

**Georgia Department of Public Health
FY2014 Cancer State Aid Program (CSA)
Medical Eligibility Forms Guidance**

Request for Diagnostic Services Funding: Medical Eligibility Form 3621D
Request for Treatment Services Funding: Medical Eligibility Form 3621T

All FY2014 applications for CSA funding of cancer related medical services must include either Form 3621D for diagnostic services or Form 3621T for cancer treatment services. No application should include both simultaneously. Only one category of enrollment may be approved at a time.

Approval for funding of cancer related diagnostic services (including staging and treatment planning) does not guarantee approval of CSA funding for cancer treatment services.

For those patients who have either completed diagnostic services or have already begun, but not completed cancer treatment prior to CSA application, up to three months of existing medical bills may be included with the application for payment consideration. Payments of existing cancer related medical bills are dependent upon available funding and are not guaranteed. Only dates of service falling within the CSA approval dates will be considered for payment. Requested start dates exceeding 60 days prior to the CSA receipt date of the application are unlikely to be approved.

Any Form that is incomplete or which lacks the required documentation may be returned to the facility contact listed (required) on the form for full completion and may delay an applicant's approval for program payments and enrollment.

Please note: those patients whose condition is not medically documented to be highly suspicious of cancer, do not need active cancer treatment, have completed active cancer treatment or those who do not have a prognosis of five year survival that is at least 25%; and/or those who only need palliative or hospice care are not eligible for CSA. ***Active cancer treatment** is defined as those standard cancer treatments that will improve the likelihood of cure or five year survival.

- Every Cancer State Aid (CSA) financial application must include a fully completed current fiscal year Request for Funding Form (either 3621D or 3621T). Anticipated service start and completion dates must be included. A contact for additional information or questions must be provided.
- Any physician providing services at a participating CSA facility who is knowledgeable about the patient's cancer may complete or delegate completion of the form. The form must be signed by a physician, nurse or other knowledgeable professional medical staff having verifiable medical information about the patient.
- The patient must receive their cancer diagnostic and treatment services at a CSA participating facility for services to be eligible for payment.
- Prior approval and assignment of the patient to each needed CSA facility is required for services to be eligible for CSA payment. Only the treating physician(s) may initiate referrals to other CSA facilities. Please contact CSA for referral to, approval and addition of a facility to the patient's approved enrollment.
- Cancer State Aid enters into agreements with facilities. CSA does not enter into agreements with individual physicians, and does not pay individual physician fees. Physicians' participation in CSA is voluntary and dependent upon their credentialing agreement with the provider facility.

- Physicians providing care to CSA patients should be informed of the CSA program policies, especially concerning physician fees. Physicians who agree to accept the patient into his or her care under the CSA program should do so for the course of the patient's treatment.
- Patients should be informed that **CSA does not pay third party vendors** from which the hospital or radiation center may provide patient services such as laboratory tests or radiologist reading of films. Patients will receive those bills.
- Patients approved for CSA enrollment for diagnostic, staging and treatment planning services are enrolled **only** for those services (**Form 3621D**). This does not include approval for any course of cancer treatment.
- A medical diagnosis, staging, a prognosis and a planned course of treatment are required for any patient application to be approved for CSA funding of a course of treatment (**Form 3621T**).
- Approval for CSA funds for cancer treatment is separate from approval for diagnostic services. Patients approved for funding of diagnostics are not guaranteed approval for funding of treatment.
- A copy of the pathology report or physician notes documenting the condition is required with the application for a confirmed cancer.
- Submission of the patient's oncologic consultation, history and physical, or hospital discharge summary is required.
- CSA approval for funding of services is limited to only those approved services described on the form (3621D or 3621T).
- CSA enrollment for diagnostic and/or staging and treatment planning services **ends** upon completion of those services; and will end **60 days** after the CSA approval date if services have not started.
- Enrollment immediately ends if the diagnosis is negative for cancer; services necessary to establish the negative cancer diagnosis will be paid.
- CSA enrollment for cancer treatment services will end **60 days** after the CSA approval date if services have not started.
- CSA funding for post treatment supportive care and evaluation services is limited to **60 days** following treatment completion.
- Limited enrollments may extend into the next fiscal year without reapplication; and are subject to confirmation of continuing financial and medical eligibility, and medical need. Approval for continued enrollment into the next fiscal year is made on a case by case basis and is not guaranteed. Please contact CSA if this is anticipated.
- CSA reimburses a percentage of expenses incurred by participating CSA facilities to provide cancer related services to enrolled patients through contractual agreement. No other facilities are eligible for CSA payments and no other conditions other than cancer are eligible for CSA funds.
- Final decisions regarding medical and financial eligibility are determined by CSA. Requests for a first reconsideration of medical eligibility will be referred to the CSA medical oncology consultant for additional review. A second and final reconsideration may be requested and is evaluated by the Public Health Office of General Counsel. Please refer to the CSA Reconsideration Procedure document for details.

1. Request for Diagnostic Services Funding: Medical Eligibility Form – 3621D

A. Application for Cancer Related Diagnostic Testing, Staging, and/or Treatment Planning

- i. The presumed site of cancer must be clearly described and clinical information and/or physician notes supporting that the patient's condition is **highly suspicious of cancer** is required. This documentation must be submitted with the application.
- ii. All anticipated diagnostic, staging and planning services must be described on the form. Only those described services will be eligible for CSA payment.
- iii. Anticipated service start and completion dates must be included. A contact for additional information or questions must be provided. The form must be signed by a physician, nurse or other knowledgeable professional staff having verifiable medical information about the patient.
- iv. If the testing is negative for cancer, CSA enrollment ends. The approved cancer related services necessary to establish a diagnosis will be paid.
- v. If the testing is positive for cancer, the additional medical services needed to establish a cancer stage and treatment plan must be completed and will be paid by CSA as a part of the diagnostic approval or enrollment.
- vi. For patients needing cancer treatment services a completed **Form 3621T** describing the diagnosis (type of cancer and stage), the prognosis, and the planned course of treatment are **required**. Funding for treatment services will **not** be provided without submission of form **3621T** and CSA approval of requested treatment services.

2. Request for Treatment Services Funding: Medical Eligibility Form – 3621T

Application for Treatment of a Confirmed Cancer

■ For those patients who are already enrolled to establish a diagnosis:

- i. If the diagnosis and prognosis are medically eligible for program funding, the planned course of treatment will be evaluated for payment eligibility.
- ii. To be medically eligible for payment of treatment services the five year survival prognosis must be equal to or greater than 25%, as established by current medical and scientific literature.
- iii. If the course of treatment is medically eligible and funds are available, CSA funding approval for the active course of treatment will be provided **without** full financial reapplication to the program.
- iv. If the completed Form **3621T** is not received and/or the cancer is not medically eligible for program payments, the patient's enrollment ends upon completion of the diagnostic, staging and treatment planning services. Only those services will be paid.
- v. Program enrollments and payments are limited to only the approved services, and available funds.

■ For those patients who have medical confirmation of a cancer diagnosis: (either, not already enrolled or already enrolled for diagnostic services):

- i. Attach a complete patient medical history.

The history must clearly describe the current medical status of all other conditions the patient may have, or may have been cured of, and their overall health.

If a complete medical history is not already available in the facility's medical records, the patient must be interviewed and/or records must be requested.

Serious medical conditions that will impact the patient's prognosis and/or response to cancer treatment must be clearly described. If medical treatments are being administered for those conditions, also describe those treatment plan(s) and the patient's expected outcome.

- ii. A medical pathology report or physician notes documenting the patient's confirmed cancer diagnosis; stage and type of cancer, and prognosis must be submitted with the financial application and the completed Form **3621T**.
- iii. Staging information must be provided. The purpose of staging is to provide the best estimate and confirmation of a patient's prognosis at the time of application, based on available clinical information. The relevant ICD code and AJCC stage must be listed.
- iv. The treating physician must determine the patient's most appropriate staging assignment and prognosis.

The patient's current medical status, overall health, expected response to planned treatments, and current medical and scientific literature describing similar cases must be used to determine the prognosis.

- v. The five year survival prognosis must be equal to or greater than 25% for enrollment approval.
- vi. If the cancer, stage, and prognosis are medically eligible, approval for payment of the planned course of treatment will be evaluated.
- vii. If the course of treatment is medically eligible and funds are available, CSA funding approval for the active course of treatment described on Form 3621T will be provided
- viii. **Recurrent Cancer Application:** For recurrent cancers, the requested additional information must be provided to assist determination of medical eligibility.
 - a. A description of the primary site, histology, date of original treatment and performance status must be included. All available information to assist eligibility determination is needed.

- **List of Planned Treatment Services:** To be medically eligible, the patient **must** be in need of, currently be receiving or be scheduled to receive, active cancer treatment services at the time of application. Patients who have completed all active cancer treatments are **not** eligible.

A complete and full description of the planned course of treatment must be listed on the form.

An estimated date for completion of active cancer treatments is required.

- i. *** CSA funding is approved for only, the planned course of treatment described on the form.** An updated Form **3621T** may be required to document changes in the patient's planned treatment.
- ii. ***Relapses, recurrences and substantial changes to the original proposed course of treatment may change the patient's prognosis and CSA medical eligibility; CSA payments may end.**
- iii. CSA may deny **high cost medication** requests based upon *currently* available funds. Patients needing high cost prescriptions may be referred to medication assistance programs.
- ***Patients applying for CSA re-certification must also meet all program financial and medical eligibility requirements.**
- **Additional Information:**
 - i. New applicants that have completed active cancer treatment prior to CSA receipt of the application are **not** eligible.

- ii. Cancer State Aid does not enroll patients needing only palliative care (relief of symptoms).
- iii. Cancer State Aid does not enroll patients needing hospice care.
- iv. A prognosis must be provided for all confirmed cancer cases.

The patient's current medical status, overall health, expected response to planned treatments; and current medical and scientific literature on survival and expected health outcomes for specific cancer types must be used to determine the prognosis.

CSA requires a five year survival prognosis of 25% or greater for patients to be eligible for enrollment.

- v. CSA funding is provided only for cancer related and prior approved services.
 - *Preventive or prophylactic services, treatment of benign conditions, treatment of other medical conditions, co-payments, living expenses and transportation costs are not eligible for CSA funding.
- vi. A copy of all submitted forms and supporting documents should be kept with the patient's CSA application and/or treatment records at the facility for future reference.
- vii. Confirmation of approval for CSA funding of treatment services will be provided to the facility contact by phone, [secured email], fax or mailed letter. Notification by phone will be followed by a second confirmation by email, fax or mailed letter. Patients will receive a mailed letter.

For assistance or to schedule training sessions for your facility staff, please contact CSA.

Patients must apply to all other payment programs for which they are likely to be eligible.

Payments made for patients subsequently found to be ineligible must be refunded.

Cancer State Aid is a payer of last resort.