

Do you know a woman with breast or cervical cancer who is uninsured or insured in Commonwealth Care?

She may be eligible for more affordable and comprehensive coverage in MassHealth Standard

**Who is eligible for the MassHealth Breast & Cervical Cancer Treatment Program (BCCTP)?**

- Women age 21- 64 with breast or cervical cancer or a precancerous condition who are in need of treatment, and
- uninsured or underinsured for cancer treatment or insured by Commonwealth Care or MassHealth Family Assistance, Basic or Essential
- with gross family income below 250% of the federal poverty level (\$26,016 per year for 1-person in 2008), and
- Massachusetts residents who are US citizens or “qualified” non-citizens, and
- not otherwise eligible for MassHealth Standard.

**How does someone apply for MassHealth BCCTP?**

Applications are made through a case manager with a health clinic or other agency under contract with the Department of Public Health’s Women’s Health Network (WHN). To locate a participating case manager, call the Women’s Health Network at 877-414-4447.

If the patient was not originally diagnosed by a WHN-contracted clinic, the case manager will send her clinician a 1-page form to confirm the diagnosis, need for treatment, and expected length of treatment. The case manager will also obtain a 2-page application form. Once the forms are completed, they are sent to the Office of Medicaid for an eligibility determination. In some cases a full Medical Benefit Request form is also required.

**What happens after an application for MassHealth BCCTP is approved?**

The Office of Medicaid will mail a letter to the applicant informing her that she is eligible for MassHealth Standard and the date that her coverage begins. The notice will also say whether or not she will be charged a premium. If she was previously on Commonwealth Care, the notice will tell her that her Commonwealth Care will end.

An eligible woman can begin getting services through MassHealth on the date coverage begins. She will also be sent information about picking a primary care clinician under the PCC Plan. If she does not choose a clinician on her own, the Office of Medicaid will assign a clinician for her, but she will be able to change the assignment later if she chooses. Mental health and substance abuse services will be provided through the MassHealth Behavioral Health Partnership.

**If a woman has Commonwealth Care, why should she apply for MassHealth BCCTP?**

MassHealth BCCTP is more affordable than Commonwealth Care. For women with gross family income over 100% of the poverty level (\$10,404 for 1-person in 2008), copayments are far fewer & much lower in MassHealth than Commonwealth Care. For women with gross family income over 150% of poverty, premiums are also lower in MassHealth.

MassHealth Standard covers more benefits than Commonwealth Care (and more than other types of MassHealth like Family Assistance, Basic or Essential). MassHealth Standard covers basic dental care for all eligible adults, Commonwealth Care only covers dental for those with income under the poverty level. Also, women enrolled in MassHealth BCCTP can see any provider who participates in the Massachusetts Medicaid program. In Commonwealth Care, enrollees are limited to the providers who are in the network of their managed care organization.

**How long will MassHealth BCCTP coverage continue?**

Coverage continues only so long as a woman is receiving treatment for her cancer. When her treatment ends the Office of Medicaid will send out an eligibility review form to see if she may be eligible under some other category of MassHealth or under Commonwealth Care. It will also review for other eligibility factors at least annually.

**Is there help for uninsured women who want to be screened for possible breast or cervical cancer?**

Yes. Call the Women's Health Network for more information about free screening services. 877-414-4447.