

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

**Instructions:** Please use this checklist to determine a patient’s eligibility for the Oklahoma Cares Program. If a patient meets all eligibility criteria, please have the patient complete a BCC-1 Form/Program Application and have a *Take Charge!* Program Certified Screener complete the certified screener’s section on the last page of application. If you are a licensed healthcare provider seeking to become a certified screener, or if you have questions regarding a patient’s eligibility, please contact our program office at 1-866-550-5585 or [OKCares@health.ok.gov](mailto:OKCares@health.ok.gov). To check if an application package has been received by fax, please contact the Oklahoma Health Care Authority (OHCA) at 405-522-7650. Please ask the patient to allow 7-14 business days for the application to be processed, and extra time for the notice of her case outcome to be delivered by mail.

**1. Medical Diagnosis**

The patient’s medical diagnosis must match at least one of the conditions listed below:

<b>Description</b>
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 (All reconstruction, including nipple tattooing, must be completed within 2 years from when reconstruction began)
21-24 years of age ( <b>with no previous history of cervical dysplasia</b> ) ASC-US Pap result with positive HPV result or LSIL at the <b>24</b> -month follow-up*
21-24 years of age ( <b>with no previous history of cervical dysplasia</b> ) ASC-H, HSIL, Squamous Cell Carcinoma, Atypical Glandular Cells (AGC), AIS, Adenocarcinoma involving the cervix
21-24 years of age ( <b>with previous history of cervical dysplasia</b> ) 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 2019 Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors)**

**2. General Criteria**

The patient must meet each of the following requirements:

<b>Statement</b>
Patient is between the ages of 19-64
Patient has provided a social security number
Patient is a citizen or a lawful permanent resident of the United States and currently resides in Oklahoma
Patient reports to have <u>no</u> health insurance coverage, including but not limited to 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 and/or treatment ❖ If the patient is uncertain of her insurance coverage, please mark this question “yes” and provider her insurance information on the BCC-1 application with a copy of her insurance card
Patient has been diagnosed with at least one of the medical conditions listed in the “Medical Diagnosis” Section
Patient reports her gross household income amount meets the current income guidelines as described in the “Income Limit” Section

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**3. Income Limit**

- The income eligibility is determined based on the patient’s household size and the total amount of gross income from all her household members. If the patient’s total household gross income amount is more than the amount listed for the size of the family unit, she will not qualify. It is recommended but not required to collect proof of income (e.g. check stubs, tax records, etc.) at the initial filing stage, and the Oklahoma Health Care Authority (OHCA) will determine a patient’s final eligibility after processing the application. Please inform the patient that the OHCA may request for additional information/document to be submitted.
- Household members include the tax filer, the spouse (if legally married), and the dependents of the tax filer.
- Gross income amount is determined by the income of the patient, the spouse, and all the children who are under the age of 19, before taxes and other periodic contribution/payment are deducted.
- Income sources includes but not limit to 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, GoFundMe accounts, bonds, and all other funds that the client has access to for the purchase of food, clothing, shelter, entertainment, and health care.
- Income of children who are under 19 years old refers to child support, Social Security benefits, and other income entitled to each of the children when she/he resides at home and is not in school.

<b>2022 INCOME GUIDELINES</b>				
Family Size	Annual	Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,095	\$967	\$484
2	\$33,874	\$2,823	\$1,303	\$651
3	\$42,606	\$3,550	\$1,639	\$819
4	\$51,338	\$4,278	\$1,975	\$987
5	\$60,070	\$5,006	\$2,310	\$1,155
6	\$68,802	\$5,733	\$2,646	\$1,323
7	\$77,534	\$6,461	\$2,982	\$1,491
8	\$86,266	\$7,189	\$3,318	\$1,659
For each additional person over 9 in the family unit, add \$8,732 per person annually.				

❖ Oklahoma Cares Program uses the same income guidelines as the Take Charge! Program, which are determined at 185% of the Federal Poverty Level of 2022, cited from [Poverty Guidelines | ASPE \(hhs.gov\)](https://www.aspe.hhs.gov/poverty-guidelines)

**4. Process**

Use the Oklahoma Cares Program eligibility checklist to determine if the patient meets the criteria for this program.
Assist the patient to complete a BCC-1 Form/Patient Application if the patient is determined to be eligible. The BCC-1 Form is available in English and Spanish. Please send an email to <a href="mailto:okcares@health.ok.gov">okcares@health.ok.gov</a> to request an electronic copy if needed.
Submit the completed patient application 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.), a copy of the patient’s birth certificate or proof of citizenship/legal residency within the United States, a copy of driver’s license or government issued photo I.D., and a copy of the SSN Card to OHCA by fax (preferred) <b>OR</b> by mail. Please send the application package to:  <b>(Preferred) Oklahoma Cares Program Priority Fax: 405-213-1145, <u>OR</u></b>
<b>Mailing Address:</b> Oklahoma Health Care Authority Attention: Oklahoma Cares/BCC P.O. Box 18476 Oklahoma City, OK 73154
Share the important phone numbers and post-application instructions with the patient described on the program patient flyer. To view or print a copy of the patient flyer, please visit our program website <a href="http://oklahoma.gov/health/okcares">http://oklahoma.gov/health/okcares</a> .
Keep a copy of all documents submitted for the Oklahoma Cares Program Application in the patient’s medical files for records.

The Oklahoma Cares Program 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 condition review, case denial and appeal, please call the OHCA at 1-877-252-6002.