

Breast and Cervical Cancer Medicaid (BCCM)

Do you have patients who would benefit from Medicaid to pay for their breast and cervical cancer treatment?

Women must FIRST be eligible for N.C. BCCCP.

Eligibility includes:

- ◆ Women who are below 250% of the Federal Poverty Guidelines, are uninsured or under-insured, and are not covered by Medicare Part B or another federally-funded program.*
- ◆ Patients must be referred to the local N.C. BCCCP *prior to* diagnosis to be eligible for Breast and Cervical Cancer Medicaid.
- ◆ Additional eligibility criteria may apply for BCCM.

There are two ways you can enroll an eligible patient in N.C. BCCCP:

1. **PREFERRED METHOD:** Refer your patient to the local N.C. BCCCP for screening as soon as she presents with or without complaints.
2. With the consent of the local N.C. BCCCP provider, refer a patient who has an abnormal clinical breast exam, mammogram and/or cervical cancer screening test result to the local N.C. BCCCP for diagnostic testing *before* cancer is diagnosed.

Final diagnostic testing *must* be provided through N.C. BCCCP for the patient to be eligible for BCCM.



Physicians Be Aware: A patient referred by a non-BCCCP provider must be referred and enrolled in BCCCP prior to being diagnosed with breast or cervical cancer to be eligible for BCCM.

*Women with Be Smart family planning Medicaid may be eligible for some limited services through N.C. B.C.C.C.P.