



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



EDMUND G. BROWN JR.
Governor

BREAST AND CERVICAL CANCER TREATMENT PROGRAM
Informational Notice

Notice Date:
Case Tracking No.:
Elig.Specialist (ES):
ES Telephone:
ES Fax Telephone:
ES Work Hours:
Notice for:

The Breast and Cervical Cancer Treatment Program (BCCTP) provides no-cost Medi-Cal benefits for women who are California residents, under age 65, citizens/nationals of the United States or have satisfactory immigration status, and have been diagnosed with, and are in need of treatment for, breast and/or cervical cancer, but do not have adequate health care coverage. You have been getting Medi-Cal benefits under BCCTP at no cost to you.

BCCTP has determined that

_____ You have adequate health coverage (can include Medicare).

_____ You are 65 years of age as of ____.

_____ You no longer need treatment for breast and/or cervical cancer.

Due to the above reason you are no longer eligible for Medi-Cal through BCCTP; however, Medi-Cal rules require that a redetermination of your eligibility under other Medi-Cal programs be made before we can change or stop your Medi-Cal benefits. While your eligibility for another Medi-Cal program is being determined by the county, **you will continue to get the same Medi-Cal benefits through the BCCTP.**

The county social services office in your county of residence, _____, will see if you are eligible for another Medi-Cal program. Because other Medi-Cal programs have different eligibility rules from BCCTP, the county will ask you for information on your income, family size and any resource or property that you may have. BCCTP is also sending a copy of your file to the county to help with the review process. The county will make a separate determination based on the information you provide to them and notify you in writing of your eligibility or ineligibility for another Medi-Cal Program.

If you have any questions regarding your eligibility for Medi-Cal, please contact your county social services agency at _____ for more information.

You will also receive an official discontinuance Notice of Action (NOA) from BCCTP when the county completes their determination. If the county finds you are not eligible for another Medi-Cal program, or if you are eligible for another Medi-Cal program with a share of cost and you have not previously been in the state-funded BCCTP, BCCTP will review your case to see if you are eligible for the state-funded BCCTP. The state-funded BCCTP provides breast and cervical cancer treatment and related services only for 18 months for breast cancer and/or 24 months for cervical cancer.

If you have questions about this notice, please contact your BCCTP worker within 15 working days.

Do not throw your plastic Benefits Identification Card (BIC) away. You still need your BIC to get health care services for as long as you are eligible for Medi-Cal. Always show your BIC to your medical provider whenever you need care.

The statutes that require this action are Sections 14007.71 and 14019 of the Welfare and Institutions Code.



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



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BREAST AND CERVICAL CANCER TREATMENT PROGRAM
Discontinuance of Medi-Cal benefits

Notice Date:
Case Tracking No.:
Elig.Specialist (ES):
ES Telephone:
ES Fax Telephone:
ES Work Hours:
Notice for:

Effective _____, your Medi-Cal coverage under the Breast and Cervical Cancer Treatment Program (BCCTP) will be discontinued.

The reason for the discontinuance is:

_____ You have adequate health coverage (can include Medicare).

_____ You are 65 years of age as of ____.

_____ You no longer need treatment for breast and/or cervical cancer.

Medi-Cal rules require that, before your coverage is stopped, a determination must be made under all other Medi-Cal programs. We forwarded a copy of your BCCTP case record to your local county Medi-Cal office for a Medi-Cal eligibility determination. BCCTP continued to give you Medi-Cal coverage while the county made an eligibility determination. The county has completed the eligibility review and informed you of the outcome of their Medi-Cal review. If you have any questions regarding the county's Medi-Cal eligibility determination, please contact your county social services agency for more information.

If you are determined ineligible for another Medi-Cal program, or if you are eligible for another Medi-Cal program with a share of cost and you have not previously been in the state-funded BCCTP, your case will be reviewed by BCCTP to see if you are eligible for the state-funded BCCTP. The state-funded BCCTP provides breast and cervical cancer treatment and related services only for 18 months for breast cancer and/or 24 months for cervical cancer. You will receive a separate notice regarding your state-funded BCCTP eligibility.

If you have questions about this notice, please contact your BCCTP worker within 15 working days.

Do not throw your plastic Benefits Identification Card (BIC) away. You still need your BIC to get health care services for as long as you are eligible for Medi-Cal. Always show your BIC to your medical provider whenever you need care.

Please see the enclosed important information about your hearing rights.

The statutes that require this action are Sections 14005.37 and 14007.71 of the Welfare and Institutions Code.