

Kentucky Women's Cancer Screening Program (KWCSP)

Eligibility: women • 21 or older • no health insurance •
household income at or below 250% of federal poverty level

Breast and Cervical Cancer Treatment Program (BCCTP)

Administered by the KY Department for Medicaid Services

Introduction – Once a woman is screened and/or diagnosed through the KWCSP and is found to have a biopsy-confirmed diagnosis of pre-cancer or cancer of the breast or cervix, the staff shall begin the application process for the Breast and Cervical Cancer Treatment Program (BCCTP). A BCCTP eligible receives the full range of Medicaid Services in addition to her cancer treatment. Services include: visits to primary care physicians, dentists, hospital emergency rooms, independent laboratory services, inpatient hospitalization, vision services, screening services and health department services.

Eligibility Requirements – A woman is eligible for the BCCTP if she:

- Has been screened or diagnosed with cancer or precancerous condition by a KWCSP provider
- Has been found to be in need of treatment for either breast or cervical cancer, including a precancerous condition or early stage cancer*
- Is 21 or older and less than 65 years of age
- Has a household income at or below 250% of the federal poverty guideline
- Does not have creditable health insurance coverage
- Is a United States citizen or qualified alien
- Is a resident of Kentucky
- Is not eligible for medical assistance or public insurance in any other eligible group
- Is not a resident of a public institution (e.g. prison)

NOTE: Eligibility for the KWCSP does not guarantee eligibility for Medicaid services via the BCCTP (e.g., women over the age of 65, undocumented women not eligible).

***Below are some conditions that are considered pre-cancerous conditions. If a woman receives one of these diagnoses, or a diagnosis of cancer, she is eligible to apply for the BCCTP:**

- Breast conditions
 - Lobular carcinoma-in-situ
 - Atypical hyperplasia
 - Benign phylloides tumors
 - Some types of papillomatosis
 - Radial scar, sometimes referred to as sclerosing lesions
- Cervical conditions
 - High grade squamous epithelial lesions (HSIL)
 - Adenocarcinoma-in-Situ

Eligibility Periods – The length of Medicaid coverage is below:

- Breast Cancer 4 months
- Cervical Cancer 3 months
- Precancerous Cervical 2 months

Kentucky Women's Cancer Screening Program (KWCSP)

Eligibility: women • 21 or older • no health insurance •
household income at or below 250% of federal poverty level

Breast and Cervical Cancer Treatment Program (BCCTP)

Administered by the KY Department for Medicaid Services

Enrollment – Clinics Determine Eligibility & Submit the BCCTP Application Through Benefind

The **MAP-813B** is a pre-screening eligibility form, which will help identify which clients are eligible to apply for the BCCTP. Its use is optional. It cannot be completed online.

The client for whom the BCCTP application is being filed should be instructed to provide the following, to be copied and saved in the client's chart:

- Social Security Number
- Health Insurance (if any)
- Proof of immigration status for non-citizens
- Proof of citizenship
- Proof of identity

The **MAP-813** form is a paper application and must be completed, signed and saved in the patient's chart. The information can then be transferred to the on-line application, which will be the one submitted to DMS. To gain access to the on-line application, the designated staff at the KWCSP-participating clinic must send a request to dms.eligibility@ky.gov . Consult the *Consolidated BCCTP Design Job Aid* for guidance in completing the online application. Once the online application is submitted a BCCTP Confirmation page will pop up. This should be printed and given to the client to serve as her BCCTP card.

Extension of Eligibility Period – Some patients may require longer than the standard period of treatment and may be granted a Medicaid eligibility extension. During the initial BCCTP application process the patient must be informed to contact her provider at the clinic 2 weeks prior to the end of her Medicaid eligibility period if her treatment plan will extend past that eligibility period. The KWCSP-provider will initiate a Request for Treatment Extension using a **MAP-813D** form to be faxed to the treating physician to complete and sign. The treating physician will then send the form back to the clinic. **The clinic will fax the MAP-813D form to BCCTP Extensions: 502-564-0039.** Call Medicaid's extension office at 502-564-6890, ext. 2278 or 2255, to ensure receipt and uninterrupted coverage. When a MAP-813D form is used, a signed copy of that form must also be saved in the patient's chart.

Refer to the DMS website for forms related to the BCCTP:

<https://chfs.ky.gov/agencies/dms/dpo/epb/Pages/bcctp.aspx> .

Call 800-635-2570 for all BCCTP inquiries.