

## Medicaid Breast or Cervical Cancer Early Detection Program

### CHECKLIST FOR LOCAL COORDINATORS

Client: \_\_\_\_\_

Date: \_\_\_\_\_

To qualify for the Medicaid Breast or Cervical Early Detection Program (formerly Medicaid – *Way* Treatment Program), the *Women's Way* local coordinator must verify the client's current status and make sure the client meets **ALL** the eligibility requirements.

- Be a *Women's Way* client **before** diagnosis.
- Be uninsured. Carefully analyze the client's current insurance coverage for credible coverage or exclusions.
  - o HIPAA defines credible health insurance as coverage under a group health plan, HMO, individual health insurance policy, Medicare, or Medicaid. No matter how big the deductible or co-pay is, it is credible if the insurance pays the doctor or hospital. Indemnity health insurance coverage (security against hurt or injury) or a policy that provides supplemental income to the policyholder, such as Combined or AFLAC, is not considered credible coverage.
- Had at least one screening or diagnostic test paid for by *Women's Way*.
- Be diagnosed with breast or cervical cancer or pre-cancer requiring treatment. The date of diagnosis is crucial and must be verified by the health care provider through the *Women's Way* local coordinator.
- Have **current** gross income at or below the current 200 percent poverty level.
- Have furnished a social security number.
- Be a United States citizen.
- Be a resident of North Dakota. Residency is established by a clear intent to reside in the state; presence is voluntary and not temporary.
- Be younger than age 65.

#### **If the client meets the above eligibility requirements, the following paperwork is needed:**

- The client fills out a Medicaid application by going to a Human Service Zones local office (formerly known as the county social service office) or by filling out an application online at <http://www.nd.gov/dhs/medicaidexpansion/index.html> to determine if she is eligible for regular Medicaid or Medicaid Expansion.
- The client fills out the Medicaid – *Women's Way* application, which is used as a referral for the Medicaid Breast or Cervical Cancer Early Detection Program. The application is then sent to the State Medicaid Office, and a copy is sent to the *Women's Way* State Office via secure mail.
- The local coordinator completes an Authorization to Disclose Information form available at <http://www.nd.gov/eforms/Doc/sfn01059.pdf>. The client signs it, and this is sent via fax or mail to the Human Service Zones local office where

the Medicaid application is submitted, or the client can take it along with her when she goes to a Human Services Zones local office to complete an application. The form should be completed if the local coordinator wants to contact the eligibility worker directly to find out the status of the application and if any additional information is needed.

- ❑ The health care provider fills out the Verification of Diagnosis, sent by the *Women's Way* local coordinator, which is then sent to the State Medicaid Office and the *Women's Way* State Office via Secure Mail. Documentation on Verification of Diagnosis must clearly state a breast or cervical cancer or pre-cancer diagnosis. It should also include a plan of treatment –surgery, chemotherapy, LEEP.
- ❑ The Medicaid – *Women's Way* application and the Verification of Diagnosis form must be sent to the State Medicaid Office and *Women's Way* State Office before determining Medicaid status.

If approved for the Medicaid Breast or Cervical Cancer Early Detection Program, a Notice of Eligibility Determination letter with her Medicaid ID number will be sent to the client from the North Dakota Department of Health and Human Services. She will also receive a card with her Medicaid ID number.

An electronic copy of the Notice of Eligibility Determination letter is sent to the *Women's Way* State Office. A copy of the notice will be sent to the local coordinator via secure mail.

#### **The *Women's Way* local coordinator then needs to:**

- ❑ Cancel the client's coverage in the BCBS portal (the cancel date is the day after the diagnostic procedure).
- ❑ Indicate in the Cancer Screening and Tracking System (CaST) that the woman is temporarily inactive.
- ❑ Indicate in the comments section of CaST that the woman is on the Medicaid Breast or Cervical Cancer Early Detection Program.
- ❑ **Contact the client every six months** to determine if the client is still receiving treatment and remind the client that when treatment ceases, to notify you.
- ❑ Notify the State Medicaid Office and *Women's Way* State Office via secure mail when treatment has ended.

#### **If treatment continues beyond the initial 12 months:**

- ❑ A review form will be sent to the client from the North Dakota Department of Health and Human Services to determine if she continues to be eligible. The form will be sent out the week before the month of the review and needs to be completed and returned to the Human Service Zones local office.
- ❑ The *Women's Way* nurse consultant will notify the local coordinator that the review has been sent. The local coordinator will need to contact the client

- to verify that she continues to receive treatment and then send a secure mail message to the State Medicaid Office and *Women's Way* State Office with this information.
- If the client continues to be eligible, she will receive a Notice of Eligibility Determination letter from the North Dakota Department of Health and Human Services. A copy of the letter will be emailed to the *Women's Way* State Office, which will send a copy via secure mail to the appropriate *Women's Way* local coordinator.

**Eligibility for the Medicaid Breast or Cervical Cancer Early Detection Program ends when:**

- Treatment is complete. The health care provider must verify the date of the final treatment. The health care provider will need to complete the Completion of Treatment form provided by the *Women's Way* local coordinator. The completed form must be sent via secure mail to the State Medicaid Office and the *Women's Way* State Office.
- The client decides to discontinue treatment on her own. The health care provider must verify the final treatment date through the *Women's Way* local coordinator. Notification of the end of treatment needs to be sent by the *Women's Way* local coordinator to the State Medicaid Office and the *Women's Way* State Office via secure mail.
- The client dies. Notification of the client's death will be sent to the State Medicaid Office from the Human Service Zones local office. The State Medicaid Office will, in turn, notify the *Women's Way* State Office and the *Women's Way* local coordinator.
- The State Medicaid office has determined the client no longer meets the criteria for eligibility, such as she now has credible coverage or she is going to be age 65.
- The client moves out of state.
- **Due to the Public Health Emergency declared in 2020, women who have completed treatment will remain active in the Medicaid Breast or Cervical Cancer Early Detection Program unless they transition to Medicaid Expansion or Aged, Blind or Disabled Coverage. This is anticipated to remain in effect through the end of April 2023.**

**Upon completion of treatment:**

- The North Dakota Department of Health and Human Services sends a closure letter to the client.
- A copy of the closure letter will be emailed to the *Women's Way* State Office, which will send a copy of the letter via secure mail to the *Women's Way* local coordinator.

**When a client is going to turn 65 and is still on Medicaid Treatment Program.**

- During the month before a client turns 65, a 10-day notice (Closing Notice) will be sent to the client by the Medicaid Eligibility office, stating that her case will close at the end of the month. The client will also be informed that she may be eligible for regular Medicaid the month she turns 65. She will need to apply at a Human Service Zones local office to determine eligibility.

**Keep a copy of the forms in the client's chart.**

**For billing questions, call 877-328-7098, which will connect you with North Dakota Medicaid Customer Service.**

**Contacts**

Ann Bernhardt ( <a href="mailto:annbernhardt@nd.gov">annbernhardt@nd.gov</a> ) Patty Laber ( <a href="mailto:pslaber@nd.gov">pslaber@nd.gov</a> ) Medicaid Eligibility Policy ND Department of Health and Human Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505 Phone: 701-328-2374	Barb Steiner ( <a href="mailto:bsteiner@nd.gov">bsteiner@nd.gov</a> ) <i>Women's Way</i> Nurse Consultant Health Promotion and Chronic Disease Prevention North Dakota Department of Health and Human Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505 Phone: 701-328-2389
--	--