

Breast and Cervical Cancer Treatment Program (BCCTP) Application Guide

For use by any provider who screens
for breast or cervical cancer

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BCCTP Application Process

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

1. Any provider who screens for breast and cervical cancer can determine if an individual is presumptively eligible for the program using the checklist on [page 4](#).
2. The provider will access the application at <https://www.oregon.gov/oha/hsd/ohp/pages/bcctp.aspx>, under “Resources”.
3. The patient and provider will complete the application together.
4. The application is faxed to OHP for processing at (503) 373-7493.
5. Once presumptive eligibility has been established, treatment can begin immediately.
6. Presumptive eligibility is not guaranteed ongoing eligibility. The patient will receive an OHP application to complete for a full determination of OHP benefits. BCCTP has a higher income limit (250% FPL) so patients may be eligible for another OHP program if they are eligible.
7. Once a full determination has been completed, the patient will be sent an OHP notice indicating their ongoing eligibility, and if approved, for which program. OHP benefits are provided for one year, until a renewal will be required.
8. Patients approved for ongoing BCCTP will receive a separate renewal letter than other OHP recipients. They will need to fill out Part 1, and the Provider will need to fill out Part 2, certifying if the patient is still in need of treatment. An OHP application will also be sent for the patient to complete, to determine if they may qualify for another OHP program.
9. Step 8 repeats until the patient is no longer in need of treatment or is otherwise found not 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 an individual less than 65 years old,
 - ✓ Be without creditable health insurance (any health insurance must cover *treatment* of the breast or cervical cancer), 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 Application form, available at <https://www.oregon.gov/oha/hsd/ohp/pages/bcctp.aspx>
- Complete the form in its entirety with the patient. Please note that there are two parts: a patient section (Part 1) *and* a provider section (Part 2).
- Fax the completed form to OHP at (503) 373-7493.

2024 Federal Poverty Level Guidelines

The Breast and Cervical Cancer Treatment Program (BCCTP) is required to use the Federal Poverty Level (FPL) guidelines established by the federal government. These amounts are set by the Department of Health and Human Services (HHS) and are updated in March each fiscal year.

FPL limit for BCCTP, Effective March 1, 2024:

Size of Family Unit	Monthly Income 250% FPL
1	\$3,138
2	\$4,259
3	\$5,380
4	\$6,500
5	\$7,621
6	\$8,742
7	\$9,863
8	\$10,984

For families of more than 8 persons, add \$1,121 per month for each additional family member.

Qualifying Diagnoses Confirmed by Biopsy

Providers: Refer to the below list of qualifying diagnosis:

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 their 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 met 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 who can screen for and diagnose cancer can presumptively enroll an eligible patient into BCCTP to receive OHP coverage.

What is presumptive eligibility?

Presumptive eligibility is a Medicaid option that allows enrollment into Medicaid for a limited period of time before a full OHP determination can be made. Presumptive eligibility provides immediate, temporary coverage for individuals who meet basic eligibility criteria. Presumptive eligibility is not guaranteed ongoing eligibility. The patient will receive an OHP application to complete for a full determination of OHP benefits. BCCTP has a higher income limit (250% FPL) so patients may be eligible for another OHP program if they are eligible. If the patient does not respond with a full application by the requested due date, their presumptive eligibility ends the last day of the month following the month in which their presumptive eligibility began.

Is BCCTP only for cisgender women?

No. We encourage anyone with a diagnosis of breast or cervical cancer to apply. The program does not look at gender identity or expression.

Why are patients 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 (Lobular Carcinoma In Situ) is not a qualifying diagnosis.

If an individual has health insurance coverage, are they presumptively eligible?

If an individual does not have creditable health insurance for treatment of their diagnosis, they 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 breast or cervical cancer. Are they eligible for BCCTP?

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

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

- Call the member's coordinated care organization (CCO).
- Call OHP Client Services (800-273-0557) for members not in a CCO.

If an individual is taking hormone therapy (ex: tamoxifen), do they 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 individuals in need of breast or cervical cancer treatment. This program is available to all program-eligible individuals who have been diagnosed with breast or cervical cancer. It is not limited to individuals who were enrolled in the ScreenWise Program.

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, so we can determine your ongoing eligibility.

Who can help me apply to the program?

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

When will I start to get benefits?

Your doctor can submit your application as soon as the day that you are diagnosed. OHP will start to pay for your treatment the day of your diagnosis. OHP may also pay for tests and procedures that led to your diagnosis if they are not more than 3 calendar months prior to the date of your diagnosis.

How long will I have OHP coverage?

When you are determined eligible for ongoing BCCTP you will be covered for one year. Near the end of that year, you will get a renewal letter asking you questions to determine if you still meet eligibility criteria, such as whether you continue to need treatment. This letter needs to be completed with and signed by your health care provider and mailed or faxed back to OHP. You will continue to be covered as long as you need treatment or until you no longer meet the eligibility requirements.

If I have more questions, who should I ask?

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



You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Oregon Health Plan (OHP) at 1-800-699-9075 or TTY 1-800-735-2900.
