

Medicaid *Women's Way* Coverage

Dear *Women's Way* Client,

Your treatment may be paid for by Medicaid *Women's Way* Coverage. Eligibility is carefully determined by Medicaid on a case-by-case basis.

The purpose of this program is to provide medical assistance for uninsured *Women's Way* clients who have been diagnosed with breast or cervical cancer, including precancerous cervical conditions.

In order to qualify for Medicaid *Women's Way*, your local coordinator will verify your current status and make sure that you meet all of the following eligibility guidelines:

- Be a *Women's Way* client **before** diagnosis.
- Have had at least one screening or diagnostic test paid by *Women's Way*.
- Be diagnosed with breast or cervical cancer, including cervical precancerous conditions requiring treatment. Date of diagnosis is very important and must be verified by your healthcare provider.
- Currently be uninsured (i.e., Have no credible insurance, or limited, specific coverage that would not cover this treatment. Having high deductibles alone will not qualify you.)
- Have current gross income at or below current 200 percent of poverty level.
- Furnish a social security number. A copy of your 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 65.

If you meet the eligibility requirements above, you will be required to fill out a Medicaid Application to determine which Medicaid program you are eligible for. You can do this by:

- calling 1.844.854.4825 for assistance with the application
- going to your county social service office or
- by filling out the application online at <http://www.nd.gov/dhs/medicaidexpansion/index.html>

You will also need to fill out a one page Medicaid – *Women's Way* Application that is used as a referral for Medicaid *Women's Way* Coverage.

If approved for Medicaid *Women's Way* Coverage, you will need to know:

- You will receive a Notice of Eligibility Determination letter and also a card with your Medicaid ID# from the North Dakota Department of Human Services.
- Whenever you go for appointments, you will need to provide your Medicaid ID# so that the bills will be sent to Medicaid.
- If you receive any bills while on Medicaid *Women's Way* Coverage, mark the bills with “Send to Medicaid” and mail back to facility/provider.
- All out-of-state travel to seek treatment requires approval from the State Medicaid office **before the trip is taken.**

- Claims are filed against estates for Medicaid benefits received by recipients who were age 55 or older when such assistance was received. See Medicaid brochure, DN 140.
- You must promptly report changes regarding address, disability, change in income or access to health insurance coverage.
- You must promptly report when your treatment has been completed. Completion of treatment includes quitting on your own or treatment deemed completed by your healthcare provider.
 - Report any changes as listed above to Juli Johnson at 701.328.4121 and your local coordinator at 800.449.6636.
- You are no longer eligible for Medicaid *Women's Way* if you:
 - Have moved outside of North Dakota.
 - Have obtained credible insurance.
 - Are no longer eligible for *Women's Way*.
 - Are no longer receiving treatment, including quitting treatment on your own.
 - Treatment refers to surgery or another procedure to remove breast or cervical cancer or cervical pre-cancer; receiving chemo therapy or radiation therapy or taking oral medications to treat or prevent breast cancer from occurring again.
- When you are no longer eligible for Medicaid *Women's Way* Coverage, you will receive a Health Care Reform Closure letter from the State Medicaid office indicating that Medicaid *Women's Way* coverage will end at the month in which you received the letter.
- If treatment continues beyond the initial 12 months, you will receive a letter and a review form from the State Medicaid office. The form needs to be completed by the 10th of the month that the review is due and sent to your county social service office. The *Women's Way* local coordinator will also call you to verify that you are still receiving treatment. If it is determined that you remain eligible for Medicaid *Women's Way* Coverage you will receive a Health Care Reform Review letter from the State Medicaid office. If you are no longer eligible, you will receive a Health Care Reform Closure letter
- During the month prior to your 65th birthday, a Closing Notice will be sent to you by the State Medicaid office stating that your case will close at the end of the month. You will also be informed that you may be eligible for regular Medicaid the month you turn 65 and that you will need to apply at your County Social Service Office to determine eligibility.

If you have any questions regarding Medicaid *Women's Way*, please call the North Dakota Medicaid Customer Service at 1.877.328.7098. Be sure you have your Medicaid ID#.

I understand what I have read and will report any changes in regard to address, disability, income, access to health insurance coverage or no longer receiving treatment that includes quitting treatment on my own.

Signature