

4 Clinical Responsibilities and Follow-up

4.1. Job Description: Screening Coordinator

BCCHP reimburses the clinical site for providing these services. The duties fall into three areas:

- Screening
- Follow-up
- Case Management

BCCHP is held accountable to meet the Centers for Disease Control (CDC) Performance Indicators. The work of the Screening Coordinators has an impact on two Performance Indicators:

1. Less than 60 days from the date of a documented abnormal test result to the date the diagnostic work-up is complete.
2. Less than 60 days from the date of a documented breast or cervical cancer diagnosis to the start of cancer treatment.

Screening responsibilities:

- Assure that clients enrolled at your clinical site meet the BCCHP program eligibility criteria.
- Identify eligible clients through the clinic system.
- Assure that BCCHP forms (Consent, Enrollment, and Screening) are fully and accurately completed.
- Submit BCCHP forms (Consent, Enrollment, and Screening) to the BCCHP office within 15 business days (3 weeks) from the date of service.
- Assure that appropriate screening tests and examinations are performed.
- Assure that test results are reviewed by providers in a timely manner.
- Assure that enrolled clients receive their test results in a timely manner.
- Establish a reminder system for re-screening of clients.

Follow-up responsibilities:

- Assure that 100% of clients with abnormal findings have follow-up appointments.
- Establish and use a tracking system to monitor abnormal findings and clients' progress through follow-up appointments.
- Assist in client appointment compliance by accessing community resources.
- Document follow-up as described in the protocol (see page 25).
- Respond promptly to the BCCHP Data Manager's "Monthly Follow-up Report."

Case management responsibilities:

- For clients diagnosed with cancer: Transition the client on to Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid by following all of the steps on the Checklist, page 37. If she is not eligible, assist the client in obtaining other treatment coverage.
- Provide documentation to the BCCHP Clinical Coordinator regarding the client's progress through cancer treatment, as outlined in the Checklist, page 37.

- Submit the Client Needs Assessment and Case Management Forms to the BCCHP Clinical Coordinator.
- Maintain communication with the BCCHP Clinical Coordinator regarding cancer clients throughout the active treatment period, as outlined in the Checklist, page 37.
- Respond promptly to the renewal reminder for clients on BCCTP Medicaid.

General responsibilities:

- Attend the twice yearly BCCHP Mandatory Trainings and a minimum of two regular meetings during the year that are scheduled by DOH or Public Health.
- Maintain the confidentiality of all medical records and other data about BCCHP clients.

Qualifications

- Work experience in a community clinic or similar setting, coordinating clinical or program activities.
- Experience in working with BCCHP priority populations. These populations are men and women who are:
 - African-American
 - Latino or Hispanic
 - Asian/Pacific Islander
 - Native American
 - Alaska Native
 - Lesbian
 - Rural
 - Ages 50 through 64
- Excellent communication skills.
- Excellent organizational skills, including the ability to use a tracking system and provide data to the BCCHP office.

4.2. Clients with Abnormal Test Results

All contracted providers are required to meet the CDC Performance Indicators for timely and adequate follow-up for abnormal test results and diagnostic referral. The pathways that describe the appropriate and covered clinical care and re-screening recommendations are in this manual in the section “Algorithms and Protocols.”

CDC Performance Indicators:

- 60 days from the abnormal screening finding to a final diagnosis for breast and cervical diagnoses.
- 100% of clients with abnormal findings are followed to final diagnosis.
- No more than 10% of clients with abnormal findings are lost to follow-up, refused or pending.

4.3. Follow-up Protocol

All contracted providers must document the attempts made to ensure follow-up for clients with an abnormal finding. An abnormal finding is defined as suspicious for cancer, or the client needs to have the next level of diagnostic testing.

- Make at least 3 attempts to contact the client, such as:
 - Phone call
 - Personal visit, face-to-face contact
 - Certified letter to the client
- Certified letter can be checked on the web site: www.usps.com. You can "Track and Confirm by email" - this online feature saves time by allowing the U.S. Postal Service to send current delivery status information on your piece of mail. There are two options:
 - "Email all activity to date" will provide a single email to each recipient, stating the current delivery status information.
 - "Email all future activity" will generate an email anytime they receive a delivery or delivery-related event (such as attempted, refused, returned to sender, or forwarded).

The client is considered "**Lost to Follow-up**" if any of these occur:

- messages are left and are not returned
- a letter is delivered with no response from the client
- no-shows for appointments occur (not a re-schedule or a cancellation)
- the phone is disconnected
- the letter is returned.

The client is considered "Refused" if the client states that they are declining the referral or that they refuse further testing or treatment.

4.4. Follow-up for Abnormal Test Results

Tracking and follow-up is required for clients with any of the following abnormal test results. All BCCHP services and referrals must be documented.

Abnormal / Suspicious CBE Results Standards:

- Discrete Palpable Mass - Suspicious for Cancer
- Bloody or serous nipple discharge
- Nipple or areolar scaliness
- Skin dimpling or retraction

A mammogram, whether diagnostic or screening, is not a sufficient evaluation of an abnormal CBE. A palpable breast mass needs to be evaluated clinically, with ultrasound or surgical consult, regardless of mammogram result.

Abnormal Mammogram Results Standards:

- Suspicious Abnormality
- Highly Suggestive of Malignancy
- In situ
- Invasive
- Assessment Incomplete

Abnormal Cervical Results Standards:

All BCCHP services and referrals must be documented. Please indicate that the pelvic exam is suspicious if the woman needs further diagnostic tests (colposcopy or biopsy) in order to rule out the diagnosis of cancer. Do not indicate that the pelvic exam is suspicious if the woman has an STD, infection or irritation.

Bethesda System Categories:

• Within Normal Limits
• Benign Cellular Changes; Infection; Reactive Changes
• Atypical Squamous Cells of Undetermined Significance - cannot exclude HSIL (ASC-H)
• Low Grade Squamous Intraepithelial lesion encompassing: HPV, Mild Dysplasia / CIN 1
• High Grade Squamous Intraepithelial lesion encompassing: Moderate and severe dysplasia, CIS / CIN 2 and CIN 3
• Squamous Cell Carcinoma
• Endometrial cells, cytologically benign, in a post-menopausal woman; Other malignant neoplasms; Hormonal Evaluation*
• Atypical glandular cells of undetermined significance (AGUS; Endocervical adenocarcinoma; Endometrial adenocarcinoma; Extrauterine adenocarcinoma; Adenocarcinoma, NOS.

*Hormonal Evaluation applies to vaginal smears only (performed when a woman has had a hysterectomy). While this is not a Pap test screening result, because the vaginal smear is paid with NBCCEDP funds, a result must be reported.

The Bethesda categories for the adequacy of the specimen:

- satisfactory for evaluation
- satisfactory for evaluation but limited by _____ (noted by lab)
- unsatisfactory for evaluation.

Pap smears satisfactory for evaluation

Satisfactory Pap smears indicate that the specimens may be interpreted by the laboratory without qualification. The slide contains adequate numbers of well preserved and clearly visible squamous epithelial cells, so a diagnosis can be made. The slide also contains endocervical or metaplastic cells to indicate the cervical os was identified and sampled.

However, in women who have had a hysterectomy or if there are marked atrophic changes, endocervical cells may be absent. A satisfactory smear does not indicate whether the results are normal or abnormal.

4.5. GI Referral Procedure

Gastroenterologist Referral Process for Contracted Providers in King County

1. Contracted provider writes referral using clinic's referral form. Write "Colon Health Program" on referral form.
2. Fax referral, 3 forms: Enrollment, Consent, and Exam and Reimbursement and client chart notes to: BCCHP (206) 296-0208.
3. Explain to client that a case manager will contact client regarding the GI referral.
4. The case manager will set up client's GI appointments and case manage the client.
5. GI visit and procedure notes from the GI specialist will be sent to the referring provider.

Follow-up Protocol for Clients who do not complete colonoscopy

All contracted providers must document the attempts made to ensure follow-up for clients who were referred to a gastroenterologist because of **positive FOBT or high risk status due to personal or family history**.

Public Health will send a list of clients who have not completed the GI procedure (colonoscopy) within 90 days. The contracted clinic must make at least 3 attempts to contact the client, such as: phone call, personal visit or certified letter.

The client is considered "Lost to Follow-up" if any of these occur:

- Messages are left and not returned
- A letter is delivered with no response from client
- No-shows for appointments (not a re-schedule or cancellation)
- Their phone is disconnected
- The letter is returned

The client is considered "Refused Services" if the client states that they are declining the referral or that they refuse further testing or treatment.

4.6. Priorities for GI Referrals

Case Management Priorities for Gastroenterologist Referrals

1. Positive FOBT or FIT

Clients who have a positive FOBT or FIT will receive a consult with a GI provider within one month of the referral and, if compliant, scheduled with highest priority for a colonoscopy.

2. Family history of colon cancer or colorectal polyps

Clients whose biological mother, father, siblings, or children were diagnosed with colon cancer or adenomatous polyps **before the age of 60** will receive a consult within 2 months of the referral and, if compliant, receive a colonoscopy within 4 months of the referral.

3. Surveillance Colonoscopy

Clients who require surveillance colonoscopy for polyps or colon cancer (whether diagnosed through BCCHP or not) will receive a consult within 2 months and, if compliant, a colonoscopy within 4 months of the referral. The surveillance interval will depend on the GI provider's recommendation.

For all GI appointments: the case managers will make several attempts to contact the clients. After a reasonable amount of time and effort, if the case managers cannot contact the clients the referral will be sent back to the referring providers as "lost to follow-up" or "refused service."

4.7. What to Do When You Get a Follow-up Report

Abnormal findings marked on the Health Exam and Reimbursement Forms identify clients in the BCCHP database as “needs follow-up.” The BCCHP Data Manager runs the follow-up report monthly for each clinical site. Any site that has clients whose findings have not been resolved will receive one of the follow-up reports with their clients listed, the date of service, and the result that needs attention, including what is missing and what needs to be done to resolve the finding.

Note: ALL diagnostic procedures must be performed by a BCCHP-contracted provider, either at the primary care site or by a specialist such as a radiologist, gynecologist, or surgeon.

Abnormal Result	Action Taken	What Needs to be Done
Pap test result: unknown, presumed abnormal	Pap result was received in clinic but not marked on the BCCHP Exam form.	Send the Pap smear result to the BCCHP Data Manager.
Pap test result: ASC-H, High grade-SIL, squamous cell carcinoma	Client had diagnostic follow-up.	Send colpo-biopsy result to the BCCHP Data Manager. Continue to follow algorithm & sign up client for BCCTP Medicaid if treatment is needed.
Pap test result: High grade -SIL	Client had diagnostic follow-up but the results are negative or inconclusive.	Send colpo-biopsy result to BCCHP Data Manager and call to get approval for a LEEP or diagnostic cone biopsy.
Pap test result: AGC	Client had diagnostic follow-up: endometrial biopsy.	Send colpo-biopsy result and endometrial biopsy result to the BCCHP Data Manager. Continue to follow algorithm & sign up client for BCCTP Medicaid if treatment is needed.
Pap test result: ASC-H, High grade-SIL, squamous cell carcinoma or AGC	Client has not yet had diagnostic follow-up.	Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit. See p.25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".
Pap test result: ASC-H, High grade-SIL, squamous cell carcinoma or AGC	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
CBE Suspicious for malignancy	Client had diagnostic procedure (diagnostic mammogram, ultrasound, biopsy or surgical consult).	Send documentation to the BCCHP Data Manager that the diagnostic procedure was performed.

Abnormal Result	Action Taken	What Needs to be Done
CBE Suspicious for malignancy	Client had diagnostic mammogram and the radiologist states that the ultrasound is not needed.	Consult with the provider to determine if the CBE was <u>truly suspicious</u> . <ul style="list-style-type: none"> • If yes, the client needs either: <ol style="list-style-type: none"> 1. repeat CBE or 2. a surgical consult • If not, the provider needs to change the original finding to benign, initial that change on the BCCHP Exam form and send it to the BCCHP Data Manager.
CBE Suspicious for malignancy	Client has not yet had diagnostic follow-up.	Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit. <ul style="list-style-type: none"> • See p. 25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".
CBE Suspicious for malignancy	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
Mammogram: Assessment Incomplete	Client has had diagnostic mammogram or ultrasound.	Send documentation to the BCCHP Data Manager that the diagnostic procedure was performed.
Mammogram: Assessment Incomplete	Radiology facility is awaiting prior films for comparison.	Send the addendum that contains the comparison report to the BCCHP Data Manager.
Mammogram: Assessment Incomplete	Client has not yet had diagnostic follow-up.	Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit. <ul style="list-style-type: none"> • See p. 25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".

Abnormal Result	Action Taken	What Needs to be Done
Mammogram: Assessment Incomplete	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
Screening mammogram: Suspicious abnormality	Client had diagnostic follow-up.	Send the diagnostic mammogram, ultrasound, and/or surgical consult and biopsy results to the BCCHP Data Manager.
Screening mammogram: Suspicious abnormality	Client has not yet had diagnostic follow-up.	Send documentation to the BCCHP Data Manager of 3 attempts to contact the client such as phone calls, certified letter or face-to-face visit. See p 25 of the Contractor's Procedure Manual for description of "refused" and "lost to follow-up".
Screening mammogram: Suspicious abnormality	It has taken over 60 days to complete diagnostics.	Send results and documentation for why it has taken over 60 days to complete diagnostics to the BCCHP Data Manager.
FOBT or FIT Positive for blood		Refer client for diagnostic colonoscopy See p. 27

It is the responsibility of the Screening Coordinators to maintain a tracking system to identify BCCHP clients who have abnormal findings. When a BCCHP client has an abnormal finding, it is the Screening Coordinator who must assure that the client has access to the proper follow-up care so that a final diagnosis may be made. This includes assisting with referrals for appointments, contacting the client when appointments have not been kept, assessing if the client needs help in getting to or from an appointment or needs an interpreter, and informing BCCHP of these efforts.

4.8. Use of Conization and LEEP

Conization or diagnostic LEEP will be paid for by BCCHP under the following two conditions:

- when final diagnosis cannot be reached through colposcopy, or
- Pap result is a HSIL with negative colposcopy findings.

In these cases, it is necessary to:

- obtain prior approval from BCCHP staff, and
- provide documentation to BCCHP that addresses the need for the procedure.

For further clarification, see the Cervical Care Algorithm and Notes in the manual, page 155 or call BCCHP staff.

4.9. Anesthesia Charges and Facilities Fees for Biopsies

BCCHP has approved payment for anesthesia charges and facilities fees for biopsy procedures. See Fee Schedule (page 93) for rates and contact BCCHP staff for further explanation of this process, as needed.

4.10. Clients Diagnosed with Breast, Cervical or Colon Cancer

BCCHP must assure that all clients diagnosed with cancer find access to treatment.

Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid – this option is available to most clients diagnosed with breast or cervical cancer, regardless of citizenship. BCCTP Medicaid is not available to women 65 and over.

Other resources for cancer treatment include:

- Charity care programs through the cancer center or hospital,
- Basic Health Plan - if the client was able to enroll before the 6-month wait for prior conditions or if a waiver can be requested from the plan for this situation,
- Reduced cost payment plan negotiated with physician
- Apply for Medicaid at Community Service Offices.

No more than 60 days should elapse between cancer diagnosis and the initiation of treatment.

4.11. Screening Coordinator Role and Responsibilities Regarding Clients Diagnosed with Cancer

1. Notify BCCHP staff of the cancer diagnosis as soon as possible (within 5 days of diagnosis).
2. Follow the steps on the Checklist (page 37) to transition the client diagnosed with breast or cervical cancer onto the BCCTP Medicaid Treatment Program.
 - Assist the client in applying for charity care or medical coverage if the client is not eligible for BCCHP Medicaid.
3. Coordinate the referral of the client to cancer treatment providers.
 - If she is approved for BCCTP Medicaid, assure that breast and cervical cancer clients seek care from providers that accept Medicaid.
4. Provide the BCCHP Clinical Coordinator with updates on the client's cancer treatment progress, including the name of her cancer-treating providers and the start date of treatment.
5. Assist with additional client needs. See resources on page 53. Call BCCHP Clinical Coordinator as needed for help with resources.
6. Work with the Clinical Coordinator to conduct the Medicaid renewal process with the client during the 60 days prior to the one-year anniversary of her enrollment in Medicaid. The "Steps to Renewal" instructions are found on page 39 of this manual.
7. Inform the BCCHP Clinical Coordinator when the client has completed active cancer treatment. The definition of "active treatment" is on page 34, under the header "Procedure" of this manual.
 - Active treatment may range from a few months for cervical cancer clients to many years for breast cancer clients on hormonal treatments.

4.12. Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid

On June 11, 2001 Governor Gary Locke signed legislation (2SHB 1058) that allowed Washington to expand Categorically Needy (CN) Medicaid coverage to many women with breast or cervical cancer. Women diagnosed with those cancers through the Breast and Cervical Health Program are eligible for Medicaid.

Women are eligible who:

- have been diagnosed with the following conditions
- live in Washington
- have seen a healthcare provider who is contracted with the BCCHP.

Women who meet these criteria may be transitioned onto BCCTP Medicaid as soon as diagnosis is known.

Please note the income and age range differences

<p>Breast Cancer: Women at or below 300% of the FPL No insurance</p> <p><u>Breast: 18 - 64 years of age</u></p> <ul style="list-style-type: none"> • Atypical Lobular Hyperplasia (ALH) • Atypical Ductal Hyperplasia (ADH) • Lobular Carcinoma <i>In Situ</i> (LCIS) • Ductal Carcinoma <i>In Situ</i> (DCIS) • Invasive Breast Cancer <p>For breast conditions the finding must be the pathology result of a needle or other breast biopsy.</p> <p>These age ranges apply only to women with these diagnoses.</p>	<p>Cervical Cancer: Women at or below 250% of the FPL No insurance</p> <p><u>Cervical : 35 - 64 years of age</u></p> <ul style="list-style-type: none"> • CIN II • CIN III • Carcinoma <i>In Situ</i> (CIS) <p><u>Cervical: 18 - 64 years of age</u> Invasive Cervical Cancer</p> <p>For cervical conditions the finding must be the pathology result of a diagnostic procedure such as a colposcopy with biopsy, LEEP or conization.</p>
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DSHS Medical Eligibility Determination (MED) Unit

For the direct phone number of the staff person assigned to the part of the alphabet for your client's last name, see page 38 or contact BCCHP staff for the most current assignments.

Procedure:

CDC requires that all women diagnosed with cancer through BCCHP receive cancer treatment services. It is the role of the Screening Coordinator to assist eligible clients in transitioning onto the treatment program in a timely manner. The Checklist for this process is found on page 37.

Clients that are approved for Medicaid will receive coverage for breast or cervical cancer treatment for the length of time that she is undergoing active cancer treatment. This is defined as:

- Surgery
- Chemotherapy
- Radiation
- Reconstructive surgery
- Medication; for example on-going hormonal treatments such as tamoxifen, Femara or Arimidex.

Coverage needs to be renewed each year while the client continues to be having active treatment.

The following are situations where the client **would not** be eligible for the treatment program:

- Here on a visitor's visa
- Over age 65 at the time of diagnosis
- Has viable insurance such as major medical or catastrophic insurance, even if it has a high deductible.

Documentation for U.S. Citizens

As of 7/1/06, a new law requires that anyone receiving Medicaid and who declares U.S. citizenship must prove their citizenship and identity.

Some people do not need to prove citizenship and identity. The following are situations where the client would not need proof of U.S. citizenship:

- Is not a U.S. citizen, or
- Receives Supplemental Security Income (SSI), or
- Receives Medicare benefits.

Clients who are U.S. citizens must provide **one** of these four documents that prove **citizenship and identity**:

- U.S. passport
- Certificate of naturalization
- Certificate of U.S. citizenship
- Tribal membership card with photo

If the client does not have one of the documents above, they need to provide:

1 document from this citizenship list	AND	1 document from this identity list
State or U.S. issued birth certificate		Current state driver's license with photo
U.S. citizenship I.D. card		State-issued I. D. card with photo
U.S. hospital records issued at the time of birth		U.S. American Indian/Alaska Native tribal document
Final U.S. adoption decree		Military identification card with photo

Note: A PIC (Patient Identification Code) will not be issued until the client has proven citizenship and identity. Please have the client make every effort to find her birth certificate, especially if she was born out of the state of Washington. If the client does not have an item from the citizenship list, DSHS can help the client get the necessary proof. DSHS will need to know where and when she was born. The client will need to provide one item from the identity list and sign Citizenship Documentation and Identity Declaration (on page 129 DSHS Form 13-789).

4.13. Checklist - Steps to Transition Clients with Cancer onto Breast and Cervical Cancer Treatment Program

Questions? Call BCCHP Staff

- Notify BCCHP staff of this new cancer diagnosis, as soon as possible.
- Fax the diagnostic results (pathology) documenting the diagnosis to BCCHP
- Ask if the client has already applied for any other DSHS service (GAU, TANF) or any other medical coverage. If yes, call BCCHP office before continuing.
- Have client bring a photo I.D. (driver's license, state ID card, military ID, passport, etc).
- Have client bring citizenship or immigration documentation (see page 34).

For U.S. citizens: a passport alone **or** if no passport is available, copy the client's state-issued birth certificate plus a driver's license or state ID card

NOTE: If the client does not have a birth certificate, the DSHS form 13-789 may be used (page 129 in Manual), which authorizes DSHS to obtain a birth certificate for the client. Use this form primarily for those born in WA. Clients born out-of-state should make a strong effort to find or obtain their birth certificate since the PIC number (Patient Identification Code) will not be issued until documentation of U.S. citizenship is on file.

For Non-U.S. citizens: all immigration documentation available.

For Permanent Resident Card holders: documentation of entry date into the U.S.

For Undocumented clients: since no documents are available, none are required.

Not having documents does not change eligibility but it does limit the health coverage to treatments that are related to the cancer.

Meet with the client:

- Photocopy the citizenship/ immigration documentation.
- Verify that the client has no medical insurance.

If client has limited insurance coverage (i.e. catastrophic insurance) call BCCHP office to discuss.

- Give client a copy of "Frequently asked Questions about WBCHP Medicaid" on page 45.
- Have client call you (or BCCHP) with any questions about this coverage or if they receive unexpected letters from DSHS about this coverage.
- Complete these forms with client and **Fax** them with the identity, citizenship, immigration documents and this checklist to BCCHP: **(206) 296-0208**
 - Consent for Cancer Treatment page 127.
 - BCCHP Enrollment page 109 and BCCHP Consent Forms page 119 (for enrollments from a diagnostic facility).
 - Client Needs Assessment page 135 – (optional but a good tool to start a conversation about client needs)

Coverage will start first day of the month of diagnosis unless otherwise requested. Retroactive coverage is available for up to 3 months to cover the client's diagnostics, if needed.

BCCHP Coordinator

Date

4.14. Medical Eligibility Determination Services (MEDS)

WA Breast and Cervical Health Program Contacts effective 9/1/09

ALPHA SPLIT	STAFF PERSON	PHONE	STAFF BACK-UP
A - G	Kim Moore	(360) 725-1531	Alisa Gordon (360) 725-1458
H - N	Donna Mikesell	(360) 725-1503	Judy Baker (360) 725-1536
O - Z	Kathie Hershey	(360) 725-1520	Jenn Agte (360) 725-1525

FAX Number: (360) 586-2042

Mailing address: DSHS/MEDS
P.O. Box 45531
Olympia, WA 98599

4.15. Steps to renew Breast and Cervical Cancer Treatment (BCCTP) Medicaid

1. Contact the client:

- Does she have other medical insurance or has her income increased? If her income has increased beyond FPL limits she is not eligible for BCCTP Medicaid.
- Is she continuing to have active cancer treatment? (Active treatment is surgery, chemo, radiation, reconstructive surgery, or medications like Arimidex.)
 - Contact the BCCHP Clinical Coordinator if the client has insurance, is over income or is no longer undergoing active cancer treatment.

If she has no other insurance and continues to be undergoing active cancer treatment, ask her to:

- Sign a new BCCHP "Release and Consent for Breast and Cervical Cancer Treatment" form. This is needed so that we can continue to get medical records.
2. The client's cancer treatment physician must note the client's current treatment plan on the "Breast and Cervical Cancer Tracking" form. Contact the Clinical Coordinator about your responsibilities for this process.
3. Check the forms for completeness. Then:
- Fax both forms to the BCCHP Clinical Coordinator at (206) 296-0208

4.16. FAX example – Medicaid Renewal to MD

FAX

Confidential Health Information May Be Enclosed

Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the client or under circumstances that don't require client authorization. As the recipient, you are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional client consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER AND SHRED THIS FAX AND ALL ACCOMPANYING DOCUMENTS

Date		Pages	<i>including this page</i>
To	Office of Dr	From	
Phone	()	Phone	()
Fax	()	Fax	()
RE:	BCCTP- Medicaid Renewal	Email	

URGENT!

Please sign the attached and return

Per our phone conversation

Please respond to the attached

Message:

Greetings.

Your patient, _____ is enrolled in Medicaid through the Breast and Cervical Cancer Treatment Program. Her coverage is due to expire _____.

To renew her coverage, on the attached form:

- Indicate her current treatment plan [chemotherapy, medication (e.g. hormonal)]
- Sign and date the form - the physician's signature is required
- Fax the form back to me at the above number.

Thank you. Please call if you have any questions.

4.17. FAX example – Treatment Status to MD

FAX

Confidential Health Information May Be Enclosed

Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the client or under circumstances that don't require client authorization. As the recipient, you are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional client consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER AND SHRED THIS FAX AND ALL ACCOMPANYING DOCUMENTS

Date		Pages	<i>including this page</i>
To	Office of Dr	From	
Phone	()	Phone	()
Fax	()	Fax	()
RE:	Treatment status for BCCHP	Email	

URGENT!

Please sign the attached and return

For your information

per our phone conversation

Message: Greetings.

Your patient, _____ is enrolled in Medicaid through the Breast and Cervical Cancer Treatment Program. To remain on this Medicaid plan, clients must be undergoing active treatment. This is defined as surgery, chemotherapy, radiation therapy, reconstructive surgery or on-going medication therapy (such as the anti-estrogens). Follow-up surveillance is not considered active treatment. On the attached form, please: **Indicate her current treatment status**

- Sign and date the form - the physician's signature is required
- Fax the form back to me at the above number.

NOTE: If treatment is complete, please write that under "status/comments" and her Medicaid coverage will be ended. Follow-up screenings may be covered by BCCHP.

Thank you. Please call if you have any questions.

4.18. Frequently Asked Questions

In July 2001, the Washington State Legislature passed the Breast and Cervical Cancer Treatment Program. Women who are screened and diagnosed with breast or cervical cancer or precancerous conditions through the Breast and Cervical Health Program may be eligible for Medicaid during their cancer treatment if they:

1. plan to pursue conventional cancer treatment
2. meet state residency requirements
3. are under 65 years of age
4. are not eligible for another CN (Categorically Needy) Medicaid program

Please note:

- Income guidelines are set by the BCCHP and must remain at or below 300% of FPL. The client must not have any other viable medical insurance coverage. These matters are evaluated annually by the BCCHP screening coordinator.
- All BCCHP clients diagnosed with breast, cervical cancer or a pre-cancerous related condition are placed onto CN (Categorically Needy) Medicaid coverage (CNP). Most clients receive full CN Medicaid services for the duration of their treatment.

Q Can I get transportation to physician's visits? How about to radiation and chemotherapy visits?

A. Transportation to medical visits is provided under Medicaid CNP.

Q. Are translation services available?

A. Translation services are provided under Medicaid CNP.

Q. Is reconstructive surgery covered?

A. Reconstructive surgery as a "medically necessary" procedure ordered by a physician is covered by Medicaid.

Q. Is Dental Care available?

A. Dental Benefits are provided for CNP clients, however finding a dentist who takes Medicaid coupons can be difficult.

Q. Is PT/OT covered under Medicaid?

A. PT/OT requires a prescription by the physician and is a covered service for CNP clients.

Q. Is Home Health covered?

A. Home Health CNP is *covered* through CNP but home chore services like in-home meals and housekeeping need to be requested through another Medicaid program.

Q. How do I get support services?

A. Psychiatric services and visits to community mental health services are covered by Medicaid CNP. Support groups need to be accessed through community resources.

Q. Can I get breast prosthetics?

A. Breast prosthetic services are covered when ordered by a physician. These must be purchased from a service that takes Medicaid coupons and are limited to one prosthetic every 6 months.

Q. Are other items covered?

A. Mastectomy bras, lymphedema sleeves, and camisoles are available from Medicaid through service providers that accept Medicaid coupons.

Q. What about wigs or other head coverings?

A. These are not provided by Medicaid but community support groups may have these available.

Q. Will Medicaid pay for genetic testing?

A. Medicaid does not provide genetic testing at this time.

Q. What if I want to seek alternative therapy?

A. Medicaid provides limited Naturopathic and alternative care. Refusal of standard medical care for breast or cervical care may disqualify the client from receiving Medicaid benefits.

If you have any questions, please contact the BCCHP screening coordinator at your clinic.

Preguntas Frecuentes sobre BCCTP-Medicaid

En julio de 2001, la legislación del estado de Washington aprobó el Programa de Tratamiento del Cáncer Cervical y del Seno. Las mujeres a quienes se les detecta y diagnostica cáncer cervical y del seno o tengan condiciones pre-cancerosas a través del Programa de Salud Cervical del Seno del Estado de Washington (BCCHP) pueden ser elegibles para Medicaid durante el tratamiento de cáncer si:

1. planean seguir el tratamiento convencional del cáncer,
2. llenan los requisitos de residencia estatal,
3. tienen menos de 65 años de edad,
4. no son elegibles para otro programa Medicaid CN (Necesitado por categoría).

Por favor tenga en cuenta:

- La certificación de Medicaid continúa a través del tratamiento tal como se documenta por el Manejador de Casos de BCCHP.
- Los límites de ingresos son establecidos por BCCHP y deben permanecer en 300% de los niveles de pobreza federal o menos. El cliente no debe tener ningún otro cubrimiento de seguro viable. Estos asuntos son revisados cada año por el coordinador de chequeos de BCCHP.
- Todos los clientes de BCCHP con cáncer de seno o cervical o condiciones pre-cancerosas relacionadas son colocados como CNP (Necesitado por categoría). Muchas reciben servicios completos por Medicaid CNP durante el tratamiento.

Pregunta: ¿Puedo conseguir transporte para las visitas al médico? ¿Qué tal para visitas de terapia de radiación y de quimioterapia?

Respuesta: El transporte para visitas médicas es proporcionado por el Medicaid CNP.

Pregunta: ¿Hay servicios de traducción disponibles?

Respuesta: Los servicios de traducción son proporcionados por el Medicaid CNP.

Pregunta: ¿Está cubierta la cirugía reconstructiva?

Respuesta: La cirugía reconstructiva como un procedimiento “médicamente necesario” ordenado por un médico está cubierta por Medicaid CNP.

Pregunta: ¿Está disponible el cuidado dental?

Respuesta: Los beneficios dentales son ofrecidos a clientes del CNP, sin embargo, el encontrar un dentista que acepte cupones de Medicaid CNP es limitado.

Pregunta: ¿Está PT/OT cubierto por Medicaid?

Respuesta: PT/OT requiere una receta del médico y es un servicio cubierto para clientes del Medicaid CNP.

Pregunta: ¿Se cubre el cuidado en el hogar?

Respuesta: El cuidado en el hogar a través del Medicaid CNP está cubierto pero los servicios de quehaceres en el hogar, tales como comidas en casa y limpieza necesitan ser pedidos a través de otro programa de Medicaid.

Pregunta: ¿Cómo consigo servicios de apoyo?

Respuesta: Los servicios de salud mental comunitaria y están cubiertos por Medicaid CNP. Los servicios de apoyo se deben conseguir por medio de recursos comunitarios.

Pregunta: ¿Puedo conseguir prótesis de pecho?

Respuesta: Los servicios de prótesis del seno están cubiertos cuando sean ordenados por un médico. Las prótesis deben comprarse de un servicio que acepte cupones de Medicaid CNP y están limitadas a una prótesis cada 6 meses.

Pregunta: ¿Se cubren otros artículos?

Respuesta: Sostenes de mastectomía, mangas linfa edema, y camisolas están disponibles por medio de Medicaid CNP por medio de proveedores que acepten cupones de Medicaid CNP.

Pregunta: ¿Qué tal pelucas, cubre-cabezas?

Respuesta: No, no son proporcionados por Medicaid CNP pero los grupos de servicios de apoyo a la comunidad quizás los tengan disponibles.

Pregunta: ¿Pagaré Medicaid por pruebas genéticas?

Respuesta: Hasta la fecha, Medicaid CNP no proporciona pruebas genéticas.

Pregunta: ¿Qué tal si quisiera buscar cuidado alternativo?

Respuesta: Medicaid CNP proporciona cuidado Naturopático y cuidado alternativo limitados. El negarse a recibir cuidado médico estándar para el cuidado cervical y del seno puede descalificar a la cliente de recibir beneficios de Medicaid CNP.

Si tiene alguna pregunta, favor de contactar al coordinador de detección de BCCHP en su clínica.



Fact Sheet:

Estate Recovery

Summary of the Law on Estate Recovery

RCW 43.20B.080 allows recovery of Medicaid payments.

RCW 74.39A.170 allows recovery of state-only payments made for long-term care services.

RCW 43.20B.080 allows for recovery of the state's medical assistance costs from the estates of individuals who were age 55 and over at the time of receipt of services. RCW 74.39A.170 allows recovery of long-term care costs that are paid with state only funds from the estate of individuals of all ages. Washington State law is consistent with federal requirements for estate recovery programs in 42 USC Sec. 1396p

Potential Medicaid clients are advised of estate recovery provisions by DSHS workers at the time of their application for Medicaid. This notice is required under RCW 43.20B.080(8) and RCW 74.39A.170(3).

Assets that have been properly transferred prior to a person's application for Medicaid are not subject to estate recovery. Limitations to asset transfers are spelled out in state and federal law. If assets that are subject to recovery are transferred at less than fair market value, the individual may become ineligible for Medicaid services.

The state does not place a lien on assets or try to recover against an estate until the death of the Medicaid recipient. The state will defer recovery until the death of a surviving spouse (if any) and/or while there is a surviving child who is under 21, blind or disabled.

Methods for recovery of overpayments are specified in RCW 43.20B. Individuals subject to estate recovery have a right to an administrative hearing under 74.08.080, conducted under 34.05 (APA)

Annual Recoveries

The Department of Social and Health Services, Office of Financial Recovery is responsible for the estate recovery program. They collect approximately \$11.5 million per year from approximately 650 estates.

WAC changes

New rules became effective June 1 2004 that made recovery provisions more consistent and added services that are subject to estate recovery.

Other significant changes to estate recovery provisions that were effective June 1, 2004 include:

- Identify additional Medicaid expenditures to be included in estate recovery. The rules now include all Medicaid services (federally funded services) plus premium payments to managed care organizations;

FOR MORE INFORMATION, CONTACT:
Financial Services Administration, (360) 664-5700 (800) 562-6114

Estate Recovery

- Assets and resources of Native Americans/Alaska Natives that are exempt from estate recovery were identified.
- State-funded long-term care services for clients of Division of Developmental Disabilities were added to recoverable services.
- Additional Medicaid expenditures for Medicare savings programs and payment of Medicare premiums were added only for those clients who also receive Medicaid.
- Provision for interest charges after the establishment of the debt.

These changes were made in 388-527 WAC.

Recent Legislation

The department recovers against the estate of a deceased person who has received Medicaid services in compliance with the provisions of Chapter 11 RCW Probate and Trust Law. In the mid-90s the legislature revised these laws to require that individuals who are settling the estate of a deceased person be required to notify DSHS of the proceedings. This allows DSHS to file liens or take other actions available to creditors to recover amounts owed.

Certain sections of Chapter 11 RCW to permit property to be transferred to heirs before DSHS is provided notice and an opportunity to make a claim for payment was inadvertently not included when these sections were updated in the mid-90s. This led to the inequitable situation where the heirs of some estates had to repay the debt to DSHS accrued by the estate but heirs of other estates did not. For example, if a person who received Medicaid services died with an intact will, the individual settling the estate was required to notify DSHS of that action. But the individual settling the estate of a person who received Medicaid services and died without a will was not required to notify DSHS of the settlement activities. The new rules require notification to DSHS in all circumstances.

This change to the rule is expected to result in additional recoveries in approximately 20 cases per year, resulting in an estimated \$500,000 increase in recoveries.

Legislation adopted by 2005 legislature

The department may record requests for notice of transfers or encumbrances of real property owned by individuals who have received medical assistance subject to recovery.

Estate recovery will be allowed against a Medicaid recipient's life-estate or joint-tenancy interest.

The department may file a lien against the real property of a living resident of a nursing home or other medical institution if it determines, after notice and opportunity for a hearing, that the individual cannot reasonably be expected to be discharged from the medical institution and to return home.

Eliminated the homestead exemption on debts owed for estate

Expands the statute of limitation from 10 years to 20 years for Medicaid liens placed for collections of debts due the department



DDD Division of Developmental
Disabilities

AGING AND DISABILITIES ADMINISTRATION
DIVISION OF DEVELOPMENTAL DISABILITIES

ESTATE RECOVERY FACT SHEET

Why am I getting this notice?

You are getting this notice because a law called "estate recovery" may affect you.

What is the estate recovery law?

This law requires the state to recover certain Medicaid funded services or state funded services from *your estate* **after your death**. DSHS may file a lien or make a claim against any property included in your estate.

What is an estate?

An estate includes any savings you have and other things you own or have a legal interest in at the time of your death, such as a house and land. It does not include property solely owned by your parents, spouse, or child.

Which of my services are included in estate recovery?

Estate recovery applies to Medicaid services you receive at age 55 or older.

These include hospital costs, prescriptions, nursing home care, Medicaid Personal Care, and DDD waiver services such as residential, day program, and other support services.

Effective June 1, 2004, estate recovery also applies to all state-funded long-term home and community services received at any age.

What if I have a wife or husband or child?

The state cannot begin recovery during the life of a surviving spouse, or while your child is under age 21, blind or disabled.

Does the state ever make exceptions to this law?

The state may agree not to recover its costs from your estate if it would cause hardship for the person who would inherit the house, money, or property.

Are there appeal rights to estate recovery?

Yes. DSHS will give notice and an opportunity for a hearing.

What can I do to avoid estate recovery?

Estate planning may reduce the effect of estate recovery laws. Any actions to avoid estate recovery should be taken only after talking with an attorney. Otherwise, you may do something that will make you ineligible to receive Medicaid benefits.

How can I find out more information?

Enclosed is information from Columbia Legal Services. If you have more questions, you may want to call the Coordinated Legal Education, Advice and Referral Line (CLEAR) toll free at 1-888-201-1014 or consult with an attorney who understands both estate planning and medical assistance rules.

**Statutory Authority
RCW 43.20b and 388-527 WAC**

4.20. Information and Support Resources for Clients Diagnosed with Cancer

American Cancer Society - www.cancer.org

- 1-800-ACS-2345 National call center; 1-800-729-5588 Everett call center
- Provides educational materials, information and referrals, prostheses
- Wig bank and TLC catalog - low cost head coverings, bras and prosthesis
- Transportation programs - call Everett office for qualification criteria
- Room for Life - Hotel rooms for patients from out of town
- Reach to Recovery - Buddy program
- **Cancer Survivors Network** - Web-based support group (1-877-333-4673)

Angel Care Breast Cancer Foundation - www.angelcarefoundation.org

- 1-877-417-3484
- Provides on-going one-on-one support by breast cancer survivors for newly diagnosed breast cancer patients.

Breast Cancer Network of Strength (formerly known as Y-Me)

- 1-800-221-2141 or Spanish 1-800-986-9505
- Offers a 24-hour Hotline for anyone who need breast cancer information or support. Hotline is available in English and Spanish with peer support provided in 150 languages.

Breast Cancer Resource Center

- 3502 S. 12th Street, Tacoma, WA98405
- (253) 752-4222 Monday - Friday 9 to 4; no appointment needed
- Offers all services at no cost: one on one support from a breast cancer survivor, client services coordinator, library, wig bank, head coverings, support groups, prostheses and bras, yoga classes, relaxation class.

Breast Cancer Resource Committee - www.bcrc.org

- Mission is to reduce the incidence and mortality from breast cancer among African American women
- Breast Cancer Advocacy and Education
- Online newsletter

CANCERcare - www.cancercare.org (previously AVON Cares Program)

- (800) 813-HOPE (1-800-813-4673)
- CancerCare is a national nonprofit organization whose mission is to provide free professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved.
- CancerCare programs - include counseling, education, financial assistance and practical help - are provided by trained oncology social workers and are completely free of charge.

Cancer Information Service - www.cancer.gov

- 1-800 -4-CANCER (1-800-422-6237)
- Answers to questions about cancer

- Help with quitting smoking
- Informational materials

Cancer Lifeline - www.cancerlifeline.org

- Seattle: 6522 Fremont Avenue N., Seattle
- Eastside: 5355 SE 30th Place, Suite 240, Bellevue
- 1-800-255-5505; Local: (206)297-2500
- Cancer Lifeline offers a wide range of programs, support groups, classes, activities and presentations aimed at optimizing the quality of life for cancer patients and cancer survivors and their families, friends, co-workers and caregivers.
- Telephone Lifeline: Cancer Lifeline volunteers answer the toll free phone line.
- Volunteers are well trained, supportive, caring listeners. Patients, family members, or friends who call with questions about any part of the cancer experience can speak frankly and openly; their concerns are always taken seriously.

Crisis Clinic: Helping Lives on the Line - www.crisisclinic.org

- 1-866-4CRISIS (427-4747) For 24-hour assistance for people with emotional crisis
- 1-800-621-4636 for 211 Community Information Line. Available from 8 a.m. - 8 p.m. to provide community resources and information for social and human services.

DSHS (Department of Social and Health Services) Assistance;

- **Community Information Line** - (800) 621-4636
- Available from 8 a.m. - 8 p.m. to provide community resources and information about social and human services
- For general information about Medicaid benefits call 800-562-3022
- **DSHS Community Service Offices - www.dshs.wa.gov** - (800) 562-3022
- **Public Health Access and Outreach** - (206) 296-4841
- **Basic Health Plan**
Community Health Access Program - (800) 756-5437
 - Provides assistance with Basic Health applications for those not on Medicaid or Medicare
 - Provides assistance with Medicaid applications and benefits.
- **Medicare Savings for Qualified Beneficiaries**
 - Medicare, Medicaid, and Washington State have developed programs for those with limited resources and income to pay for some Medicare out-of-pocket expenses
 - Medicare Beneficiary Hotline: 1-800-445-6941 or
 - Qualis HealthCare (206) 364-9700.

Gilda's Club Seattle - www.gildasclubseattle.org

- 1400 Broadway, Seattle
- (206) 709-1400
- The web site provides details about programs that give social and emotional support to individuals and families dealing with cancer - support that may be missing from one's life.
- The Clubhouse staff, volunteers and members build that support together. Call for a program brochure. It's all free of charge.

Hopelink www.hope-link.org

- (800) 923-7433
- Hopelink serves homeless and low income families, children, seniors and people with disabilities, promoting self-sufficiency for all members of our community.
- Hopelink emergency service centers are located in Bellevue, Kirkland, Northshore, Redmond, Shoreline and Sno-Valley.
- Transportation to medical appointments is provided to all Medicaid patients in King County.

Living Beyond Breast Cancer - www.lbbc.org

- Cancer Survivors Help Line: (888)753-5222
- Live telephone coverage on Tuesdays. On other days calls are returned by volunteers within 24 hours.
- A national education and support organization,
- Breast cancer information
- Connection and support that will help you manage a breast cancer diagnosis, through treatment and beyond.

Medical Information:**National Institutes of Health**

- Many links, including a dictionary of cancer terms
- www.nlm.nih.gov/medlineplus/cancer.html
- For fact sheets about the side effects of chemo:
- www.nlm.nih.gov/medlineplus/cancerchemotherapy.html

College of American Pathologists

- Information about the disease, treatment options, key terms, pictures of normal and diseased tissue, questions to ask your doctor
- www.mybiopsy.org

Operation Uplift - www.operationuplift.org

- 118 N. Liberty St. Port Angeles, WA Phone: (360) 457-5141
- Limited hours, call first
- Provides no-cost support groups, prosthesis, wigs, head coverings, mammogram vouchers and limited financial assistance for transportation

Patient Advocate Foundation - www.patientadvocate.org

- National non-profit that uses case managers and healthcare attorneys to act as a liaison for complex situations (clinics should help first with simpler problems) between patients and insurers, employers, creditors, etc.

- Supported by professional organizations, universities and pharmaceutical companies.

Prescription Assistance Programs

Partnership for Prescription Assistance

425 Prescription Assistance Programs, covering more than 2500 medications

- www.pparx.org or 1-888-4PPA-NOW (1-888-477-2669)

Washington Prescription Discount Program (WPDP)

- Open to all Washington State residents who do not have prescription drug insurance *coverage* or whose insurance does not cover all of their prescription drug needs.
- www.rx.wa.gov
- To enroll, call 1-800-913-4146 or

RX outreach

- www.rxoutreach.com or (800) 769-3880
- Provides prescription drug assistance for those whose income is at 300% FPL (see Komen table, page 6).

NeedyMeds

- A 501 (3)(c) non-profit with the mission of helping people who cannot afford medicine or healthcare costs.
- The information at NeedyMeds is available anonymously and free of charge
- www.needymeds.org

Susan G. Komen for the Cure, Puget Sound Affiliate - www.pskomen.org

- (206) 633-0303
- A global leader in the fight against breast cancer. Supports innovative research and community-based outreach activities.
- The local affiliate supports grant writing workshops in July and the Partner Institute in August.
- [Puget Sound Breast Cancer Information and Resource Guide: Finding Your Way to Wellness](#), 4th Edition, no cost.

Team Survivor Northwest - www.teamsurvivornw.org

- (206) 732-8350
- Broad range of fitness and education programs at any stage of recovery, at any fitness level.
- Cycling, triathlons, mountain climbing, hiking, yoga and more
- Latina outreach program