


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 11- 007
	SUPRECEDES NUMBER: HCPF 02-006
DIVISION OR OFFICE: Client and Community Relations Office	DATE: 03/11/2011
SUBJECT AREA: Adult Medicaid	
SUBJECT: BREAST AND CERVICAL CANCER PROGRAM (BCCP)	APPROVED BY:  Sue Williamson
TYPE: I & P	

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Purpose:

This agency letter provides county departments of human/social services with policy and procedures necessary for processing applications for the Breast and Cervical Cancer Program (BCCP).

Background:

Agency Letter HCPF 02-006 issued June 25, 2002, designated Denver Health as the entity for application review for BCCP. This agency letter supersedes HCPF 02-006 to clarify that Denver Health is no longer the designated entity for application review. All county departments of human/social services must accept applications for BCCP Medicaid.

BCCP was implemented July 1, 2002. This program was established by the Breast and Cervical Cancer and Prevention Treatment Act of 2000 and authorized by SB 01S2-012 to allow Presumptive Eligibility and full Medicaid benefits. The Department of Health Care Policy and Financing was designated by C.R.S. 26-4-532(1)-(8) to establish, manage and monitor BCCP in coordination with the Department of Public Health and Environment's Colorado Women's Cancer Control Initiative now known as the Women's Wellness Connection (WWC) program. BCCP Medicaid rules can be found at 10 CCR 2505-10 §8.715.

BCCP provides full Medicaid coverage for women who are diagnosed with breast or cervical cancer (or a precancerous condition) at certain screening clinics called WWC sites. The program allows for Presumptive Eligibility (PE) of no less than 45 days from the date of diagnosis.

To be eligible for BCCP a woman must:

- Have been screened and diagnosed at a WWC site;
- Meet WWC income and age criteria;
 - Income under 250% FPL; and
 - Age between 40-64 years old.
- Have no other insurance that would cover her diagnosis and treatment;
- Not be currently eligible for Medicaid or Medicare;
- Complete a Medicaid application; and
- Meet Medicaid citizenship and identity criteria.

Procedure or Information:

WWC contractor responsibilities.

The WWC contractor completes all steps in the [WWC Step List](#). The WWC contractor shall:

- I. Determine eligibility for BCCP and submit initial paperwork to the Colorado Department of Public Health and Environment (CDPHE) WWC program. The CDPHE WWC program receives and approves initial paperwork and provides the WWC contractor with approval to call for a PE number (the WWC contractor is not allowed to call for a PE number until the CDPHE WWC program approves the woman for Medicaid).
2. Initiate the PE case and contact the PE Hotline to request that a PE case be opened. Obtain the State ID that is assigned. The PE medical span will be no less than 45 days and will be a separate case from the BCCP case.
3. Certify citizenship and identity documents, if client provides. WWC contractor must be certified by the Department of Health Care Policy and Financing as a Certified Application Assistance Site (CAAS) to verify documents.
4. Assist in completion of the Medicaid application. Send completed application along with applicable documentation to the county department of human/social services where the client resides.

County responsibilities.

The county shall:

1. Receive Medicaid application for BCCP.
 - WWC site sends the Medicaid application to the county department of human/social services where the client resides.
2. Requests missing verifications and documents from the client for Citizenship and Identity.
 - Some WWC sites are certified to verify citizenship and identity documents. If the documents included with the Medicaid application are not certified, please request from the client.

- The only reason for BCCP denial would be for missing citizenship and/or identity verification. If you are having difficulty obtaining verification from the client, contact the BCCP Coordinator prior to denying the application. Income and resource verification should not be requested unless it is required to determine eligibility for another Medicaid category. Income is verified at the WWC site when the client is enrolled in BCCP.
3. Process Medicaid applications for BCCP.
 - Determine eligibility within 30 calendar days of the application receipt in the county office.
 - Create a separate BCCP case from the PE-BCCP case as Adult Medical.
 - The CBMS Application Initiation (AI) Date must be the PE Begin Date.
 - BCCP will be denied for the months the client was eligible for PE and will be approved the first of the month following the end of the PE span.
 4. Redetermine the client's eligibility annually and review the case to determine whether the client continues to be eligible for BCCP.
 - Contact the BCCP coordinator to verify that the client is still receiving treatment. CBMS sends the redetermination packet to the client. Do not request income or resource verification and do not discontinue case for non receipt of packet.
 5. Disenroll the client with appropriate notice and notify BCCP Coordinator when the client's eligibility status changes. Continue eligibility until the client:
 - Refuses or completes treatment; or
 - BCCP coordinator will contact the county
 - Becomes eligible for another Medicaid program; or
 - Obtains other insurance that covers treatment for breast or cervical cancer, including Medicare; or
 - Turns 65 years of age (potentially eligible for Medicare).
 6. Designate at least one contact per county and submit contact information including contact name, email, phone and fax to the BCCP Coordinator at the Department of Health Care Policy and Financing.

Effective Date:

Immediately

Contact:

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