

Breast and  
Cervical Cancer  
Treatment  
Program (BCCTP)  
Application Guide

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## BCCTP APPLICATION GUIDE

Table of Contents	Page
Application Process	3
Application Checklist	4
Federal Poverty Level	5
Qualifying Diagnoses	6
Retroactive Benefits	6
Provider FAQs	7
Patient FAQs	8

## BCCTP APPLICATION PROCESS

BCCTP provides eligible women with medical assistance through the Oregon Health Plan (OHP) to cover treatment for qualifying cancer diagnoses. The application process for the program is outlined below.

1. A provider will determine if a woman is presumptively eligible for the program using the checklist on page 4.
  2. A provider will access the application at [www.healthoregon.org/screenwise](http://www.healthoregon.org/screenwise) ; under the “Need Treatment?” tab.
  3. The patient and provider will complete the form together.
  4. The form is faxed to OHP for processing at (503) 373-7493.
  5. Once presumptive eligibility has been established, treatment can begin immediately.
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6. The patient may receive more forms to complete from OHP for full determination of OHP benefits.
  7. Once full determination has been completed, the patient will initially be enrolled in OHP for one year.
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8. Near the end of the first year the patient will receive a redetermination letter in the mail. The provider will certify if the patient is still in need of treatment.
  9. Step 8 repeats until the patient is no longer in need of treatment or is otherwise found not to be eligible for the program.

## APPLICATION CHECKLIST

- Prior to beginning the application process, the provider must ensure that the patient meets the presumptive eligibility criteria:
  - Be an Oregon resident or intend to live in Oregon,
  - Have a household income at or below 250% of Federal Poverty Level (see page 5 of this guide),
  - Be a woman less than 65 years old,
  - Be without creditable health insurance, and
  - Have been diagnosed as needing treatment for breast or cervical cancer, or specific precancerous conditions.  
(see page 6 of this guide)
- Download the BCCTP Enrollment form, available at [www.healthoregon.org/screenwise](http://www.healthoregon.org/screenwise)
- Complete the form in its entirety with the patient. Please note that there are two sections: a patient section as well as a provider section.
- Fax the completed form to OHP at (503) 373-7493.

**SCREENWISE**  
**INCOME ELIGIBILITY – 2017 FEDERAL POVERTY LEVEL GUIDELINES**

ScreenWise establishes its income eligibility guidelines in July, at the beginning of each fiscal year.

Effective May 1, 2017:

Size of Family Unit	Annual Income 250% FPL	Monthly Income 250% FPL
<b>1</b>	\$30,150	\$2,513
<b>2</b>	\$40,600	\$3,383
<b>3</b>	\$51,050	\$4,254
<b>4</b>	\$61,500	\$5,125
<b>5</b>	\$71,950	\$5,996
<b>6</b>	\$82,400	\$6,867
<b>7</b>	\$92,850	\$7,738
<b>8</b>	\$103,300	\$8,608

## QUALIFYING DIAGNOSES CONFIRMED BY BIOPSY

Breast Diagnoses	Cervical Diagnoses
Invasive breast cancer	Invasive cervical cancer
Ductal carcinoma in situ (DCIS)	Persistent cervical intraepithelial neoplasia grade 1 (Persistent CIN 1)*
	CIN 2
	CIN 3
	Carcinoma in situ (CIS) of the cervix
	Adenocarcinoma in situ (AIS) of the cervix

*\*Persistent CIN 1 is defined as occurring over a period of at least 18 months.*

### RETROACTIVE BENEFITS

Patients may have incurred medical costs *associated with their diagnoses* prior to the date of their diagnoses. OHP coverage may start retroactively up to 90 days prior to the patient’s application if the patient would have been eligible during this period.

If your patient has bills associated with her diagnosis, please indicate this and the date that they began on the application by answering the following questions:

*Does patient have outstanding medical bills related to this diagnosis?    Yes    No*

*If yes, date that these bills begin: \_\_\_\_\_*

*Would patient have meet eligibility criteria on above date?    Yes    No*

## **PROVIDER FREQUENTLY ASKED QUESTIONS**

*Who is qualified to enroll a patient in BCCTP?*

Any licensed health care provider can presumptively enroll a patient into BCCTP to receive OHP coverage if she is determined eligible by the provider.

*What is presumptive eligibility?*

Presumptive eligibility is a Medicaid option that allows enrollment into Medicaid for a limited period of time before full applications are filed and processed. Presumptive eligibility provides immediate, temporary coverage for women who appear to meet basic eligibility criteria. If presumptive eligibility is granted to a woman who then provides documentation that she does not meet the criteria (including citizenship or lawful permanent residency), her eligibility period will end. If a woman fails to provide proof of citizenship or lawful permanent residency upon request, her presumptive eligibility period will end.

*Can men enroll in BCCTP?*

No, BCCTP is only available for women due to federal law.

*Why are women 65 and older not eligible for BCCTP?*

This is a Medicaid restriction. Patients 65 and older with no Medicare coverage may be able to access other financial assistance programs in their communities.

*Is LCIS a qualifying diagnosis?*

LCIS is not a qualifying diagnosis. The ScreenWise Medical Advisory Committee revisited the list of qualifying diagnoses in the fall of 2011.

*If a woman has health insurance coverage is she presumptively eligible?*

If a woman does not have creditable health insurance for treatment of her diagnosis she may be covered. This determination is made by OHP.

*I'm not a ScreenWise provider but I've seen a patient that I think has symptoms of cervical cancer. Is she eligible for BCCTP?*

Once a qualifying diagnosis is confirmed with a biopsy result and the client's eligibility has been verified, she can enroll in BCCTP for treatment.

*Who do I contact to see which procedures and tests will be covered by OHP while a woman is enrolled in BCCTP?*

Please direct all questions regarding coverage of procedures or tests to the Division of Medical Assistance Programs (DMAP). DMAP can be reached at: 1-800-336-6016.

*If a woman is taking hormone therapy (ex: tamoxifen), does she qualify for continued OHP coverage at redetermination?*

A provider states whether a patient still requires treatment on the redetermination letter. It is left to the provider's discretion what is considered treatment for that individual.

## **PATIENT FREQUENTLY ASKED QUESTIONS**

### *What is BCCTP?*

The Breast and Cervical Cancer Treatment Program (BCCTP) is a Medicaid program that gives access to the Oregon Health Plan (OHP) to uninsured or underinsured women with breast or cervical cancer for treatment. This program is available to all program-eligible women who have been diagnosed with breast or cervical cancer. It is not limited to women who were enrolled in the ScreenWise Breast and Cervical Cancer Treatment Programs.

### *I have a breast or cervical cancer diagnosis but I'm not in ScreenWise. Can I still have my cancer treatment paid for?*

Even if you weren't in the program you might still be able to get health benefits. Your treatment may be paid for if you:

- live in Oregon,
- have a household income under 250% of the Federal Poverty Level,
- are under 65 years old,
- are without creditable health insurance and
- have been diagnosed with breast or cervical cancer or other certain conditions.

### *Who decides if I can join the program?*

Your health care provider will decide if you are presumptively eligible for referral to BCCTP. This depends on the information above. If they decide that you are eligible, you will fill out a form together. You can begin treatment right away. The form will be sent to the OHP office and you will hear back within 45 days. When you receive paperwork from OHP, you must return it.

### *Who can help me apply to the program?*

Any health care provider that can screen for and diagnose cancer can fill out the form with you.

### *When will I start to get benefits?*

You can apply as soon as the day that you are diagnosed. OHP will start to pay for your treatment the day of your diagnosis. There is also a chance that OHP will also pay for tests and procedures that led to your diagnosis.

### *How long will I have OHP coverage?*

When you first join OHP you will be covered for one year. Near the end of that year, you will get a letter in the mail asking if you still need treatment. This letter needs to be signed by your health care provider and mailed back to OHP. You will continue to be covered for as long as you need treatment, until you turn 65 or begin to receive other health insurance coverage.

### *If I have more questions, who should I ask?*

You can call OHP at 1-800-699-9075.