State of California
Department of Health Care Services

Medi-Cal Provider Portal User Guide: Breast and Cervical Cancer Treatment Program (BCCTP)

Medi-Cal Management Information System

CA-MMIS V 1.1 May 2025

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Page updated: May 2025

Overview

The Breast and Cervical Treatment Program (BCCTP) provides urgently needed cancer treatment coverage to individuals diagnosed with breast and/or cervical cancer who have met the Centers for Disease Control and Prevention (CDC) screening criteria. Every Woman Counts (EWC) and Family Planning, Access, Care, and Treatment (Family PACT) screening providers are authorized to screen and enroll applicants into BCCTP. These providers enroll eligible applicants into BCCTP by using the Breast and Cervical Treatment Program (BCCTP) application in the Medi-Cal Provider Portal.

Objectives

The objective of this user guide is to provide step-by-step instructions for submitting presumptive eligibility requests in the Medi-Cal Provider Portal BCCTP application.

Tips and Troubleshooting

- Required fields are indicated by an asterisk (*). Fields without an asterisk are optional.
- Each session will have a 30-minute time-out if no action is taken. To ensure that progress isn’t lost, it is recommended that you review and complete the online application in a timely fashion.

Prepare to Submit a BCCTP Application

There are two documents that will help prepare a provider to submit a BCCTP presumptive eligibility request in the Medi-Cal Provider Portal Breast and Cervical Cancer Treatment Program (BCCTP) application:

- *Breast & Cervical Cancer Treatment Program (BCCTP) Application Information & Instructions for Providers*
- *Breast and Cervical Cancer Treatment Program Medi-Cal Application*

Both of these documents may be accessed from the **Resources** drawer in the BCCTP application. Refer to the “Access Provider Portal BCCTP Application” section of this user guide.

Breast & Cervical Cancer Treatment Program (BCCTP) Application Information & Instructions for Providers

The purpose of the *Breast & Cervical Cancer Treatment Program (BCCTP) Application Information & Instructions for Providers* document is to assist providers in determining if an individual is eligible to submit a BCCTP application.

Breast and Cervical Cancer Treatment Program Medi-Cal Application

The *Breast and Cervical Cancer Treatment Program Medi-Cal Application* document must be printed and completed with an applicant to determine if the individual is eligible for Medi-Cal under BCCTP rules. The document must be signed by the applicant and submitted to DHCS one of the following ways:

- Email to BCCTP@dhcs.ca.gov
- Fax to 916-440-5693
- Mail to:

  Department of Health Care Services
  Breast and Cervical Cancer Treatment Program
  MS 4611
  P.O. Box 997417
  Sacramento, CA 95899-7417

Access Provider Portal BCCTP Application

1. Navigate to the Medi-Cal Providers website and click **Login to Provider Portal**.

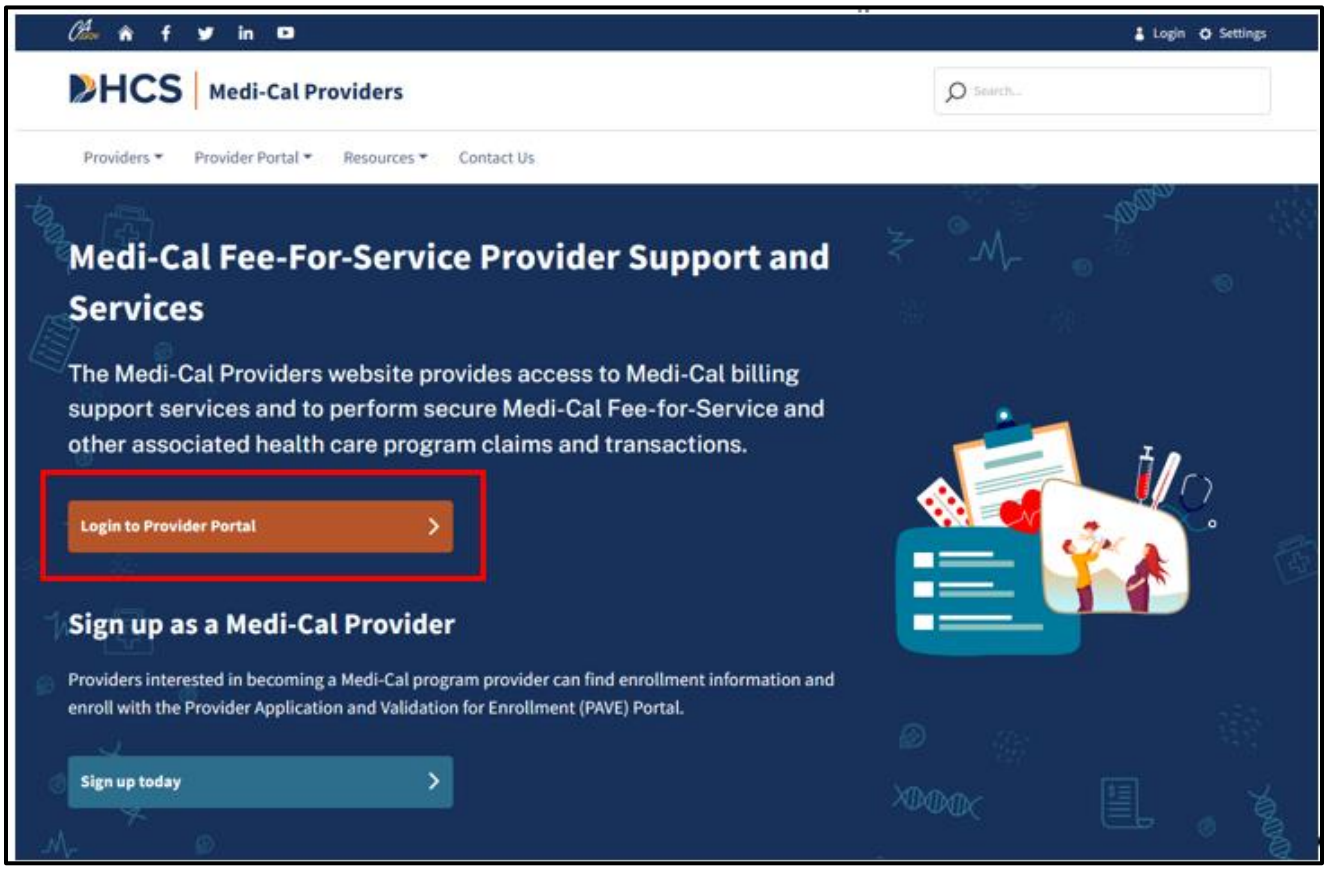

Figure 1.1: Provider Portal Link.

2. On the Dashboard Transaction Center tile, click **Get Started**.

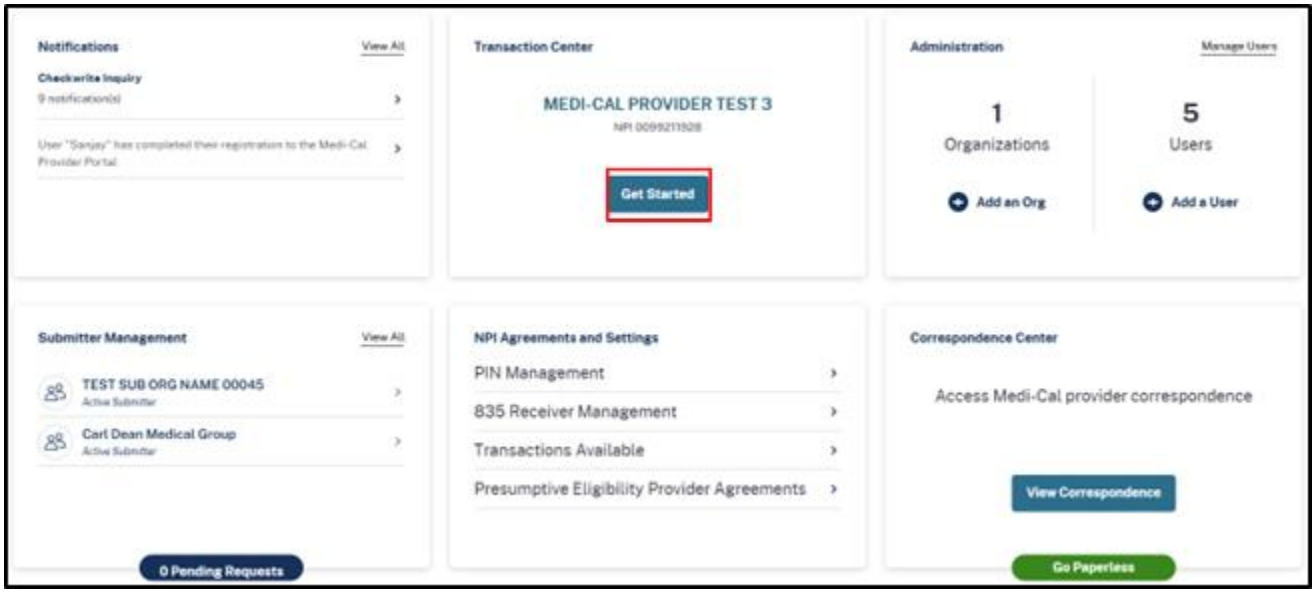

Figure 1.2: Get Started.

3. In the Enrollment section, click **Breast and Cervical Cancer Treatment Program**.

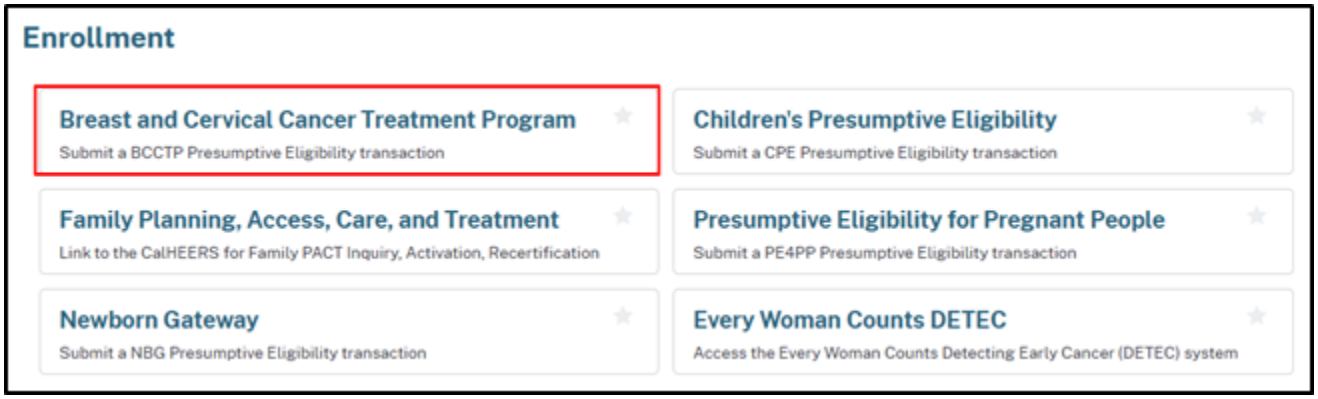

Figure 1.3: Breast and Cervical Cancer Treatment Program Link.

4. Click the **Resources** drawer.

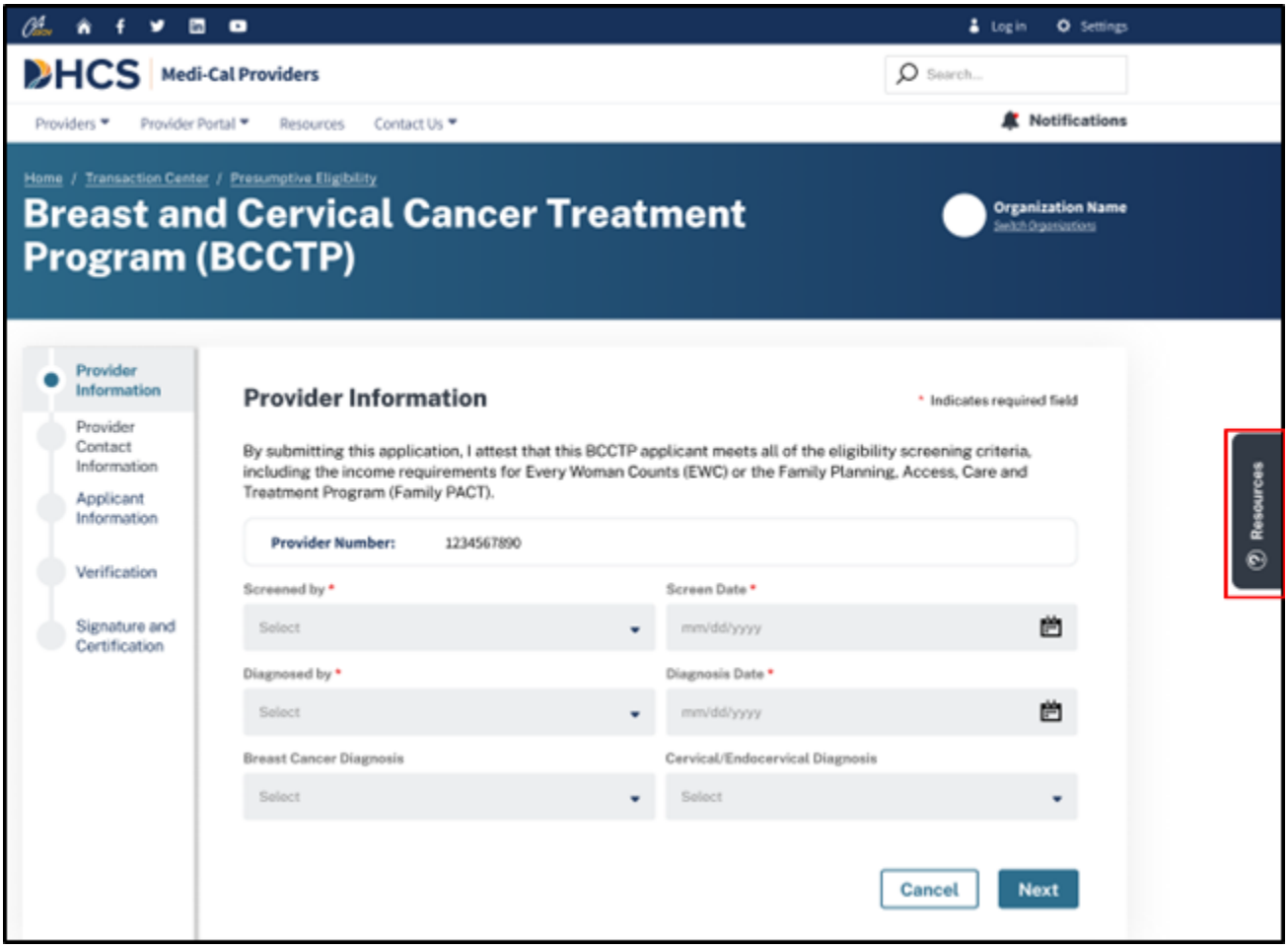

Figure 1.4: Resources Drawer.

5. Click Downloads.

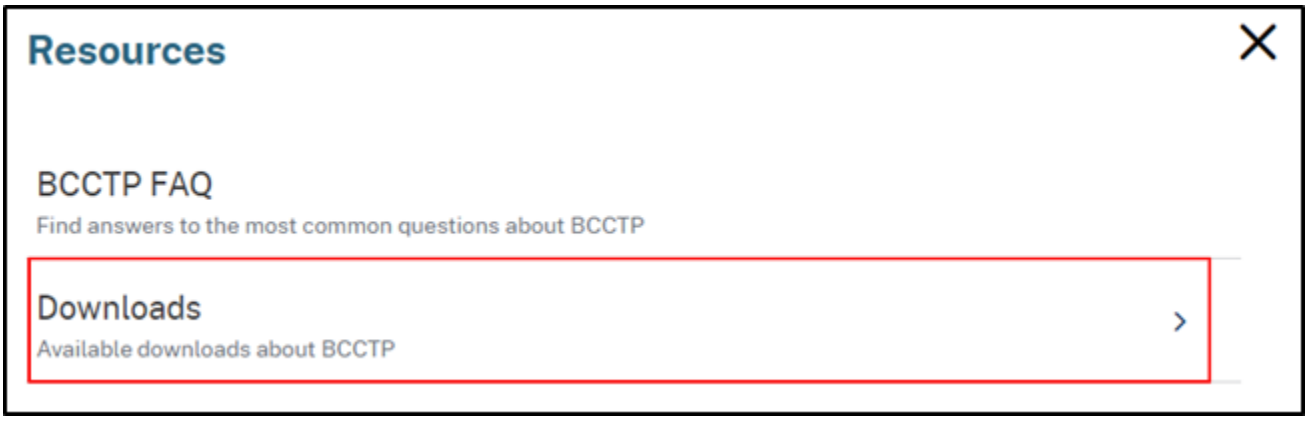

Figure 1.5: Downloads Link.

6. Click **BCCTP Application** in English or Spanish to download, print and complete the application with a patient. The application is available in other threshold languages on the Medi-Cal Providers website.

Figure 1.6: Download Application.

Submit BCCTP Application

After collecting the applicant's information and signature from the *Breast and Cervical Cancer Treatment Program Medi-Cal Application*, enter the information in the Provider Portal BCCTP application.

1. In the Provider Portal BCCTP application, complete the **Provider Information** page and click **Next**.

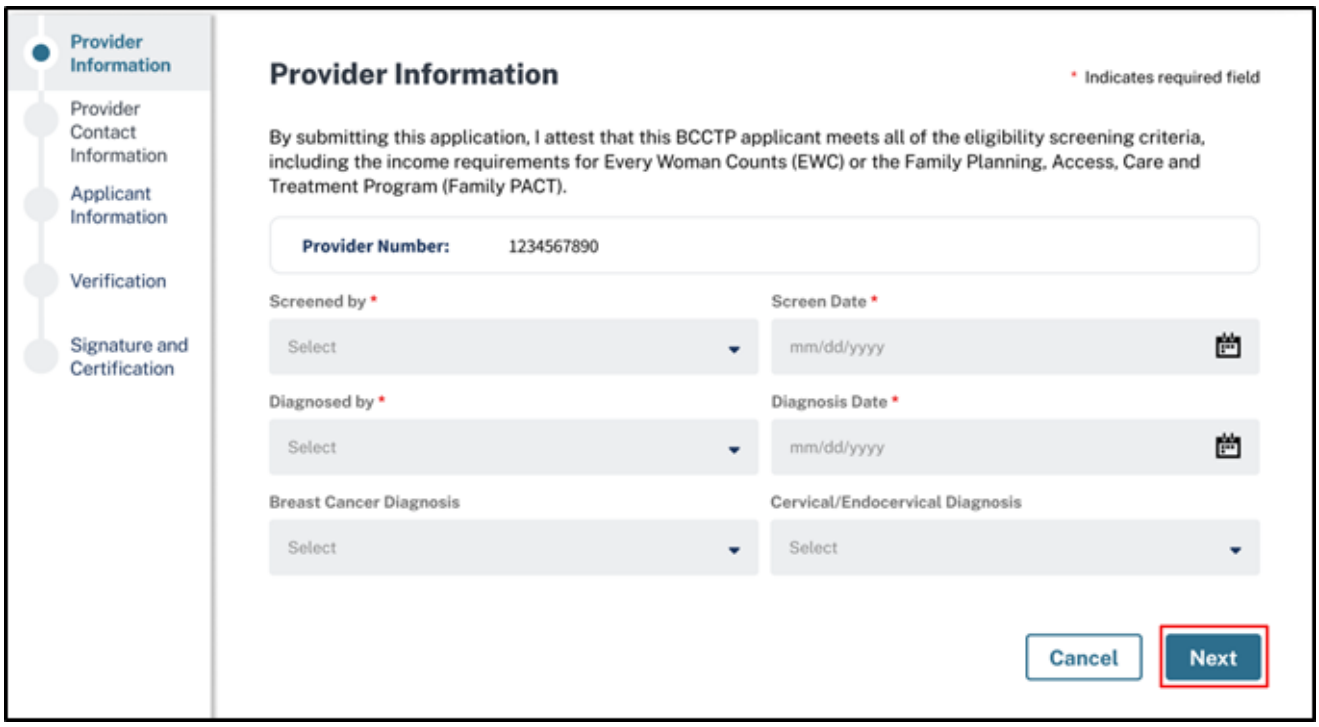

Figure 2.1: Provider Information.

2. Complete the **Provider Contact Information** page and click **Next**.

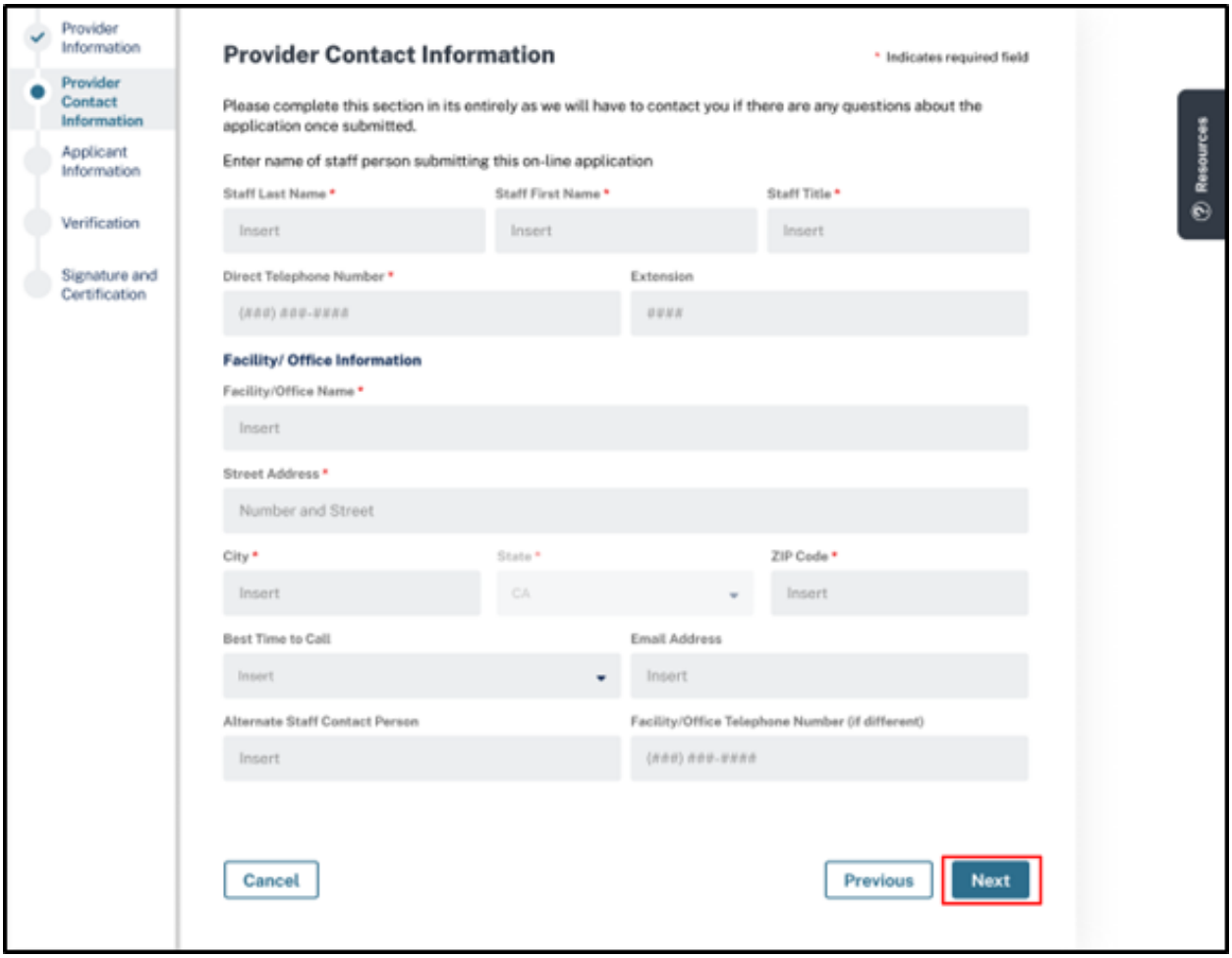

Figure 2.2: Provider Contact Information.

3. Complete the **Applicant Information** page and click **Next**.

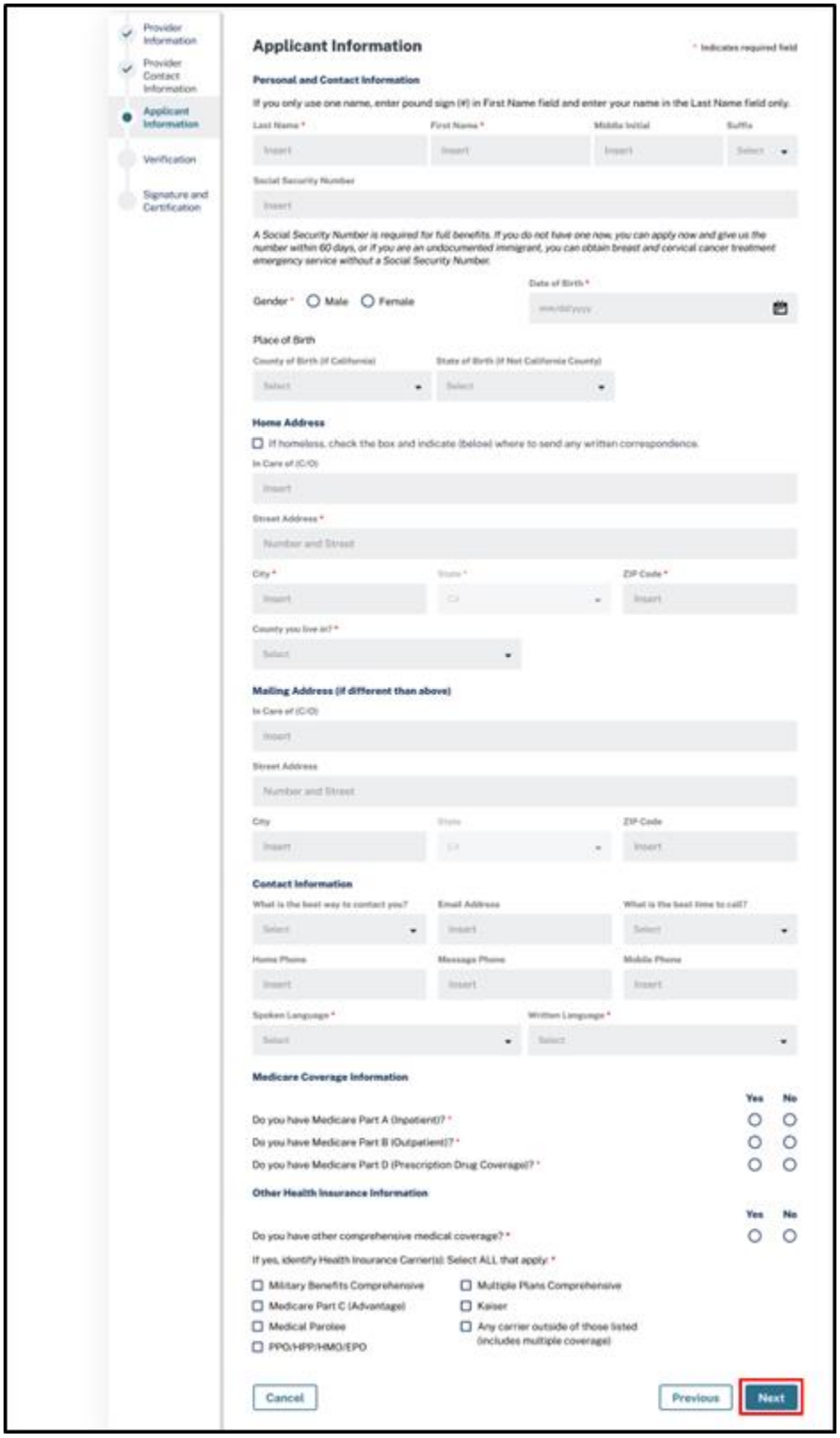

Figure 2.2: Applicant Information.

4. Complete the **Verification** page and click **Next**.

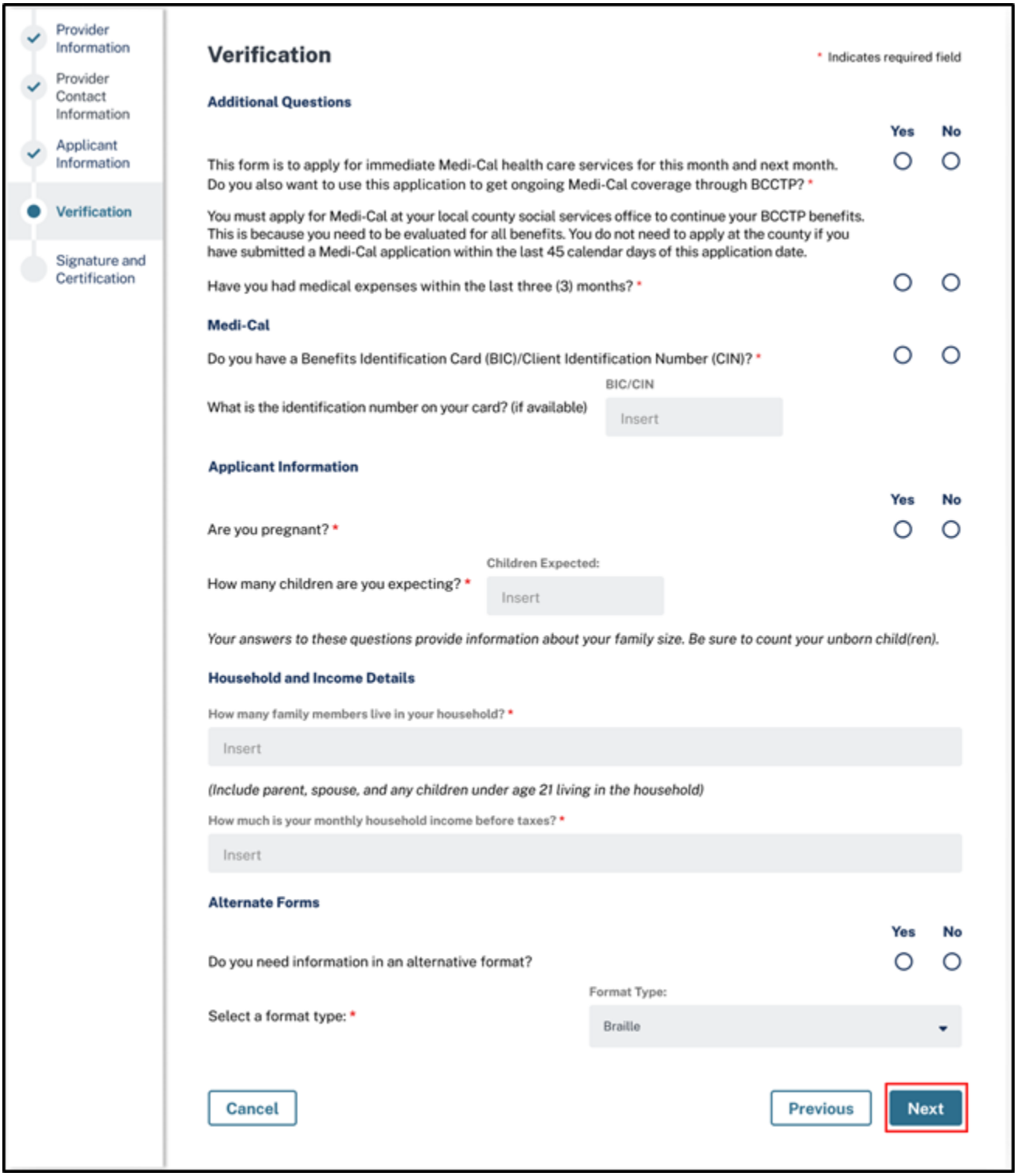

Figure 2.3: Verification.

5. The **Signature and Certification** page contains a checkbox for providers to attest that the applicant has signed the paper *Breast and Cervical Cancer Treatment Program Medi-Cal Application*. Select the checkboxes and click **Next**.

Figure 2.4: Signature and Certification.

6. Read the Application Summary, ensuring that all of the information is correct. If a correction is required, click **Previous** to correct any errors on a previous page, Click **Print** at the top of the screen to print two (2) copies of the Application Summary. Provide one copy to the applicant and place a second copy in the individual's file. Click **Submit**.

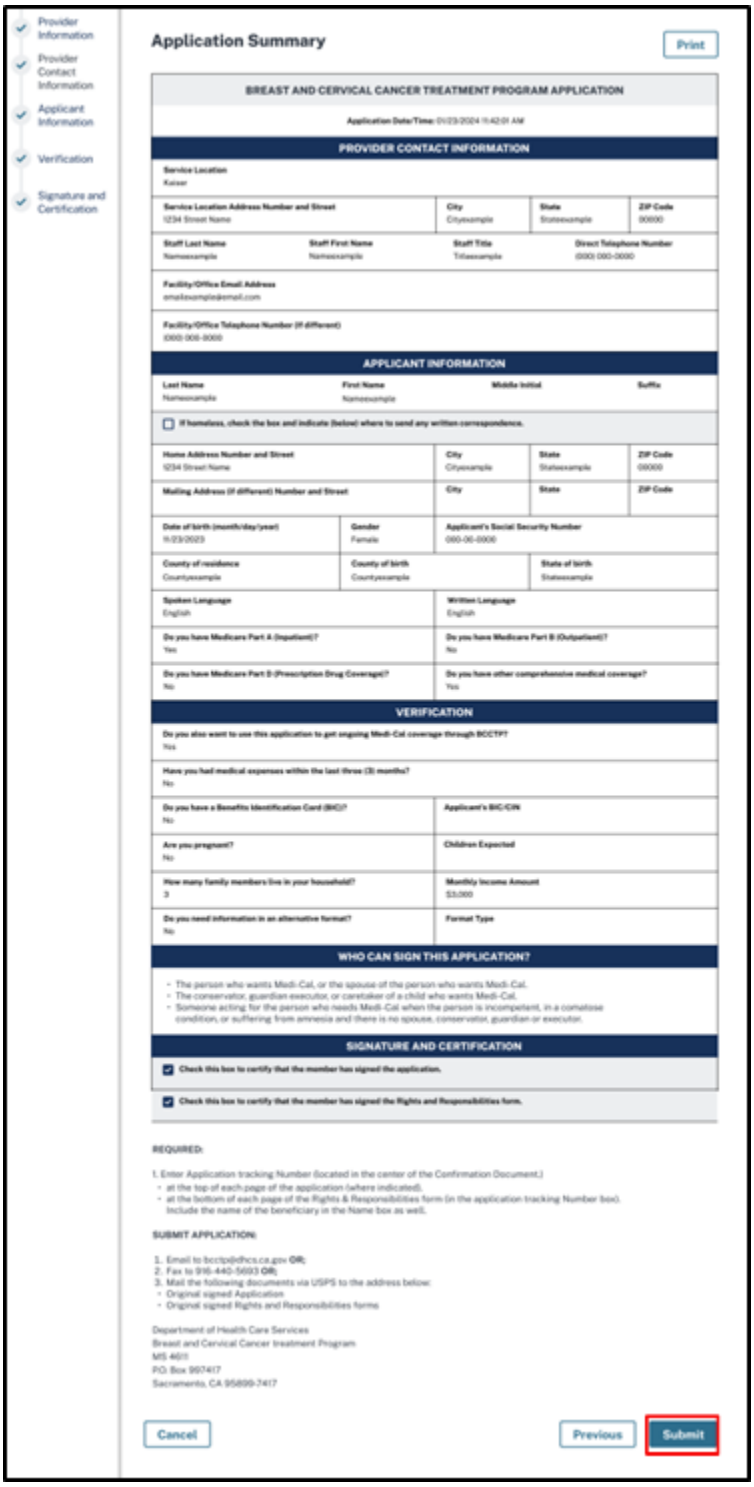

Figure 2.5: Application Summary.

7. A **Confirmation Document** appears with a response message. The individual and provider must read the response message carefully because it contains important information about the applicant's presumptive eligibility. Click **Print** to print two (2) copies of the **Confirmation Document**. Give one to the applicant for immediate use until a Benefits Identification Card (BIC) is received through the mail. Place the other copy in the individual's file. Provide a paper copy of the *Breast and Cervical Cancer Treatment Program Directions to Apply for Medi-Cal*, available on the Medi-Cal Providers website, whether the individual is eligible or not for BCCTP PE.

   Note: If the applicant would prefer a large print version of the **Confirmation Document**, the user may select the checkbox to **View response message in a larger font**, which will print the document in a large print version.

   To initiate another transaction, click **Next Application**.

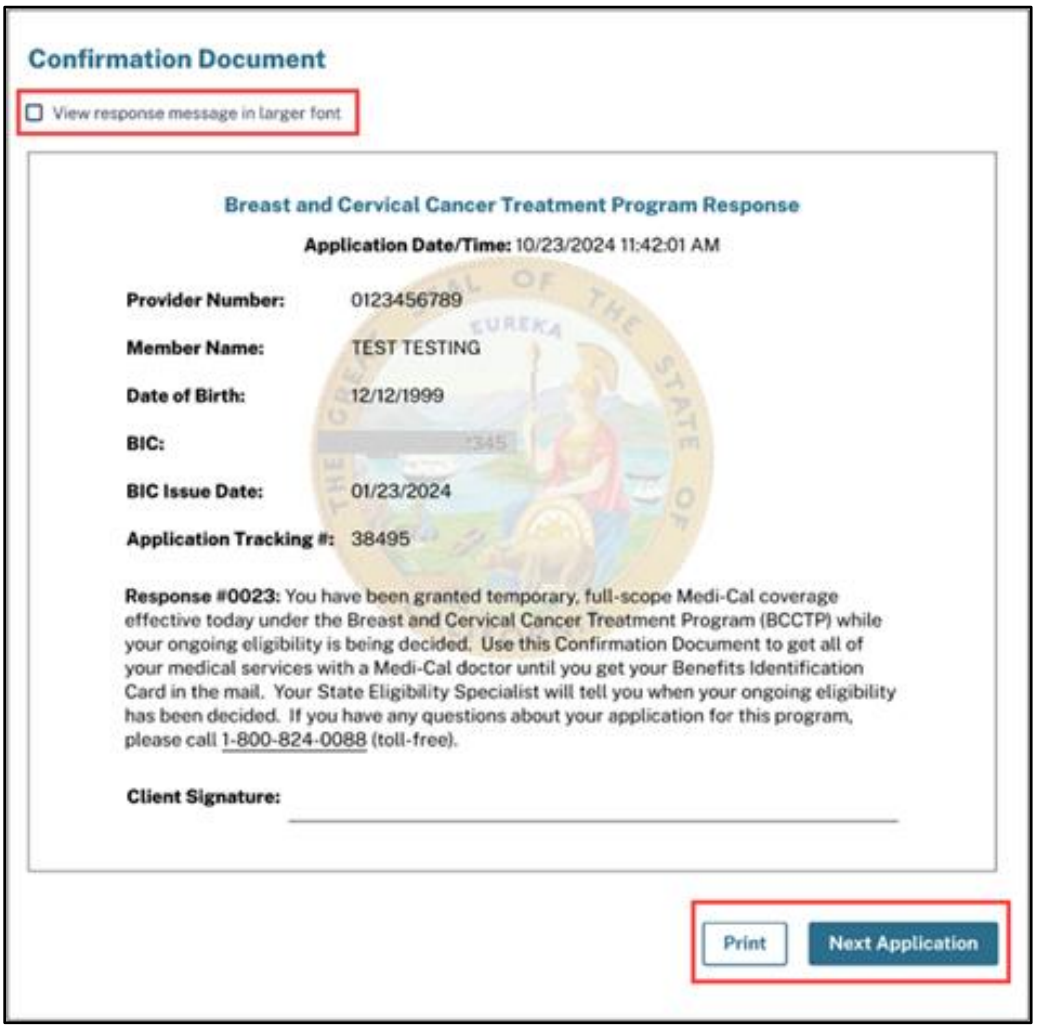

Figure 2.6: Confirmation Document − Eligible for PE.

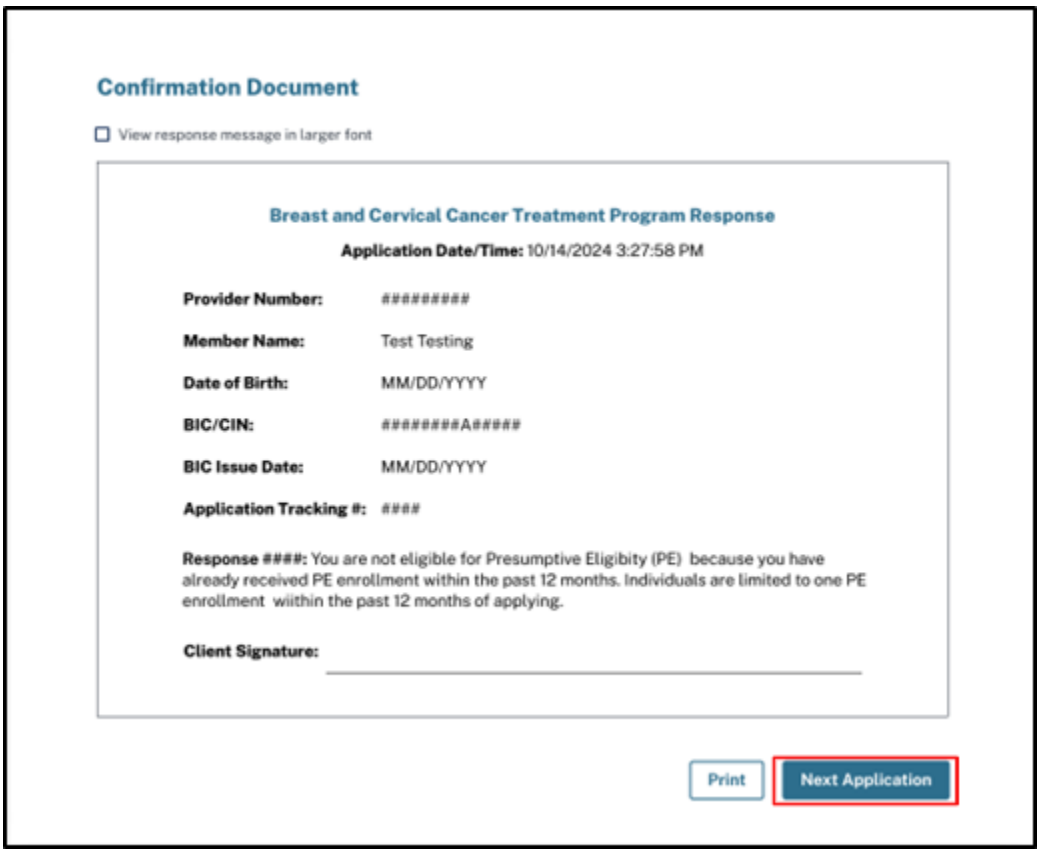

Figure 2.7: Confirmation Document − Not Eligible for PE.

Change Summary

Version Number	Date	Description	Notes/Comments
1.1	May 2025	New Provider Portal User Guide for the BCCTP Medi-Cal Application	Provider Portal project