In December 2009, labelers received their 3rd Quarter 2009 drug rebate invoices which may have included a separate invoice for the Breast and Cervical Cancer Treatment Program (BCCTP). There was also an insert that stated that “California was granted a waiver to implement the BCCTP.” This was incorrect. The BCCTP is not a waiver program, but an eligibility group under Medicaid as stated in sections 1902(a)(10)(A)(ii)(XVIII) and 1920B of the Social Security Act which allows states to provide optional coverage to persons with breast and/or cervical cancer.

On October 24, 2000, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354, effective October 1, 2000) was signed into law. This Act gives states the option to provide medical assistance through Medicaid to eligible beneficiaries who are in need of treatment for breast and/or cervical cancer.

The Center for Medicaid and State Operations (CMSO) within the Centers for Medicare and Medicaid Services (CMS) has responsibility for the administration of the Medicaid program. On January 4, 2001, CMSO released a letter to State Health Officials which describes the Act and the eligibility requirements for implementation of this optional benefit. Each state was required to submit a State Plan Amendment (SPA) to CMS in order to include this eligibility group.

Assembly Bill (AB) 430, (Chapter 171, Statutes of 2001) provided the State with statutory authority to implement the optional federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. California’s SPA was approved by the federal government on October 18, 2001 with an effective date of January 1, 2002.

The CMS "Medicaid At-a-Glance 2005" brochure provides the following explanation: “There are two eligibility groups related to specific medical conditions that states may include under their Medicaid plans. One is a time-limited eligibility group for persons with breast or
cervical cancer; the other is for people with tuberculosis (TB) who are uninsured. Individuals eligible for BCCTP receive all medically necessary Medicaid services and are covered for all Medi-Cal covered drugs once they’re in the program, subject to the same restrictions as all other full scope Medi-Cal beneficiaries.

California was required to collect rebates since 2002 for the drugs dispensed for these individuals, but failed to do so due to an issue with the DHCS accounting system. CMS identified the error and directed the DHCS to initiate the collection of rebates retroactive to the inception of the program in 2002 and requested that invoices for BCCTP are sent separately from other Medi-Cal invoices to allow for better tracking of these rebates.

We apologize for any confusion the new invoices may have caused and encourage manufacturers to call your rebate analyst or the CMS for additional information.

Additional Information
http://www.cms.hhs.gov/MedicaidEligibility/  (See Optional Eligibility Groups)
http://www.cms.hhs.gov/MedicaidSpecialCovCond/
http://www.cms.hhs.gov/MedicaidEligibility/Downloads/MedicaidAtaGlance05.pdf

Welcome New Drug Rebate Branch Manager

The Drug Rebate Branch would like to introduce and welcome Harry Hendrix as its new Branch Chief. Harry comes to the Pharmacy Benefits Division following ten years of service with the Medi-Cal Managed Care Division, also within the Department of Health Care Services. The Branch would also like to thank Robert Shun for his outstanding leadership over the past year as the acting Branch Chief.