

**Temporary Medicaid for Breast or Cervical Cancer Treatment**

**Purpose:** The BCC-1 serves as an approval notice and identification card for temporary Medicaid for women determined presumptively eligible for Medical Assistance based on the need for Breast or Cervical Cancer Treatment (BCCT) by a Qualified BCCCP Medicaid Provider. BCCT presumptively eligible women present the temporary card to Medicaid providers when receiving healthcare services from them.

**Distribution:** State office of the Division of Family Services (DFS) supplies the form to BCCCP Medicaid providers.

**Number of Copies and Disposition:** The BCCCP provider completes the form in ink or type. The BCCCP Provider makes a copy for their case records, the DFS office, and gives the original copy to the claimant.

**BCCCP Provider Instructions for Completion:** The BCCCP Provider completes the BCC-1. The name of the claimant should be her full legal name, including first name, middle name, and surname. It is critical that the BCCCP Providers print the correct Medicaid number and beginning date of temporary Medicaid coverage on the form.