

The Breast and Cervical Cancer Treatment Program (BCCTP) Administered through KY Department for Medicaid Services (DMS) For KY Women's Cancer Screening Program eligibles (KWCSP)

Step 1
Step 2

Obtain access to MyKentucky.gov (MYKY) as a Business Partner
Sign in to MYKY

The screenshot shows the MyKentucky.gov sign-in interface. At the top left is the MYKY logo. At the top right are links for FAQ, Help, and a language dropdown set to English. The main content area is titled "Citizen (or) Business Partner Sign In" and includes a sub-header "Sign in with your Kentucky Online Gateway Account." Below this are input fields for "Email Address" (containing amberd.mathers@ky.gov) and "Password" (masked with dots). A "SIGN IN" button is positioned below the password field. A link for "Forgot/Reset Password?" is next to the password field, and a link for "Resend Account Verification Email" is at the bottom left of the sign-in box. To the right of the sign-in box is a yellow "WARNING" box with text regarding unauthorized access. Below the warning box is a link "Don't already have a Kentucky Online Gateway Citizen Account?" and a "Create An Account" button. At the bottom right, there is a link "Click here to select user account type".

Step 3
Step 4

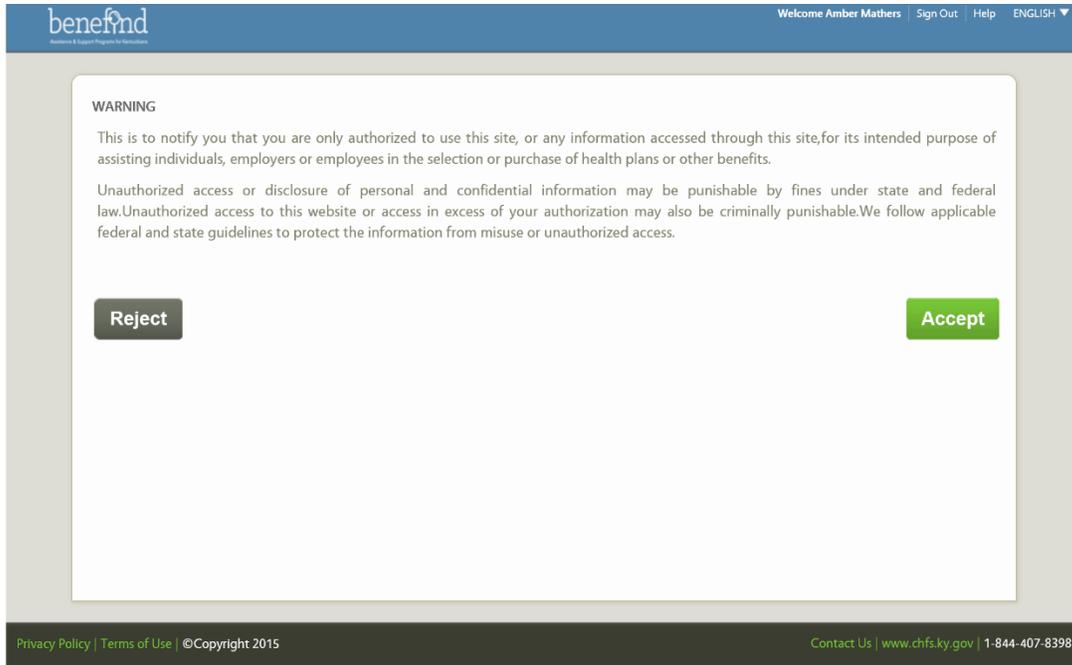
Open VIP Access icon
Enter VIP Access six-digit security code

The screenshot shows the "Multi-Factor Authentication" page in the Kentucky Online Gateway. The header includes "Kentucky Online Gateway", "Welcome Amber Mathers", "My Account", "Sign Out", "Help", and a language dropdown set to English. The main content area is titled "Multi-Factor Authentication" and contains a "Registered Tokens" table. Below the table is an "Add / Remove Token" button. Underneath is the "Authentication Required" section, which states that additional authentication is needed and asks the user to choose a method. There are three images of mobile devices showing the VIP Access app interface. A "Security Code" label with arrows points to the security code field on each device. To the right of the images is a text input field for the "six-digit security code from your VIP credential" and a "Continue" button. Below the input field is a link "I don't have access to my security token". On the right side of the page, there is a vertical scrollbar and a floating window showing the VIP Access app interface with a "Credential ID" of VSST59144724 and a "Security Code" of 426967.

MFA Credential ID	MFA Credential Nickname	Credential Type
vsst****1616	intake 2	Soft
VSST****4724	Amber surface	Soft

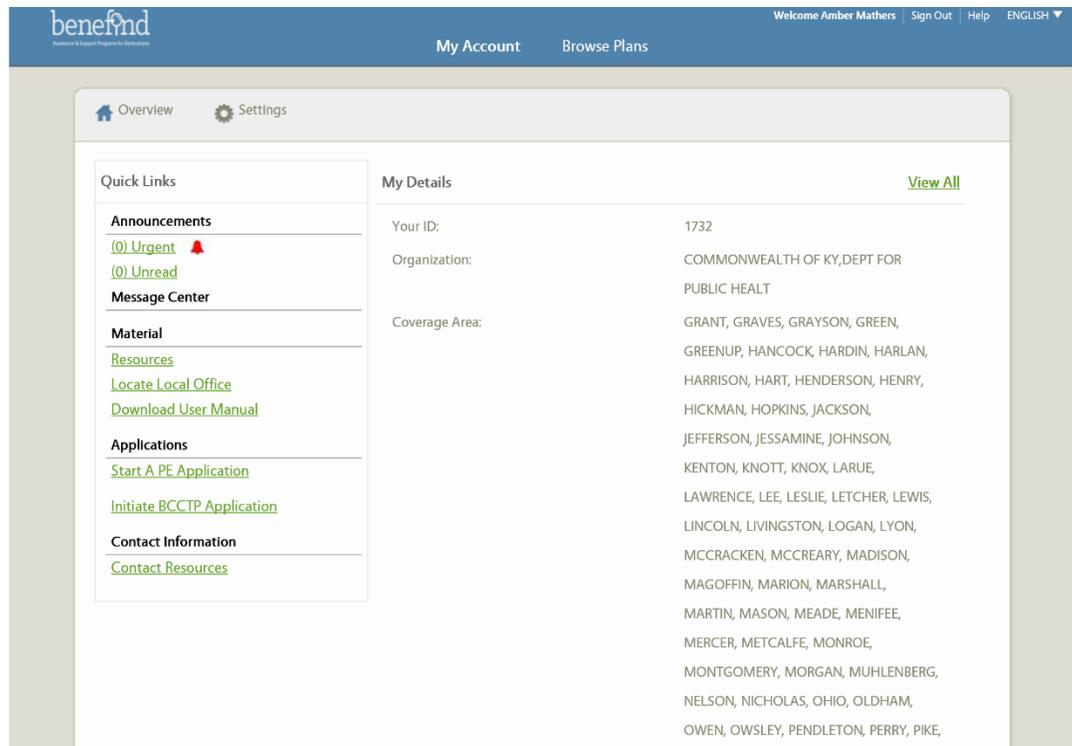
Step 5

Accept authorization statement



Step 6

Under Quick Links, click on *Initiate BCCTP Application* link



- Step 7
- Step 8
- Step 9

Complete *Customer Search* information fields
 Click 'Search' button - If a match is found, you cannot initiate a duplicate application
 Click 'Next'

Welcome! *--Required field

Customer Search

Please enter all information below. If the user does not have a SSN, you may leave that blank.

Customer SSN

* Customer First Name

* Customer Last Name

* Customer DOB

* Customer Gender
 Male Female

Customer Name	SSN	DOB	Gender	Medicaid Benefits?
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Step 10

Complete the '*More about the Applicant*' screen information and click, 'Next'

Where Do You Live?

I don't have a permanent address

* Address Line 1

Address Line 2

* City * State * Zip Code Zip +4 * County

I pick up my mail from a different address from where I live

How Else Can We Reach You?

Primary Phone Ext.

Primary Phone Type

Secondary Phone Ext.

Secondary Phone Type

* Preferred Written Language

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Step 11

Verify address. Click on 'Choose and 'Continue'

The screenshot shows a web form with a modal popup titled "Possible Address Match". The popup contains a yellow note: "Note: We could not find your residential address exactly as you entered but found one that is similar. Please select which version of the address you want to use and click on 'Choose and Continue' or simply edit the address using 'Enter address again'". Below the note, it says: "We could not find your residential address exactly as you entered, but found one that is similar. Please select the address you would like to use below". Under "Suggested addresses:", there is a list item: "275 E MAIN ST, FRANKFORT, KY 40621 1000, County: FRANKLIN". Under "Address you entered:", there is a radio button selected next to "275 EAST MAIN ST, FRANKFORT, KY 40621". At the bottom of the popup are two green buttons: "Enter Address Again" and "Choose and Continue".

Step 12

Complete information fields. Click 'Submit'

The screenshot shows a web form titled "More about the Applicant" with a red asterisk indicating required fields. The form contains several questions with radio button options: "Is ELLEN currently incarcerated?" (NO selected), "Is ELLEN been screened through the KY Women's Cancer Screening Program and found to have breast or cervical cancer, which needs treatment?" (YES selected), "ELLEN needs treatment for?" (Precancerous Cervical or Breast Disorder selected), "What date should benefits begin?" (11/13/2019 entered), and "Does ELLEN currently have insurance that covers breast or cervical cancer medical expense?" (NO selected). At the bottom right are "Back" and "Submit" buttons. The footer contains "Privacy Policy | Terms of Use | ©Copyright 2015" and "Contact Us | www.chfs.ky.gov | 1-844-407-8398".

- Step 13 Application Results will appear
Step 14 The BCCTP Confirmation screen will appear
Step 15 Print **2 copies of the** BCCTP Confirmation screen. This **One** copy serves as the BCCTP Card for the client. **The other copy should be signed by the client and saved in the chart.**

Extension Request process for BCCTP – Extension request are not available online

- Step 16 Clinic sends MAP-813D *BCCTP's Request for Extension* form to treating physician
Step 17 Treating physician completes MAP-813D form and returns it to the clinic
Step 18 Clinic will fax completed MAP-813D to DMS' BCCTP Extensions at **502-564-0039**
Step 19 Call DMS extension office at 502-564-6890, ext. 2278 or 2255, to ensure receipt and uninterrupted coverage
Step 20 Put a signed copy of the MAP-813D form in the patient's chart