

## 2 Program Eligibility

1. **Female:** for breast, cervical and colon cancer screening.  
**Male:** for colon cancer screening only.
2. **Age:**
  - Ages 40 through 64 for breast and cervical screening.
  - Ages 50 through 64 for colon screening.
  - Ages 65 and over may be enrolled for all screenings if they are not eligible for Medicare.
3. **Income:** At or below 250% federal poverty level (FPL).
  - Current FPL table on page 6.
  - Mammography available for clients at or below 300% of FPL, see page 9.
4. **Insurance status:** Must have no insurance or limited insurance.
  - Does not have Medicare Part B
  - Does not have Basic Health nor Medical Coupons (Medicaid)
  - Has limited insurance (catastrophic) and BCCHP services are not covered
  - Has insurance with a high deductible (\$500 or more). The clinic is responsible for checking with the insurance plan regarding coverage and whether the deductible has been met prior to enrollment.
    - When the deductible has been met, insurance should be used.
    - When the deductible was partially met, bill both BCCHP and the insurance.
    - Submit EOB (Explanation of Benefits) to BCCHP when it is available.

### **Special situations:**

1. **Clients ages 35 through 39 with breast symptom(s):** Clinical breast exam (CBE) will be covered by BCCHP
  - Suspicious finding: office visit and further diagnostics will be covered.
  - Normal finding: office visit only will be covered. Further diagnostics will not be covered by BCCHP.
2. **Clients under age 50** may enroll for colon cancer screening only if they have a family history of a first degree relative (parent, sibling, or child) who was diagnosed before the age of 60 with either colon cancer or pre-cancerous polyps.
3. **Transgender clients:**
  - Record gender as the client self-reports
  - Services are covered based on medical indications and healthcare provider recommendations.

## 2.1. Income Eligibility Guidelines

### Breast, Cervical and Colon Health Program (BCCHP)

Clallam • Jefferson • King • Kitsap Counties

**July 1, 2009 to June 30, 2010**

Household income must be at or below 250% (as shown in table below) of the Federal Poverty Level

Family Size	Monthly Income	Annual Income
1	\$2,256	\$27,075
2	\$3,035	\$36,425
3	\$3,815	\$45,775
4	\$4,594	\$55,125
5	\$5,373	\$64,475
6	\$6,152	\$73,825
7	\$6,931	\$83,175
8	\$7,710	\$92,525

For family size greater than eight (8), add \$779 (monthly) or \$9,350 (annual) for each additional member.



### Komen for the Cure Breast Health Fund

**Effective July 1, 2009 to June 30, 2010**

Household income must be at or below 300% (as shown in table below) of the Federal Poverty Level

Family Size	Monthly Income	Annual Income
1	\$2,708	\$32,490
2	\$3,643	\$43,710
3	\$4,578	\$54,930
4	\$5,513	\$66,150
5	\$6,448	\$77,370
6	\$7,383	\$88,590
7	\$8,318	\$99,810
8	\$9,253	\$111,030

For family size greater than eight (8), add \$935 (monthly) or \$11,220 (annual) for each additional member.

## 2.2. Eligibility for Women Ages 35-39

### Women Served:

Women between the ages of 35 and 39 with a breast symptom or breast finding can be enrolled in BCCHP.

### Services:

A complete women's health exam, including Pap testing, is covered for these clients.

Only in the case of a provider-documented abnormal CBE finding "suspicious for cancer" (discrete mass, nipple discharge, and skin or nipple changes) will further breast work-up (diagnostic mammogram, ultrasound or surgical consult) be covered.

- The client will be eligible for BCCHP for one year unless her breast symptoms persist beyond one year.
- During this year the client is eligible for the full range of BCCHP screening and diagnostic services.
- The client would be eligible to apply for BCCTP Medicaid if diagnosed with breast or cervical cancer.

If the client's CBE is benign, no other breast services are provided.

Please note: Women under age 35 are not eligible for any BCCHP screening services, even if there is a family history of breast cancer.

## 2.3. Clients with a hysterectomy:

- Breast cancer screening (CBE and mammogram) and pelvic exam are covered.
- Diagnostic testing, if needed, is covered.
- Pap testing is covered for:
  - Women with an intact cervix from a supracervical hysterectomy
  - Women who had a hysterectomy due to cervical neoplasia (precursor to cervical cancer), invasive cervical cancer, or it was not possible to document the absence of neoplasia or reason for the hysterectomy

Pap testing is not covered for women who had a total hysterectomy (i.e. no cervix) for reasons other than cancer

## 2.4. Take Charge Family Planning Program

### **Background:**

Clients enrolled in the Take Charge Program for family planning services who are ages 40-64 and need mammography services may be enrolled in BCCHP. If the client is age 35 to 39, see page 7.

Breast or cervical diagnostics will be covered, if recommended.

### **Procedure:**

Complete the BCCHP enrollment and consent forms. Write "Take Charge" at the top of the enrollment form.

Record the Pap, pelvic and CBE results on the Exam and Reimbursement form. Do not mark a visit/billing code since the Take Charge program will pay for the women's health exam (office visit, pelvic, Pap and CBE).

Refer client for a mammogram as with other BCCHP clients.

- These clients are considered fully enrolled in BCCHP from the date of enrollment on the Health Exam form, even if the only service they receive at enrollment is a mammogram referral.
- Track Take Charge BCCHP clients in the same way as other BCCHP clients.
- Take Charge BCCHP clients are eligible to apply for BCCTP Medicaid if diagnosed with breast or cervical cancer while enrolled in BCCHP.

## 2.5. Komen Fund



### Background

The Puget Sound Affiliate of Susan G. Komen for the Cure provides funds for breast health services for women with incomes between 251% to 300% of the Federal Poverty Level (see page 6).

### Procedure

Complete BCCHP enrollment and consent forms. Write "Komen Only" at the top of the enrollment form.

- The Komen Program pays for mammograms and diagnostic services only.
- No clinical services are covered:
  - Office visits are not paid for.
  - No cervical services (Pap testing, cervical diagnostics) are covered.
- Clients enrolled in BCCHP through the Komen Program are eligible to apply for Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid if diagnosed with breast or cervical cancer.

