

**Oklahoma Cares Program
(Breast and Cervical Cancer Treatment Program)
Eligibility Checklist**

Instructions: To be completed by an Oklahoma Cares certified screener and client to determine eligibility for the Oklahoma Cares Program. To obtain general eligibility information call Oklahoma Cares (located at the Oklahoma State Department of Health) toll free number at 1-866-550-5585 or email Okcares@health.ok.gov. Call the Oklahoma Health Care Authority (OHCA) at 1-877-252-6002 to check the status of the application. Please allow at least two weeks for processing the application.

1. Diagnosis

A licensed medical professional must verify that the client has one or more of the following abnormal findings listed in the table below.

Description
Abnormal mammogram or breast imaging result of BI-RADS® 4 or BI-RADS® 5
Ductal Carcinoma in Situ
Breast or lymph node biopsy of breast cancer
Paget's Disease of the Nipple (must be biopsy proven)
Breast reconstruction/nipple tattooing needed (Must be within 1 year from closure date to reopen case)
21-24 years of age (with no previous history of cervical dysplasia) ASC-US Pap result with positive HPV result or LSIL at the 24 month follow-up*
21-24 years of age (with no previous history of cervical dysplasia) ASC-H, HSIL, Squamous Cell Carcinoma, Atypical Glandular Cells (AGC), AIS, Adenocarcinoma involving the cervix
21-24 years of age (with previous history of cervical dysplasia) ASC-US Pap with positive HPV result or LSIL result*, ASC-H, HSIL, Squamous Cell Carcinoma, Atypical Glandular Cells (AGC), AIS, Adenocarcinoma involving the cervix
25 years of age and older with Pap finding of ASC-US with positive HPV finding, LSIL, ASC-H, HSIL, Squamous Cell Carcinoma, Atypical Glandular Cells (AGC), AIS, Adenocarcinoma involving the cervix
Other abnormal cervical findings may qualify*
Cervical biopsy result of Cervical Intraepithelial Neoplasia II or III or Cancer in Situ
Moderate dysplasia (CIN II)
Primary endometrial cancers that involve cervical tissue
Metastatic cancer with either primary or secondary site of breast and/or cervical cancer and in active treatment
Repeat colposcopy and/or biopsy is indicated in 6-12 months. The case can be reopened for a period of thirty days to allow for medically necessary testing.

*** (Refer to American Society for Colposcopy and Cervical Pathology 2013 Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors)**

2. Eligibility Criteria

All statements in the table below must be answered "yes" in order to complete the BCC-1 application.

Statement
Client is between the ages of 19-64
Client has provided a social security number
Client states she is a citizen of the U.S. or lawful permanent resident and resident of Oklahoma
Client reports she has <u>no</u> health insurance coverage, group health plan, state health risk pool, Armed Forces (Tri-Care), Medicare, Medicaid, Cancer Policy, or Major Medical Policy that covers breast or cervical cancer diagnosis or treatment. <i>(If the woman is unsure of what her insurance covers, mark this question "yes **" and write her insurance information on the BCC-1 application. Please attach a front and back copy of the insurance card)</i>
Client's reported income meets current income guidelines (See Income section)
Client has an abnormal breast or cervical cancer screening result and is in need of further diagnosis and/or treatment (See Diagnosis section)

Checklist continued on back of page. Please turn over.

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3. Income Section

1. Ask the client, "What is the total income for your family?" (Circle the amount of income.)
2. Ask the client, "How many family members are supported by this income?" (Circle the size of the family unit.)

Please note: The total family income includes client, spouse and all children in the household who are under the age of 19. Income from children under age 19 include child support, Social Security benefits and income of any child under 19 who resides in home but not in school. Total household income is wages, tips, savings, net income from farm, self-employment, unemployment/worker's compensation, alimony, royalties, rental income, pensions, retirement, Social Security, Veteran's benefits, short/long-term disability, contributions from family/friends, Go Fund Me accounts, savings or bonds. Family income is any income or funds that the client has access to for the purchase of food, clothing, shelter, entertainment or health care. If the client's total household income is **more** than the amount listed for the size of the family unit **she does not qualify**. There is no need to ask for proof of income by reviewing check stubs, tax records, etc. The Oklahoma Health Care Authority (OHCA) may further review income upon receipt of the application. It may be necessary in some cases for the client to supply additional information. The OHCA will request any additional information directly from the client.

Income Table for 2018

Family Size	Annual	Monthly	Bi-Weekly	Weekly
1	\$22,459.00	\$1,871.58	\$863.81	\$431.90
2	\$30,451.00	\$2,537.58	\$1,171.19	\$585.60
3	\$38,443.00	\$3,203.58	\$1,478.58	\$739.29
4	\$46,435.00	\$3,869.58	\$1,785.96	\$892.98
5	\$54,427.00	\$4,535.58	\$2,093.34	\$1,046.67
6	\$62,419.00	\$5,201.58	\$2,400.73	\$1,200.37
7	\$70,411.00	\$5,867.58	\$2,708.12	\$1,354.06
8	\$78,403.00	\$6,533.58	\$3,015.50	\$1,507.75

For each additional person over 8 in the family unit add \$7,992.00 per person annually.

4. Process

Complete the Oklahoma Cares eligibility checklist to determine if the client meets the criteria for the program. If the client does meet the criteria for the program, complete the BCC-1 application. Email Okcares@health.ok.gov for an electronic version of the application.
Determine if the BCC-1 application should be mailed or faxed. (Confirmed breast or cervical cancer should be faxed.)
Send the BCC-1 application along with all pertinent medical documentation, including current or previous relevant medical records, (i.e. office notes, procedures notes, radiological studies, pathology reports to include previous Pap test results , etc.), proof of identity with photo, and citizenship to the OHCA. Citizenship and identify verification requirements can be found at www.OKDHS.org . Either mail or fax the application, sending duplicate applications may cause delay in processing. The priority fax number for the OHCA is 405-530-3217 . The mailing address is: Oklahoma Health Care Authority, Attention: Oklahoma Cares/BCC, P O Box 18276, Oklahoma City, OK 73154
Give the client the patient flyer located on the website (http://okcare.health.ok.gov). Please instruct the client to utilize the flyer for important phone numbers and instructions.
File a copy of the eligibility checklist with pertinent medical documentation, including current or previous relevant medical records, (i.e. office notes, procedures notes, radiological studies, pathology reports, and etc.) and proof of identity and citizenship for convenience.

Please note: Oklahoma Cares **does not** cover: initial screening exams, follow-up mammograms, follow-up office visits, or follow-up surgical consults. For more information about **medical** eligibility criteria, medical reviews, medical denials, or other eligibility denials call the OHCA at 1-877-252-6002.