

Access to Medicaid for Breast & Cervical Cancer Treatment:

What's New for Women's Health Connection and Your Patients?

Presented by: Nevada Cancer Coalition

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What's new for Women's Health Connection and your patients when it comes to breast and cervical cancer treatment and access to Medicaid? I'm Kristen Power, communications director for Nevada Cancer Coalition, and I'm going share some exciting details with you. Let's get started.



The Big News:

More women now have access to breast and cervical cancer treatment when enrolled into Medicaid through Women's Health Connection.



The big news is that more women now have access to enrollment into Medicaid for treatment of breast and cervical cancer. Women's Health Connection has removed barriers to accessing cancer treatment for Women's Health Connection-eligible women not screened or diagnosed within the safety-net program.

History of Women's Health Connection

(National Breast and Cervical Cancer Early Detection Program)

- ▶ Federally funded, established by the CDC through Congressional act in 1990
- ▶ Provides high-quality, timely breast and cervical cancer screening and diagnostic services to low-income, uninsured, and underserved women
- ▶ NBCCEDP funding to Nevada in 1997 allowed for creation of Women's Health Connection
- ▶ Nevada partners with Access to Healthcare Network to administer the program statewide



Let's start with a little background or refresher on Women's Health Connection.

Women's Health Connection is Nevada's name for the National Breast and Cervical Cancer Early Detection Program, a federally funded safety-net program established by the CDC through a Congressional act in 1990. The act was passed in response to an increase in the number of low-income and uninsured women being diagnosed with breast cancer. The program provides low-income, uninsured, and underserved women access to timely, high quality breast and cervical cancer screening and diagnostic services. Nevada Division of Public and Behavioral Health received funding through the CDC to implement this program, which, as mentioned, we call Women's Health Connection. The Nevada Division of Public and Behavioral Health partners with Access to Healthcare Network to administer the program throughout the state.

History of Women's Health Connection

(a second Congressional Act is passed)

- ▶ In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act
- ▶ Provides access to treatment for breast cancer, cervical cancer, or high-grade cervical pre-cancer through specialized enrollment in Medicaid



Ten years after National Breast and Cervical Cancer Early Detection Program was established, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act. This act gave states the option to provide medical assistance through Medicaid to eligible women who were screened and found to need treatment for breast or cervical cancer or precancerous conditions. Now women screened and diagnosed within the Women's Health Connection program could gain access to treatment as well. Other eligibility requirements for Medicaid still apply, such as for citizenship and residence status. We'll cover those details in the coming slides.

Women's Health Connection: Screening Services

- ▶ Clinical breast exams
- ▶ Screening mammograms
- ▶ Pap tests
- ▶ Pelvic exams
- ▶ HPV tests
- ▶ Diagnostic testing if results are abnormal
- ▶ Referrals to treatment
- ▶ Case management



Women's Health Connection provides a number of breast and cervical cancer screening services to women including Pap tests, screening mammograms, clinical breast exams, and HPV tests. Diagnostic testing is provided if a patient's screening results are abnormal, and referral to treatment is provided if necessary. Women's Health Connection administrators also provide case management to program patients.

WHC Enrollment Eligibility

Women's Health Connection = safety-net program.
Navigate a patient to another payor source first if possible.

- ▶ 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 patient from obtaining cancer screening services
- ▶ Women between the age of 21 to 64 years old
- ▶ Nevada resident



We'll start by noting that Women's Health Connection is a safety-net program, in place to help patients with no other options. Patients should be navigated into other payor sources if they qualify. If a patient does not qualify for other payor sources, she must meet the following guidelines in order to be eligible for enrollment in Women's Health Connection. A woman must be 21 to 64 years old and a Nevada resident. She must be at or below 250% of the federal poverty level. The current figures for 250% of federal poverty level are available on the Access to Healthcare Network website in the Women's Health Connection section. A woman must also be either uninsured or underinsured. Underinsured is defined as either having insurance that doesn't 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 patient from obtaining cancer screening services. If you are unsure if a patient's underinsured status meets the enrollment eligibility criteria, contact Women's Health Connection.

Accessing Treatment through Medicaid

What does that mean?

- ▶ “Fast-tracked” through enrollment in Medicaid
- ▶ Coverage through Medicaid for the duration of cancer treatment
 - ▶ Includes coverage for all health care needs, not just cancer treatment
- ▶ Enrollment covers **patient** only
 - ▶ Enrollment does not cover spouse or children
- ▶ Other Medicaid rules and eligibility requirements still apply



In Nevada, women diagnosed with breast or cervical cancer, or high-grade cervical pre-cancer, through the Women’s Health Connection are [fast-tracked through enrollment into Medicaid](#). The fast-track process reduces the application down to two pages and confirms enrollment within one to five business days. Once enrolled in Medicaid the patient can remain enrolled through the duration of her cancer treatment. Her coverage under Medicaid covers all personal health care needs in addition to cancer treatment. However, her eligibility and enrollment applies solely to her. Spouses and children are not eligible to access Medicaid through this special enrollment eligibility. Other Medicaid rules and eligibility requirements still apply.

Accessing Treatment through Medicaid

The new part!

- ▶ Women who have been diagnosed with breast or cervical cancer, or high-grade cervical pre-cancer, and are eligible and enrolled into the WHC program, but did not receive screening or diagnosis within the program, can have their diagnosis confirmed by a WHC provider and move forward with Medicaid enrollment through the WHC program.
- ▶ Eliminates need for re-screening/re-diagnosis in WHC program
- ▶ Reduces time from diagnosis to treatment
- ▶ Saves WHC service funds to screen/diagnose more women



So what's new in all of this? Administrative changes have been made within the Women's Health Connection program, and the new language notes: 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. We'll describe the steps of how this language change works in the next few slides. There are several benefits to this change. It eliminates the need for women to be re-screened and re-diagnosed by a Women's Health Connection provider to receive the Medicaid treatment option. This change removes a barrier to treatment for eligible women not screened within the program and speeds time from their diagnosis to treatment by eliminating re-screening and re-diagnosis procedures. Additionally, the change saves screening and diagnostic funds within the Women's Health Connection program allowing for more women to receive services from the program.

Accessing Treatment through Medicaid

Steps to enrollment

- ▶ Once diagnosed, determine if patient is eligible for treatment services the WHC program
 - ▶ The Patient must meet eligibility requirements for both WHC and Medicaid
 - ▶ NRS regulation 457, requires all providers to report all cancer cases to Nevada Central Cancer Registry
- ▶ Patient or provider contacts Access to Healthcare Network to initiate enrollment into WHC program
- ▶ WHC coordinator assists patient to complete Medicaid application
- ▶ WHC coordinator schedules patient for appointment with a contracted WHC provider to verify diagnosis
 - ▶ Patient brings existing pathology report including diagnosis to the appointment



Now let's go through how the referral and Women's Health Connection and Medicaid enrollment process works for patients not screened and diagnosed within the Women's Health Connection program. If a patient is diagnosed with breast or cervical cancer, or high-grade cervical pre-cancer, and doesn't have access to treatment, first determine her eligibility for the program. The patient must meet criteria for Women's Health Connection and the additional Medicaid eligibility requirements. If eligible, the provider can either contact Access to Healthcare Network or refer the patient to contact them directly and initiate enrollment in Women's Health Connection. A side note, all providers are also required to report the cancer case to the Nevada Central Cancer Registry. In the next step, a Women's Health Connection coordinator will enroll the patient in Women's Health Connection and assist her with completing a Medicaid enrollment application. The coordinator will then schedule the patient for an appointment with a contracted Women's Health Connection provider to verify the diagnosis. The patient should bring her existing pathology report including diagnosis to the appointment, as the verification relies upon these materials. No additional diagnostic procedures will be performed, simply a verification based on existing records.

Accessing Treatment through Medicaid

The new part: steps to enrollment

- ▶ Contracted provider sends verification of diagnosis to WHC
 - ▶ Provider is also required to report cancer case to Nevada Central Cancer Registry
- ▶ WHC submits Medicaid application and required documentation to Division of Welfare for processing
- ▶ Once approved, WHC informs patient and provider of Medicaid approval and billing number. patient receives Medicaid card within 7-10 business days
 - ▶ patient can begin to access treatment using her provided billing number
- ▶ WHC enrollment and care coordination cease once a patient has a start date for treatment



Next, the contracted provider will send verification of the patient's diagnosis to Women's Health Connection. To note, this provider will also report the cancer case to the Nevada Central Cancer Registry. Moving along, a Women's Health Connection coordinator will submit the already-completed Medicaid application along with required documentation to the Division of Welfare for processing. Once approved, a Women's Health Connection coordinator will inform the patient and the provider of Medicaid approval and provide the patient's billing number. The patient can begin accessing treatment using this provided billing number. She will receive a Medicaid card within 7 to 10 business days. Women's Health Connection enrollment and care coordination will cease once the patient has enrolled in Medicaid and has a start date for her treatment.



Frequently Asked Questions: Enrollment & Eligibility

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

WHC coordinators strive to have the process completed, if not in process, within 24 to 48 hours of the patient's initial call for assistance.



So those are the basics of the new expanded access to breast and cervical cancer treatment through Women's Health Connection and Medicaid enrollment. We're sure you have a few questions, so let's go through some of the frequently asked questions. Joining me is Dena Miguel, Preventive Care Director at Access to Healthcare Network. **Dena, this new opportunity for enrollment and corresponding process was developed to remove barriers for access to treatment and reduce time from diagnosis to treatment. Approximately how long does this enrollment process take, from the initial patient contact to Access to Healthcare Network and Women's Health Connection through finalizing enrollment in Medicaid?**

Once the patient has called us we try to schedule the confirmation appointment and get the Medicaid application filled out within 24 to 48 hours of her call. We have had women call us on a Wednesday and say "I'm starting treatment Friday morning," and we have all of the steps completed and she's ready for treatment by Friday morning.

Frequently Asked Questions:

Enrollment & Eligibility

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

This specialized enrollment in Medicaid for treatment of breast and cervical cancer is only offered in Nevada through WHC. Enrollment in WHC provides the gateway to Medicaid.



Dena, my next question is, why are women enrolled in Women's Health Connection through this process rather than directly into Medicaid?

Good question. 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 we need to send the patient to a Women's Health Connection contracted provider for the verification of diagnosis, we must have her enrolled in order to compensate the provider for that visit.

Frequently Asked Questions:

Enrollment & Eligibility

How long does a patient have to enroll in Women's Health Connection and Medicaid after her initial breast or cervical cancer diagnosis?

The patient must apply for enrollment in Medicaid through WHC by the last day of the month following the month presumptive eligibility was determined.

Ex.: patient diagnosed and determined eligible on June 15 must apply for enrollment no later than July 31.



Next up, how long does a patient have to enroll in Women's Health Connection and this special "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 patient meets Medicaid requirements and if the patient 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 patient 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.

Frequently Asked Questions:

Enrollment & Eligibility

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 enroll.

If not eligible, resource options include:

- ▶ *Access to Healthcare Network's Medical Discount Program*
- ▶ *Ventanilla de Salud, a program of the Mexican Consulate*
- ▶ *Governor's Office of Consumer Health Assistance (GovCHA)*



We mentioned previously that Medicaid enrollment eligibility still applies throughout this process. 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. 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.

We'll include information on each of these organizations in our links and resources section at the end of this webinar. Additionally, visit NevadaCancerCoalition.org to search an online resource directory.

Frequently Asked Questions: Enrollment & Eligibility

Can women diagnosed with other gynecologic cancers, such as uterine cancer, get enrolled in Medicaid for treatment through this program?

No. Unfortunately, the WHC and corresponding Medicaid enrollment for treatment are limited to screening, diagnosis, and treatment of breast and cervical cancers, and high-grade cervical pre-cancers.



Up to this point we've only mentioned breast and cervical cancers, and high-grade cervical pre-cancers. Can women diagnosed with other gynecologic cancers, such as uterine cancer, that don't have access to treatment coverage use this special enrollment opportunity to receive treatment through Medicaid?

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.

Frequently Asked Questions:

Coverage

What is considered “active cancer treatment” for a patient’s coverage in Medicaid through WHC enrollment?

Active cancer treatment includes surgery, radiation, chemotherapy, and hormonal treatment, such as with tamoxifen, specific to the cancer diagnosed at initial enrollment and delivered by a Medicaid provider.



At the start of this webinar we highlighted that enrollment in Medicaid through this process could continue as long as a patient is receiving active cancer treatment. What is considered “active cancer treatment” for enrollment purposes?

Active cancer treatment includes surgery, radiation, chemotherapy, and hormonal treatment specific to the cancer diagnosed at initial enrollment. A patient can remain covered by Medicaid for the duration of this treatment, including up to 10 years while receiving hormonal treatment such as with Tamoxifen. To maintain coverage the patient must be receiving active breast or cervical cancer treatment through a Medicaid provider and renew her enrollment in Medicaid annually. Medicaid will send a notice of renewal about two months before the renewal date. Please refer to C-100 General Eligibility Requirements in the Medicaid Medical Assistance Manual for ongoing eligibility information.

Frequently Asked Questions:

Coverage

What happens when the patient completes active cancer treatment?

The patient's enrollment and eligibility for Medicaid coverage will cease at the end of the month in which treatment ends.

Can re-enroll in WHC to resume regular screening.



What happens when the patient completes active cancer treatment?

Once the patient's provider indicates that treatment for the cancer is complete, the patient's enrollment and eligibility for Medicaid coverage will cease at the end of the month in which treatment ends. The patient can re-enroll in Women's Health Connection to resume regular breast and cervical cancer screening. She can contact Access to Healthcare Network to determine if she meets eligibility requirements and to initiate enrollment.

Frequently Asked Questions:

Coverage

For an eligible patient 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 patients enrolled prior to screening.



For an eligible patient not screened or diagnosed within the WHC program, can she receive reimbursement through the program for the cost of her screening and diagnostic services once she's enrolled in Medicaid?

No. Women's Health Connection is only able to cover the cost of screening and diagnostics for patients enrolled prior to screening.

Frequently Asked Questions:

Coverage

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

No. Medicaid enrollment through WHC for treatment of breast or cervical cancer is for the diagnosed patient only.



And one last question Dena. 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 patient 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 patient must meet the standard eligibility requirements for Medicaid or Nevada Check Up in order to enroll. For eligibility requirements, once again refer to the Medicaid Medical Assistance Manual.

Frequently Asked Questions:

Other Questions

Why do the diagnosing providers need to report the cancer case to the cancer registry?

All health care providers who diagnose or treat a patient for cancer are required to report the patient's cancer diagnosis and/or treatment details to the Nevada Central Cancer Registry as required by Nevada law, NRS chapter 457.



Kristen, I have a question for you. Why do the diagnosing providers need to report the cancer case to the Nevada Central Cancer Registry?

Good question Dena. All health care providers who diagnose or treat a patient for cancer are required to report the patient's cancer diagnosis and/or treatment details to the Nevada Central Cancer Registry as required by Nevada law, NRS chapter 457. The term health care providers includes, but is not limited to, hospitals, ambulatory surgery centers, laboratories, radiation facilities, oncology facilities, and physician offices. We'll provide information to learn more about the Nevada Central Cancer Registry and how to report cases in just a few slides.

Resources and Links

Access to Healthcare Network, *WHC Administrators*

<http://www.accesstohealthcare.org>

844-469-4934



That brings us to the end of the discussion about the new enrollment opportunities for women to receive breast and cervical cancer treatment through Medicaid. Dena, thank you for joining me. How can viewers learn more about Access to Healthcare Network and enrollment in Women's Health Connection?

Thanks Kristen. Viewers can visit [AccessToHealthcare.org](http://www.AccessToHealthcare.org) to learn more about Women's Health Connection and review eligibility criteria and income guidelines. They can also give us a call at 844-469-4934.

Resources and Links

Medicaid Medical Assistance Manual

<https://dwss.nv.gov/Medical-Manual/>

Refer to C-100 “General Eligibility Requirements”

Nevada Central Cancer Registry

[http://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_\(NCCR\)_-Home/](http://dpbh.nv.gov/Programs/NCCR/Nevada_Central_Cancer_Registry_(NCCR)_-Home/)



We have a few more resources and links to share. Here are URLs for the Nevada Medicaid Assistance Manual and the Nevada Central Cancer Registry. You can also find these links in the notes below.

Resources and Links

Ventanilla De Salud

<http://ventanillas.org/index.php/en/>

Governor's Office of Consumer Health Assistance (GovCHA)

<http://dhhs.nv.gov/Programs/CHA/>



Here are links for both Ventanilla de Salud and the Governor's Office of Consumer Health Assistance, or GovCHA.

Resources and Links

**Women's Health Connection at
Nevada Division of Public and Behavioral Health**
[http://dpbh.nv.gov/Programs/WHC/Women_s_Health_
Connection_-_Home/](http://dpbh.nv.gov/Programs/WHC/Women_s_Health_Connection_-_Home/)



Program information for the Women's Health Connection is available on the Nevada Division of Public and Behavioral Health website. The program's staff works out of Carson City.

Thank you!

**If you have additional questions or comments please
contact Nevada Cancer Coalition:**

<http://NevadaCancerCoalition.org>

775-737-4056



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And finally, download additional resources and materials related to this webinar in the health care providers section of NevadaCancerCoalition.org. You can also send us questions or comments about this webinar or other breast and cervical cancer resources. And, access the Resource Directory included on the website to search for patient resources including support groups, financial assistance, and more. Thank you for joining us!