

Program Enrollment and Eligibility

Clients must be enrolled in the program prior to receiving services. Clients can enroll through the central office, community partners/contractors, or through presumptive clinical onsite enrollment. This section describes the enrollment process and how you, the healthcare provider, determine eligibility.

1. Program Enrollment Onsite at Clinic

Enrolling onsite at your clinical facility is the quickest and surest way for a client to get screened. Presumptive onsite eligibility simply means you, the participating healthcare provider, determine if the client is eligible on the day the client is screened. (See types of eligibility below) Participating healthcare providers are reimbursed \$10 for accurately performing presumptive eligibility and enrollment.

Eligibility criteria:

a. Eligible clients:

- 1) Must be 40 through 64 years of age on the date she enrolls
- 2) Must meet the income guidelines (see page 2-5 and 2-6)
*Income is self reported by client
- 3) Cannot belong to a Health Maintenance Organization (HMO)
- 4) Cannot have Medicaid coverage for herself
- 5) Cannot have Medicare coverage

b. How to Enroll

Clients who meet the above criteria must complete the pink Presumptive Eligibility Enrollment Form on the date of her exam if she is not previously enrolled.

The client is considered not enrolled until all shaded areas on the enrollment form are complete and the medical release is signed. Pages 1, 2 and 6 are for enrollment and are completed by the client. Page 3 is to document screening services and is completed by the healthcare provider Pages 4 and 5 are to document screening results and are completed by the healthcare provider and then given to the client to take with her after the exam.

Enrollment forms must be submitted by your clinic to EWM within two (2) weeks of client enrollment.

c. Effective Dates

Begin Date: Date the client signs her medical release. Once EWM receives the enrollment form, EWM will mail client her copy of the medical release and additional program information.

End Date: Clients remain eligible for the life of the program or as long as they meet the income, age and insurance guidelines.

d. Screening Packet

At the appropriate time EWM will send the client a reminder informing client that it is time for her screening. At the same time EWM will send a request for updated personal information and her EWM Screening Visit Card. See EWM Determined Eligibility on Page 2-2.

2. EWM Determined Eligibility

If a client presents an EWM Screening Visit Card at your facility, she has already been determined eligible for the program by EWM. Screening Visit Cards and other program referral forms are valid only for the client to whom they are issued and are not transferrable.

Although clients under 40 cannot enroll for screening today, some clients who are under 40 years old may already be enrolled (See Policy 10 A-3) and come to your office with an EWM Screening Visit Card. These clients are eligible for **age appropriate screening**. See page 3-3 for specific age related guidelines.

You can see any client who comes to your office with a Screening Visit Card and be assured of her coverage through EWM. Clients must bring their Screening Visit Cards to their appointment. **Screening services will not be reimbursed without the Screening Visit Card. Any exceptions must be authorized by EWM staff prior to services being performed.**

3. Breast or Cervical Diagnostic Services Enrollment

(The Breast or Cervical Diagnostic Services Enrollment is now called the Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form.) (See Forms Section 11-3 and 11-4)

Enrolling on-site at your clinical facility is the only way for any client needing diagnostic services, to enroll. On-site enrollment simply means you, the participating healthcare provider, determine if the client is eligible.

Breast or Cervical Diagnostic Services Enrollment / Follow Up and Treatment Plan form is temporary enrollment for clients 18 through 39. **These clients are not eligible for any screening services.** Clients 40 to 64 can remain in the program after diagnostic services are performed.

Eligibility criteria:

- a. **Eligible clients:** Clients enroll using the Breast (goldenrod) or Cervical (blue) Diagnostic Enrollment/Follow Up and Treatment Plan form if they have already had an abnormal breast or cervical screening exam that was not paid by EWM and they are in need of further diagnostic testing. **(Client must be 18 years of age or older)**
 - 1) Must meet the income guidelines (see page 2-5) (*Income is self reported by client)
 - 2) Cannot belong to a Health Maintenance Organization (HMO);
 - 3) Cannot have Medicaid for herself;
 - 4) Cannot have Medicare coverage;

3. Breast or Cervical Diagnostic Enrollment *(continued)*

(The Breast or Cervical Diagnostic Services Enrollment is now called the Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form.) (See Forms Section 11-3 and 11-4)

5) **Must have had** one of the following abnormal:

Cervical: (Clients 18-20)

- a) Pap test within the last **6 months** that showed one of the following:
- 1) Atypical Squamous Cells: Cannot Exclude High Grade SIL (ASC-H)
 - 2) Atypical Glandular Cells (AGC)
 - 3) High Grade SIL (HSIL)
 - 4) Squamous cell carcinoma

Breast: (Clients 18-64)

- a) An abnormal clinical breast exam within the last **6 months** that was suspicious for malignancy
- b) An abnormal mammogram within the last **6 months** that revealed:
- 1) Suspicious Abnormality (SAB)
 - 2) Highly suggestive (MAL)
 - 3) Assessment incomplete (NAE)

Cervical: (Clients 21-64)

- a) Pap test within the last **6 months** that showed one of the following:
- 1) Atypical Cells of Undetermined Significance (ASC-US) with positive high risk HPV
 - 2) Low Grade SIL
 - 3) Atypical Squamous Cells: Cannot Exclude High Grade SIL (ASC-H)
 - 4) Atypical Glandular Cells (AGC)
 - 5) High Grade SIL (HSIL)
 - 6) Squamous cell carcinoma
- b) An abnormal pelvic exam within the last **6 months** that was suspicious for **cervical** malignancy

6) **Must enroll to perform** one of the following exams:

Cervical:

- a) Colposcopy-directed biopsy (colposcopy without biopsy not allowed as a reason for enrollment)
- b) Referral for a OB-GYN consult/specialist regarding suspicious cervical lesion or diagnostic finding

Breast: (NOTE: Clients 18-39 with a clinical breast exam suspicious for breast malignancy (referral to a surgeon is preferred) (See Policy 10 B-4)

- a) Diagnostic mammography
(Clients must be at least 30)
- b) Fine needle or cyst aspiration of the breast
- c) Biopsy of the breast (Needle core, Mammotome, Open Incision/ABBI, Excision)
- d) Referral for a surgical consult/specialist regarding suspicious breast screening or diagnostic finding
- e) Ultrasound guided fine needle or cyst aspiration
- f) Ultrasound (**Preauthorization is required**)
**Reimbursement for breast ultrasound needs preauthorization for clients 18-39, except when recommended by a radiologist following a diagnostic mammogram in clients 30-39. Preauthorization for breast ultrasound is based on funding availability.*
- g) Repeat clinical breast exam

NOTE: CAD and MRI is **NOT** covered by EWM

3. Breast or Cervical Diagnostic Enrollment (*continued*)

(The Breast or Cervical Diagnostic Services Enrollment is now called the Breast or Cervical Diagnostic Enrollment, Follow Up and Treatment Plan form.) (See Forms Section 11-3 and 11-4)

b. How to Enroll

Clients who meet the above criteria must complete the Client Information and sign the Informed Consent (Pages 1 and 2) of the Breast (goldenrod) or Cervical (blue) Diagnostic Enrollment/Follow Up and Treatment Plan form on or before the date of the diagnostic exam.

The client is considered not enrolled until all the shaded areas on pages 1 and 2 of the enrollment form are complete and the medical release is signed. Pages 3 and 4 are to document abnormal screening results and diagnosis and treatment plan/status by the healthcare provider. Page 5 is directions for the healthcare provider how to complete the forms. Page 6 of the Cervical form includes acronyms and important information. The Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form needs to be completed and submitted within two weeks of date of service.

If the client is going to be referred to another healthcare provider (**not for a radiology examination**), complete the enrollment, verify eligibility, and give the client the enrollment form to take with her to the referral physician.

Enrollment forms need to be submitted to EWM within two (2) weeks of completion of the diagnostic procedure.

c. Effective Dates

Clients under 40:

Begin date: Date client signs the Medical Release. Once EWM receives the enrollment form, EWM will mail client her a copy of the medical release and additional program information.

End date: Clients enrolled as diagnostic clients remain eligible until a definitive diagnosis is reached or until treatment is initiated. **For clients under 40, EWM will NOT reimburse for:**

- Short interval Pap tests
- Clinical breast exams
- Mammograms

If they ever need breast or cervical diagnostic services again, they must complete another enrollment form.

Clients over 40:

Begin date: Date client signs the Medical Release. Once EWM receives the enrollment form, EWM will mail client her a copy of the medical release and additional program information.

End date: Clients over the age of 40 remain eligible for the life of the program or as long as the client meet the income, age and insurance guidelines.

4. Other Ways Clients Can Enroll

Clients can contact the Cancer Information Services' toll-free line to request an enrollment packet. The Cancer Information Service allows EWM to use their toll-free number, 1-800-4-CANCER (1-800-422-6237), in our promotional efforts. Spanish speaking operators and forms are available. Please note, that this toll-free number is different from the toll-free number you, as participating healthcare providers, may use to reach EWM staff at NDHHS.

EWM community partners/contractors distribute enrollment packets at public health education activities. In your community, enrollment packets may be distributed at senior centers, health fairs, churches, commodity distribution sites, retail outlets, employment sites and a host of other places. Your facility may also distribute non-presumptive eligibility enrollment packets. Please see the Forms & Materials Section to order enrollment packets.

Effective July 1, 2008 - June 30, 2009

**Income Eligibility Scale
Yearly Income**

**08-09
Income Scale**

# of People in Household (including woman enrolling)	FREE	\$5.00 Donation
1	0 - \$10,400	\$10,401 – 23,400
2	0 - \$14,000	\$14,001 – 31,500
3	0 - \$17,600	\$17,601 – 39,600
4	0 - \$21,200	\$21,201 – 47,700
5	0 - \$24,800	\$24,801 – 55,800
6	0 - \$28,400	\$28,401 – 63,900
7	0 - \$32,000	\$32,001 – 72,000
8	0 - \$35,600	\$35,601 – 80,100
9	0 - \$39,200	\$39,201 – 88,200
10	0 - \$42,800	\$42,801 – 96,300
11	0 - \$46,400	\$46,401 – 104,400
12	0 - \$50,000	\$50,001 – 112,500

Determining Household Income

Household income is self-reported to EWM. No verification or documentation of income is required. Enrolling clients report their gross annual income before deductions. All income coming into the home that supports the household is to be counted. This includes the following:

- Interest and Dividends
- Alimony
- Public Assistance
- Disability
- Commissions and tips
- Social Security
- Other forms of supplementary income

Those with farm incomes or non-farm self-employment are asked to record the amount of net income after deductions. This is determined by subtracting deductions and depreciation from gross receipts.

Determining Household Size

All persons living in the same house and being supported by the income are to be included in the number of people in the household. This includes grandchildren, guardianship, domestic partners, etc. who are supported by the same income. Roommates who do not share income do not have to be included in the number of people in the house nor towards the total annual income.

Effective July 1, 2009 - June 30, 2010

**09-10
Income Scale**

**Income Eligibility Scale
Yearly Income**

# of People in Household (including woman enrolling)	FREE	\$5.00 Donation
1	0 - \$10,830	\$10,831 – 24,368
2	0 - \$14,570	\$14,571 – 32,783
3	0 - \$18,310	\$18,311 – 41,198
4	0 - \$22,050	\$22,051 – 49,613
5	0 - \$25,790	\$25,791 – 58,028
6	0 - \$29,530	\$29,531 – 66,443
7	0 - \$33,270	\$33,271 – 74,858
8	0 - \$37,010	\$37,011 – 83,273
9	0 - \$40,750	\$40,751 – 91,688
10	0 - \$44,490	\$44,491–100,103
11	0 - \$48,230	\$48,231–108,518
12	0 - \$51,970	\$51,971–116,933

Determining Household Income

Household income is self-reported to EWM. No verification or documentation of income is required. Enrolling clients report their gross annual income before deductions. All income coming into the home that supports the household is to be counted. This includes the following:

- Interest and Dividends
- Alimony
- Public Assistance
- Disability
- Commissions and tips
- Social Security
- Other forms of supplementary income

Those with farm incomes or non-farm self-employment are asked to record the amount of net income after deductions. This is determined by subtracting deductions and depreciation from gross receipts.

Determining Household Size

All persons living in the same house and being supported by the income are to be included in the number of people in the household. This includes grandchildren, guardianship, domestic partners, etc. who are supported by the same income. Roommates who do not share income do not have to be included in the number of people in the house nor towards the total annual income.