

Virginia Department of Social Services
Medicaid Fact Sheet #33
BREAST AND CERVICAL CANCER
PREVENTION AND TREATMENT ACT (BCCPTA)

The following information is given as a guideline only. For Medicaid eligibility to be determined, a BCCPTA Medicaid Application/Redetermination form must be filed with the local department of social services for the area in which you live.

Medical Assistance coverage may be available to you if you are a *man* or woman age 18 through 64, who have been screened by a medical provider operating under the Center for Disease Control and Prevention's Breast and Cervical Cancer Early Detection Program (BCCEDP) and have been certified as needing treatment for breast and cervical cancer, including pre-cancerous conditions. For more information about the BCCEDP, including a list of participating medical providers and how to obtain a screening, please contact the Virginia Department of Health's Every Woman's Life Program at 1-866-395-4968. You may also find more information on their Web Site at <http://www.vdh.virginia.gov/livewell/programs/ewl/>.

If a Breast and Cervical Cancer Early Detection Program (BCCEDP) medical provider determines that you need treatment for breast or cervical cancer, the provider will give you a Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) Medical Assistance Application/ Redetermination form with the certification portion completed. You are required to complete the rest of the form and take or mail it to your local department of social services office. A face-to-face interview is not required.

To be eligible for Medicaid coverage under the BCCPTA covered group, you must:

- Not be eligible for Medical Assistance under another covered group. For example, if you are under age 19, pregnant, or disabled, you may be eligible for Medical Assistance in another covered group and will not be eligible for Medical Assistance coverage under the BCCPTA covered group. The eligibility worker who processes your application will determine if there are other covered groups to which you may belong.
- Not have creditable health insurance coverage for the treatment of breast or cervical cancer. Creditable health insurance includes group health plans, Medicare, and armed forces insurance. Policies that cover only specific medical conditions are not considered creditable.
- Be a resident of Virginia.
- Be a citizen or an alien eligible for full Medicaid benefits. If you are a citizen, you must provide verification of your citizenship and your identity. If you are not a citizen, your alien status must be verified.
- Have a Social Security Number or show proof of application for a Social Security Number.
- Assign all rights to medical support and payment of medical care from any insurance company or other person to the Department of Medical Assistance Services (DMAS). This includes providing identifying information when you have received money from a third party, such as a structured settlement resulting from a lawsuit, and sending DMAS any funds received for medical care that was already paid for by Medicaid.

If you have questions about Medicaid eligibility or need assistance with completing your application, please contact an eligibility worker at your local department of social services office.

MEDICAID FACT SHEET #33 BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT (BCCPTA)

FORM NUMBER - 032-03-0645-04 (05/16)

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding coverage for women in the BCCPTA covered group.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.