

# Referral to Breast and Cervical Cancer Treatment Program (BCCTP)

EWC Provider Orientation

# BCCTP

The Department of Health Care Services implemented the Breast and Cervical Cancer Treatment Program (BCCTP) on January 1, 2002. The law that created the program was Assembly Bill 430 Chapter 171, Statutes of 2001

The program provides cancer treatment benefits to eligible low-income California residents diagnosed with breast and/or cervical cancer.

Web Page: [Breast and Cervical Cancer Treatment Program](#)

## **How to contact BCCTP**

Phone: (800) 824-0088

» Email: [BCCTP@dhcs.ca.gov](mailto:BCCTP@dhcs.ca.gov)

» Fax: (916) 440-5693

# BCCTP Benefit Categories

## Federal vs State BCCTP

**Federal BCCTP** (full scope Medi-Cal) benefits cover breast and/or cervical cancer treatment and related services. They also include other non-cancer health care services.

Individuals may qualify for Federal BCCTP (full scope Medi-Cal benefits) if they meet income, diagnosis, and residency requirements and are:

- Uninsured
- Under age 65
- A U.S. citizen or national or have satisfactory immigration status\*

\*Effective January 1, 2024, individuals up to age 65 who meet the points above, may qualify for full scope benefits even if they do not have satisfactory immigration status

**State BCCTP** (limited scope) benefits limited to breast and/or cervical cancer treatment and related services only

Individuals may qualify for State BCCTP (limited scope Medi-Cal benefits) if they meet income, diagnosis, and residency requirements and :

- Uninsured and over age 65 or
- have other health insurance, such as Medicare or private insurance, regardless of age

# BCCTP

## Eligibility Screening Criteria

- » California residency
- » Gross (before taxes) family income, based on family size, is 200% of the Federal Poverty Level (FPL) or below at the time of application. FPL chart
- » Applicant is found to be in need of breast and/or cervical cancer treatment
- » The individual does not currently have full scope Medi-Cal benefits
- » The individual has Medicare or private health insurance and has a financial barrier to using their coverage for treatment

# How to apply for BCCTP

There are three ways:

- » Every Woman Counts (EWC) provider can submit the BCCTP application for their beneficiaries diagnosed with cancer
- » A Family Planning, Access, Care and Treatment (Family PACT) provider can submit the BCCTP application for their clients diagnosed with cancer
- » A County Eligibility Worker (CEW)
  - An individual may ask the CEW to have their information sent to BCCTP if they have Medi-Cal or when they apply for Medi-Cal at their County Social Services office

# BCCTP Application Requirement

## Applying for Medi-Cal

- » Applying for Medi-Cal is a BCCTP eligibility requirement. BCCTP applicants must be denied full-scope Medi-Cal prior to the final BCCTP eligibility determination
- » EWC beneficiaries found to have a qualifying diagnosis, who have not applied to county Medi-Cal within the last 30 days, should be instructed to apply for Medi-Cal. If they are found to be eligible, they will be enrolled into Medi-Cal and, therefore, will not be enrolled into BCCTP

# BCCTP Application Requirement

## Applying for Medi-Cal

- » Provider staff submitting a BCCTP application must print and provide the Instructions to Apply for Medi-Cal document to the applicant
- » Applicants can apply for Medi-Cal at their EWC Primary Care Provider location if they have designated staff (e.g. Certified Enrollment Specialists)
- » Applicants can apply for Medi-Cal at their County Social Services office

# Applying to BCCTP Presumptive Eligibility

The Presumptive Eligibility (PE) program allows most BCCTP applicants to get temporary care and treatment right away

- » These temporary benefits are available immediately upon submission of the BCCTP application. If the applicant does not apply for Medi-Cal within 30 days, their benefits will end the last day of the next month
- » PE will extend if the applicant applies for Medi-Cal by the last day of the following month when their BCCTP application was submitted



# Applying to BCCTP Presumptive Eligibility

- » Providers can continue to enroll qualified applicants into BCCTP. If eligible, BCCTP Presumptive Eligibility will continue until the Medi-Cal eligibility decision is completed by the county
- » Majority of the BCCTP applicants can start treatment while the application is being reviewed by BCCTP with a few exceptions ( i.e. undocumented individuals, individuals who have other health insurance including Medicare and private)
- » If individuals apply for Medi-Cal after PE has ended, they should re-apply for BCCTP

# Applying to BCCTP Presumptive Eligibility

Individuals will not get PE benefits if one of these is true about the applicant:

- » Age 65 or older
- » Have Medicare or private health insurance and are applying for BCCTP to provide financial assistance for out of pocket healthcare expenses.
- » Had hospital emergency or pregnancy PE benefits within the last 12 months, or
- » Are identified in the Medi-Cal database as having unsatisfactory immigration status

# Referral to BCCTP for patients diagnosed outside EWC and Family PACT

If provider is approached by or has a referral for an individual who was diagnosed with breast and/or cervical cancer elsewhere, they should:

- » Advise the individual to apply directly to Medi-Cal and BCCTP simultaneously by going to the local County Social Services office
  - Ask the CEW to refer them to BCCTP when they apply for Medi-Cal: “county referral to BCCTP”
  - bring a copy of their pathology report
  - provide the name of their diagnosing provider or health care organization
- » Optional: PCP can enroll an individual into BCCTP and refer them for Medi-Cal enrollment

# BCCTP Retroactive Eligibility

- » If individuals received medical treatment or services before they applied for BCCTP, Medi-Cal may cover the cost of medical care for up to 90 days before their application date. This is called "retroactive benefits." Recipients must apply within 12 months from when they received the service
- » To qualify for retroactive coverage an applicant must meet Federal BCCTP eligibility criteria:
  - Age under 65
  - screened and found in need of treatment by Every Woman Counts (EWC) or Family PACT provider, or had any breast and/or cervical cancer-related clinical services, including treatment and diagnosis, done by an EWC or Family PACT provider
  - Did not have health insurance covering breast and/or cervical cancer treatment
  - California resident
  - Received services from a Medi-Cal provider
- » For any retroactive month starting January 1, 2024, the applicant may be eligible for full scope BCCTP Medi-Cal regardless of citizenship or immigration status