

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. To determine Medicaid eligibility, a BCCPTA Medicaid Application/Redetermination form must be filed with the local department of social services for the area in which you live.

Medicaid coverage may be available to women age 40-64 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 and have been certified as needing treatment for breast and cervical cancer, including pre-cancerous conditions. Coverage for these women is under the BCCPTA covered group.

If a Breast and Cervical Cancer Early Detection Program medical provider determines that you need treatment for breast or cervical cancer, the provider will give you a BCCPTA Medicaid Application/Redetermination form with the certification portion completed. You must 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 Medicaid under another covered group.
- 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. A statement of Virginia residence will be accepted unless there is reason to question the residence.
- be a citizen or an alien eligible for full Medicaid benefits. If citizenship is questionable, it must be proved. 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.

If you have questions about the Breast and Cervical Cancer Early Detection Program and how to obtain a screening, please call toll-free 1-800-ACS-2345. 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 - 032-03-645

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.