

CHANGE NOTICE FOR MANUAL NO. 07-19, BREAST AND CERVICAL CANCER MEDICAID (BCCM)

DATE: May 15, 2019

Manual: Family and Children's Medicaid
Change No: 07-19
To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has revised Medicaid Policy to provide clarity and/or corrections to previously published policy. These revisions are spelled out in the policy below.

II. POLICY UPDATE

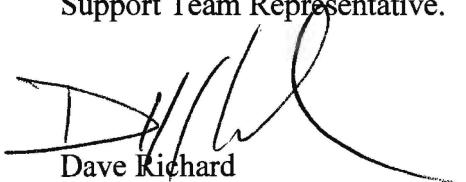
The following sections of MA-3250, Breast and Cervical Cancer Medicaid (BCCM) have been revised:

- a. Breast and Cervical Cancer eligibility requirements were updated in policy.
- b. The definition of creditable medical insurance coverage has been added to policy.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy applies to applications and recertifications currently in process.

If you have any questions regarding information in this letter, please contact your Medicaid Operational Support Team Representative.



Dave Richard

Deputy Secretary, NC Medicaid