



Ohio Administrative Code

Rule 5160:1-5-02.2 Medicaid: breast and cervical cancer project (BCCP): eligibility requirements.

Effective: June 1, 2025

(A) This rule describes the eligibility criteria for BCCP medicaid.

(B) An individual shall meet all of the following criteria to be eligible for BCCP medicaid:

(1) Be screened for breast or cervical cancer under the national breast and cervical cancer early detection program (NBCCEDP).

(a) An individual is not required to obtain screening for both breast and cervical cancer as a condition of eligibility for participation in the NBCCEDP.

(b) Individuals screened for breast or cervical cancer under the NBCCEDP in a state other than Ohio must be determined eligible for the Ohio department of health (ODH) BCCP and must utilize the ODH BCCP case management services and Ohio's BCCP medicaid application process as outlined in rule 5160:1-5-02.4 of the Administrative Code.

(c) Individuals determined eligible for ODH BCCP who have been screened for breast or cervical cancer by a provider who does not participate in, or was not paid for by ODH BCCP are still considered to be screened under NBCCEDP.

(2) Be in need of treatment for breast or cervical cancer, precancerous conditions, or early stage cancer, as indicated by a treating health professional, based on the centers for disease control and prevention (CDC) NBCCEDP screening.

(3) Be uninsured as defined in rule 5160:1-5-02.1 of the Administrative Code.

(4) Must not meet the eligibility criteria of any other medicaid program described in Chapters 5160:1-3, 5160:1-4, 5160:1-5, and 5160:1-6 of the Administrative Code.



(5) Be under sixty-five years of age.

(6) Meet all other non-financial eligibility requirements applicable to medicaid applicants described in Chapters 5160:1-1 and 5160:1-2 of the Administrative Code.

(C) Effective date of BCCP medicaid. As defined in rule 5160:1-2-01 of the Administrative Code, the effective date is the first day of the month that the Ohio department of medicaid (ODM) receives an application for BCCP medicaid and the individual meets all eligibility requirements described in this rule.

(1) Retroactive eligibility shall be explored as described in rule 5160:1-2-01 of the Administrative Code.

(2) The first month of BCCP medicaid coverage may be a partial month of coverage based on the date of diagnosis of breast or cervical cancer, pre-cancerous conditions, or early stage cancer. "Date of diagnosis" is defined in rule 5160:1-5-02.1 of the Administrative Code.

(D) BCCP medicaid shall be discontinued:

(1) When the individual no longer meets one or more of the eligibility criteria for BCCP medicaid described in this rule.

(2) When a finding is made that the individual was determined eligible for ODH BCCP when such determination was made in error and ODH BCCP eligibility did not exist.

(3) When a finding is made that the individual was not screened for breast or cervical cancer under NBCCEDP.

(4) When the individual no longer receives treatment for breast or cervical cancer, pre-cancerous conditions, or early stage cancer. "Treatment" and "no longer receives treatment for breast or cervical cancer" are defined in rule 5160:1-5-02.1 of the Administrative Code.

(5) When the treatment period has ended and ODM has not received the required documents with



verification of continued need for treatment.

(a) ODM may presume that an individual is receiving treatment for the duration of the treatment period.

(b) A treatment period lasting more than twelve months from the beginning month of BCCP eligibility requires ODM to perform a review of the individual's continuing BCCP medicaid eligibility, in accordance with rule 5160:1-5-02.4 of the Administrative Code.

(6) When the individual obtains creditable health coverage as defined in rule 5160:1-5-02.1 of the Administrative Code.

(7) When the individual reaches sixty-five years of age.

(8) When the individual meets eligibility criteria of any other category of medical assistance. When the individual is determined eligible for any other category of medical assistance, the last day of BCCP medicaid coverage will be the last day of the month prior to the month the new category of medical assistance begins.

(9) When the individual fails to cooperate with the eligibility determination or renewal process, including the determination of eligibility for other categories of medical assistance.

(a) To facilitate immediate access to services for individuals who are in need of treatment for breast or cervical cancer, BCCP medicaid coverage shall be approved for a period of time while an eligibility determination for other categories of medical assistance is conducted.

(b) When the individual fails to cooperate with the determination of eligibility for other categories of medical assistance as required, the last day of BCCP medicaid coverage will be the last day of the month following the month in which eligibility for BCCP medicaid coverage was approved, in accordance with paragraph (D)(9)(a) of this rule.

(E) ODH or its designated local agencies or subgrantees shall:



(1) Determine the individual eligible for the ODH BCCP.

(2) Screen for all other medical assistance categories before determining the individual eligible for ODH BCCP.

(F) ODM shall:

(1) Screen all BCCP medicaid applicants for potential eligibility in other medical assistance categories as described in rule 5160:1-5-02.4 of the Administrative Code.

(2) Require BCCP medicaid applicants to provide information regarding income and/or resources to screen the applicant for potential eligibility for other medical assistance categories.

(3) Not provide BCCP medicaid coverage, including retroactive coverage, for any period of time preceding the date of diagnosis of breast or cervical cancer, pre-cancerous conditions, or early stage cancer.

(G) Individuals who do not meet citizenship or immigration status eligibility requirements may be eligible for coverage for an emergency medical condition as described in rule 5160:1-5-06 of the Administrative Code.