

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
- » 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 MC 373 form”
 - 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

Upcoming BCCTP Medi-Cal Updates



BCCTP Medi-Cal Changes

- Effective January 1, 2026, the Expansion Freeze will pause all enrollments to full scope Medi-Cal to new Adult Expansion applicants aged 19 and older, who are undocumented (live in the U.S. without legal permission)
 - New Adult BCCTP undocumented applicants eligible for BCCTP will be given state (limited scope) BCCTP benefits, which cover breast and/or cervical cancer treatment and related services.
- BCCTP anticipates a gradual increase in applications due to population impacted by the Expansion Freeze no longer being eligible for full scope Medi-Cal at county at the time of their application and receiving better benefits through BCCTP.
- BCCTP members with full scope BCCTP Medi-Cal coverage will maintain these benefits if they continue to meet eligibility criteria or there is no lapse in coverage.

Dental & Premiums for UIS

- Starting July 1, 2026, all undocumented BCCTP Medi-Cal members will no longer receive dental coverage (except for emergency dental care). This will be called “Full Scope BCCTP Medi-Cal with no Dental.”
- Effective July 1, 2027, UIS individuals between the ages of 19 and 59 pay a monthly premium of \$30 per member for full scope BCCTP Medi-Cal with no Dental.
- DHCS will have a third-party vendor manage the premiums.
 - After 90 days of non-payment of monthly premiums, the benefit level will be reduced and moved to state (limited scope) BCCTP Medi-Cal
 - Repayment of outstanding monthly premium balance prior to the end of the three-months grace period will restore the individual and prevent them from having a permanent level of reduced benefits

Reducing Retroactive Medi-Cal

- Starting January 1, 2027, the window for retroactive BCCTP Medi-Cal coverage will shorten.
- Retroactive BCCTP Medi-Cal benefits currently cover the costs of medical services and treatment received for up to three (3) months before individual's month of application.
- BCCTP will shorten retro Medi-Cal to two (2) months.
- Example: Application month is April 2027, and the individual is eligible for BCCTP retro. BCCTP Retro Medi-Cal will cover February and March 2027. January 2027 will not be covered.