



ELIGIBILITY *Consultants*, INC.

EXCELLENCE, COMPASSION, INNOVATION

TIHCA 2025



WHO IS ECI AND WHAT DO WE DO?

OUR STORY

ECI developed organically in 1994 from a chance conversation between Jerry O'Connor, owner, and President of ECI, and a former Patient Access Services Director. The Access Services Director was dissatisfied with the performance of the existing eligibility vendor and consequently asked Jerry how long it would take to form an eligibility company. From that moment and with nearly thirty years of dedicated service, ECI has remained steadfast in our mission to deliver value to both the client and the patients they serve. Responding promptly, efficiently, and affordably to our client's needs has enabled us to become the leading third-party medical eligibility company. Today we work in partnership with some of the largest hospital systems in the DFW metroplex.



<https://www.eciassist.com>



October
**BREAST
CANCER**
AWARENESS MONTH



BREAST AND
CERVICAL CANCER
MEDICAID



October
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AWARENESS MONTH



According to NHIS (National Health Interview Survey), 80%-85% of women diagnosed with breast cancer have no family history of the disease.

Per Texas Department of State Health Services, an estimated 21,000 women in Texas were diagnosed with breast cancer in 2024, and 3,500 Texas women died from the disease. Breast Cancer is the second most common cause of cancer death for women in Texas. Lung Cancer is first.



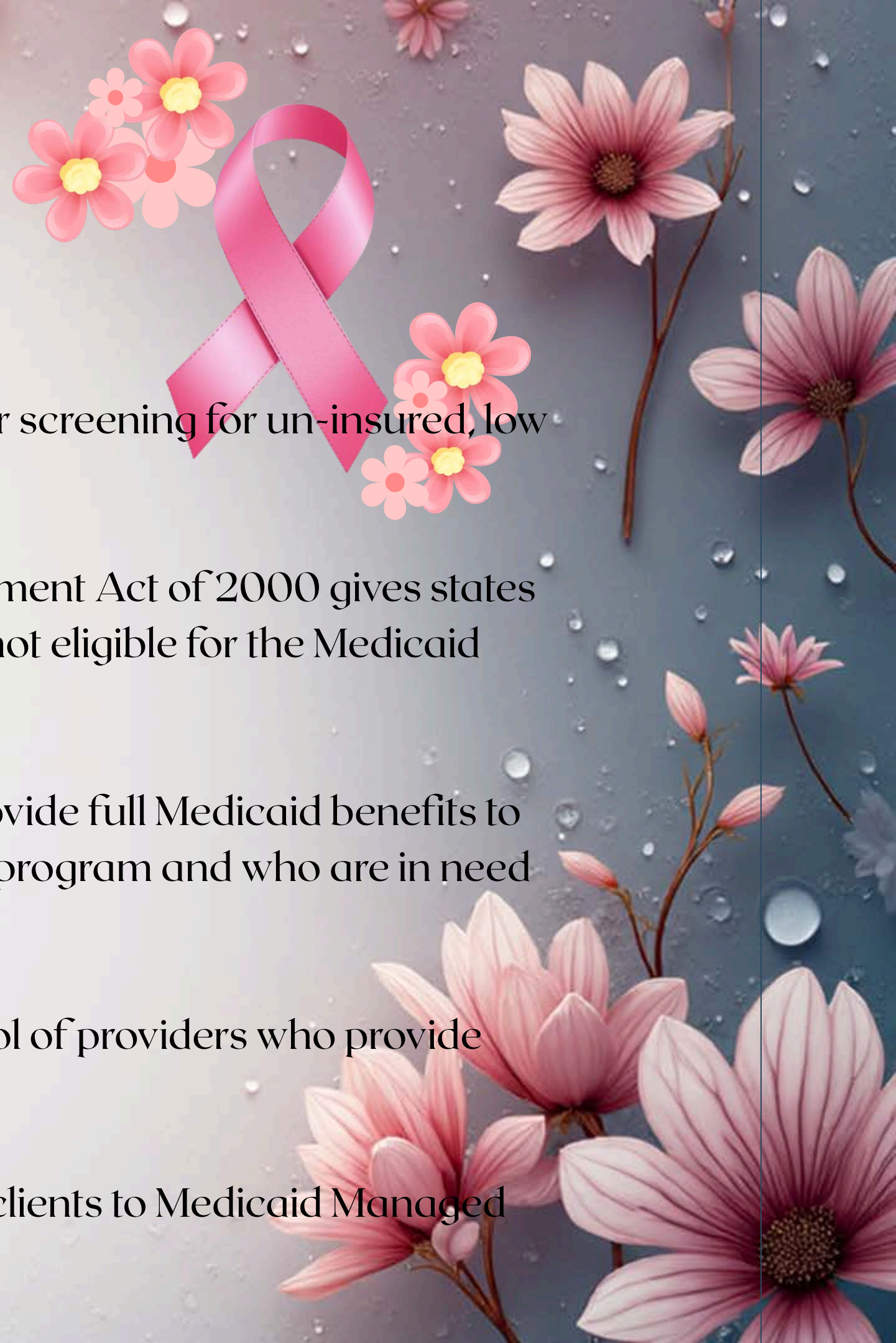
Breast Cancer Medicaid: What is it?



MBCC (Medicaid for Breast and Cervical Cancer) or BCCM (Breast and Cervical Cancer Medicaid) is a full coverage Medicaid program for eligible women diagnosed with breast and/or cervical cancer, and seeking treatment for that diagnosis.



Breast Cancer Medicaid: How it got Started



1981 - The BCCS program is created in Texas. It provided free cancer screening for un-insured, low income women.

2000 - The Breast and Cervical Cancer Control Program and Treatment Act of 2000 gives states the authority to provide Medicaid to low-income women previously not eligible for the Medicaid program.

2002 - CMS approved a state plan amendment to allow Texas to provide full Medicaid benefits to uninsured women under age 65 identified through the DSHS BCCS program and who are in need of treatment for breast or cervical cancer.

2007 - the 80th Texas legislature provided funding to expand the pool of providers who provide screening and diagnostic services to women.

2013 - The 83rd Texas Legislature directed HHSC to move Medicaid clients to Medicaid Managed Care. MBCC clients receive services through Star+Plus plans.



Breast Cancer Medicaid: What is Covered?



Screening

Diagnostic testing such as mammograms, ultrasounds,
biopsies, pap tests, colposcopy

Treatment such as surgery, chemotherapy, radiation,
medications, reconstructive procedures





Breast Cancer Medicaid: Who is Potentially Eligible?



- be a woman under age 65;
- have been screened for breast or cervical cancer *and* found to need treatment for either breast or cervical cancer;
- not be insured, that is, she must not otherwise have creditable coverage (creditable coverage refers to a health plan that covers treatment for breast and cervical cancer as well as current enrollment in Medicaid, Medicare or the Children's Health Insurance Program [CHIP]);
- meet Medical Programs citizenship and identity requirements;
- not be eligible for another type of medical assistance; and
- be a resident of Texas.



Breast Cancer Medicaid: Eligibility Criteria



- The applicant is the only household member.
- The income limit is 200% FPL
- Resource - no resource test
- Citizenship - citizens and QLPR. Use the citizenship chart in TW A-342 to determine eligibility for other immigrant statuses





Breast Cancer Medicaid: How to Apply



The application is processed by a contracted BCCS provider. Use this link to locate providers in the patient's geographic area that can assist with the application process. Be sure to select MBCC application assistance located at the bottom of the selections.

healthytexaswomen.org/find-a-doctor



Breast Cancer Medicaid: Special Medicaid Effective Date

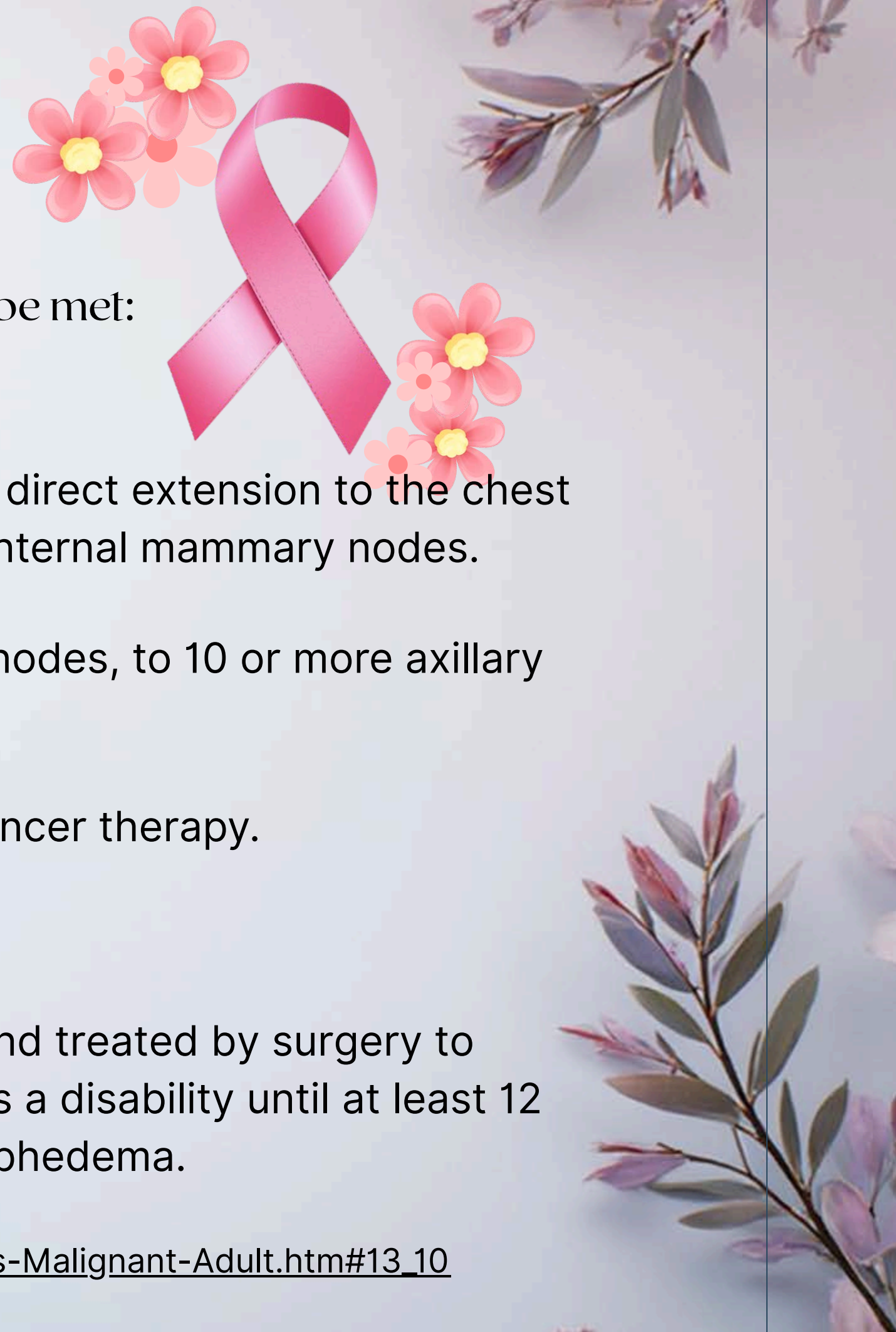


Once determined as
eligible, the BCCM will
be effective the day
after the date of
diagnosis.

Retro coverage is
available for three
months, but the MED will
still be the day after
diagnosis



Breast Cancer: Is it a disability?



To be considered a disability, one of the following must be met:

Locally Advanced - inflammatory carcinoma, cancer of any size with direct extension to the chest wall or skin, or cancer of any size with metastases to the ipsilateral internal mammary nodes.

Carcinoma with metastases to the supraclavicular or infraclavicular nodes, to 10 or more axillary nodes, or with distant metastases.

Recurrent carcinoma, except local recurrence that remits with anticancer therapy.

Small-cell (oat cell) carcinoma.

With secondary lymphedema that is caused by anticancer therapy and treated by surgery to salvage or restore the functioning of an upper extremity. Consider as a disability until at least 12 months from the date of the surgery that treated the secondary lymphedema.

Got
Questions?





CATEGORICALLY ELIGIBLE HOUSEHOLDS POTENTIALLY ELIGIBLE FOR MEDICAID

**These groups must still meet additional
eligibility criteria**

FAMILIES

Children 0-18

Pregnant Women,
Caretakers/Guardians of
minor children

AGE

18 and under; 65 and over

MEDICAL

Disability, Death, BCCM



TEXAS WORKS FAMILY MEDICAID

Children, Pregnant Women, Caretakers/Guardians of minor children

- Household - PW, minor child, or caretaker of a minor child that is eligible for Medicaid. Unborn children are included in the household.
- Citizenship - Qualified alien status, before or after 08/22/96, with work history
- Resources - no resource test for MAGI programs. Spend down for kids is considered a non-MAGI program, it has a resource test. Newborns whose mom is also applying for Medicaid will have coverage granted under TP45
- Expanded Medicaid - PW, regardless of citizenship status, will have the same coverage for 12 months postpartum as the coverage that was granted for delivery; CMA - 12 months of continuous eligibility



| TW MEDICAID PROGRAMS INCOME LIMITS | | | | | | | | | | |
|------------------------------------|-----------|-----------|-----------------------|------------|------------|------------|----------|----------|---------------|----------------|
| Family Size | 133% FPL | 144% FPL | 198% FPL | TP08, 31 | | Spend Down | 200% fpl | 201% FPL | 202% FPL | 5% FPL |
| | age 6-18 | age 1-5 | PW/age 0-1 | | | PW/CMA | BCCM | age 0-18 | (03-1-25) | (3-1-25) |
| | TP 44, 34 | TP 48, 33 | TP 40, 42, 43, 36, 35 | One Parent | Two Parent | TP56, 32 | TP67 | CHIP | Chip Perinate | MAGI Disregard |
| 1 | \$1,735 | \$1,878 | \$2,583 | \$103 | N/A | \$104 | \$2,608 | \$2,622 | \$2,635 | \$65.25 |
| 2 | \$2,345 | \$2,538 | \$3,490 | \$196 | \$161 | \$216 | \$3,525 | \$3,543 | \$3,561 | \$88.15 |
| 3 | \$2,954 | \$3,198 | \$4,398 | \$230 | \$251 | \$275 | \$4,441 | \$4,464 | \$4,487 | \$111.05 |
| 4 | \$3,564 | \$3,858 | \$5,305 | \$277 | \$285 | \$308 | \$5,358 | \$5,386 | \$5,412 | \$134.00 |
| 5 | \$4,173 | \$4,518 | \$6,213 | \$310 | \$332 | \$357 | \$6,275 | \$6,307 | \$6,338 | \$156.90 |
| 6 | \$4,783 | \$5,178 | \$7,120 | \$356 | \$367 | \$392 | \$7,191 | \$7,228 | \$7,264 | \$179.80 |
| 7 | \$5,393 | \$5,838 | \$8,028 | \$389 | \$412 | \$440 | \$8,108 | \$8,149 | \$8,190 | \$202.75 |
| 8 | \$6,002 | \$6,498 | \$8,935 | \$441 | \$447 | \$475 | \$9,025 | \$9,071 | \$9,116 | \$225.65 |
| 9 | \$6,612 | \$7,158 | \$9,843 | \$476 | \$500 | \$532 | \$9,941 | \$9,992 | \$10,042 | \$248.55 |
| 10 | \$7,221 | \$7,818 | \$10,750 | \$527 | \$535 | \$567 | \$10,858 | \$10,913 | \$10,967 | \$271.50 |

****Remember to review if there are any pre-tax contributions being deducted from pay that can lower gross income****

TW Handbook A - 1323.5

- * Retirement Accounts
- * Life Insurance Premiums
- * Health Insurance Premiums

- * Dependent Care FSA
- * HSA (Health Savings Account)
- * Commuter Expenses Account

CHILD SUPPORT

How is child support income counted?



TW MEDICAID

Child support is exempt for TW Medicaid



SSI

SSI eligible child - deduct 1/3
SSI ineligible child - counts as unearned income



CIHP

?

Persons with Disabilities

What is the difference between SSI, SSDI, and RSDI?

Let's talk about SSI first

Supplemental **S**ecurity **I**ncome
SSI, T16, TITLE XVI

MONTHLY BENEFIT PAYMENT AND MEDICAID

- No Work History requirement - NONE. SSI is a disability program for persons who have little or no work history.
- It is however, needs Based - Income and Resource Limits apply. Income limit is the max FBR set each year.
- Resource limits are \$2k for single persons, \$3K for married couples.
- Citizens, Qualified LPRS, LPRS prior to 08/22/96, and other qualified aliens
- Disability - strict definition. Impairment listings and CAL do meet disability criteria.
- Once approved, no built in wait time for the payment.
- Medicaid - no built in wait time, coverage begins the first of the month that SSI is applied for, as long as the applicant is determined eligible.

Persons with Disabilities

What is the difference between SSI, SSDI, and RSDI?

Let's talk about SSDI next

Social Security Disability Insurance
SSDI is the "D" of RSDI

RSDI, T2, TITLE II

MONTHLY BENEFIT PAYMENT, MEDICARE

- Must be insured (have work history) and be recently insured in the last 5 of 10 years.
- No Income or Resource Limits apply.
- Benefit payment is directly related to work history; once approved, there is a built-in 5 month waiting period, payment begins with the 6th month.
- Medicare - once approved, there is a built-in waiting period of 24 months from first payment month. Two Exceptions based on diagnosis: ALS begins with month of first SSDI payment; and ESRD, Renal Medicare, usually 3 months.

What is the difference between SSI, SSDI, and RSDI?

Let's talk about RSDI next

Retirement **S**urvivors **D**isability **I**nsurance **RSDI, T2, TITLE II**

MONTHLY BENEFIT PAYMENT, MEDICARE

- Retirement - Must be insured, have work history.
- No Income or Resource Limits apply.
- Benefit payment is directly related to work history
- Insurance - Medicare - Must be insured, have work history. It's possible to buy Medicare if not enough quarters.
- Medicare is effective the month of 65th birthday. If application for Medicare is made after 65th birthday, it will retro six months, but not before 65th birthday.



THANK YOU!