

# Presumptive Eligibility for Medical Assistance for Breast or Cervical Cancer Care

Posted: [January 1, 2026](#)

- [Overview](#)
- [Eligible Providers](#)
- [Eligible Members](#)
- [Presumptive Eligibility \(PE\)](#)
- [MA-BC Continuation of Coverage](#)
- [MA-BC Coverage for Applicants without PE](#)
- [Breast or Cervical Cancer Materials](#)
- [Legal References](#)

## Overview

The following programs offer free screenings for breast or cervical cancer to low or moderate income Minnesotans who are uninsured or underinsured.

- [Sage Screening Program](#) through the Minnesota Department of Health (MDH). The Sage Screening Program is offered through the Medical Assistance Breast or Cervical Cancer (MA-BC) program.
- [Screen Our Circle \(SOC\)](#) program through the American Indian Cancer Foundation (ACIF).

Both the Sage Screening Program and SOC provide free screening and are National Breast and Cervical Cancer Early Detection (NBCCEDP) programs funded by Centers of Disease Control (CDC).

Minnesotans screened through either program and who need breast or cervical cancer treatment, including precancerous conditions and early-stage cancer, may be eligible for Medical Assistance coverage. Submit the [Application and Renewal Form for Medical Assistance coverage for Breast or Cervical Cancer \(MA-BC\) \(DHS-3525\) \(PDF\)](#) to apply.

Additionally, presumptive eligibility (PE), short-term health care coverage, may be available for individuals who need immediate treatment for breast or cervical cancer (including precancerous conditions). This allows individuals immediate coverage under MA-BC while their formal application is reviewed for approval.

## Eligible Providers

Minnesota Health Care Program (MHCP) providers who choose to participate and become a presumptive eligibility (PE) provider must sign and submit the [Sage and Screen Our Circle Screening Programs Medical Assistance \(MA\) Presumptive Eligibility Agreement \(DHS-4786\) \(PDF\)](#) to the Minnesota Department of Human Services (DHS).

Call the Sage Regional Coordinator at 651-201-5600 or your [Medical Assistance for Breast and Cervical Cancer \(MA-BC\) County Contact \(PDF\)](#) for more information.

Participating PE providers with MDH determine PE based on information provided on the enrollment form and member's need for treatment.

## Eligible Members

To be eligible for MA-BC a person must:

- Present a NBCCEDP screening program enrollment form
- Need breast or cervical cancer treatment
- Have a precancerous cervical condition (diagnostic services to determine the extent and course of treatment are included)
- Be uninsured for course of treatment
- Be under 65 years old
- Be ineligible for other Minnesota Health Care Programs (MHCP)

## **Presumptive Eligibility (PE)**

Before determining PE, you must verify member eligibility using [MN-ITS](#). Members currently eligible for any MHCP are not eligible for PE.

Participating PE providers determine PE based on information provided on the [Application and Renewal Form for Medical Assistance for Breast or Cervical Cancer \(MA-BC\) \(DHS-3525\) \(PDF\)](#).

Participating providers must complete, sign and give the applicant the enrollee copy of the [Temporary Medical Assistance Authorization \(DHS-3525B\) \(PDF\)](#). This serves as proof of eligibility until eligibility is updated and they receive an MHCP membership card. Individuals found presumptively eligible may immediately receive services.

Refer to the [Medical Assistance for Breast and Cervical Cancer \(MA-BC\) County Contact \(PDF\)](#) and fax to the county's designated MA-BC staff a copy of the member's:

- Signed consent form
- Completed Screening Program form
- Completed [Temporary Medical Assistance Authorization \(DHS-3525B\) \(PDF\)](#)

MA-BC coverage for applicants with PE begins the first day of the month in which the provider determines PE. Coverage continues for a minimum of 30 days after the date of application.

The applicant must also complete and return the [Application and Renewal Form for Medical Assistance for Breast or Cervical Cancer \(MA-BC\) \(DHS-3525\) \(PDF\)](#) to the county agency within 30 days to determine ongoing MA-BC eligibility.

A member's determined presumptively eligible may be approved for up to three months of retroactive coverage only after they are determined eligible for ongoing MA-BC. Applicants must meet all eligibility criteria in the retroactive months for MA-BC.

## **MA-BC Continuation of Coverage**

Members enrolled in Medical Assistance Breast or Cervical Cancer coverage need to be redetermined for MA eligibility after 12 months. Members who need continuing treatment must submit a [Certification of Further Treatment Required \(DHS-3525A\) \(PDF\)](#) provided and authorized by a MHCP provider.

## **MA-BC Coverage for Applicants without PE**

Providers give applicants a copy of their Screening Program form and the [Temporary Medical Assistance Authorization \(DHS-3525B\) \(PDF\)](#) to submit to their county agency. Providers may also forward the completed forms to the county agency for the applicant.

MA-BC coverage begins the first day of the month of application. Retroactive MA-BC is available up to three months before the application month, but cannot begin before the month the applicant was screened. Applicants must have met all eligibility criteria for MA-BC in the retroactive months.

## **Referrals to Other Providers**

Refer members only to MHCP-enrolled providers. The member must use the [Temporary Medical Assistance Authorization \(DHS-3525B\) \(PDF\)](#) as proof of MA-BC presumptive eligibility until their member MHCP ID is available. After three business days (72 hours), MHCP providers can verify eligibility and obtain the member's MHCP ID number using [MN-ITS](#). MN-ITS will denote MA-BC eligibility with eligibility type code BC.

## **Breast or Cervical Cancer Materials**

Refer to the links below for the following forms:

- [Sage and Screen Our Circle Screening Programs Medical Assistance \(MA\) Presumptive Eligibility Agreement \(DHS-4786\) \(PDF\)](#)
- [Application and Renewal Form for Medical Assistance for Breast or Cervical Cancer \(MA-BC\) \(DHS-3525\) \(PDF\)](#)
- [Temporary Medical Assistance Authorization \(DHS-3525B\) \(PDF\)](#)
- [Certification of Further Treatment Required \(DHS-3525A\) \(PDF\)](#)

## **Legal References**

[Minnesota Statutes 256B.057](#), subdivision 10

[Minnesota Statutes 256B.0625](#), subdivision 13