



Breast and Cervical Cancer Program (BCCP) Eligibility Checklist FY12

Effective January 1, 2012

A breast and cervical cancer screening program for underserved populations in Oregon.

BCCP Eligibility Requirements Checklist (all criteria are self-declared):

- Oregon Resident (client lives or intends to live in Oregon)
- Household income level below 250% Federal Poverty Level (see attached table)
- Insurance Status eligible per the following criteria:
 1. Uninsured, or
 2. Underinsured
 - a. Insurance does not pay for preventive health exams, e.g. mammograms. Ask client to check policy for this.
 - b. Unmet deductible of \$500 or more. BCCP does not cover co-pays.
- Sex and Age eligible per the following criteria:
 1. Women
 - a. Age 40 and over – eligible for annual breast and cervical cancer screening, including CBE, Pap test, pelvic exam, mammogram, and covered diagnostic services as indicated.
 - b. Under age 40 – Must have symptoms of breast or cervical cancer to be enrolled. **Please contact BCCP for approval.**
 - i. Breast Symptoms:
 - A persistent suspicious mass demonstrated over 2 CBEs at least a menstrual cycle apart; OR
 - One or more of the following: spontaneous bloody/serous nipple discharge, nipple scaliness, skin dimpling or retraction, ulceration, inflammation of skin, and/or a mammogram or ultrasound that is “suspicious for malignancy.” Note: These symptoms do not require that 2 CBEs be done.
 - ii. Cervical Symptoms:
 - Abnormal clinical finding indicating a need for diagnostic testing per ASCCP guidelines (ex: abnormal Pap test). Note: Abnormal findings showing a need for regular Pap tests is not diagnostic.
 2. Men - All ages – Must have symptoms of breast cancer to be enrolled. **Please contact BCCP for approval.**

Breast and Cervical Cancer Treatment Program (BCCTP):

Only women can be enrolled in the BCCTP, which is a portal to OHP Plus for breast and/or cervical cancer treatment, including specific pre-cancerous conditions. Please visit www.healthoregon.org/bcc for details.

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Breast & Cervical Cancer Program (BCCP) Income Eligibility - 2011 Federal Poverty Guidelines

Size of Family Unit	Annual Income 250% FPL	Monthly Income 250% FPL
1	\$27,225	\$2,269
2	\$36,775	\$3,065
3	\$46,325	\$3,860
4	\$55,875	\$4,656
5	\$65,425	\$5,452
6	\$74,975	\$6,248
7	\$84,525	\$7,044
8	\$94,075	\$7,840

- (a) To determine Annual Federal Poverty Level for family units with more than eight members, add \$9,550 for each additional member.
- (b) To determine Monthly Federal Poverty Level for family units with more than eight members, add \$796 for each additional member.

For More Information:

Oregon Breast & Cervical Cancer Program
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Portland, OR 97232
Patient information line: 877-255-7070
Administrative office: 971-673-0581