Breast & Cervical Cancer Treatment Program (BCCTP)

An Overview by
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• History & Law

• The Breast and Cervical Cancer Prevention and Treatment (BCCTP) ACT of 2000 amended title XIX of the Social Security Act (Medicaid).

• AB 430 (Chapter 171, Statutes of 2001), implemented the new Medicaid option in California which is now known as the Breast & Cervical Cancer Treatment Program under the Department of Health Care Services (DHCS).

• BCCTP provides California residents with Federal full-scope, no-share-of-cost (SOC) Medicaid/Medi-Cal benefits to uninsured women under age 65 who are citizens or lawful immigrants and provides State-funded restricted Medi-Cal benefits for women and men who do not meet Federal eligibility criteria, who are screened through the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (BCEDP) providers and found to be in need of treatment for breast and/or cervical cancer, including some precancerous conditions. In California, authorized screening providers are those participating in either the Cancer Detection Programs (CDP’s): Every Woman Counts (EWC), or Family Planning, Access, Care and Treatment (FPACT) program.
Eligibility Criteria for Federal BCCTP

Applicants meeting the following criteria receive full-scope, no SOC Medi-Cal for as long as they are still considered in need of treatment.

- Individual*
- Under age 65
- Citizen or National of the United States, or Satisfactory Immigration Status (SIS)
- Have NO creditable Health Insurance coverage
Eligibility Criteria for Federal BCCTP (cont.)

Individuals who appear to meet the Federal eligibility criteria, without regard to citizenship or immigration status, are eligible for presumptive eligibility and will receive temporary full-scope Medi-Cal benefits pending eligibility determination by a BCCTP Eligibility Specialist.
Eligibility Criteria for State-funded BCCTP

Applicants who are not eligible for presumptive eligibility will receive a Confirmation Document with the message “Application Accepted for Processing”.

These applicants will NOT be able to access breast and/or cervical cancer treatment services or related services until the BCCTP Eligibility Specialist determines eligibility.
Who Can Enroll BCCTP Applicants?

EWC & FPACT provider enrolls applicants with their NPI number and password.

BCCTP Applicants must be enrolled by providers authorized by the California Department of Health Care Services (DHCS), CDP:EWC or by FPACT.
BCCTP expects that ALL providers screen ALL applicants for the EWC and FPACT eligibility criteria.

Most important of these criteria's for BCCTP are:

- A pathology or biopsy report showing a diagnosis of breast and/or cervical cancer and is in need of treatment*
- At or below 200% FPL based on household size
- California resident
Who Can be Enrolled in the BCCTP?

- Age restrictions?
- Gender restrictions?
- Citizenship restrictions?
- Income limits?
- Health insurance or Medicare?
- Share Of Cost Medi-Cal?
Question

Is BCCTP’s enrollment criteria established statewide or are there county-by-county differences in whom and what is covered?

– The criteria to qualify for BCCTP is established statewide. Covered services are uniform throughout the state.
– Some counties require that the applicants be enrolled in a county organized health system (COHS) or a managed care plan.
Question

When is it appropriate to enter an application with a diagnosis of “Breast Malignancy NOS” or “Cervical Malignancy NOS”?

- The Breast/Cervical Malignancy NOS should be used only when the pathology report diagnosis is not on the drop down menu.
- The DHCS Medical Consultant will determine if the diagnosis qualifies for BCCTP enrollment. You will need to submit a copy of the biopsy/pathology report to BCCTP for review in order for eligibility to be determined.
Question

Is the BCCTP enrollee issued an ID card such as the white and blue State Benefits Identification Card (BIC)?

- Yes, enrollees are issued a Medi-Cal Benefits Identification Card (BIC).
Question

Approximately, how long does the eligibility determination process take?

- At enrollment, applicants presumed eligible for Federal BCCTP receive temporary full-scope benefits from the date they applied while the BCCTP determines their final aid code. If they are approved, their effective date will be the first day of their application month.
- Most State-funded BCCTP applications do not receive accelerated enrollment and therefore they will receive priority processing.
- The standard timeframe for determining eligibility is 45 days.
Question

Can the eligibility period for BCCTP be granted retroactively?

- At the time of enrollment, the applicant may request retroactive Medi-Cal for 3-months prior to the month of application.
- Retroactive coverage includes either “full-scope” or “restricted” Medi-Cal coverage.
- State-funded BCCTP benefits are not available on a retroactive basis.
Can an EWC or FPACT provider enroll applicants who were screened or diagnosed by a private provider or by another government program?

- Yes, this is called a “Courtesy Enrollment”. We appreciate and encourage EWC and FPACT providers to offer this much needed service to non-EWC/FPACT clients who may be eligible for BCCTP.

- The enrolling provider must verify that the applicant has a BCCTP qualifying diagnosis via biopsy/path report.

- In most cases, a courtesy enrollment would not require a new diagnostic screening.

- EWC/FPACT provider may bill an office visit to cover enrollment.
Does BCCTP coverage have a defined eligibility period and does it need to be renewed periodically?

- Federal BCCTP beneficiaries may continue in the program as long as they meet Federal eligibility criteria including being “in need of treatment”. They are subject to an annual redetermination of eligibility.

- State-funded BCCTP is a period of 18-months for breast cancer and 24-months for cervical cancer. A second period of eligibility may be approved if the client has a reoccurrence of breast and/or cervical cancer and is still in need of treatment.
• Effective January 1, 2017, Assembly Bill 1795 (Chapter 608, Statutes of 2016) provides that an individual who is diagnosed with a recurrence of breast or cervical cancer will be granted an additional, covered treatment period. A recurrence of breast or cervical cancer may be in the original cancer site or a different cancer site. Prior to January 1, 2017, individuals diagnosed with a recurrence of breast or cervical cancer would not qualify for an additional coverage period. This is an important change for individuals who have exhausted their initial coverage period.

• The individual must meet all applicable eligibility requirements to receive an additional period of cancer and cancer-related treatment coverage. As of January 1, 2017, Breast and Cervical Cancer Treatment Program (BCCTP) enrolling providers can enroll applications for state-funded BCCTP eligibility for beneficiaries who have exhausted their first period of eligibility, but are still in need of treatment or have a new or subsequent diagnosis.
• Individuals who are currently active in the state-funded BCCTP program will receive a notice with a physician statement and certification form to be completed by their treating doctor prior to the end of their initial eligibility period. This new streamlined process will establish a new coverage period without the need to submit a new BCCTP application for those individuals who continue treatment after exhausting their initial coverage period. Individuals whose BCCTP benefits expired in the past and have had a break in coverage will need to submit a BCCTP application for a new eligibility determination.

• For questions or assistance, providers may email BCCTP at: BCCTP@dhcs.ca.gov. Providers should include specific questions and their preferred method of contact. If the general public needs information about BCCTP, refer them to 1-800-824-0088.
Question

If an individual has already started breast or cervical cancer treatment with a private physician, would they still be accepted into the BCCTP program?

- Yes, BCCTP will refer the individual to an EWC or FPACT provider for a “Courtesy Enrollment”.
- All physicians must be Medi-Cal providers in order to bill for BCCTP medical services, or providing services through a Medi-Cal Managed Care Plan or through a COHS.
Q & A

General BCCTP Enrollment & Case Questions:
800-824-0088

Specific Program & Urgent Questions:
➢ Carmen Alexander 916-552-8002
➢ Manuel Chavez 916-322-3410

BCCTP FAX: 916-440-5693
BCCTP E-mail: BCCTP@dhcs.ca.gov