

Coverage Ambassadors Webinar

Breast and Cervical Cancer Treatment Program (BCCTP), Presumptive Eligibility Overview (PEO), and Newborn Gateway (NG)

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Agenda

- » What is the Breast & Cervical Cancer Treatment Program (BCCTP)?
- » What is Presumptive Eligibility?
- » Children's Presumptive Eligibility
- » Hospital Presumptive Eligibility
- » Presumptive Eligibility for Pregnant People
- » Who Provides Presumptive Eligibility
- » The Newborn Gateway
- » Resources

BCCTP Background

- » BCCTP provides no-cost Medi-Cal to low-income individuals diagnosed with breast and/or cervical cancer, including some precancerous conditions, that need treatment.
- » Every Woman Counts (EWC), and Family Planning, Access, Care and Treatment (Family PACT) programs are authorized providers to submit applications to BCCTP online.
- » **Who is eligible? Individuals who are:**
 - Diagnosed with breast and/or cervical cancer and found to need treatment
 - California residents
 - At or below 200% FPL for their family size (non-Modified Adjusted Gross Income or “non-MAGI”)

Ways to apply and levels of coverage

How to apply for BCCTP

- » EWC or Family PACT online enrollment at doctor's office through provider portal

or

- » County Referrals process between county and state to refer individuals to BCCTP

Levels of coverage

- » **Federal BCCTP** provides full scope Medi-Cal coverage
 - Citizenship, immigration status, age, requirements
 - Not have other health insurance
- » **State BCCTP** is limited to breast and cervical cancer treatment and related services
 - No citizenship, immigration, age, requirements
 - Can have other health insurance

BCCTP Presumptive Eligibility (PE)

EWC and Family PACT online enrollment

- » **WHAT:** Immediate, temporary access to care and treatment, at no cost for BCCTP applicants up to 60 days.
- » **WHY:** Initiate cancer treatment while county and BCCTP Medi-Cal applications are processed.
- » **HOW:** Applicant will receive PE if they meet all three of the following criteria:
 - Have not received PE in the last 12-months from any PE programs (e.g., Hospital PE)
 - Are uninsured
 - Under age 65

Breast and Cervical Cancer Treatment Program Response

Application Date/Time: 06/11/2025 3:35:59 PM

Provider Number: BCC00005F

Member Name: [REDACTED]

Date of Birth: [REDACTED]

BIC: [REDACTED]

BIC Issue Date: 2025-06-11

Application Tracking #: [REDACTED]

Response #0021: Important Message: You have been granted temporary, full-scope Medi-Cal coverage effective today until 07/31/2025 under the Breast and Cervical Cancer Treatment Program (BCCTP) while your ongoing eligibility is being decided. Use your Benefits Identification Card to receive medical services. To continue your coverage, you must apply for Medi-Cal through your local county social services agency before 07/31/2025. If you have questions about your application for this program, please call 1-800-824-0088.

EWC and Family PACT Enrollment to BCCTP



EWC/Family PACT provider submits BCCTP online application at doctor's office. PE is granted if the applicant meets the criteria; receives immediate access to care



Applicant must apply for county Medi-Cal while on PE



County Eligibility Worker completes a determination of Medi-Cal eligibility



If a county Medi-Cal application is not completed by the last day of the PE period, the applicant will need to reapply.



If the applicant completes a County Medi-Cal application (but does not receive coverage), MCED determines eligibility for federal and state BCCTP

County Referrals

- » For individuals whose physician is not an EWC or Family PACT provider, BCCTP has a "safety net" process with counties to refer them to BCCTP.
- » An individual may request a referral to BCCTP if they are not eligible for full scope Medi-Cal at the county.
- » State Medical Consultant will review the medical records to determine if they have a qualifying diagnosis for BCCTP and need treatment.

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

Do you have breast or cervical cancer? Worried about paying for treatment?

You may qualify for a special Medi-Cal program for people with breast cancer, cervical cancer, or both. If you're eligible, the program will cover your treatment. The program is called the Breast and Cervical Cancer Treatment Program, or "BCCTP."

People of all ages, immigration statuses, and gender identities may qualify for the BCCTP. You may qualify even if you could not get Medi-Cal in the past or your Medi-Cal has ended. You may also qualify if you have other health insurance.

You must have a pre-cervical, cervical, or breast cancer diagnosis and need treatment or follow-up care. You must also live in California and meet certain income requirements.

► There are 2 ways to apply to the Breast and Cervical Cancer Treatment Program (BCCTP).

- 1. Talk to your doctor.** Ask if they are part of the *Every Woman Counts* or *Family PACT* programs. If they are, they can apply for you. Many doctors across California are part of these programs.

If you want help to find a doctor who participates, you can:

Contact *Every Woman Counts* to find a breast or cervical cancer doctor near you.

📞 Call: (800) 511-2300

🌐 Go to: www.dhcs.ca.gov/services/cancer/EWC/Pages/ewc-clinic-locator.aspx

Contact *Family PACT* to find a cervical cancer doctor near you.

📞 Call: (916) 650-0414

- 2. Talk to a County Eligibility Worker.** Tell them you have breast or cervical cancer and want to sign up for the BCCTP.

The County Eligibility Worker will send your information to a BCCTP Eligibility Specialist. The BCCTP Eligibility Specialist will let you know by mail if you were approved or not for the BCCTP.

The County Eligibility Worker will also check to see if you are eligible for Medi-Cal. They will let you know by mail if you were approved or not for Medi-Cal.

🌐 Learn more at www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx

Resources

Breast and Cervical Cancer Treatment Program

- » P.O. Box 997417, MS 4611 Sacramento, CA 95899-7417
- » Phone: (800) 824-0088 | Fax: (916) 440-5693
- » Email: BCCTP@dhcs.ca.gov

Free breast and cervical cancer screening resources

- » [Every Woman Counts](#)
 - Breast cancer screenings and diagnostics
 - Phone: (800) 511-2300
- » [Family Planning, Access, Care, and Treatment \(Family PACT\)](#)
 - Family planning, cervical cancer screenings
 - Phone: 916-650-0414
 - Email: familypact@dhcs.ca.gov

What is Presumptive Eligibility?

Two decorative wavy lines, one in a medium blue color and one in a darker blue color, positioned below the title and extending across the width of the slide.

What is Presumptive Eligibility?

- » Presumptive Eligibility programs help people get temporary coverage for services they need right while giving them time to apply for ongoing coverage through Medi-Cal.
- » ***Ambassadors can help by raising awareness of these programs***

Key Benefits & Purpose

» **Purpose**

- Presumptive Eligibility lets certain health care providers, known as Qualified Providers, grant temporary coverage to uninsured individuals.

» **Key Benefits**

- Self-attestation
- Simplified Application
- Immediate Coverage

Children's Presumptive Eligibility



Children's Presumptive Eligibility allows children to be enrolled during a doctor's visit.

To qualify for Children's Presumptive Eligibility, these must be true about the applicant:



Under 19



Under
Income



California
Resident



Not receiving
Medi-Cal



Not exceeded
Presumptive
Eligibility
enrollments

Hospital Presumptive Eligibility



Hospital Presumptive Eligibility allows individuals receiving emergency hospital services to be enrolled in Medi-Cal.

To qualify for Hospital Presumptive Eligibility, these must be true about the applicant:



Under Income



California
Resident



Not receiving
Medi-Cal



Not exceeded
Presumptive
Eligibility
enrollments

Hospital Presumptive Eligibility

Who's Eligible?

Hospital Presumptive Eligibility Groups	PE Enrollment Periods Permitted
Children under 19 years old	2 PE enrollment periods every 12 months
Adults 19 and older	1 PE enrollment period every 12 months
Pregnant People	1 PE enrollment period per pregnancy

Presumptive Eligibility for Pregnant People



Presumptive Eligibility for Pregnant People (PE4PP)



What's covered?

- » Immediate, temporary coverage
- » Ambulatory Prenatal Care
- » Prescription Drugs Related to Pregnancy
- » Outpatient Abortion Services



What is not covered?

- » Family planning
- » Hospitalization (i.e., in-patient services),
- » Labor and delivery
- » Some laboratory services
- » Medical and dental services that are not pregnancy-related.

PE4PP allows pregnant people to get health care right away.

To qualify for Presumptive Eligibility for Pregnant People, these must be true about the applicant:



Under Income



California
Resident



Not receiving
Medi-Cal



Not exceeded
Presumptive
Eligibility
enrollments

Who Determines Presumptive Eligibility?



Who Determines Presumptive Eligibility?



A Qualified
Provider

- » Healthcare providers who can make eligibility determinations for Presumptive Eligibility are known as “Qualified Providers.”
- » Qualified Provider lists are published on our DHCS landing pages.
 - See Resource section for links

The Newborn Gateway



Newborn Gateway



Newborn Gateway
establishes
coverage for baby
right away

- » Launched July 1, 2024.
- » Requires all PE Providers to report births of deemed infants born in their facility.
- » Must report birth within 72 hours after birth or 24 hours after discharge.

What the Newborn Gateway Does

The Newborn Gateway is an electronic application that:



Real-Time
Eligibility



Assigns CIN



Generates a
temporary
Immediate
Need Card



Mails a BIC



Notifies case
management
entity

Ongoing Coverage



The case management entity will be notified of the newborn's birth and mail out an approval letter.



The newborn will be deemed eligible and remain active on Medi-Cal until their 1st birthday.

Resources



Presumptive Eligibility At-A-Glance

	Hospital Presumptive Eligibility	Children's Presumptive Eligibility	Presumptive Eligibility for Pregnant People
Income Limits	Adults: 138% Children: 266% Pregnant: 213%	266%	213%
PE Period Allowed (Per 12 months unless specified)	Adults: 1 Children: 2 Pregnant: 1 per pregnancy	1	1 per pregnancy
California Resident	Yes	Yes	Yes
Allowed to be on Medi-Cal	No	No	No
Length	Up to 60 days	Up to 60 days	Up to 60 days
Scope	Adults: Full Children: Full Pregnant: Limited	Full	Limited
Coverage	Fee-For-Service	Fee-For-Service	Fee-For-Service

Scope of Coverage

Scope	Services Covered	Program
Full	Comprehensive including medical, dental, mental health, vision care and prescription drugs	<ul style="list-style-type: none">» All Hospital Presumptive Eligibility groups except pregnancy» Children's Presumptive Eligibility
Limited	Ambulatory (walk-in), outpatient prenatal care, outpatient abortion, and prescription drugs for conditions related to pregnancy.	<ul style="list-style-type: none">» Hospital Presumptive Eligibility for Pregnancy» Presumptive Eligibility for Pregnant People

Limits of Presumptive Eligibility

	Pregnancy Limited Scope	Temporary
Limitation	Limited-scope coverage for walk-in, outpatient services for conditions related to pregnancy.	Presumptive Eligibility is temporary health coverage for services needed right away
Solution	Apply for Medi-Cal	Apply for Medi-Cal

Public Facing Landing Pages



Get More
Information

Find a Qualified
Provider

- » [Children's Presumptive Eligibility](#)
- » [Hospital Presumptive Eligibility](#)
- » [Presumptive Eligibility for Pregnant People](#)
 - [Qualified Provider list page](#)
- » [Newborn Gateway Public Facing Landing page](#)

Contact

» Questions can be sent to:

- Children's Presumptive Eligibility: ChildrenPE@dhcs.ca.gov
- Hospital Presumptive Eligibility: DHCSHospitalPE@dhcs.ca.gov
- Presumptive Eligibility for Pregnant People: PE@dhcs.ca.gov
- Newborn Gateway: NewbornGateway@dhcs.ca.gov



Questions?

Thank you!

