



Understanding MBCC

(Medicaid for Breast and Cervical Cancer)

How the Process Works:

1. Diagnosis

A patient is diagnosed with breast or cervical cancer through imaging and a finalized pathology report.

2. Referral

Patient is referred to MBCC contractor for application assistance

3. Apply for MBCC

Required documents are collected and an MBCC application is completed and submitted to Texas Health & Human Services (HHSC).

4. Application Review & Approval

HHSC reviews the application and determines eligibility. Once approved, the patient is enrolled in MBCC Medicaid coverage.

5. Begin Treatment with Coverage

The patient receives full Medicaid benefits, including cancer treatment and reconstruction services, and selects a STAR+PLUS Medicaid plan (MCO) for ongoing care.



What is MBCC?

MBCC ([Medicaid for Breast and Cervical Cancer](#)) provides **full Medicaid health coverage** for individuals diagnosed with breast or cervical cancer. This coverage includes cancer treatment and breast reconstruction services.

MBCC services are provided through the **STAR+PLUS Medicaid program** and administered by a **Managed Care Organization (MCO)**. Patients will also be assigned a **Nurse Service Coordinator** who can help:

- Identify and address medical needs
- Explain Medicaid benefits
- Coordinate specialty care and referrals
- Connect patients with community resources and support services

STAR+PLUS Benefits May Include

- ★ Unlimited prescription coverage
- ★ A service coordinator to help find appropriate healthcare providers
- ★ A primary care provider to oversee overall healthcare needs
- ★ Value-added services such as extra vision benefits, respite services, and wellness programs



How do I refer a patient for MBCC assistance?

Referring a patient for MBCC application assistance is easy.

- **Step 1:** Complete as much as possible on the MBCC Patient Screening & Referral Form.
- **Step 2:** Email the completed form and any additional information you may have to Alaina Weaver, aweaver@lscctx.org.
- **Step 3:** One of our Patient Navigators will contact the patient and provide you with updates on the patient's application status.



MBCC Eligibility

A patient may qualify for MBCC if **ALL** of the following criteria are met:

✓ Diagnosed with **breast or cervical cancer**

✓ Needs treatment for breast or cervical cancer or is currently receiving active treatment

✓ Lives in **Texas**

✓ Is a **U.S. citizen** or eligible immigrant

✓ Is **18–64 years old**

✓ Does not currently have health insurance

✓ Has a household income at or below 200% of the Federal Poverty Level (FPL)

Family Size, Including Yourself	Maximum Monthly Household Income
1	\$2,660
2	\$3,606
3	\$4,553
4	\$5,500
5	\$6,446
6	\$7,393
7	\$8,340
8	\$9,286
9	\$10,233
10	\$11,180
11	\$12,126
12	\$13,073

200% of the Federal Poverty Level (Update March 1, 2026)



MBCC Application Process

To begin an MBCC application, the following documents are required. Documents may be provided as **scanned copies or clear photos**. To help speed up the process, please ensure the patient is aware these documents will be requested. Aside from the pathology report and clinical chart notes, **all documents must be provided directly by the patient**.

1. Identification: (Provide at least ONE)

- Driver's License or State ID
- U.S. Military ID
- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Legal Permanent Resident Card

2. Citizenship: (Provide at least ONE)

- Birth Certificate
- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)
- Legal Permanent Resident Card (If using a Permanent Resident Card, HHSC may request verification of **40 employment quarters (10 years of work)** after the application is processed.)

3. Income: (Provide proof of household income from the last 30 days.)

Examples include:

- Pay stubs
- Social Security award letter
- Disability award letter
- VA benefits award letter

4. Residency: (Provide at least ONE)

- Utility bill
- Rent receipt from a non-relative landlord
- Driver's License or State ID



5. **Diagnosis:**

- Finalized **Pathology Report** (must not say "Preliminary")
- If the diagnosis was made **more than 6 months ago**, please also provide:
 - Chart notes from the most recent clinical visit confirming the patient is still receiving active treatment

6. **Additional Information:**

- Social Security card
- Names, dates of birth, and relationships of **all people living in the household**



What Happens After Documents Are Submitted?

1. Once all documents are received, the application will be completed and sent to the patient via **DocuSign** for electronic signature.
2. After the patient signs the application, it will be submitted to **Texas Health & Human Services Commission (HHSC)**.
3. A follow-up request for determination status will be made with HHSC in approximately **3 business days**.
4. Once a decision is made, both the patient and referring contact will be notified.

Important:

***My role is only to assist with submitting MBCC applications.
I do not work for HHSC and cannot answer detailed program or benefit questions.***



After Approval: What Happens Next?

Once enrolled in MBCC, the patient will receive **full Medicaid benefits**, including cancer treatment and reconstruction services.

For the first **45 days**, the patient will temporarily be on **traditional Medicaid** while selecting a **Managed Care Organization (MCO)**.

If the patient needs help choosing or has questions, they should contact the [Ombudsman for Managed Care](#).

Important:

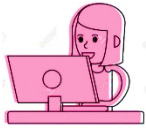
- *It may take several business days for a provider's office to verify the new Medicaid coverage.*
- *Although this information is received directly from HHSC, there may be a short delay before providers can verify it through the Medicaid system (TMHP).*



Welcome Packet

Within the first **30 days**, the patient will receive a **Medicaid Welcome Packet** in the mail. This packet will ask the patient to select a **STAR+PLUS Medicaid plan (MCO)**.

Patients are strongly encouraged to speak with a **financial counselor at their treatment facility** to determine which plan best covers their treatment needs.



Renewing MBCC Coverage

MBCC coverage must be renewed every 12 months.

Medicaid will mail renewal paperwork to the patient before the coverage expiration date. If the patient:

-  Has moved
-  Has not received renewal documents
-  Needs assistance with renewal

They should contact Texas Health & Human Services:

Email: mbccapps@hhs.texas.gov

Phone: 512-776-7796

Website: Texas Health & Human Services

In Person: Visit a local Health & Human Services office



Helpful Contacts

Alaina Weaver, CPN, CHW, TICP

Lead Patient Navigator

Lone Star Circle of Care, Mobile Mammography

aweaver@lscctx.org (O) 512-686-0695

Elida Gomez, CHW

Bilingual Patient Navigator

Lone Star Circle of Care, Mobile Mammography

egomez@lscctx.org (O) 512-549-7552

Local Health & Human Services Commission Offices

5451 N Interstate Hwy 35	Austin, TX 78723	(512) 929-7330
7701 Metropolis Dr Bldg. 12 #100	Austin, TX 78744	(512) 445-0022
5325 Airport Blvd	Austin, TX 78751	(512) 854-4120
4601 W Guadalupe St	Austin, TX 78751	(512) 424-6500
701 W 51st St	Austin, TX 78751	(512) 438-4313
2323 Ridgepoint Dr	Austin, TX 78754	(903) 249-0638
2500 N Austin Ave	Georgetown, TX 78626	(512) 942-4030
400 Stefek Dr	Killeen, TX 76541	(254) 519-4666
1406 Resource Pkwy	Marble Falls, TX 78654	(830) 693-5703
15822 Foothill Farms Loop	Pflugerville, TX 78660	(512) 854-1530
1101 E Old Settlers Blvd STE 100	Round Rock, TX 78664	(512) 244-1592
202 Highland Dr	Taylor, TX 76574	(512) 352-7633
4501 S General Bruce Dr # 200	Temple, TX 76502	(254) 778-6751