

State of California Department of Health Care Services

**Breast & Cervical Cancer Treatment Program (BCCTP)
Application Information & Instructions for Providers**

***FOR PROVIDER/OFFICE USE ONLY* (Rev. 5/2021)**

This checklist is to assist Every Woman Counts (EWC) & Family Planning Access, Care, and Treatment (FPACT) Enrolling Providers in determining if an individual is eligible to submit an application for BCCTP. Please do not submit multiple applications for the same person.

- **Submit an application only if the applicant meets all 4 requirements listed below.***
→ **Prior to contacting BCCTP, please allow 10 working days from the application submission and check MEDS to see if the applicant has BCCTP benefits.**

- 1) The individual is a California resident with the intent to stay.**
- 2) The individual has a gross income at or below the 200% Federal Poverty Level (FPL).**
 - See the EWC or FPACT Income Criteria chart.
 - Count all earned and unearned income (before taxes, expenses, deductions).
 - Total number of persons counted in the family: applicant, spouse, children under 21.
 - If the child is not the biological child, applicant must have a legal document stating they are now responsible for the child.
 - The income of elderly parents or relatives living in the home is not counted towards the applicant's income, regardless of inclusion for tax reporting.
- 3) The individual has a BCCTP qualifying diagnosis.**
 - After log-in, see list of qualifying diagnoses on the drop down menu in the BCCTP online application.
 - If a diagnosis is not on the drop-down list, or if it is Breast Malignancy Not Otherwise Specified (NOS) or Cervical Malignancy NOS is selected, please fax the pathology report to (916-440-5693) or email to BCCTP@dhcs.ca.gov, requesting to have the pathology report reviewed by a Medical Consultant. BCCTP will contact you with a response.
- 4) The individual does not have full scope Medi-Cal benefits.**
 - Individuals who have restricted scope emergency and pregnancy benefits, or Share of Cost (SOC) Medi-Cal benefits, are eligible to apply for BCCTP.

→ **If the individual did not meet all 4 requirements, do not submit an application to BCCTP.**

*Individuals with private insurance or Medicare are eligible to apply for BCCTP if they meet all 4 requirements listed above.

Note: If a provider does not elect to process a BCCTP application for an individual that was screened elsewhere, refer the individual to apply for Medi-Cal in order to be referred to BCCTP. If the individual already has restricted or SOC Medi-Cal, they should contact their county eligibility worker and request to be referred to BCCTP. BCCTP only accepts referrals directly from the counties and applications through the online portal.

Important information about Presumptive Eligibility (PE)

The Presumptive Eligibility (PE) program allows BCCTP applicants to receive immediate access to care and treatment on a temporary basis. These temporary benefits are available immediately if the applicant is eligible and will end the last day of the following month, if the applicant does not apply for Medi-Cal application at their local Social Services office. However, PE will extend if the applicant files a Medi-Cal application at their local Social Services office by the last day of the following month when they applied. Not everyone is eligible to PE.

Reasons why PE benefits may not be granted include:

- The applicant is age 65 or older.
- The applicant has other comprehensive coverage (Medicare or private insurance).
- The applicant has received PE benefits within the last 12 months (hospital emergency or pregnancy).
- The applicant is identified in the Medi-Cal database as having unsatisfactory immigration status.

→ If the applicant is approved for PE, inform them that they can receive immediate care by using their confirmation document with their Beneficiary Identification Card (BIC) number.

→ Please inform the applicant that they must apply for Medi-Cal at their local county social services office and provide the “Directions to Apply for Medi-Cal” document.

BCCTP Requirement: Applying for Medi-Cal

ALL applicants that have not had a Medi-Cal determination within the last 30 days must apply for and receive an eligibility decision before BCCTP will make a final determination.

- Applicants that currently have active restricted scope Medi-Cal do not need to reapply.
- Enrolling Providers should not wait until the county makes a decision to submit a BCCTP application.
- Do not send individuals to apply for Medi-Cal if they did not meet the first four (4) requirements as indicated on the opposite page.

Note: If you have any questions or require corrections to the application after submitting, please contact BCCTP via email (BCCTP@dhcs.ca.gov), or fax at (916) 440-5693. BCCTP will make all edits/corrections.