

BCCHP ELIGIBILITY GUIDE

- **Live in Washington State**
- **Uninsured** (*do not qualify for Apple Health*) or **underinsured** (*high deductible and/or services not covered by insurance*)
- **Income program guidelines:**

Gross Monthly Household Income 250% FPL

<u>Household Size</u>	<u>Breast, Cervical, Colon</u>
1	\$2,683
2	\$3,629
3	\$4,575
4	\$5,521
Add for each additional	\$ 946

****Through a grant from Every Women Can, women may receive breast cancer services if they are over 40 and over the listed income level, OR under 40***

- **Sex**
 - Female (*for breast, cervical or colon screening*)
 - Male (*for colon screening*)
- **Age**
 - 19 – 39 if breast symptoms (limited funding – call for approval)
 - 19 – 39 *cervical*
 - 40 – 64 *breast and cervical*
 - 50** – 64 *for colon cancer screening*
 - ** *Patients under 50 with a personal or family history of colon cancer or polyp removal may be eligible for services.*
- **No symptoms or other G.I. conditions** (*for colon screening only*)

ENROLLMENT PROCESS

Have client call BCCHP to see if they are eligible for the program and what services they will be authorized for.

Or

Before Appointment

- Check to see if client meets criteria for any screening per *Eligibility Guide*. (*above*)
- Check to see if client qualifies for Apple Health (*if not, obtain print out showing denial*)
- Schedule an office visit appointment, preferably at least one week out.
- Complete the **ENROLLMENT FORM** and fax to BCCHP (*with Apple Health denial, if available*).

BCCHP will verify eligibility and fax form back to provider with authorization number and eligible services information.