

WWWP TO WWWMA PROCESS - SEPTEMBER 2009 WWWP LOCAL COORDINATING AGENCIES

This document has been developed as a desk-top reference for Wisconsin Well Woman Program Coordinators. It provides an overview of how to help eligible Wisconsin Well Woman Program (WWWP) clients apply for Wisconsin Well Woman Medicaid (WWWMA) for treatment. This is not meant to replace Division of Health Care Access and Accountability – Medicaid provider updates or operations memos.

WISCONSIN WELL WOMAN MEDICAID (WWWMA): GENERAL OVERVIEW

- Provides access to treatment for most women who have been diagnosed with and who need treatment for breast cancer, cervical cancer or a pre-cancerous cervical lesion, and who are eligible for the Wisconsin Well Woman Program (WWWP), the Medicaid BadgerCare Plus Core Plan for Adults with No Dependent Children (Core Plan), the BadgerCare Plus Benchmark Plan (Benchmark Plan), or the Family Planning Waiver (FPW).
- Eligible women receive full benefit Medicaid services (fee-for-service).
- Women on WWWMA must have their Medicaid eligibility re-certified each year (both non-medical and medical eligibility).
- Women who enroll in WWWMA become ineligible for WWWP (no services). See WWWP to WWWMA eligibility requirements below.

WWWMA – WWWP LOCAL COORDINATOR ROLE FOR WWWP CLIENTS

➤ ELIGIBILITY FOR WWWMA PRESUMPTIVE ELIGIBILITY (PE)

Work with the diagnosing provider to help the WWWP-enrolled client who is diagnosed with and needs treatment for breast cancer, cervical cancer, or precancerous cervical lesion apply for WWWMA presumptive eligibility through the state certifying agency, Central Application Processing Operation (CAPO). The woman must be a U.S. citizen. Presumptive eligibility coverage is available to WWWP eligible women from the date of diagnosis (date the diagnostic procedure is performed) through the end of the following month. CAPO is responsible for determining possible continuing coverage.

- Documented immigrants and women eligible for WWWMA through other programs are not eligible for presumptive eligibility. Refer these women to the CAPO to see if they are eligible for continuing WWWMA.

➤ APPLY FOR WWWMA PRESUMPTIVE ELIGIBILITY

Work with diagnosing provider and WWWP client to complete the F-10075 WWWMA Determination Form (revised form available 7/09). Fax the completed form to **ForwardHealth** at (608) 221-8815 to apply for WWWMA PE.

Reminder: Medicaid Core Plan, Benchmark Plan, or FPW clients are not eligible for presumptive eligibility.

APPLY FOR WWWMA INITIAL 12 MONTHS OF COVERAGE

Work with the client to apply for Continuing WWWMA (12 month coverage) with CAPO. Evidence of citizenship and /identity documentation is required by Medicaid. This documentation, copies of the completed F-10075 form, and the WWWP Enrollment form must be sent to CAPO for processing. The completed and signed form should be faxed to CAPO at (608) 267-3381, or e-mailed to CAPO at dhsemcapo@wisconsin.gov, or mailed to CAPO (see mailing address on page 4).

➤ RE-CERTIFICATION FOR WWWMA

Inform clients they will need to get re-certified for WWWMA every 12 months if they continue to require treatment for breast cancer, cervical cancer, or precancerous cervical lesion. The client will receive a notice from CAPO. Suggest clients put a reminder on their own calendars to watch for notice. *CAPO is responsible for re-certifying WWWMA members.*

➤ RE-ACTIVATE IN WWWP

Check with clients 11 months after diagnosis to see if they have completed treatment and need to be re-enrolled in WWWP. If they need continued treatment, they need to re-certify for WWWMA through CAPO.

ELIGIBILITY CRITERIA FOR WWWMA

Women must meet both non-medical and medical criteria to be eligible for WWWMA. *False information can lead to recoupment of payment.*

NON-MEDICAL ELIGIBILITY

- For women only, must be less than 65 years old, and must be a resident of Wisconsin (only genetically born females are eligible).
- Women enrolled and eligible for WWWP, the Core Plan, the Benchmark Plan, or the FPW.
- Citizen or “documented immigrant, and have a Social Security Number (SSN) or apply for one.
 - Women need to provide documentation of citizenship and identity when applying for WWWMA Continuing Benefits.
 - Some WWWP women will not qualify for WWWMA because of immigration status; they can talk with their County Economic Support worker about any other possible eligibility. Undocumented immigrants who have an immediately life threatening medical condition, may be eligible for Emergency Medical Assistance, but breast cancer and cervical cancer by themselves are usually not considered to be immediately life threatening.
- No creditable public/private health insurance coverage for treatment of breast or cervical cancer. Women receiving services through a tribal health center, including federal Indian Health Services funded, are eligible for WWWMA.
 - WWWP women on Medicare and some women with private insurance (high deductible or co-pay) will not qualify for WWWMA and should report this coverage to CAPO.

MEDICAL ELIGIBILITY

- Women who are diagnosed with and need treatment for:
 - *Breast cancer, or*
 - *Cervical cancer (e.g., CIN II/Moderate dysplasia, CIN III/severe dysplasia, carcinoma in-situ, or endocervical adenocarcinoma in situ), or*
 - *Pre-cancerous Cervical lesion (e.g., CIN I/mild dysplasia)*
- The provider must confirm the diagnosis (breast cancer or cervical cancer or pre-cancerous cervical lesion) and need for treatment (e.g., initial/continued treatment to prevent recurrence/metastasis). Treatment for distant metastasis may be covered if it is a known or presumed complication to the primary breast cancer or cervical cancer diagnosed through WWWP.
- The date of diagnosis should be recorded as the date the diagnostic procedure is performed so WWWMA can cover additional diagnostic procedures needed to make a final diagnosis (tumor size, stage, characteristics) and to determine the treatment plan for the breast/cervical cancer (e.g., hormone receptor and HER-2/neu status, sentinel node, cervical LEEP or cone biopsies). Providers need to follow all Medicaid policies on covered services (e.g., hysterectomy).
- No other medical diagnoses are eligible for WWWMA (e.g., uterine cancer).
- Women at high risk for breast or cervical cancer are not medically eligible for WWWMA (e.g., precancerous breast lesion, family history).

CRITERIA THAT TERMINATE ELIGIBILITY FOR WOMEN ON WELL WOMAN MEDICAID

- Reach the age of 65 (most are then eligible for Medicare or can re-enroll in WWWP for covered services).
- Move out of state (The WWWP coordinator should assist clients in determining potential eligibility in another state).
- No longer need treatment for the current breast cancer or cervical cancer or precancerous cervical lesion.
- Obtain health insurance that covers breast cancer or cervical cancer or precancerous cervical lesion or another type of full-benefit Medicaid coverage.
- Becomes eligible for Medicare Part A, Part B, or both.
- Determination that false information was provided about eligibility (recoupment of Medicaid payment is possible).

The woman is responsible to notify CAPO if she meets any of the above termination criteria.

MEDICAID CORE PLAN, BENCHMARK PLAN, AND FAMILY PLANNING WAIVER TO WWWMA

- Women enrolled in the Medicaid Core Plan, Benchmark Plan, or the Family Planning Waiver are eligible for WWWMA if they are diagnosed with and need treatment for breast cancer, cervical cancer, or pre-cancerous cervical lesions and if they meet all WWWMA eligibility criteria (e.g., no creditable insurance coverage, citizen or documented immigrant).
- The Medicaid Core Plan, Benchmark Plan, and FPW providers help women complete the F- 10075 form and refer all FPW clients to CAPO to apply for WWWMA (not eligible for WWWMA PE).

Special Notes:

- *The Family Planning Waiver covers clinical breast exams for routine visits, but does not cover breast cancer screening or diagnosis (e.g., mammograms, breast biopsies).*
- *FPW women who are 35-44 years and who have an abnormal breast exam by a clinician or who present with breast cancer symptoms may be eligible for breast cancer diagnostic services through the WWWP.*

Reference Documents and Links for WWWMA:

Wisconsin Well Woman Medicaid

<http://dhs.wisconsin.gov/MEDICAID/Publications/p-10065.htm>

ForwardHealth Update number 2009-44:

New Location for Submitting the Wisconsin Well Woman Medicaid Determination Form and Form Revisions

<https://www.forwardhealth.wi.gov/kw/pdf/2009-44.pdf>

ForwardHealth Update number 2009-38: Women Diagnosed with Breast Cancer or Cervical Cancer While Enrolled in BadgerCare Plus Benchmark Plan or BadgerCare Core Plan Are Now Eligible to Be Enrolled in Wisconsin Well Woman Medicaid

<https://www.forwardhealth.wi.gov/kw/pdf/2009-38.pdf>

ForwardHealth Update number 2009-54: WWWMA Enrollment and Renewals Now Being Completed by EM CAPO

<http://dhs.wisconsin.gov/em/ops-memos/2009/pdf/09-54.pdf>

<p>To Order 3 Ply F-10075 WI Well Woman Medicaid forms (revised 7/09) You can also order the forms electronically: instructions are located at http://dhs.wisconsin.gov/forms/PrintFormsOnline.htm</p>	<p>Call orders to: 608-267-9049 Fax orders to: 608-261-6861</p>		
<p>To submit F-10075 for <u>WWWMA PE</u> (for WWWP clients who are US citizens only)</p>	<p>Fax to <u>ForwardHealth</u>: 608-221-8815</p>		
<p>To submit F-10075 for <u>Continuing WWWMA</u></p>	<p>Fax (608-267-3381), e-mail (dhsemcapo@wisconsin.gov), or mail completed and signed form to <u>CAPO</u></p>		
<p>To mail information to CAPO</p>	<p>CAPO/DHS DHCCA P O Box 309 Madison, WI 53701-0309</p>		
<p><u>Local Coordinator</u> questions on WWWMA eligibility or WWWMA enrollment.</p>	<p>Local Coordinator may contact one of the WWWP nurses or Joyce Wells (Contact Joyce at 608-266-7311 or joyce.wells@wisconsin.gov) NOTE: ONLY LOCAL COORDINATORS SHOULD CONTACT JOYCE) For information on a <u>specific case submitted to CAPO</u>, e-mail CAPO at: dhsemcapo@wisconsin.gov</p>		
<p>Provider or member questions on WWWMA covered services or billing</p>	<table border="1"> <tr> <td data-bbox="1031 1287 1518 1356"> <p>Medicaid <u>Provider</u> Services 800-947-9627</p> </td> <td data-bbox="1518 1287 1997 1356"> <p>Medicaid <u>Member</u> Services 800-362-3002</p> </td> </tr> </table>	<p>Medicaid <u>Provider</u> Services 800-947-9627</p>	<p>Medicaid <u>Member</u> Services 800-362-3002</p>
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<p>Questions regarding general Medicaid eligibility</p>	<p>Medicaid/BadgerCare Plus CARES Call Center: 608-261-6378</p>		
<p>BadgerCare Plus Core Plan web-site</p>	<p>http://www.badgercareplus.org/core/enrollment.htm</p>		
<p>BadgerCare Plus Benchmark Plan web-site</p>	<p>http://dhs.wisconsin.gov/badgercareplus/</p>		

ENROLLMENT PROCESS for Well Woman Program clients to Well Woman Medicaid (WWWMA)

	Presumptive Eligibility for WWWMA <ul style="list-style-type: none"> - <i>Temporary</i> eligibility for WWWMA - For WWWP clients only - Providers can bill from the date of diagnosis (date the diagnostic procedure is performed) 	Continuing Eligibility for WWWMA <ul style="list-style-type: none"> - 12 month total coverage for WWWMA - For WWWP, Medicaid Core Plan, Benchmark Plan, and FPW clients - Can start on date of diagnosis (date the diagnostic procedure is performed) - CAPO has 30 days to act on applications
Provider who can sign the F-10075 (WWWMA Determination form)	Diagnosing provider: WWWP provider who is a Medicaid-certified physician or nurse practitioner.	Diagnosing provider: a Medicaid-certified physician or nurse practitioner.
Completing the F-10075 form - WWWMA Determination F-10075 forms <i>(revised 7/09)</i> Forms are multi-PLY and can be ordered from: Phone 608-267-9049 Fax 608-261-6861 It is important to use the 3-ply forms because the client copy has client "Rights and Responsibilities" on the back. Clients need this information to inform them about reporting requirements (e.g., Medicare). To locate the F-10075, go to http://dhs.wisconsin.gov/forms/ Select from the numeric list on the left side of the page. Information on obtaining paper forms is available by selecting the "forms center" link within the table of listed forms.	Initiated by diagnosing provider or WWWP Local Coordinator Check top box for FPW or WWWP Client must: <ul style="list-style-type: none"> - Self declare if U.S. citizen on F-10075 form (rev. 7/09). Contact CAPO for questions. - Complete rest of "Applicant Information" section and sign. Provider must medically certify and complete: <ul style="list-style-type: none"> - Check appropriate diagnosis (breast cancer or cervical cancer or pre-cancerous cervical lesion). If no box is checked, application for WWWMA will be denied. - Date of screening and date of diagnosis (Date the diagnostic procedure is performed). - Need for treatment for breast cancer or cervical cancer. - Provider signature, credentials, and date. Coordinator or Provider: On the form – write in PE begin and end dates (date of diagnosis to the last day of following month).	Initiated by diagnosing provider or WWWP Local Coordinator Check top box for FPW or WWWP Client must: <ul style="list-style-type: none"> - Self declare if U.S. citizen (see next page and new requirement for documentation of citizenship and identity). - Complete and sign "Applicant Information" section. Provider must medically certify and complete: <ul style="list-style-type: none"> - Check appropriate diagnosis (breast cancer or cervical cancer or pre-cancerous cervical lesion). If no box is checked, application for WWWMA will be denied. - Date of screening and date of diagnosis (Date diagnostic procedure is performed). - Need for treatment for breast cancer or cervical cancer. - Provider signature, credentials, and date.

Cont'd	Presumptive Eligibility WWWMA (temporary WWWMA eligibility)	Continuing WWWMA (12 month WWWMA eligibility)
Submitting the F-10075 form	<p>WWWP Coordinator (preferred) or Providers submit: Complete and fax copy of F-10075 form to Medicaid-EDS, ASAP after diagnosis Fax #: 608-221-8815</p> <ul style="list-style-type: none"> - Copy retained by provider - Copy front and back for client and give to client to provide to CAPO - Copy to WWWP Coordinator <p>Must be submitted before end date of PE.</p> <p>Client should then apply for <i>Continuing</i> WWWMA: Client must provide a copy of F-10075, a copy of WWWP enrollment form, documentation of citizenship and identity, and proof that existing private insurance does not cover breast cancer or cervical cancer treatment to CAPO before the end date of presumptive eligibility to continue coverage. (Fax, e-mail, or mail to CAPO) Fax # for CAPO: 608-267-3381 E-mail: dhsemcapo@wisconsin.gov Mailing address: CAPO/DHS DHCCA P O Box 309 Madison, WI 53701-0309</p>	<p><u>Woman:</u> Provides F-10075 & copy of WWWP enrollment form to CAPO by fax or mail.</p> <p>Client will need to provide documentation of citizenship, identity, and if necessary, proof that existing private insurance does not cover breast cancer or cervical cancer treatment to CAPO.</p> <p>Copy of F-10075 for:</p> <ul style="list-style-type: none"> - Provider - Woman - CAPO - WWWP Coordinator. <p><u>WWWP Coordinator:</u> Coordinators can suggest that women put a reminder on their calendars at 11 months after diagnosis about the need to re-certify for WWWMA. CAPO will send a notice to the woman of the need to recertify.</p>
Start date for WWWMA eligibility	<p>Diagnosis date on F-10075 form (date diagnostic procedure is performed).</p> <p>Women are then not eligible for WWWP services.</p>	<p><i>Start Date: Diagnosis date</i> or up to 3 mos. prior to date application is received by CAPO, whichever is later. WWWP <u>Coordinators</u> call Joyce Wells in WWWMA if problems. Women are not eligible for WWWP services.</p>
End date of eligibility	<p>Last day of next calendar month after diagnosis</p>	<p>A total of 12 months from date of diagnosis or date the F-10075 form was received. CAPO will send a re-certification notice.</p>

Cont'd	Presumptive Eligibility WWWMA (temporary WWWMA eligibility)	Continuing WWWMA (12 month WWWMA eligibility)
Documentation of WWWMA coverage for medical appointments	Client should receive a white ForwardHealth card by mail. Or, client can take a copy of completed F-10075 form (with PE start & end dates) & WWWP enrollment form to medical appointments to show coverage.	Client should receive a white ForwardHealth card by mail in about 2 weeks, if they have not already received one for WWWMA PE. Letter with MA card also informs clients that she must be re-certified for WWWMA every year.
Re-certification for WWWMA [Medicaid responsibility and done by CAPO]	Clients <u>are not</u> separately notified when PE expires. Their F-10075 form should have beginning & end dates for PE (written in by the provider or WWWP coordinator). Client must apply for Continuing WWWMA if she needs continued treatment. Only one PE per diagnosis and date of diagnosis. More detailed questions should be directed to WWWP or WWWMA staff.	Medical and non-medical eligibility for Continuing WWWMA must be re-certified every 12 months. WWWP eligibility does not need to be re-determined while the client is on WWWMA. Client is not eligible for WWWP services. CAPO & Client: <ul style="list-style-type: none"> - Woman informed of need to re-certify when she first receives MA ForwardHealth card. - CAPO mails re-certification notice and directions to woman at 10-11 months. - Client must get a new F-10075 completed & signed by her MA-certified provider, which certifies her need for continued treatment for breast or cervical cancer. - Client provides signed F-10075 to CAPO and also needs to verify non-medical eligibility.
Transfer WWWMA to another county	N/A	Woman & CAPO: Clients on WWWMA should contact CAPO by mail or e-mail to change their address in their Medicaid file. WWWP Coordinator: Contact the WWWP Coordinator in the new county/tribe to check if woman needs to be re-activated in WWWP.
REAFFIRMATION Diagnosed and started treatment before enrolled in WWWP and still need treatment? Women who were initially diagnosed and started treatment for breast cancer or cervical cancer outside WWWP, and now become eligible for WWWP and need continued treatment (e.g., loss of private insurance or BadgerCare coverage).	N/A	Probably eligible for WWWMA. WWWP Coordinator: Confirm client's eligibility for WWWP. Contact WWWP staff to confirm eligibility for and process to apply for WWWMA to continue treatment (e.g., hormone/drug therapy). Coverage can only be backdated 90 days. Complete F-10075 and send to CAPO.

OTHER QUESTIONS

Does the WWWMA “need treatment” medical eligibility criteria include specialized monitoring as part of breast cancer treatment (e.g., short term follow-up visits and lab tests)? Yes

Probably eligible for WWWMA.

WWWP Coordinator:

Contact WWWP staff to confirm eligibility for and process to apply for WWWMA to continue treatment.

“Distant Metastasis”

Can WWWMA cover treatment of a “distant metastasis”?

Yes, if the distant metastasis is a known or presumed complication to the primary breast or cervical cancer.

Can women be re-certified for WWWMA to continue treating the “distant metastasis” after they have completed their breast/cervical cancer treatment?

Yes, if the distant metastasis is a known or presumed complication to the primary breast or cervical cancer.

Currently on another state’s program and move to Wisconsin & need treatment:

Women are eligible for WWWMA if they meet WWWMA non-medical eligibility criteria and if they:

- Were diagnosed through another state’s breast/cervical program & need treatment for breast/cervical cancer, or
- Were diagnosed and started treatment through another state’s B/C & Medicaid programs, & need continued treatment for breast/cervical cancer.

WWWP Coordinator (or provider):

Contact WWWP staff to confirm eligibility coming from another state, and help with application process.

Move from Wisconsin to another state & need treatment for breast/cervical cancer:

Note: State Medicaid programs can vary the scope of covered MA services and eligibility (e.g., treatment only or full benefit Medicaid).

Many states do not cover women diagnosed with breast or cervical cancer in other states.

The woman should contact WWWP Coordinator to check on eligibility before moving to another state.

WWWP Coordinator: Can check CDC web-site or check with WWWP staff for breast/cervical screening program contact in the other state.

WWWP Coordinator should assist client in determining potential eligibility in another state.

CDC web-link for state screening program contacts:

<http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp>