COLORADO DEPARTMENT OF
PUBLIC HEALTH & ENVIRONMENT
Cancer Prevention & Control

WOMEN'S WELLNESS connection
Connect. Get checked. Be well.

Breast & Cervical Cancer Program (BCCP) Medicaid

Enrollment Step List

Clients enrolled in Women's Wellness Connection (WWC) who have been diagnosed with breast or cervical cancer or pre-cancer may be eligible for treatment through Medicaid's BCCP. Only currently enrolled clients are eligible and must have had their screening and/or diagnostic evaluation paid through WWC. Undocumented clients are NOT eligible for this program.

This process should begin within five business days after a breast or cervical diagnosis occurs. Failure to follow these steps may result in loss of eligibility. For any questions regarding this process, please call **303-692-2323.**

STEP 1 Confirm eligibility for BCCP and complete eCaST data entry

The provider site must confirm that the client was eligible for WWC and that her diagnosis was made using WWC funds.

BCCP eligibility criteria include:

- 40-64 years of age
- At or below the 250% Federal Poverty Level
- Meets identity and citizenship verification criteria as stated in the Colorado Department of Revenue "Rules for Evidence of Lawful Presence" at http://www.colorado.gov/cs/Satellite/Revenue-Main/XRM/1216289012112.
- Does not have health insurance or has health insurance that will not cover breast or cervical cancer treatment.

The BCCP enrollment process cannot proceed until all data is entered into eCaST. All information should be completed in eCaST within 24 hours of the diagnosis.

STEP 2 Determine whether the diagnosis is eligible for BCCP

The list of eligible diagnoses can be found online at: https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0B0i5-XFbANOXZDllNzE4YjEtZGY2Zi00OTg5LWIzYTAtM2ZlMzQyMzU4ZWNm&hl=en_US.

If your pathology report has a diagnosis that is NOT on this list, please call **303-692-2323** before deciding not to proceed.

Revised 12/11 klm

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STEP 3 Obtain approval from WWC

Fax ONLY the following to **303-758-3268**.

1. Personal History Form (must be complete)
2. WWC Consent Form
3. Signed lawful presence affidavit
4. Pathology report(s) (Please only send the report that confirms the diagnosis)

Eligibility must be confirmed by WWC staff BEFORE you call the PE hotline. A WWC staff person will notify you within three (3) business days of receipt to confirm eligibility of the client.

STEP 4 Obtain Presumptive Eligibility (PE) number from BCCP

Do not attempt to get the PE number for the client until you have received approval from WWC. Clients should not be scheduled for surgery, radiological testing or treatment until you have received the PE number for the client.

- Call the PE hotline, **303-866-5204**, to enroll the client in Presumptive Eligibility (PE). Please note that the date of eligibility will be the date the definitive diagnosis was made, not the date of the call to the hotline. The definitive date of diagnosis is the date the biopsy was taken.
- The PE hotline operator will give you a PE number over the phone. Please note that PE cards are being replaced with an approval letter mailed by Medicaid to the client only. The letter will be generated automatically when the hotline attendant enters the PE information (usually within 24 hours). The PE number for the client issued to you by the PE hotline operator should be documented in the client's medical chart. This number can be used by the Medicaid provider to check the Medicaid status of the client.
- Please be sure to complete the box in the left lower corner of the PE form with the information received from the PE hotline attendant. See Supplement Information to WWC BCCP Step List (https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0B0i5-XFbANOXOGUwYjliZGUtOGE1OC00ODIyLTg1Y2MtYTk2MmIyMTFlYzUz&hl=en_US).

- https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0B0i5-XFbANOXOTdmNjk5YTUtOTdlMy00MWNhLTkxOGMtYmVmNWY2YmM2M2Nl&hl=en (English)
- https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0B0i5-XFbANOXNWRjNjMzMmYtNTU4MC00ZjQwLWFmNzQtMTE0NDJhNTM0NTM0&hl=en (Spanish)

STEP 5 Formally enroll in Medicaid

To assist the client to get treatment benefits under BCCP, you should assist her in completing a full Medicaid application available at your local County Human/Social Services agency, or on the web:

- http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251757477163&ssbinary=true (English)
- http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251757477598&ssbinary=true (Spanish)

Clients should bring proof of income and legal presence.

After you help the client complete this application in your office:

- Please fax copies of the following forms to **303-758-3268** within five (5) business days of receiving the PE number:
  1. The signature page of the full application – this is the last page
  2. The completed PE form
- Submit the completed, full application to your County Department of Human/Social Services office within 30 business days after the diagnosis. For a listing of these offices, see: http://www.colorado.gov/cs/Satellite/CDHS-Main/CBON/1251590215770

- If you submit the full Medicaid application by fax, please use the "Fax Cover Sheet for Medicaid Applications." This will alert the staff at your county Human/Social Service office that this is a BCCP Medicaid application and correctly facilitate processing. This can be found at: https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0B0i5-XFbANOXMGRkNGRiMDYtZTI3MC00ODkwLWExYmEtYjEyMGU3ZDU4ZTIz&hl=en_US

- Keep a copy of the fax confirmation sheet, the person's name that the application was sent to and original Medicaid application in the client's chart.

If this step is not completed correctly, the client will be dropped from Medicaid once her PE period is over (usually 45 days).

STEP 6 Enter treatment start date in eCaST

Enter the treatment start date in eCaST as soon as it is available. The treatment start date is defined as the date that an actual cancer treatment intervention occurred. Examples include mastectomy, lumpectomy, and chemotherapy or radiation treatment. Surgical consults, patient navigator referrals or breast needle biopsies do not count as a treatment.