

FY2014 – Cancer State Aid Program (CSA): Determination of Approval Dates

Enrollment Start Dates

Enrollment dates for the program are determined based upon funding availability and on information submitted with the application. To best assure obtaining a desired enrollment starting date, the provider must clearly state the requested date on the 3621F (financial) portion of the application under “Requested Date for Patient Approval”. When no specific starting date is requested the facility may be contacted. A starting date may, at the discretion of CSA, be assigned based on information supplied on the application or supporting documents. Enrollment approval for a requested start date is not guaranteed. *CSA will make all final decisions regarding approval, enrollment or starting dates.* Requested start dates exceeding 60 days prior to the CSA receipt date of the application are unlikely to be approved. Payment of claims is limited to those dates of service that fall within the approved coverage period.

Enrollment End Dates

Enrollment in CSA is limited to funding of the approved services. Patients enrolled to establish a diagnosis, staging and treatment planning must receive separate approval for funding of treatment services. The treating facility must submit a fully completed (Medical Eligibility) Treatment Request Form (3621T) describing the diagnosis, stage and the physician planned course of treatment for eligibility evaluation and approval for program funding. If the cancer, stage and prognosis do not meet CSA medical eligibility requirements, the patient’s enrollment ends. Only the diagnostic services are then paid for patients that were already enrolled to establish a diagnosis, stage and/or treatment plan. Patients whose expected five year survival prognosis is less than 25% are not eligible for program funds. Services must begin within 60 days of the approval date for the patient to continue enrollment.

Eligibility Decisions/Waiting Lists

Applications will be reviewed to determine eligibility. CSA may request additional information to support the application. CSA may provide written notifications to facilities by letter, fax, or secured email; notifications by telephone are followed by written notification. Patients are notified by letter. The patient, facility patient contact and billing contact are notified of the eligibility decision. Every effort will be made to provide an eligibility decision within 10 business days of receipt of the complete application. Providers may contact CSA to obtain status updates and/or verification of a patient’s eligibility. Patients are encouraged to receive updates from their facility’s patient contact.

Applications are not accepted from patients or other providers, only from participating facilities. Applications are only distributed to participating facilities.

CSA will notify providers should funds become fully assigned for currently enrolled patients in a given year; a waiting list will then be started. Applications for eligible patients on the waiting list will receive priority consideration when additional funds become available. Upon enrollment in other payment programs, currently enrolled patients’ funds are returned to the available budget. Additional patients may be enrolled or the available funds may be assigned to currently enrolled patients based upon need. Medically and financially eligible waiting list patients receive first priority for enrollment for the next fiscal year. Patients who have already completed their course of treatment or who are not medically eligible upon the start of the new fiscal year are not eligible. New fiscal year funds cannot be used to pay for dates of service that occurred during the prior fiscal year.

During the last months of the fiscal year all unspent, assigned patient funds may be pooled and used to pay claims as they are received. At this time, additional patients from the waiting list may be approved to ensure that all program funds are spent.

Coverage Limitation

Should an application be approved and the patient subsequently found to be ineligible, CSA enrollment for the patient will terminate immediately and the provider will be notified. Patients most often become ineligible due to Medicaid enrollment. Provider reimbursements are then limited to dates of service from the original CSA approval date to the date of termination or start of Medicaid coverage. *Any dates of service paid by CSA and found ineligible for CSA coverage must be refunded within 45 days of refund request.

Patients or providers who are dissatisfied with an eligibility or claims payment decision may request reconsideration using the procedure described in the Cancer State Aid Program Reconsideration Procedure document.