening tests (mamms and Paps) should be billed to her insurance company. Under the ACA these should be paid at the insurance company reimbursement rate.

BILLING POLICIES for UNDERINSURED

Out-of-Pocket Assistance
If a patient needs further diagnostic testing and cannot afford it nor her co-pay or deductible, LBCHP can help to cover these out-of-pocket expenses and the diagnostic procedures. **In these cases, LBCHP acts as the secondary insurance for covered procedures**. Inform the provider that this is the case. LBCHP will reimburse up to

Medicare rates for all necessary diagnostic procedures. Go to the LBCHP website for Medicare rates (lbchp.org, click on "For Providers" section, password "lbchp"), or inquire with your LBCHP Patient Navigator.

Procedure for Payment

Patient Navigator will work in conjunction with Financial/Billing on the following:

1. Hospital/clinic obtains an Explanation of Benefits or an estimate of the costs showing the insurance and patient cost for the tests/procedures.

2. Verify patient meets LBCHP eligibility criteria, then schedule an appointment.

3. After patient visit, bill the patient's insurance first.

4. If the patient cannot afford her co-pay or co-insurance, she should be informed that LBCHP funds will be used as supplemental insurance to cover these costs.

5. Using the LBCHP invoice template, look up the Medicare rate for the procedure.

6. Deduct the amount covered by insurance from the Medicare rate. Bill this amount to LBCHP using the invoice template.

   Example: The hospital charges $1,000 for a biopsy and the patient's insurance company will only cover $200. If the Medicare rate for a biopsy is $500, then LBCHP will pay the difference of $300. The clinic/hospital must accept this as payment in full and not bill the woman for additional hospital fees.

7. The patient should not be balance-billed for the remainder of the bill.

8. Enter documentation into Catalyst (LBCHP Patient Navigator or Data Specialist).

What if a woman is diagnosed with breast or cervical cancer?

If she has no health insurance and is in need of treatment, the Patient Navigator should assist her to enroll in the BCC Medicaid Program, as long as she meets income requirements.

If she has insurance but it does not pay for treatment, the Patient Navigator should assist her to enroll in the BCC Medicaid Program. On the application, indicate in the supplemental section that the patient's insurance does not pay for any treatment.

If she has insurance that pays for any part of her cancer treatment, she is not eligible for the Breast and Cervical Cancer (BCC) Medicaid Program.