

North Dakota Medicaid Breast or Cervical Cancer Early Detection Program

CHECKLIST FOR LOCAL COORDINATORS

Client: _____

Date: _____

To qualify for the North Dakota Medicaid Breast or Cervical Early Detection Program (formerly Medicaid *Women's Way*), the *Women's Way* local coordinator must verify the current status of the client and make sure the client meets **ALL** 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.
 - ☐ 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, 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 breast or cervical precancerous conditions 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 calling 844-854-4825 or by going to a Human Service Zones local office (formerly known as 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 North Dakota Medicaid Breast or Cervical Cancer Early Detection Program. The application is then sent to the State Medicaid Office and a copy 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 County 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.
- ☐ Health care 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 via Secure Mail. Documentation on Verification of Diagnosis needs to clearly state a breast or cervical cancer or breast or cervical precancerous diagnosis. It should also include a plan of treatment – surgery, chemotherapy, LEEP.
- ☐ **Both 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 the determination of Medicaid status.**

If approved for the North Dakota Medicaid Breast or Cervical Cancer Early Detection Program, a **Notice of Eligibility Determination letter will be sent to the client** 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 sent to the local coordinator via secure mail.**

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

- ❑ Cancel client's coverage in the BCBS portal (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 North Dakota 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 State Medicaid Office and *Women's Way* State Office when treatment has ended via secure mail.

If treatment continues beyond the initial 12 months:

- ❑ A review form will be sent to the client from the North Dakota Department of 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 *Women's Way* 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 Medicaid State 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 Human Services. A copy of the letter will be e-mailed to the *Women's Way* State Office, who will send a copy to the appropriate *Women's Way* local coordinator via secure mail.

Eligibility for North Dakota 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 needs to be sent to the State Medicaid Office and a copy sent to the *Women's Way* State Office via secure mail.
- ❑ The client decides to discontinue treatment on her own. The health care provider must verify the date of the final treatment 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. 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.

Upon completion of treatment:

- ❑ A closure letter is sent to the client by the North Dakota Department of Human Services.
- ❑ A copy of the closure letter will be sent to the *Women's Way* State Office, who will send a copy of the letter to the *Women's Way* local coordinator via secure mail.

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 and that she will need to apply at the county 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

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