

The Breast Cervical Cancer Treatment Program (BCCTP) Transitioning Clients to BCCTP Insurance Coverage (Medicaid)

Questions: Stephany Diaz Favela 206-263-8309 or Heather Fluegel 206-263-8176

For a client with diagnosis of breast or cervical cancer:

1. Call Amy or Heather to provide client's information and review eligibility
2. Fax the pathology results

Eligibility

Age, diagnosis, income, insurance status and relation to a contracted provider providing screening and/or diagnosis determine eligibility. **Coverage varies by immigration status.**

- **Permanent Residents here less than 5 years and noncitizens** are eligible for treatment of cancerous conditions only. These clients are **not eligible for treatment of pre-cancerous conditions**. If you have questions call either Amy or Heather.
- Noncitizens with a **visitor's visa** are **not eligible** for this program.

Meet with the client to prequalify:

1. Verify that US citizen or Permanent Resident ≥ 5 years has been denied within a 1 year period for Washington Apple Health. If > 1 year, then must reapply.
2. Verify that the client has **no other medical insurance**. If a client has limited insurance coverage (catastrophic), the client may be eligible for BCCTP. Call Amy or Heather.
3. Determine if the client has **applied for other medical or Medicaid programs**.

Forms to Complete and Send

1. BCCTP Eligibility, Release & Consent Form (DOH 345-214 Feb 2018)
Required for all clients. Available in various languages. Check the website for language options.
2. BCCHP Program Consent (DOH 342-015 Jan 2018)
Required for all clients not enrolled in BCCHP.
3. BCCHP Text Message Opt-In & Consent Form.
Optional.
4. Breast Cancer Treatment Program Tracking Form (DOH 140-174 Jan 2018) or Cervical Cancer Treatment Program Tracking Form (DOH 140-174 Jan 2018)
Required for lawful permanent residents in US ≤ 5 years and noncitizens.

Citizenship or Immigration Status	Forms needed See numbered list above	Identity/Residency Documentation See the following listing of acceptable documents
US Citizens	#1 #2 & #3	Proof of Identity Document
US Citizens born in another country	#1 #2 & #3	US Citizen Document
Lawful Permanent Resident, in US > 5 years	#1 #2 & #3	Permanent Residence Card showing date of entry
Lawful Permanent Resident, in US < 5 years	#1 #2 #3 & #4	Permanent Residence Card showing date of entry
Noncitizens	#1 #2 #3 & #4	Proof of Identity Document

Proof of Identity and Residency Documentation

Provide a **legible** copy, i.e. **lighten and enlarge small documents** like driver's license or permanent residence card before copying

Identity Documents

- State driver's license
- State ID card
- Tribal document
- Military ID card

Proof of BOTH Identity & US Citizenship Documents

- US Passport/US Passport Card
- Certificate of Naturalization
- Certificate of US citizenship
- Tribal membership card with photo

US Citizenship Documents

- US Passport
- US Passport card
- Certificate of Naturalization
- Certificate of US citizenship
- Tribal membership card with photo
- Certified birth certificate
- Final US adoption decree
- US citizenship ID card
- Client has none of the above? Complete DSHS form 13-789

Immigration Documents

- Permanent Resident Card (Green Card)
"resident since" date must be legible