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Director

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

April 12, 2017

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 17-11  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
STATEWIDE AUTOMATED WELFARE SYSTEMS

SUBJECT: Overview of the State-Funded Breast and Cervical Cancer Treatment Program & Policy Changes Effective January 1, 2017  
(Ref. All County Welfare Directors Letters Nos. 06-09, 06-25, 09-42, 11-29, 14-39)

The purpose of this letter is to provide counties with an overview of the state-funded Breast and Cervical Cancer Treatment Program (BCCTP) that went into effect January 1, 2002, and to introduce new policy changes to the state-funded BCCTP that took effect January 1, 2017. Assembly Bill (AB) 1795 (Chapter 608, Statutes of 2016) grants an additional 18-month or 24-month period of coverage with a recurring breast or cervical cancer diagnosis, regardless of cancer location, to state-funded BCCTP recipients, if their original period of coverage has expired. Individuals with a recurrence must still meet all applicable eligibility requirements to receive an additional period of coverage.

### **Background**

AB 430 (Chapter 171, Statutes of 2001) provided the state with statutory authority to implement the optional federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. This federal Medicaid option allows states to provide full-scope, no share of cost (SOC) Medicaid benefits to uninsured individuals who are under age 65, are citizens or immigrants who have satisfactory immigration status (SIS), and are found to be in need of treatment for breast and/or cervical cancer.

Recognizing the need in California for breast and cervical cancer treatment coverage beyond the limitations of the federal law, AB 430 also established a corresponding state-funded BCCTP program. This state-funded program covers breast and/or cervical

cancer patients needing treatment who have been determined ineligible for the federal BCCTP, such as:

- Women age 65 and over, regardless of immigration status
- Women under 65 without SIS
- Men (breast cancer only) of any age or immigration status

The State-funded BCCTP also covers individuals who are uninsured or underinsured:

*Uninsured*

- Individuals who do not have full scope Medi-Cal, Medicare, or other health insurance.

*Underinsured*

- Individuals who have existing comprehensive health insurance coverage (i.e., Medicare or private health insurance) that is inaccessible due to high premium, deductible and/or copayment costs (defined in Health and Safety Code Section (104161)(g)(1) as costs exceeding \$750 in the twelve-month period in which the breast and/or cervical cancer treatment is needed).
- Individuals with SOC Medi-Cal and/or Covered California/Advanced Premium Tax Credit.

The state-funded BCCTP covers breast and/or cervical cancer treatment and related services only. Under previous law, the period of coverage was limited up to 18-months for breast cancer and up to 24-months for cervical cancer. An individual who had completed a period of coverage of state-funded BCCTP and had a reoccurrence of either breast or cervical cancer would not qualify for a new period of coverage unless that individual had a new qualifying diagnosis that had to be approved by a Department of Health Care Services (DHCS) Medical Consultant.

Although the state-funded component of BCCTP is not a Medi-Cal program, the authorizing State legislation provided the authority for DHCS to utilize the Medi-Cal program's existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary, in administering this component.

New policy changes under AB 1795 provide that an individual diagnosed with recurring breast or cervical cancer will be granted an additional period of treatment coverage if their original period of coverage has expired and the individual has submitted a Physician Certification Statement (PSC) confirming a recurrence of breast/cervical cancer. The recurring breast or cervical cancer may be in the original cancer site or a different cancer site.

The individual must also continue to meet all applicable eligibility requirements to receive an additional period of treatment coverage.

### **Aid Codes Affected by New Policy Changes**

The various eligibility categories under the state-funded program are represented in the Medi-Cal Eligibility Data System by three aid codes that are unique to BCCTP. These are ØR, ØT, and ØU.

#### **ØR State-Funded, High-Cost Other Health Coverage - Coverage Limited to Cancer Treatment and Related Services Only**

Provides payment of premiums, copayments, deductibles, as well as coverage for breast and/or cervical cancer treatment and related services that are not covered by insurance, for males and females, regardless of age or immigration status, whose insurance costs are determined by the Eligibility Specialist (ES) to exceed \$750 in the prospective 12-month period. Eligibility is determined from the month of application. If the insurance costs during this 12-month period are determined by the ES to be \$750 or less, the individual is not eligible for state-funded BCCTP coverage.

Individuals must have been screened by an authorized screening provider for breast cancer or a qualifying precancerous condition and/or cervical cancer or a qualifying precancerous condition, monthly gross family income does not exceed 200% of Federal Poverty Level (FPL), and have been found to be in need of treatment. These individuals may receive subsequent periods of eligibility if determined to have recurring breast/cervical cancer and continue to meet all eligibility criteria.

The period of eligibility for aid code ØR is:

- 18 months for breast cancer

- 24 months for cervical cancer

**ØT** Other State-Funded - Coverage Limited to Breast/Cervical Cancer Treatment and Breast/Cervical Cancer Related Services Only

Provides coverage limited to breast and/or cervical cancer treatment and related services for females 65 years or older, regardless of immigration status, who do not have health insurance coverage, and who have been screened and diagnosed with breast and/or cervical cancer, or a qualifying precancerous condition, by a Centers for Disease Control and Prevention (CDC)-approved provider. Also provides coverage limited to breast cancer treatment and related services for males who a CDC-approved provider has screened and diagnosed with breast cancer; who are of any age or immigration status. The monthly gross income for these individuals does not exceed 200% of FPL, and they do not have health insurance. These individuals may receive subsequent periods of eligibility if determined to have recurring breast/cervical cancer and continue to meet all eligibility criteria. Aid code ØT does not provide minimum essential coverage (MEC).

The period of eligibility for aid code ØT is:

- 18 months for breast cancer
- 24 months for cervical cancer

**ØU** Federal/State-funded – Emergency, and Pregnancy Related Medi-Cal Services and State-funded Breast/Cervical Cancer Treatment and Related Services for Women without SIS.

Provides emergency and pregnancy related services, for females only, who are less than 65 years of age, do not have SIS, have been screened by an authorized screening provider for breast and/or cervical cancer or a qualifying precancerous condition, and are found to be in need of treatment. These women may receive subsequent periods of eligibility if determined to have recurring breast/cervical cancer. Must continue to meet all eligibility criteria: under 65 years old, female, monthly gross income does not exceed 200% FPL, unsatisfactory immigration status, and without health insurance. This aid code does not cover women with health insurance. These women are eligible for the following:

- Medi-Cal emergency services
- State-funded breast cancer treatment and related services and/or cervical cancer treatment and related services.
- Pregnancy or postpartum and long-term care Medi-Cal services.

The period of eligibility for aid code ØU is:

- 18 months for breast cancer
- 24 months for cervical cancer

### **Period of Eligibility**

Existing State law allows state-funded BCCTP to grant a period of up to 18-months for breast cancer and up to 24-months for cervical cancer.

Prior to January 1, 2017, an individual who had a previous period of state-funded BCCTP eligibility could only qualify for new period of state-funded BCCTP eligibility if they had a new qualifying diagnosis and the DHCS Medical Consultant approved the individual for re-enrollment. A reoccurrence was not considered a new qualifying diagnosis.

Effective January 1, 2017, AB 1795 grants an additional 18-month or 24-month period of coverage to individuals diagnosed with recurring breast or cervical cancer, respectively, whether at the original location or a different location as long as the individual continues to meet all other eligibility criteria. An individual may be eligible for an additional period of coverage once the current period expires. If the individual's period of coverage previously expired, and there is a break in BCCTP coverage, an individual may still be eligible for a new period of coverage. The individual must meet all acceptable eligibility requirements in order to receive a new period of coverage.

For information on BCCTP please check the following websites:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx>

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC372.pdf>

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If you have any questions, or if we can provide further information, please contact Ms. Brandy Lewis, AGPA, BCCTP, at (916) 322-4431 or by email at [brandy.lewis@dhcs.ca.gov](mailto:brandy.lewis@dhcs.ca.gov).

Sincerely,

Originally Signed by,

Sandra Williams, Chief  
Medi-Cal Eligibility Division