Medicaid Women’s Way Coverage

Checklist for Local Coordinators

Client: __________________________ Date: _______________________

In order to qualify for Medicaid Women’s Way Coverage which includes Medicaid Women’s Way and Medicaid Women’s Way Expansion, the Way local coordinator must verify the current status of the client and make sure the client meets all of the following eligibility requirements.

- Be a Women’s Way client **before** diagnosis.
- Be uninsured. Carefully analyze any current insurance coverage the client may have for credible coverage or exclusions.
  - Credible health insurance is defined by HIPAA as coverage under a group health plan, HMO, individual health insurance policy, Medicare or Medicaid. No matter how big the deductible or co-pay, if the insurance pays the doctor or hospital, it is credible. 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 by Women’s Way.
- Be diagnosed with breast or cervical cancer, including precancerous cervical conditions requiring treatment. Date of diagnosis is very important and must be verified by the healthcare provider through the Women’s Way local coordinator.
- Have current gross income at or below current 200 percent of poverty level.
- Furnish a social security number. A copy of her social security card may also be needed.
- Be a United States citizen.
- Be a resident of North Dakota. Residency is established by clear intent to reside in the state; presence is voluntary and not temporary in nature.
- Be younger than age 65.

If the client meets the above eligibility requirements, she needs to complete the Medicaid Application and the Medicaid – Women’s Way Application which is used as a referral for the client to be approved for Medicaid Women’s Way Coverage.

Paperwork needed:

- Client fills out Medicaid application by calling 1-844-854-4825 or by going to her county social service office to determine if client is eligible for regular Medicaid or Medicaid Expansion.
- Client also fills out the Medicaid – Women’s Way application (used as a referral for Medicaid Women’s Way Coverage) which is sent to the State Medicaid office and a copy is also sent to the Women’s Way state office.
- Healthcare provider fills out Verification of Diagnosis which is sent by the Women’s Way local coordinator to the State Medicaid office and the Women’s Way state office. Documentation on Verification of Diagnosis needs to clearly state a breast or cervical cancer or cervical precancerous diagnosis. It should also include a plan of treatment – surgery, chemotherapy, LEEP.

If the client has been determined to be eligible for Medicaid Expansion, she has the option of being on Medicaid Women’s Way Expansion which includes dental coverage and vision coverage not available through Medicaid Expansion.
If the client has been determined not to be eligible for Medicaid Expansion, her application will be reviewed to determine if she is eligible for Medicaid Women’s Way.

If approved for Medicaid Women’s Way Expansion or Medicaid Women’s Way, a notice will be sent from the North Dakota Department of Human Services along with a card that has her Medicaid ID#

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 faxed to the local coordinator.

The Women’s Way local coordinator needs to:

- Notify Blue Cross Blue Shield of North Dakota (BCBSND) that the client is no longer eligible (as of day after date of diagnostic procedure) for Women’s Way screening program using the BCBSND fax transmittal form.
- Indicate in Cancer Screening and Tracking System (CaST) that the woman is temporarily inactive.
- Indicate in comments section of CaST that the woman is on Medicaid Women’s Way

The client is now eligible for coverage for breast or cervical cancer treatment, including cervical precancerous conditions requiring treatment and all other Medicaid benefits as listed in Medicaid brochure, DN 555. Coverage is usually for twelve months unless treatment ends prior to this or the client turns 65.

- Client must promptly report when treatment is completed.
- Any out-of-state services require prior authorization

If treatment continues beyond the initial 12 months:

- A review form will be sent to the client from the State Medicaid office 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 county social service office by the 10th of the month of the review.
- The Women’s Way local coordinator will be notified 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 an e-mail to the Medicaid State office and Women’s Way state office with this information. This needs to be e-mailed to State Medicaid office by the 10th of the month that the review is due.
- If the client continues to be eligible, she will receive a Health Care Review letter from the State Medicaid office. A copy of the letter will be e-mailed to the Women’s Way state office who will fax a copy of the letter to the appropriate local coordinator.

Eligibility for Medicaid Treatment Programs end when:

- Treatment is complete. Completion of treatment is determined by the healthcare provider. Date of final treatment must be verified by the healthcare provider. The healthcare provider will need to complete the Completion of Treatment form provided by the Women’s Way local coordinator. The completed form needs to be sent to State Medicaid office and a copy sent to the Women’s Way state office.
- The client decides to discontinue treatment on her own. Date of final treatment must be verified by the healthcare provider 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.
- The client dies. Notification of the client’s death will sent to the State Medicaid Office from the county social service office. 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 she 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.

Upon completion of treatment:

- A Health Care Reform Closure letter is sent to the client by the State Medicaid office.
- A copy of the Health Care Reform Closure letter will be sent to the Women’s Way local coordinator and the Women’s Way state office via e-mail from the Medicaid State Office.

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

- During the month prior to a client turning 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 and that she will need to apply at her County Social Service Office to determine eligibility.

Keep a copy of the forms in the client’s chart.

For billing questions call 1.877.328.7098 which will connect you with North Dakota Medicaid Customer Service.

Contacts

<table>
<thead>
<tr>
<th>Barbara Jennings</th>
<th>Barb Steiner</th>
</tr>
</thead>
<tbody>
<tr>
<td>(701.328.2374)</td>
<td>Women’s Way Clinical Coordinator</td>
</tr>
<tr>
<td><a href="mailto:bjennings@nd.gov">bjennings@nd.gov</a></td>
<td>Division of Cancer Prevention and Control</td>
</tr>
<tr>
<td>Medicaid Eligibility Policy</td>
<td>North Dakota Department of Health</td>
</tr>
<tr>
<td>ND Department of Human Services</td>
<td>600 East Boulevard Ave., Dept. 301</td>
</tr>
<tr>
<td>600 East Blvd Ave., Dept. 325</td>
<td>Bismarck, ND 58505-0200</td>
</tr>
<tr>
<td>Bismarck, ND 58505-0250</td>
<td>Phone: 701.328.2389 or 800.280.5512</td>
</tr>
<tr>
<td>Fax: 701.328.5406</td>
<td>Fax: 701.328.2036</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:bstiner@nd.gov">bstiner@nd.gov</a></td>
</tr>
</tbody>
</table>