

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

**Questions:** Contact Case Manager at 206-263-8309 or Data Manager at 206-263-8176 For a client with diagnosis of breast or cervical cancer:

1. Call case manager 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  $\geq 5$  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  $\leq 5$  years and noncitizens.

<b>Citizenship or Immigration Status</b>	<b>Forms needed</b> See numbered list above	<b>Identity/Residency Documentation</b> See the following listing of acceptable documents
US Citizens	#1 #2 & #3	Proof of Identity Document
US Citizens <b>born in another country</b>	#1 #2 & #3	US Citizen Document
Lawful Permanent Resident, in US $\geq 5$ 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**