



Women's Health Connection & Medicaid Treatment FAQ

- **What is the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)?**

The NBCCEDP, known as Women's Health Connection (WHC) in Nevada, is a program to provide low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. The program, established through Congress in 1990, is funded through a grant from the CDC to the State of Nevada's Women's Health Connection, and administered in the state by Access to Healthcare Network. NBCCEDP/WHC funds are used to screen and diagnose women, not for treatment services.

- **What is the Breast and Cervical Cancer Prevention and Treatment Act?**

In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act which allows eligible women screened and diagnosed with breast cancer, cervical cancer, or high-grade cervical pre-cancer in the NBCCEDP/Women's Health Connection program access to treatment services through Medicaid, if eligible. The following year Congress passed an amendment to the act adding American Indians and Alaska Natives to the eligibility list for treatment in the program.

- **What services are offered through the Women's Health Connection?**

- ✓ *Clinical breast examinations*
- ✓ *Screening Mammograms*
- ✓ *Pap tests*
- ✓ *Pelvic examinations*
- ✓ *Human papillomavirus (HPV) tests*
- ✓ *Diagnostic testing if results are abnormal*
- ✓ *Referrals to treatment*
- ✓ *Case management to assist clients*

- **Who is eligible to enroll in WHC?**

In order to be eligible for WHC, a woman must be:

- ✓ *At or below 250% of Federal Poverty Level (FPL)*
- ✓ *Uninsured or underinsured:*
 - *Underinsured is defined as either: having insurance that does not cover cancer screening or diagnostic services, being a Medicare beneficiary and not having Part B, or having health insurance with an annual deductible, monthly spend down, or copayment that is high enough to prevent the client from obtaining cancer screening services;*
- ✓ *Women who are 21 to 64 years old*
- ✓ *Nevada resident*



- **What has changed in the WHC and Medicaid treatment programs?**

Women who have been diagnosed with breast or cervical cancer, or high-grade cervical pre-cancer, and are eligible and enrolled into the Women's Health Connection program but did not receive their screening or diagnosis within the program, can have their diagnosis confirmed by a Women's Health Connection provider and immediately move forward with Medicaid enrollment through Women's Health Connection to receive treatment.

A woman who has been diagnosed outside of the WHC provider network/program will need to see a WHC provider to verify her cancer diagnosis before entering into the WHC program and enrolled in Medicaid for treatment. The WHC contracted provider will review and confirm the client's diagnosis (via the client's existing pathology reports). Once the diagnosis is verified by a WHC provider, the client's Medicaid application and required documentation is submitted for processing and enrollment.

Once enrollment in Medicaid is approved the client can begin accessing treatment for her cancer.

- **Approximately how long does this enrollment process take, from contacting WHC through finalizing enrollment in Medicaid?**

Once the patient has contacted WHC at Access to Healthcare Network, staff works to schedule the confirmation appointment and get the Medicaid application filled out within 24 to 48 hours of her call. Coordinators have had women call on a Wednesday and say "I'm starting treatment Friday morning," and all of the steps have been completed and she's ready for treatment by Friday morning.

- **Why does the patient need to be enrolled in WHC first, rather than enrolling directly into Medicaid?**

In Nevada, this special access to Medicaid for breast and cervical cancer treatment is only offered through Women's Health Connection. In essence, the program is a gateway to Medicaid. Additionally, because the patient must see a Women's Health Connection contracted provider for the verification of diagnosis, she must be enrolled in WHC in order to compensate the provider for that visit through program funding.

- **How long does a client have to enroll in Breast and Cervical Cancer Medicaid after her initial breast or cervical cancer diagnosis?**

Presumptive eligibility begins the date on which the contracted provider determines the client meets Medicaid requirements and if the client does not file an application for assistance by the last day of the month following the month during which presumptive eligibility was determined. For example, a client diagnosed with breast cancer and determined to be eligible for enrollment in Medicaid through the WHC program on June 15 must apply for enrollment in Medicaid through WHC no later than July 31.



- **For an eligible client not screened or diagnosed within the WHC program, can she receive reimbursement through the program for the cost of her screening and diagnostic services?**

No. WHC is only able to cover the cost of screening and diagnostics for clients enrolled prior to screening.

- **How can women who are undocumented or not legal residents get access to treatment for breast or cervical cancer?**

Nevada Medicaid requirements including citizenship and residence status must be met in order to receive breast and cervical cancer treatment through Medicaid. For eligibility requirements refer to C-100 General Eligibility Requirements in the Medicaid Medical Assistance Manual, <https://dwss.nv.gov/Medical-Manual/>

For those that do not meet Medicaid eligibility requirements, there are several options available for treatment:

- ✓ *Access to Healthcare Network's Medical Discount Program provides uninsured residents with access to medical treatment at greatly reduced prices. The program is not health insurance, as members are expected to pay discounted rates for treatments at the time of service. Members must live or work in Nevada and meet income guidelines. More information is available at AccessToHealthcare.org.*
 - ✓ *Women from Mexico can contact the Mexican Consulate's Ventanilla De Salud for referrals and assistance on identifying treatment options. In Nevada, the Ventanilla De Salud office is located in Las Vegas.*
 - ✓ *The Governor's Office of Consumer Health Assistance, also known as GovCHA, can assist patients in understanding hospital and provider bills, locating resources, negotiating discounts, or setting up payment arrangements.*
- **What is considered "Active Treatment" for a client's coverage in Medicaid through WHC enrollment?**
Active treatment includes surgery, radiation, chemotherapy, and hormonal treatment specific to the cancer diagnosed at initial enrollment. A client can remain covered by Medicaid for the duration of this treatment, including while receiving hormonal treatment such as with Tamoxifen. To maintain coverage the client must be receiving active breast or cervical cancer treatment through a Medicaid provider and renew her enrollment in WHC and Medicaid annually (Medicaid will send a notice of renewal about two months before the renewal date.) Refer to C-100 General Eligibility Requirements in the Medicaid Medical Assistance Manual, <https://dwss.nv.gov/Medical-Manual/> for ongoing eligibility information.



- **What happens when the client completes active treatment?**

Once the client's provider indicates that treatment for the cancer is complete, the client's enrollment and eligibility for Medicaid coverage will cease at the end of the month in which treatment ends.

After treatment is complete, a client can re-enroll in WHC (if she is still eligible for the program) to resume regular breast and cervical cancer screening.

- **When a woman is enrolled in Medicaid for breast or cervical cancer treatment, can she also gain Medicaid coverage for her children and/or spouse?**

No. Medicaid enrollment through WHC and a breast or cervical cancer diagnosis is for the diagnosed client only. Her children and/or spouse are not eligible for enrollment or coverage in Medicaid through this special enrollment opportunity. The children and/or spouse of the client must meet the standard eligibility requirements for Medicaid or Nevada Check Up in order to enroll. For eligibility requirements refer to C-100 General Eligibility Requirements in the Medicaid Medical Assistance Manual, <https://dwss.nv.gov/Medical-Manual/>

- **Can women diagnosed with other gynecologic cancers, such as uterine cancer, receive this special "Breast and Cervical Cancer Medicaid" enrollment?**

No. Unfortunately, the WHC and corresponding Medicaid enrollment for treatment are limited to breast and cervical cancers and high-grade cervical pre-cancers only. Women diagnosed with any other cancer are not eligible for the program. Enrollment assisters and care coordinators at AHN can assist ineligible women in evaluating options for covering the cost of treatment, such as through AHN's medical discount program, enrollment in an insurance product, or some other financial assistance resource.