



Ohio Administrative Code

Rule 3701-10-01 Breast and cervical cancer project cost sharing.

Effective: June 26, 2025

Women covered by health insurance must meet all applicable eligibility requirements outlined in section 3701.144 of the Revised Code.

(A) Any woman eligible for BCCP services who is covered by health insurance that imposes cost sharing, as defined in section 3923.85 of the Revised Code, of more than zero dollars for services covered by the BCCP program will be eligible for services.

(B) The BCCP-eligible woman is to provide documentation of cost sharing which may include the following:

(1) An active insurance card specifying cost sharing limits such as copayments

(2) Documentation regarding health benefits specifying cost sharing which exceeds the amount set forth in paragraph (A) of this rule.

(C) The BCCP-eligible woman is to receive services scheduled by the regional enrollment agency through a provider who meets the following requirements:

(1) The provider is enrolled in Ohio BCCP as a BCCP provider: and

(2) The provider will accept reimbursement from her health insurance plan, if a provider is available within 20 miles of her residence. If no providers are available within 20 miles, the woman will be scheduled with the closest available BCCP provider.

(D) Once the provider receives reimbursement or an explanation of benefits indicating that a portion or all of the claim will not be paid due to cost sharing, the provider may bill BCCP for the balance, up to the medicare allowable amount. Total reimbursement to the provider may not exceed the medicare allowable rate. Claims will be paid to providers according to the following guidelines:



- (1) The woman's insurance plan will be billed for services before BCCP is billed.
- (2) The provider or the woman will provide an explanation of benefits from the woman's insurance plan to the regional enrollment agency which documents the amount paid by the woman's health insurance plan.
- (3) The provider may bill BCCP for an amount up to the difference between the amount paid by the woman's insurance plan and the medicare allowed rate.
- (4) The provider bill will be reviewed by the regional enrollment agency and paid in accordance with the customary process for BCCP medical claims.