Arizona Breast and Cervical Cancer Treatment Program

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Breast & Cervical Cancer Program (BCCTP)

In Arizona, uninsured women diagnosed with breast or cervical cancer on or after August 2, 2012, may be able to receive comprehensive treatment through the BCCTP provided by the Arizona Health Care Cost Containment System (AHCCCS). This is due to a recent change in Arizona law (ARS §36.2901.05). Prior to this change, only women that were screened and diagnosed through the Well Woman HealthCheck Program (WWHP) qualified for the BCCTP. The new law allows for all uninsured women that meet the qualifications for the WWHP, but were not diagnosed through it, to enroll in the BCCTP.

In order to qualify, women must be diagnosed with breast cancer, cervical cancer, or precancerous cervical lesions (CIN II or III). They must be under the age of 65 and a U.S. citizen or a five-year legal permanent resident. They must also be uninsured, have a household gross income at or below 250% of the Federal Poverty Level, and must not otherwise be eligible for AHCCCS.

Through the BCCTP, AHCCCS coverage is provided to all women who are found to have breast or cervical cancer, regardless of where they were screened.
Well Woman HealthCheck Program

The Well Woman HealthCheck Program (WWHP) was established in 1993 as part of the National Breast and Cervical Cancer Early Detection Program administered by the Centers for Disease Control and Prevention. In Arizona, the WWHP is part of the Bureau of Tobacco and Chronic Disease at the Arizona Department of Health Services (ADHS).

The WWHP helps low-income, uninsured, and underinsured* women gain access to breast and cervical cancer screening and diagnostic services, including: clinical breast exams, mammograms, pap tests, and pelvic exams. Diagnostic testing such as ultrasounds, biopsies, and other tests are also available, if screening results are abnormal. Referrals for treatment are made as necessary. The program began screening women for breast and cervical cancer in 1995 and has provided more than 103,701 mammograms and 81,971 Pap tests. The program has served more than 54,000 women and helped to diagnose 1,350 breast cancer cases, 49 invasive cervical cancer cases, and 539 cases of precancerous cervical lesions since the start of the program through the end of June 2016.

Underinsured is defined as:

- Having health insurance that does not cover cancer screening or diagnostic services.
- Being a Medicare beneficiary and not having Part B.
- Having health insurance that does not provide coverage for breast or cervical cancer screening.
- Having health insurance with an annual deductible or co-payment that is high enough to prevent you from obtaining cancer screening services (high deductible as determined by the WWHP).

*Note: Although underinsured women are eligible for the WWHP, they may not be eligible for the Breast and Cervical Cancer Treatment Program. Please contact the WWHP at ADHS with any questions regarding an underserved patient.

For more information on the WWHP, visit wellwomanhealthcheck.org.
Eligibility & Application Process

INCOME ELIGIBILITY

Uninsured women in Arizona diagnosed with breast or cervical cancer are eligible for the BCCTP if their household gross income is at or below 250% of the Federal Poverty Level.

Federal Poverty Level Guidelines 2018
(Effective January 2018)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income (250% FPL)</th>
<th>Monthly Income (250% FPL)</th>
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<tbody>
<tr>
<td>1</td>
<td>$30,350</td>
<td>$2,529</td>
</tr>
<tr>
<td>2</td>
<td>$41,600</td>
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</tr>
<tr>
<td>8</td>
<td>$105,950</td>
<td>$8,829</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $4,320 for each additional person.

APPLICATION STEPS

1) An uninsured woman diagnosed with breast or cervical cancer will work with her healthcare provider to compile a completed application packet (see packet requirements on page 4).

2) Submit the completed application packet to the WWHP via fax, mail, or in-person (see page 5).

Please Note: Complete application packets are required. Incomplete packets will not be submitted to the BCCTP. Submitting incomplete packets causes delays and lengthens the time between diagnosis and treatment. Prompt treatment initiation supports the best outcome.

3) WWHP reviews the BCCTP application packet for eligibility and completeness. WWHP maintains a 24-hour turn-around time for completed BCCTP applications. Complete applications are promptly faxed to the BCCTP unit at AHCCCS for processing.

4) AHCCCS processes the completed application within 7-10 business days of receipt. Please contact AHCCCS at (602) 417-5083 for questions or concerns regarding processing time.

5) Once approved, treatment can begin through the BCCTP.

Please note that the information collected through the application packets is collected by the WWHP annually and reported to the Arizona Cancer Registry to augment statewide cancer data collection efforts.
Application Checklist

☐ BC-100, BCCTP Referral Form

☐ AHCCCCS Application
  • Confirm all pages are completed and last page is signed and dated

☐ Proof of U.S. Citizenship
  • Copy of Certified U.S. Birth Certificate OR U.S. Passport (current) OR Legal Permanent Resident (LPR) card (must be a LPR for at least five years), copy of front and back

☐ Laboratory Pathology Report
  • Invasive Cervical Cancer, CIN 2, or CIN 3
  • Breast Cancer, DCIS, Infiltrating, Invasive

☐ Patient Contact/Consent Form

☐ Proof of Income
  • Copy of check stubs or other statements of income showing gross income amount for at least one full month*

  *Note: If your patient is applying mid-month for the BCCTP, please provide proof of income for the entire month prior and any income obtained at the beginning of the month in which they are applying. Patients indicating on page 1 of the AHCCCCS application that they need help paying for medical bills from the last three months, will also need to provide proof of income for those three months.

☐ Proof of Arizona Residency
  • Copy of driver’s license or utility bill

☐ Social Security Card (copy)

☐ Picture ID
  • Copy of driver’s license or other government issued ID with photo
Application Submission & Forms

The completed BCCTP application packet must be submitted to the Well Woman HealthCheck Program via either:

- **Fax**: (602) 542-7520  **OR**
- **Mail/In-Person**: 150 N. 18th Ave. Suite 310 Phoenix, AZ 85007

*Faxing the application will allow for faster processing. If your patient does not have access to a fax machine, please fax the application for her.*

**After Submission:**
Your patient can contact AHCCCS at **(602) 417-5083** for any questions she may have regarding her application.

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**BCCTP FORMS**

Please print out the BCCTP forms for your patient if she does not have access to a computer and/or printer. She may also need assistance faxing the completed BCCTP Application Packet to the Well Woman HealthCheck Program at **(602) 542-7520**.

**BC-100, BCCTP Referral Form:**
[azhealth.gov/bc-100](azhealth.gov/bc-100)

**AHCCCS Insurance Application:**
- English: [https://www.azahcccs.gov/Members/Downloads/DE-103.pdf](https://www.azahcccs.gov/Members/Downloads/DE-103.pdf)
- Spanish: [https://www.azahcccs.gov/Members/Downloads/DE-103sp.pdf](https://www.azahcccs.gov/Members/Downloads/DE-103sp.pdf)

**Patient Contact and Consent Form:**
[azhealth.gov/bcctp-patient-consent-form](azhealth.gov/bcctp-patient-consent-form)

*Additional enrollment packets can be downloaded from the WWHP site: [azhealth.gov/bcctp-provider-packet](azhealth.gov/bcctp-provider-packet)*
Arizona Breast and Cervical Cancer Treatment Program
150 N. 18th Ave. Suite 310 Phoenix, AZ 85007
azhealth.gov/bcctp