

Medicaid Breast or Cervical Cancer Early Detection Program (formerly known as the Medicaid Treatment Program)

CHECKLIST FOR LOCAL COORDINATORS

Client: _____

Date: _____

To qualify for the Medicaid Breast or Cervical Early Detection Program, the *Women's Way* local coordinator must verify the client's current status and ensure 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.
- Have **current** gross income at or below 200 percent of the Federal Poverty Level.
- Provide a social security number.
- Be a United States citizen.
- Be a resident of North Dakota.
- Be younger than age 65.

If the client meets the above eligibility requirements, the following paperwork is required:

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 www.hhs.nd.gov/healthcare/medicaid/apply to determine if she is eligible for regular Medicaid or Medicaid Expansion.

- If the local coordinator wants to contact North Dakota Medicaid Eligibility to find out the status of the Medicaid application, an Authorization to Disclose Information form is completed, which is available on the *Women's Way* website under the Local Coordinating Units section – Medicaid Forms. The client signs it, and it is sent via mail to Customer Support Center, PO Box 5562, Bismarck, ND 58506, or via fax to 701-328-1006, or the client can take it along with her when she goes to a Human Services Zones local office to complete the Medicaid application. For questions on the status of the Medicaid application, call ND Medicaid Eligibility at 844-854-4825.

- ❑ The local coordinator sends the healthcare provider a Verification of Diagnosis form to be completed and returned. The Verification of Diagnosis must clearly state a breast or cervical cancer or pre-cancer diagnosis. It should also include a plan of treatment such as surgery, chemotherapy, or LEEP.
- ❑ The local coordinator sends an email with the Verification of Diagnosis via Secure Mail to the State Medicaid Office and the *Women's Way* nurse consultant. The email should state, "(Client's name) has been diagnosed with (diagnosis) and needs treatment. I have included the Verification of Diagnosis form. (Name of client) is aware of the need to complete and submit a Medicaid application as part of the determination process for eligibility for the Medicaid Breast or Cervical Cancer Early Detection Program."
 - The email with the Verification of Diagnosis form must be sent to the State Medicaid Office and *Women's Way* nurse consultant before a determination is made on Medicaid status.
- ❑ A copy of the email and the Verification of Diagnosis is maintained in the client's record.

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

A copy of the Notice of Eligibility Determination letter is emailed to the *Women's Way* nurse consultant, who will send a copy of the notice via secure mail to the local coordinator.

- ❑ A copy of the Notice of Eligibility Determination letter is maintained in the client's record.

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).
- ❑ Make the client temporarily inactive in the Cancer Screening and Tracking System (CaST) and indicate in the comments section of CaST that the client is on the Medicaid Breast or Cervical Cancer Early Detection Program.

If treatment continues beyond the initial 12 months:

A review form will be sent to the client from the North Dakota Department of Health & Human Services to determine continued eligibility. The form will be sent out the month before the review is due and needs to be completed and returned by mail, email, or fax as designated on the form.

- ❑ The *Women's Way* nurse consultant will notify the local coordinator that a review has been sent. The local coordinator needs to verify that the client continues to receive treatment by contacting the client's oncologist, primary healthcare provider, or the cancer center where the client has

received treatment. Verification should include the type of treatment and how long the client needs to continue to receive treatment. The treatment information is sent via secure mail to the State Medicaid Office and *Women's Way* nurse consultant.

If the client continues to be eligible, she will receive a Notice of Eligibility Determination letter from the North Dakota Department of Health & Human Services. A copy of the letter will be emailed to the *Women's Way* nurse consultant, who will send a copy via secure mail to the local coordinator.

- A copy of the Notice of Eligibility Determination is maintained in the client's record.

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

- Treatment is complete. The healthcare provider needs to complete the Completion of Treatment form provided by the local coordinator, to obtain the date of final treatment. The completed form is sent via secure mail to the State Medicaid Office and the *Women's Way* nurse consultant.
- The client decides to discontinue treatment on her own. The healthcare provider needs to complete the Completion of Treatment form provided by the local coordinator, to obtain the date of final treatment. The completed form is sent via secure mail to the State Medicaid Office and the *Women's Way* nurse consultant.
- 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.
- The client dies. The State Medicaid Office will send a notification of the client's death to the *Women's Way* nurse consultant, who will send a notification to the local coordinator.

Upon completion of treatment:

The North Dakota Department of Health & Human Services will send a notification of the end of eligibility to the client. A notification of the end of eligibility will be emailed to the *Women's Way* nurse consultant, who will send a copy via secure mail to the local coordinator.

- A copy of the notification is maintained in the client's record.

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

During the month before a client turns 65, a 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 be informed that she may be eligible for regular Medicaid the month she turns 65. She will need to apply to determine eligibility.

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