

## **Department of Human Services 2009-11 Policy Option Package**

<b><u>Division Name:</u></b>	Public Health Division
<b><u>Program Name:</u></b>	Office of Family Health, Oregon Breast and Cervical Cancer Program
<b><u>Policy Option Package Initiative:</u></b>	Vulnerable Oregonians Have Access to Health Care
<b><u>Policy Option Package Title:</u></b>	Increased Access to Oregon BCCP and BCCM Services – A Two Part POP
<b><u>Policy Option Package Number:</u></b>	191
<b><u>Related Legislation:</u></b>	Not Applicable
<b><u>Summary Statement:</u></b>	<div style="border: 1px solid black; padding: 5px;"><p>This policy option package would increase the number of women who could receive breast and cervical cancer screenings through the Public Health Division (PHD) and expand OHP presumptive eligibility for women who have been diagnosed with breast and cervical cancer and are seeking treatment. The two elements of the package are distinct and neither is dependent on the other. If approved, the first element would provide the PHD Breast and Cervical Cancer Program (BCCP) with general funds to increase the number of screenings performed per year. If the second element is approved, the Division of Medical Assistance Programs (DMAP) would receive additional general funds to enable more women with breast and cervical cancer to access treatment through OHP, and the PHD BCCP would receive general funds to facilitate a smooth transition from screening to treatment for those women</p></div>

## 1. **WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**

**Part 1:** Early breast and cervical cancer screening saves lives by detecting dangerous cancers at an earlier, more treatable stage. Indeed, women with breast cancer have a 5-year survival rate of 98 percent if it is caught at stage I; the rate drops to 26 percent for breast cancer that has metastasized at stage IV (spread to the rest of the body). The Oregon Breast and Cervical Cancer Program (BCCP) provides breast and cervical cancer screening to women in Oregon who are most in need—women who are low-income, uninsured, and medically underserved. The BCCP currently receives federal CDC and Komen funds to serve only 7,000 medically underserved women, while approximately 37,000 additional women in need of these services are unable to access them. This policy package will allow BCCP to conduct outreach and enroll additional Oregon women in need of screening services and who otherwise would not be able to receive them. Additionally, the BCCP would be able to provide additional medical services not currently funded (e.g. MRI) which can be crucial in detecting cancer. The Oregon BCCP will use the state General Funds (GF) to leverage additional Federal dollars to accomplish this goal.

**Part 2:** State GF will allow women who have been diagnosed with cancer to be made presumptively eligible for the Oregon Health Plan (OHP) for treatment – called the Breast and Cervical Cancer Medical Program (BCCM). Currently, Oregon provides treatment services only to women diagnosed with breast and/or cervical cancer who have received a BCCP-paid screening service (Tier 1 of the Breast and Cervical Cancer Prevention and Treatment Act of 2000). As a result, more than 80 percent of eligible women are *denied* treatment based simply on where they were screened. Current BCCP funding levels reach less than 20 percent of eligible women. And as mentioned above, delays in screening and treatment can affect a woman’s prognosis and chances of survival. By expanding access to treatment to any woman who has been screened and diagnosed by any qualified provider recognized by the Oregon BCCP (Tier 3 of the Breast and Cervical Cancer Prevention and Treatment Act of 2000), more women will receive life-saving cancer

treatment in a more equitable manner. The majority of GF for this part of the policy option package will be administered by DMAP and matchable with Federal Medicaid dollars at the 72/28 SCHIP rate. Even for women qualifying for presumptive OHP BCCM eligibility under the current system, difficulty obtaining and completing an OHP BCCM presumptive eligibility application may cause further delays in treatment. Because prompt treatment is so critical, eligible women need ready assistance in completing and submitting their applications, reducing unnecessary delays. Therefore, a portion of the GF for this part of the policy option package will be administered by the BCCP to pay providers to assist eligible women in completing and submitting the OHP BCCM presumptive eligibility application. These GF will be matchable with federal Medicaid dollars at the 50/50 rate.

## **2. WHY DOES DHS PROPOSE THIS POP?**

**Part 1:** Uninsured women are 41 percent more likely to receive a late-stage breast cancer diagnosis and are, therefore, three times more likely to die from the disease than are women with insurance. Oregon consistently ranks among the top five states in the nation for female breast cancer incidence in the United States. Reaching these additional women will require significant outreach efforts since they are a known hard-to-reach population. However, receiving more funding from the Centers for Disease Control (CDC) is challenging. The CDC, which provides the bulk of funding to the BCCP, employs a performance-based funding structure in which grant funding increases in proportion to the number of women served. Thus, the challenge for the BCCP is to serve more women without more funding – a nearly impossible task given the program is currently working at full capacity. In addition to the need to reach more eligible women with program services, is the need to increase the types of services they can receive. Some high-demand services such as MRIs are not covered by the CDC grant funds. There is currently no other funding source available to cover these services; therefore, women needing these services are denied access to them.

**Part 2:** Because of limited funding, many women in Oregon diagnosed with breast and/or cervical cancer are denied treatment services. This policy option package will extend treatment to these women and facilitate their entry into the Oregon Health Plan (OHP).

**3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?**

The Department of Human Services’ mission is to help people become independent, healthy, and safe. This policy option package will allow women in Oregon to remain independent and healthy by detecting and treating breast and cervical cancer at an early stage. Although a cancer diagnosis is always a distressing experience, an *early* cancer diagnosis means a fivefold improvement in prognosis. Therefore, early breast and cervical cancer screening provided by the BCCP saves women’s lives.

The Oregon BCCP is part of the CDC’s National Breast and Cervical Cancer Early Detection Program, which funds programs in all 50 states. Oregon is among the few states that does not contribute state GF to the BCCP. The proposals outlined for Parts 1 and 2 of this policy option package will allow Oregon to reach more low-income, uninsured women with screening and early detection services and to provide equal access to quality treatment to all eligible women.

**4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?**

There are no specific DHS performance measures that would be affected by this policy package.

**5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**

This policy package does not change an existing statute or require a new statute.

**6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**

No other alternatives were considered. If the proposals in this policy option package are not funded, the Oregon BCCP will continue to operate. As before, the program will strive to increase: 1) the efficiency with which the program is administered, 2) the quality of the services offered, 3) the provider network, and 4) the number of women serviced, albeit in very small incremental steps.

**7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**

If this policy option package is not approved, the lack of additional funds will limit Oregon's ability to reach and provide Oregon's 37,000 eligible women with screening and treatment services, placing them at risk for late diagnoses and poor prognoses. This could have the potentially dire consequence of increasing Oregon's mortality rate from breast and cervical cancer. As mentioned above, Oregon consistently ranks among the top five states in the nation for female breast cancer incidence in the United States. For cervical cancer, early detection is critical as cervical cancer rarely causes pain or noticeable symptoms until it is so advanced that it is unresponsive to treatment. Each case of invasive breast or cervical cancer represents a failure of the system to provide adequate outreach, screening, and early detection and treatment of pre-cancerous conditions for women in Oregon. Funding constraints have already resulted in the loss of providers from the BCCP network and created barriers to access by preventing women diagnosed with breast or cervical cancer from accessing treatment simply because they were screened/diagnosed by a non-BCCP network provider.

**8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?**

No other state agency will be affected by this policy option package.

**9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?**

**Implementation Date(s):** \_\_\_\_\_

**End Date (if applicable):** Ongoing

**a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.**

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative Services                            | <input type="checkbox"/> Addictions and Mental Health         |
| <input type="checkbox"/> Children, Adults and Families                      | <input checked="" type="checkbox"/> Public Health             |
| <input checked="" type="checkbox"/> Division of Medical Assistance Programs | <input type="checkbox"/> Seniors and People With Disabilities |

Neither Public Health nor DMAP will gain new responsibilities. Rather current responsibilities will be modified to accommodate the changes introduced by this POP.

Public Health: The Oregon BCCP is located within the Public Health Division and will implement the activities described in Part 1 and Part 2 of this policy option package.

Division of Medical Assistance Programs (DMAP): DMAP will provide Oregon Health Plan (OHP) coverage to additional women as described in Part 2 of this policy option package.

**b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.**

- |   |  |
|---|--|
| <input type="checkbox"/> Human Resources                  | <input type="checkbox"/> Payment Accuracy and Recovery |
| <input type="checkbox"/> Information Security/Privacy     | <input type="checkbox"/> Investigations and Training   |
| <input type="checkbox"/> Document Management              | <input type="checkbox"/> Facilities                    |
| <input type="checkbox"/> Audit and Consulting             | <input type="checkbox"/> Contracts and Procurement     |
| <input type="checkbox"/> Information Services (computers) | <input type="checkbox"/> Budget, Planning and Analysis |
| <input type="checkbox"/> Financial Services (accounting)  | <input type="checkbox"/> DHS Office of Communications  |

These offices will not be impacted.

**c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

**Part 1:** Because Part 1 qualifies for a \$3 Federal/\$1 state match (pending approval from the CDC), State funds will allow the BCCP to provide early breast and cervical cancer screening to an additional 10,000 women per year.

**Part 2:** With a 72/28 SCHIP match for treatment services and a 50/50 match for administrative services (i.e. fee paid to provider to assist client in completing the OHP BCCM presumptive eligibility application), this policy option package will allow 400 women diagnosed with cancer to enroll in OHP for treatment.

- d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

Operations and Policy Analyst 2 (CO871) will be required to implement a component of Part 2 of this policy option package. The case manager position is needed to facilitate OHP BCCM applications and coordinate care for women diagnosed with breast or cervical cancer. Funding for this position is matchable with Federal Medicaid dollars at about 72% (SCHIP match rate).

- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

The BCCP utilizes an online data system for efficient collection of data and payment of medical claims. Minor modifications to the data system will be made in order to automate the enrollment of a woman diagnosed with cancer into OHP. Because the BCCP already has existing processes and infrastructure in place, the program will be able to smoothly scale-up provision of screening services without significant modifications.

- f. What are the ongoing costs?**

**Part 1:** The Oregon BCCP will administer the provision of screening services in an efficient centralized model. Most of the costs related to this policy option package will pay for electronic claims processing and for direct cancer screening services to eligible women.

**Part 2:** This policy option package will pay for OHP annual coverage for 400 women for the duration of her cancer treatment. Furthermore, a case manager position will facilitate the entry of women diagnosed with cancer into medical treatment.

**g. What are the potential savings?**

Treatment for breast cancer detected in its earliest, pre-invasive stage costs significantly less than cancer detected in more advanced stages. Nationally, almost \$2 billion is spent on late-stage breast cancer treatment according to the CDC. Thus, through early detection and treatment, this policy package will generate net savings to the healthcare system in Oregon by providing less costly, early-stage cancer treatment.

**h. Based on these answers, is there a fiscal impact?**

**Part 1:** A total of **\$5,400,000 in State GF** will support services for up to 10,000 additional women annually through the BCCP. The funds will be used to reimburse BCCP providers for screening and diagnostic services, claims processing, and additional staff time for care coordination, follow-up of abnormalities, etc. Note that while state GF will directly pay for 10,000 women annually, leveraged federal dollars (pending approval from CDC) will cover an additional 27,000 women – so that Part I has the potential to provide screening for a total of 37,000 women.

Professional Services:	\$ 40,000
(\$.50 per claim x 10,000 women/year x 4 claims/woman = \$40,000)	
Services and Supplies:	<u>5,360,000</u>
<b>Total Amount of State GF Requested for Part 1:</b>	<b>\$ 5,400,000</b>

**Part 2: State GF** will support the new case manager position. This individual will coordinate treatment care for diagnosed women. This funding will be matched with Federal Medicaid dollars at the SCHIP rate of 72/28%.

**State GF in the amount of \$6,000** to pay providers to assist eligible women in completing and submitting the OHP BCCM presumptive eligibility application. This will be matched at the 50/50 Federal Medicaid rate, providing a total of \$12,000 to assist an estimated 400 women enroll in OHP BCCM (provider payment of \$15/application x 400 women/year = \$12,000 per biennium.)

State GF to provide the estimated 400 women/year with OHP BCCM treatment services (under Tier 3 eligibility requirements of the Breast and Cervical Cancer Prevention and Treatment Act) will be administered by DMAP and matchable with Federal Medicaid dollars at the 72/28 rate.

*Pending fiscal statement from DMAP.*

- i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”**

General Funds. Medicaid administrative match (72/28%) is only available for expenditures related to the new case manager and services and supplies to support the program.