



## Non-WWC Provider Attestation Form

Women who have been screened and diagnosed with breast or cervical cancer may be eligible for Medicaid coverage through the Colorado Department of Health Care Policy and Financing (HCPF). Previously, only women who were diagnosed through the Colorado Department of Public Health and Environment's (CDPHE) Women's Wellness Connection (WWC) program were eligible for the Breast and Cervical Cancer Prevention Medicaid Program (BCCP).

To be eligible for the Breast and Cervical Cancer Prevention Medicaid Program (BCCP), a woman must meet the following requirements:

- Has been diagnosed and determined to need treatment for breast cancer, cervical cancer or an eligible pre-cancerous condition.
- Is between 40 and 64 years old for breast cancer, between 21 and 64 years old for cervical cancer.
- Is uninsured for cancer treatment.
- Is a citizen or qualified non-citizen. \*
- Patient's income is at or below 250% of the federal poverty level. \*

Patients can be screened and diagnosed by either a provider enrolled in the Women's Wellness Connection (WWC) program administered by the Colorado Department of Public Health and Environment (CDPHE), or by a provider whose "screening activities are recognized by the department of public health and environment as part of screening activities under the centers for disease control and prevention's national breast and cervical cancer early detection program." C.R.S. §25.5-5-308.

To qualify as a non-WWC provider who is eligible to refer a patient for enrollment into the Breast and Cervical Cancer Medicaid Program (BCCP), the provider is required to be a licensed provider able to screen and diagnose for breast and cervical cancer under his or her scope of practice. CDPHE requires provider completion and submission of this form, along with the pathology report showing the final diagnosis of breast cancer, cervical cancer or an eligible pre-cancerous condition, in order for a patient to be eligible for BCCP enrollment. This form must be faxed to the Non-Traditional BCCP Medicaid Enrollment Site that assists the patient with enrollment. Contact information for Non-Traditional BCCP Medicaid Enrollment Sites can be found <http://www.colorado.gov/hcpf>.

<b>T</b> <b>TO:</b> Non-Traditional BCCP Medicaid Enrollment Site	<b>FROM: (Provider Name and Address):</b>
<b>Phone:</b>	<b>Provider Phone:</b>
<b>Fax:</b>	<b>Provider Fax:</b>
<b>Provider Signature:</b>	
<i>This referral confirms that the woman named below has been diagnosed and determined to need treatment for breast cancer, cervical cancer or an eligible pre-cancerous condition through a licensed provider in Colorado.</i>	

**Patient's full name:**

**Date of Diagnosis:**

**Diagnosis:**  Breast Cancer  Cervical Cancer  BCCP Medicaid-eligible precancerous condition

**The following items are not required, but will help ensure your client is more likely to be eligible for BCCP Medicaid. (Check all that apply.)**

- Patient is between 40 and 64 years old for breast cancer; between 21 and 64 years old for cervical cancer;
- Patient is uninsured for cancer treatment.
- Patient is a citizen or qualified non-citizen. \*
- Patient's income is at or below 250% of the federal poverty level. \*\*

\* *Patient will need to provide proof of lawful presence to either the Non-Traditional BCCP Enrollment Site (if the site is a certified application site) or to the county Medicaid office once the application is submitted.*

\*\* *Patient will need to provide proof of income to The Non-Traditional BCCP Enrollment Site.*