



## Health First Colorado's Breast and Cervical Cancer Program (BCCP)

### Enrollment process for clients diagnosed outside of Women's Wellness Connection (WWC)

Clients diagnosed and determined to need treatment for breast cancer, cervical cancer, or an eligible pre-cancerous condition may be eligible for coverage through the Breast and Cervical Cancer Program (BCCP). *The following outlines the enrollment steps for clients diagnosed outside of the Women's Wellness Connection (WWC). Clients diagnosed on or after December 1, 2013, may be eligible to enroll.*

*If you are helping a client enroll, please use this as a guide.*

All required forms are available on the [HCPF BCCP website](#).

For any questions regarding this process, contact [hcpf\\_bccp@state.co.us](mailto:hcpf_bccp@state.co.us).

#### 1. Confirm eligibility for BCCP.

All of the following criteria must be met, and criteria b. through e. can be self-attested:

- a. Have been diagnosed with breast cancer, cervical cancer, or an eligible pre-cancerous condition.
- b. Be between 40-64 years of age for breast cancer or 21-64 years of age for cervical cancer.
- c. Have an income at or below the 250% Federal Poverty Level.
- d. Are a U.S. citizen or a qualified non-citizen.
- e. Do not have health insurance, or have insurance that does not cover breast or cervical cancer treatment; are not enrolled in Health First Colorado; and are not eligible for Medicare.

#### 2. Determine whether the diagnosis is eligible for BCCP.

The list of diagnoses is the same for ALL BCCP clients, regardless of where they are diagnosed. A list of eligible diagnoses can be found on the [Cancer Prevention and Early Detection Program website](#).

If the pathology report indicates a diagnosis that is not on the list of eligible diagnoses, contact [hcpf\\_bccp@state.co.us](mailto:hcpf_bccp@state.co.us) before deciding not to proceed.

#### 3. Obtain a signed Non-WWC Provider Attestation from the diagnosing provider.

If providers have any questions about the form, either the provider or the WWC site can contact [hcpf\\_bccp@state.co.us](mailto:hcpf_bccp@state.co.us).

#### 4. Provide the applicant with the BCCP Contact and Consent Form.

Verify that the applicant has completed and signed the form.

#### 5. Client completes and signs the Presumptive Eligibility (PE) form.

Verify the applicant has signed the completed Presumptive Eligibility (PE) form.

Eligibility for BCCP can be confirmed using self-attested information, except for the diagnosis of breast or cervical cancer.

**6. Obtain Presumptive Eligibility (PE) number.**

Call the Presumptive Eligibility Hotline at 303-239-4357, option 1-1 or option 1-3 to enroll the client.

**PE Hotline will provide a State Medicaid Identification number for the client (Example: A123456).** In some cases, the PE operator may be able to issue a State Medicaid Identification number immediately. If not, the operator will provide a service desk ticket number and follow up as soon as possible.

In the bottom box of the PE form, enter the Medicaid State ID Issued from the Presumptive Eligibility Hotline and fill out the Date Help Desk Was Called. As a Non-WWC site, do not fill out the WWC site Number or WWC Site Phone.

**7. Client completes the Health First Colorado application.**

Work with the client to complete the full Health First Colorado (Medicaid) application. For more information and application options, visit the [Health First Colorado website](#).

**8. Submit the completed Health First Colorado application.**

Submit the completed, full Health First Colorado (Medicaid) application to the County Department of Human/Social Services where the client resides. Submit a copy of the completed PE form with the application. If you submit via fax, please use the BCCP Fax Cover Sheet to notify the County office that this is a BCCP application.

**9. Email the following documents to [hcpf\\_bccp@state.co.us](mailto:hcpf_bccp@state.co.us).**

- a. The signature page of the full application (if paper application completed)
- b. The completed Presumptive Eligibility form
- c. The completed Non-WWC Provider Attestation form
- d. Pathology Report
- e. Signed Contact and Consent Form

**Retain copies of documents for your records in accordance with your record retention policy.**