

## WWWP to WWWMA Process for WWWP Coordinating Agencies

This document has been developed as a desktop 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 the Division of Medicaid Services Eligibility Handbooks, Medicaid provider updates or operations memos.

### WWWMA Overview

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WWWMA provides most WWWP eligible clients with access to treatment when diagnosed with breast cancer, cervical cancer, or a precancerous condition of the cervix, and need treatment. Some clients may also qualify for WWWMA based on screenings completed through the BadgerCare Plus or Family Planning Only Services (FPOS) programs.

- Eligible clients receive full-benefit fee-for-service Medicaid health care coverage.
- Clients on WWWMA must have their Medicaid eligibility re-certified each year, both non-medical and medical eligibility.
- Clients who enroll in WWWMA become ineligible for WWWP.

### WWWMA Eligibility Criteria

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

See [Wisconsin's Medicaid Eligibility Handbook Chapter 36](#) for information on eligibility.

## **Non-medical Eligibility**

- Client is a resident of Wisconsin.
- Client is less than 65 years old.
- Client is eligible and enrolled in WWWP or FPOS.
- Client is a U.S. citizen or qualifying immigrant. Some WWWP clients will not qualify for WWWMA because of immigration status. These clients should contact their county or tribal income maintenance agency about other options.
- Client has a Social Security number or can get one.
- Client cannot get public/private health insurance that covers treatment of breast cancer or cervical cancer or a precancerous condition of the cervix.

Clients receiving services through a tribal health center, including federally funded Indian Health Services, are eligible for WWWMA.

WWWP clients enrolled in Medicare or private insurance, even with a high deductible or co-pay, do not qualify for WWWMA.

Individuals who are not eligible because of their citizenship or immigration status 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.

## **Medical Eligibility**

- Client is diagnosed and needs treatment for:
  - Breast cancer
  - Cervical cancer (CIN II/moderate dysplasia, CIN III/severe dysplasia, carcinoma in situ, or endocervical adenocarcinoma in situ)
  - Precancerous condition of the cervix (CIN I/mild dysplasia)

- The diagnosing provider must confirm the diagnosis (breast cancer or cervical cancer or precancerous condition of the cervix) and indicate the need for ongoing treatment and/or surveillance monitoring (initial/continued treatment to prevent recurrence/metastasis) for the diagnosis.

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 (hormone receptor and HER-2/neu status, sentinel node biopsy, cervical LEEP or core biopsies) needed to make a final diagnosis (tumor size, stage, characteristics) and determine the treatment plan for the breast cancer, cervical cancer, or precancerous condition of the cervix. Providers need to follow all Medicaid policies on covered services such as a hysterectomy.

No other medical diagnoses, such as ovarian cancer or uterine cancer, are eligible for WWWMA.

Women at high risk for breast cancer (precancerous breast lesion or family history) or cervical cancer are not medically eligible for WWWMA.

## **WWWMA Enrollment Options**

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Enrollment in WWWMA can be completed through a simple enrollment process using the one-page [F-10075](#) WWWMA Application and Renewal Form. There are two options for initial enrollment:

- Presumptive Eligibility (PE) is an optional temporary enrollment process, which allows clients to enroll in WWWMA for up to two months while they are still applying for WWWMA.
- Ongoing Benefits is an enrollment process that requires a completed application and any necessary verification, including verification of citizenship, before benefits can be approved, but it allows for a certification period of up to 12 months if the client continues to meet the program rules.

Clients may choose to enroll using PE prior to enrolling in Ongoing Benefits, but they may enroll initially in Ongoing Benefits.

## Eligibility for WWWMA Presumptive Eligibility (PE)

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- WWWMA PE coverage is available to WWWP eligible clients from the date of diagnosis (date the diagnostic procedure is performed) through the end of the following month.
- The client must be a U.S. citizen.
- Qualifying immigrants and clients eligible for WWWMA through other programs are not eligible for PE. Refer these clients to the state certifying agency, Enrollment Management Central Application Processing Operation (EM CAPO), to see if they are eligible for Ongoing Benefits WWWMA.
- BadgerCare Plus or FPOS members are not eligible for PE.

## Apply for WWWMA Presumptive Eligibility (PE)

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- WWWMA PE coverage is processed by the state fiscal agent.
- Work with the WWWP diagnosing provider and WWWP client to complete the [F-10075](#).
- Fax the completed form to the state fiscal agent at 608-221-8815 within five days of the diagnosis date.

## Eligibility for WWWMA Ongoing Benefits

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- WWWMA Ongoing Benefit coverage is available to WWWP eligible clients for 12 months from the date of diagnosis (date the diagnostic procedure is performed).
- The client must be a U.S. citizen or qualifying immigrant.
- Proof of citizenship is required by Medicaid.
- Eligibility can begin on the date of diagnosis or may be backdated to the first of the month up to three months prior to the date the application is received by EM CAPO, whichever is most recent.

## Apply for Initial WWWMA Ongoing Benefits

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- WWWMA Ongoing Benefit coverage is processed by the state certifying agency, EM CAPO.
- Work with the WWWP diagnosing provider and WWWP client to complete the [F-10075](#).
- Fax or send the F-44818 WWWP Enrollment form, the F-10075, proof of citizenship and verification of identity, if applicable, to EM CAPO via:
  - Fax: 608-267-3381, or
  - Email: [DHSEMCAPO@dhs.wisconsin.gov](mailto:DHSEMCAPO@dhs.wisconsin.gov), or
  - Mail:  
WI DHS - EM CAPO  
1 West Wilson St.  
P.O. Box 309  
Madison, WI 53701- 0309

## Recertification for WWWMA

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EM CAPO is responsible for recertifying WWWMA Ongoing Benefits. Inform WWWMA clients they will need to be recertified for WWWMA every 12 months if they continue to require ongoing treatment and/or surveillance monitoring for breast cancer, cervical cancer, or a precancerous condition of the cervix. EM CAPO notifies the member 45 days before a renewal is due and indicates what materials or information the member needs to return. EM CAPO will include a blank [F-10075](#) with the renewal notice. Suggest clients put a reminder on their own calendars to watch for the notice.

## Reactivation in WWWP

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Check with WWWMA clients 11 months after diagnosis to determine if they have completed treatment. If a client does not need ongoing treatment or surveillance monitoring through WWWMA, verify whether the client continues to meet WWWP eligibility

criteria and re-enroll in WWWP if necessary. If they need ongoing treatment or surveillance monitoring, they need to recertify for WWWMA through EM CAPO.

## **Criteria That Terminate Eligibility for WWWMA**

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WWWMA members are required to report changes that would affect their eligibility. Reported changes that result in the WWWMA case closing are any of the following:

- Client reaches the age of 65. Most clients are eligible for Medicare or can re-enroll in WWWP for covered services if they cannot afford Medicare Part B.
- Client becomes eligible for Medicare Part A, Medicare Part B, or both.
- Client moves out of state. The WWWP coordinating agency should assist clients in determining potential eligibility in another state.
- Client no longer needs treatment for breast cancer or cervical cancer or a precancerous condition of the cervix.
- Client obtains other health insurance or another type of full-benefit Medicaid coverage that covers breast cancer or cervical cancer or precancerous conditions of the cervix.
- A determination that false information was provided about eligibility. Recoupment of Medicaid payment is possible.

## **BadgerCare Plus and Family Planning Only Services (FPOS) to WWWMA**

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- Clients screened through BadgerCare Plus or FPOS are eligible for WWWMA if they are diagnosed with and need treatment for breast cancer, cervical cancer, or a precancerous condition of the cervix, and they meet all WWWMA eligibility criteria with no credible health insurance coverage and are a U.S. citizen or qualifying immigrant.
- BadgerCare Plus and FPOS providers can assist clients with completing the F-10075 and refer clients to EM CAPO to apply for WWWMA Ongoing Benefits. BadgerCare Plus and FPOS clients are not eligible for WWWMA PE.
- Clients may not be enrolled in BadgerCare Plus and WWWMA at the same time. If they are eligible for both, they may enroll in WWWMA only if they voluntarily end their BadgerCare Plus coverage.
- Family Planning Only Services – Special Notes:

- FPOS covers clinical breast exams for routine visits but does not cover breast cancer screening or diagnostic services such as mammograms, ultrasounds, and breast biopsies.
- FPOS clients who are 35-40 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 Contacts for WWWMA

- [Wisconsin Medicaid Eligibility Handbook Chapter 36](#)
- Wisconsin Well Woman Medicaid [P-10065](#)
- [ForwardHealth Update No. 2009-44](#) New Location for Submitting the Wisconsin Well Woman Medicaid Determination Forms and Form Revisions

<b>WWWP Coordinating Agency Only Questions on WWWMA Eligibility or WWWMA Enrollment</b>	
WWWP Central Office Nichole Peplinski BSN, RN WWWP Case Management Coordinator Phone: 608-266-9391 Email: <a href="mailto:nichole.peplinski@dhs.wisconsin.gov">nichole.peplinski@dhs.wisconsin.gov</a>  EM CAPO - Email: <a href="mailto:DHSEMCAPO@dhs.wisconsin.gov">DHSEMCAPO@dhs.wisconsin.gov</a>	

<b>Provider or Member Only Questions on WWWMA Covered Services or Billing</b>	
Medicaid Provider Services 800-947-9627	Medicaid Member Services 800-362-3002

<b>Submitting WWWMA Application and Renewal Form F-10075</b>	
For PE WWWMA (U.S. citizens only)	Fax: 608-221-8815
For Ongoing Benefits WWWMA (U.S. citizens only)	Fax: 608-267-3381 Email: <a href="mailto:DHSEMCAPO@dhs.wisconsin.gov">DHSEMCAPO@dhs.wisconsin.gov</a> Mail: WI DHS - EM CAPO 1 West Wilson Street P.O. Box 309 Madison, WI 53701-0309

## Enrollment Process for Well Woman Program Clients to WWMA Presumptive Eligibility

WWMA Process/Activities	WWMA Presumptive Eligibility (PE)
<p><b>Key points</b></p>	<ul style="list-style-type: none"> <li>- <i>Temporary</i> eligibility for WWMA from date of diagnosis until last day of month following diagnosis</li> <li>- For WWWP clients only</li> <li>- Providers can bill from the date of diagnosis (date of diagnostic procedure)</li> <li>- Application must be sent in within 5 days of diagnosis</li> </ul>
<p><b>Provider who can sign F-10075</b></p>	<p>Diagnosing provider: A WWWP provider who is a Medicaid-certified physician or nurse practitioner (must be MD, DO, or NP)</p>
<p><b>Completing the F-10075</b></p> <p>Use <a href="#">F-10075</a> (revised 01/2018)</p> <p>It is important to use the three-ply forms because the client copy includes the client responsibilities, reporting changes, and rights information on the back of the form.</p> <p>Use <a href="#">F-80025A</a> to order F-10075 three-ply forms.</p> <p>When printing the F-10075 to use, make sure the client receives page two of the form.</p>	<p><b>Initiated by diagnosing provider or WWWP coordinating agency</b></p> <ul style="list-style-type: none"> <li>- Check box indicating current enrollment in FPW or WWWP</li> </ul> <p><b>Client</b> must complete Part A “Applicant Information”</p> <ul style="list-style-type: none"> <li>- Self-declare if U.S. citizen</li> <li>- Complete rest of Part A, sign, and date</li> </ul> <p><b>Provider</b> must medically certify and complete Part B “Diagnosing or Recertifying Provider”</p> <ul style="list-style-type: none"> <li>- Check appropriate diagnosis (breast cancer or cervical cancer or precancerous condition of the cervix)</li> <li>- If no box is checked, the application for WWMA will be denied</li> <li>- Enter date of screening (initial screening) and date of diagnosis (diagnostic procedure)</li> <li>- Attest the need for ongoing treatment or surveillance monitoring for diagnosis indicated</li> <li>- Complete provider signature, credentials (must be MD, DO, or NP), and date</li> </ul> <p><b>Provider must complete Part C “Temporary Enrollment/Presumptive Eligibility”</b></p> <ul style="list-style-type: none"> <li>- Indicate begin date (date of diagnosis) and end date (last day of the calendar month following the month of diagnosis)</li> </ul>



WWWMA Process/Activities	WWWMA Presumptive Eligibility (PE)
<p><b>Submitting the F-10075</b></p>	<p><b>WWWP coordinator (preferred) or provider can submit</b></p> <ul style="list-style-type: none"> <li>- Complete and fax a copy of F-10075 to fiscal agent within five days after diagnosis</li> <li>- Fax: 608-221-8815</li> <li>- Copy retained by provider</li> <li>- Copy to WWWP coordinator</li> <li>- Two copies (front and back) to client – one to retain and one to provide to EM CAPO when applying for WWWMA Ongoing Benefits.</li> <li>- Must be submitted before the end date of PE</li> </ul> <p><b>Client should then apply for <a href="#">Ongoing Benefits</a> before the end date of PE.</b></p>
<p><b>Start date for WWWMA eligibility</b></p>	<p>Diagnosis date on F-10075</p> <p>Clients are no longer eligible for WWWP services.</p>
<p><b>End date of WWWMA eligibility</b></p>	<p>Last day of the calendar month following the month of diagnosis</p>
<p><b>Documentation of WWWMA coverage for medical appointments</b></p>	<p>Clients will receive a white Medicaid ForwardHealth card by mail <b>or</b> Clients can take a copy of the completed F-10075 form (with PE start &amp; end dates) and the F-44818 form to medical appointments to show coverage.</p>
<p><b>Recertification for WWWMA</b></p>	<p>Clients are not notified when PE expires. Their F-10075 form should have beginning &amp; end dates for PE written in by the provider or the WWWP coordinator.</p> <p>Clients must apply for Ongoing Benefits if they need continued treatment before PE expires.</p> <p>Only one PE per diagnosis and date of diagnosis.</p> <p>More detailed questions should be directed to the WWWP Central Office or WWWMA staff.</p>
<p><b>Transferring WWWMA to another county</b></p>	<p>N/A</p>

<b>WWMA Process/Activities</b>	<b>WWMA Presumptive Eligibility (PE)</b>
<p><b>Reaffirmation</b> Clients who were initially diagnosed and started treatment for breast cancer or cervical cancer outside WWWP and are now eligible for WWWP and need continued treatment. For example, a client experiences a loss of private insurance or BadgerCare Plus coverage.</p>	N/A

## Enrollment Process for Well Woman Program Clients to WWWMA Ongoing Benefits

WWWMA Process/Activities	WWWMA Ongoing Benefits
<p><b>Key points</b></p>	<ul style="list-style-type: none"> <li>- Twelve months of coverage for WWWMA, which can be renewed annually if eligible</li> <li>- For WWWP, BadgerCare Plus, and FPOS clients</li> <li>- Providers can bill from the date of diagnosis (date the diagnostic procedure)</li> <li>- EM CAPO has 30 days to act on application</li> </ul>
<p><b>Provider who can sign F-10075</b></p>	<p>Diagnosing provider: A WWWP provider, who is a Medicaid-certified physician or nurse practitioner (must be MD, DO, or NP)</p>
<p><b>Completing the F-10075</b></p> <p>Use <a href="#">F-10075</a> (revised 01/2018)</p> <p>It is important to use the three-ply forms because the client copy includes the client responsibilities, reporting changes, and rights information on the back of the form.</p> <p>Use <a href="#">F-80025A</a> to order F-10075 three-ply forms.</p> <p>When printing the F-10075 to use, make sure the client receives page two of the form.</p>	<p><b>Initiated by diagnosing provider or WWWP coordinating agency</b></p> <ul style="list-style-type: none"> <li>- Check box indicating current enrollment in FPW or WWWP</li> </ul> <p><b>Client</b> must complete Part A “Applicant Information”</p> <ul style="list-style-type: none"> <li>- Self-declare if U.S. citizen (see next page for documentation of citizenship and verification of identity)</li> <li>- Complete rest of Part A, sign, and date</li> </ul> <p><b>Provider</b> must medically certify and complete Part B “Diagnosing or Recertifying Provider”</p> <ul style="list-style-type: none"> <li>- Check appropriate diagnosis (breast cancer or cervical cancer or precancerous condition of the cervix)</li> <li>- If no box is checked, the application for WWWMA will be denied</li> <li>- Enter date of screening (initial screening) and date of diagnosis (diagnostic procedure)</li> <li>- Attest the need for ongoing treatment or surveillance monitoring for diagnosis indicated</li> <li>- Complete provider signature, credentials (must be MD, DO, or NP), and date.</li> </ul>

WWWMA Process/Activities	WWWMA Ongoing Benefits
<p><b>Submitting the F-10075</b></p>	<p><b>WWWP coordinator, provider, or client can submit for Ongoing Benefits by providing</b></p> <ul style="list-style-type: none"> <li>- Copy of F-10075</li> <li>- Copy of F-44818 WWWP Enrollment Form</li> <li>- Documentation of citizenship</li> <li>- Verification of identity</li> <li>- If applicable, proof that existing private insurance does not cover breast cancer treatment or cervical cancer treatment or precancerous condition of the cervix treatment</li> </ul> <p><b>Fax, email, or mail to EM CAPO</b></p> <ul style="list-style-type: none"> <li>- Fax: 608-267-3381</li> <li>- Email: <a href="mailto:DHSEMCAP@dhs.wisconsin.gov">DHSEMCAP@dhs.wisconsin.gov</a></li> <li>- Mail: WI DHS - EM CAPO 1 West Wilson Street P.O. Box 309 Madison, WI 53701-0309</li> </ul> <p><b>WWWP coordinators</b> can suggest to clients to add a reminder to their calendar 11 months after their diagnosis date for the need to recertify for WWWMA.</p>
<p><b>Start date for WWWMA eligibility</b></p>	<p>Diagnosis date on F-10075 <b>or</b> backdated to the first of the month up to three months prior to the date the application is received by EM CAPO, whichever is most recent.</p> <p>Clients are no longer eligible for WWWP services.</p>
<p><b>End date of WWWMA eligibility</b></p>	<p>A total of 12 months from date of diagnosis <b>or</b> date the F-10075 form was received, assuming the client continues to meet the eligibility requirement.</p> <p>EM CAPO will send a renewal notice with a blank F-10075.</p>

WWWMA Process/Activities	WWWMA Ongoing Benefits
<p><b>Documentation of WWWWMA coverage for medical appointments</b></p>	<p>Clients will receive a white Medicaid ForwardHealth card by mail, if they have not already received one for WWWWMA PE</p> <p><b>or</b></p> <p>Clients can take a copy of the completed F-10075 form and the F-44818 form to medical appointments to show coverage.</p>
<p><b>Recertification for WWWWMA</b></p>	<p>Medical and non-medical eligibility for Ongoing Benefits must be renewed every 12 months.</p> <p>WWWP eligibility does not need to be re-determined while the client is on WWWWMA since the client is not eligible for WWWP services.</p> <p>EM CAPO will inform the client of the need to renew with the delivery of the white Medicaid ForwardHealth card.</p> <p>EM CAPO will mail a renewal notice with directions to the client approximately 45 days before their enrollment ends.</p> <p>Clients must get a new F-10075 completed and signed by their Medicaid-certified provider, which certifies the client's need for continued treatment or surveillance monitoring for breast or cervical cancer.</p> <p>Clients must provide the signed F-10075 to EM CAPO and will need to provide verification of information reported, if requested.</p>
<p><b>Transferring WWWWMA to another county</b></p>	<p>Clients on WWWWMA should contact EM CAPO by phone, mail or email to change their address in their Medicaid file.</p> <p>The WWWP coordinator should contact the WWWP coordinator in the new county or tribe to report the clients move.</p> <p>The WWWP coordinator of the new county or tribe should determine if reactivation in WWWP is needed.</p>

WWMA Process/Activities	WWMA Ongoing Benefits
<p><b>Reaffirmation</b>  Clients who were initially diagnosed and started treatment for breast cancer or cervical cancer outside WWWP and are now eligible for WWWP and need continued treatment. For example, a client experiences a loss of private insurance or BadgerCare Plus coverage.</p>	<p>Most likely eligible for WWMA.</p> <p>Coverage can only be backdated 3 months prior to the month of application.</p> <p>The WWWP coordinator should:</p> <ul style="list-style-type: none"> <li>- Confirm the client's eligibility for WWWP.</li> <li>- Contact the WWWP Central Office to confirm eligibility for and process to apply for WWMA to continue treatment such as hormone or drug therapy.</li> <li>- Complete <a href="#">F-10075</a> and send to EM CAPO.</li> </ul>

## WWWMA Questions and Answers

WWWMA Questions	WWWMA Answers
Does the WWWMA “needs treatment” medical eligibility criteria include surveillance monitoring as part of breast cancer treatment such as short-term follow-up visits and lab tests?	Yes. The WWWP coordinator should contact the WWWP Central Office to confirm eligibility for and process to apply for WWWMA to continue treatment.
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 or cervical cancer treatment?	Yes, if the distant metastasis is a known or presumed complication to the primary breast or cervical cancer.
What is the process when a client is currently on another state’s breast and cervical program and moves to Wisconsin, and is in need of treatment for breast or cervical cancer?	<p>Clients are eligible for WWWMA if they meet the WWWMA non-medical eligibility criteria and if they:</p> <ul style="list-style-type: none"> <li>- Were diagnosed through another state’s breast and cervical program and need treatment for breast or cervical cancer, or</li> <li>- Were diagnosed and started treatment through another state’s Medicaid program and need continued treatment for breast or cervical cancer.</li> </ul> <p>The WWWP coordinator should contact the WWWP Central Office to confirm eligibility coming from another state and assist with the WWWMA application process.</p>
What is the process when a client moves from Wisconsin to another state and needs treatment for breast or cervical cancer?	<p>State Medicaid programs can vary in eligibility requirements and covered services such as treatment only services versus full benefit services.</p> <p>Many states do not cover clients diagnosed with breast or cervical cancer in another state.</p> <ul style="list-style-type: none"> <li>- The WWWP coordinator should assist the client in determining potential eligibility in another state before the client moves to the other state.</li> <li>- The WWWP coordinator can check the <a href="#">CDC website</a> or contact the WWWP Central Office for breast and cervical screening program contacts in other states.</li> </ul>