

Breast and Cervical Cancer Treatment Program

Eligibility	<i>Federal Program</i>	<i>State-funded Program</i>
Financial	<ul style="list-style-type: none"> Income up to 200% FPL No property limits 	<ul style="list-style-type: none"> Income up to 200% FPL No property limits
Age	<ul style="list-style-type: none"> Women - under 65 	<ul style="list-style-type: none"> Women - any age Men (with breast cancer)– any age
Immigration Status	<ul style="list-style-type: none"> U.S. Citizen; U.S. National; Qualified immigrant; or Satisfactory Immigration Status* 	<ul style="list-style-type: none"> U.S. Citizen; U.S. National; Not qualified immigrant; or Unsatisfactory Immigration Status*
Residency	<ul style="list-style-type: none"> California resident 	<ul style="list-style-type: none"> California resident
Health Insurance Coverage	<ul style="list-style-type: none"> No other creditable health insurance+ 	<ul style="list-style-type: none"> May have other creditable health insurance, including share-of-cost Medi-Cal and/or Medicare Sum of copayments, deductibles, premiums, coinsurance, etc. expected to exceed \$750 annually
Qualifying Screening	<ul style="list-style-type: none"> Must be screened by an early cancer detection program through the Cancer Detection Program: Every Woman Counts**, or a Family PACT provider; and Has been determined <i>in need of treatment</i> for breast and/or cervical cancer, or in need of follow-up care for cancer or a precancerous condition such as cervical lesions 	
<p>*Application to/enrollment in either the federal or state BCCPT program should not be considered a "public charge." + American Indian and Alaskan Native women may be eligible even though medical care programs of the Indian Health Service or of a tribal organization are defined as creditable coverage under the Public Health Service Act.</p> <p>** NEW ENROLLMENT FOR EWC BREAST CANCER SERVICES IS SUSPENDED FROM JANUARY 1, 2010 UNTIL JULY 1, 2010</p>		
Benefits	<i>Federal Program</i>	<i>State only Program</i>
Scope	<ul style="list-style-type: none"> Full scope, no share-of-cost Medi-Cal coverage 	<ul style="list-style-type: none"> Limited to breast/cervical cancer treatment and related services; and Payment of insurance premiums under certain circumstances Those with unsatisfactory immigration status are eligible to receive emergency pregnancy-related and state-funded long term care

Duration	<ul style="list-style-type: none"> • Throughout treatment for breast/ cervical cancer, as long as all other federal BCCTP eligibility criteria continue to be met • Retroactive Medi-Cal coverage for bills incurred up to 3 months before application date 	<ul style="list-style-type: none"> • Breast cancer – Up to 18 continuous months per diagnosis • Cervical cancer – Up to 24 continuous months per diagnosis
Procedures	<i>Federal Program</i>	<i>State-funded Program</i>
Provider-Administered Application Process	<p>The application process for the federal program and the state-funded program is the same process: one application is screened for both programs</p> <ol style="list-style-type: none"> 1. Bring proof of detection (pathology report) to provider at either: <ol style="list-style-type: none"> a. Every Woman Counts b. Family PACT 2. Provider submits online application on behalf of applicant <ol style="list-style-type: none"> a. Only these providers have access to the online application (available in 12 languages) b. After reviewing the information with the applicant, and confirming income and CA residency, the provider submits the application electronically 3. Provider will then receive a Confirmation Document, which indicates eligibility status. A copy must be given to the applicant. 4. Enrolling provider will then mail the application and the Rights and Responsibilities form, each with the applicant’s original signature, to the Department of Health Care Services (DHCS). 5. The application is reviewed by DHCS Eligibility Specialists. The specialist <i>may</i> request additional information to determine eligibility, such as: <ol style="list-style-type: none"> a. Proof of identity b. Proof of citizenship c. Social Security Card or an award letter from Social Security showing a Social Security Number d. Proof of immigration status e. Information about other health coverage (if any) 6. If a DHCS Eligibility Specialist determines that the applicant does not qualify for coverage under the federal program, the DHCS Eligibility Specialist will then determine whether or not the applicant is eligible for the state-only program. The state-only program does not require proof of citizenship, social security card or immigration status. 	

Procedures, cont.	Federal Program	State-funded Program
Presumptive or Accelerated Eligibility	<ul style="list-style-type: none"> • <i>Begins</i> – when the provider receives the Confirmation Document indicating presumptive eligibility • The Confirmation Document may be used to immediately access services through Medi-Cal providers and until receipt of a Benefits Identification Card (BIC). BIC cards issued w/in 4 days of application • <i>Ends</i> –when actual eligibility is determined or the last day of the month after the month presumptive eligibility is established (if applicant states that she does not want continuing Medi-Cal; she will be contacted by a State Eligibility Specialist to make sure this is true) • If presumptive eligibility is not approved, applicant must wait for a DHCS Eligibility Specialist to make a BCCTP eligibility determination 	<ul style="list-style-type: none"> • Not available, but application is given “highest priority” by DHCS Eligibility Specialist to determine state-funded BCCTP eligibility
Sources of Law	42 U.S.C. §§ 1396a(a)(10)(A)(ii)(XVIII) and 1396a(aa). California Welf. & Inst. Code § 14007.71, California Health & Safety Code §§ 104160 – 104163. 42 U.S.C. § 1396r-1b	