



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Governor

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VALERIE HARR
Director

MEDICAID COMMUNICATION NO. 12-03

DATE: January 12, 2012

TO: County Welfare Agency Directors
Breast and Cervical Cancer Program CWA Liaisons/Supervisors

SUBJECT: Breast and Cervical Cancer Program Update

This Medicaid Communication serves to reinforce the procedures set forth in Medicaid Communication #01-22, which announced the implementation of the Medicaid program called the Breast and Cervical Cancer Program, and was effective July 1, 2001.

The intent of this program is to provide full Medicaid benefits to uninsured women under the age of 65 who have been diagnosed with breast and/or cervical cancer, and are in need of treatment. As part of the eligibility requirement for this program, women **must** be screened through the New Jersey Cancer Education and Early Detection Program (NJCEED) administered by the Department of Health and Senior Services. The NJCEED program has statewide screening sites and the current contact listing is attached.

Eligibility Criteria:

- Uninsured women under age 65
- Financially eligible for the NJCEED screening (income at or below 250% FPL, no asset test required)
- Screened for breast and/or cervical cancer through one of NJCEED sites (list attached) and requires cancer treatment
- Do not qualify for any other Medicaid program
- New Jersey resident
- U.S. Citizens or qualified aliens (5 year bar applies)

Once a woman is determined eligible for this program, she continues to be eligible, without regard to changes in her financial circumstances, until she no longer requires cancer treatment. Furthermore, so long as a woman is eligible, she is

entitled to receive all Medicaid covered services from participating Medicaid and/or Medicaid managed care providers.

NJCEED Responsibility:

The NJCEED sites will initiate the eligibility determination process for this program. A Breast and Cervical Cancer Program Addendum will be completed, and forwarded with the necessary supporting documentation (i.e. documentation of U.S. citizenship/identity or immigrant status for non-citizens), along with the first page (front and back) of the New Jersey Cancer Education and Early Detection-CaST II Collection Form, and a signed Certification of Cancer Treatment form to the Presumptive Eligibility (PE) Unit.

PE Unit Responsibility:

- Once the documentation is received from the NJCEED site, the PE Unit will establish a Medicaid PE record based on the eligibility screening completed by the NJCEED site. The initial PE period will begin with the date the woman is screened for breast and/or cervical cancer by the NJCEED program and will continue until the end of the following month. Once PE has been established, the Health Benefits Identification (HBID) card issuance process will begin, the NJCEED program site will receive an acknowledgement letter, and the County Welfare Agency (CWA) will receive a copy of the acknowledgement letter and a disposition form.
- PE women will be uniquely identified on the Medicaid Eligibility System (MES) with a 25 as the first two digits of their Medicaid identification number, followed by a program code 20, along with program status code 295. These women will be exempt from managed care enrollment **only** during the PE period.
- Once PE has been established, the PE Unit will forward the documentation received from the NJCEED program to the appropriate CWA for the establishment of case responsibility and ongoing processing under the Breast and Cervical Cancer Program.

CWA Responsibility:

The CWA will establish a Medicaid case record using the documentation forwarded by the PE Unit. Please be advised that the woman is not required to complete a separate application or to reestablish financial eligibility for the Breast and Cervical Cancer Program. The CWA will also:

- Assign a Medicaid number beginning with county code 01 through 21, followed by a program code 20, along with program status code 295 to establish a woman's ongoing eligibility for this program;
- Complete the PE disposition form and return it to the PE Unit, no later than one week after the expiration of the PE period. If the county process is not completed within the initial PE period, monthly extensions of PE may be

requested using the disposition form. The effective date of ongoing eligibility should be established as of the first of the month in which PE was determined. These individuals will then become subject to managed care enrollment;

- Subsequently obtain a completed Re-Certification of Cancer Treatment form (attached) from the woman every six months from the date of initial eligibility, including verification of continued cancer treatment for continued eligibility for the Breast and Cervical Cancer Program; and
- Complete a 12-month redetermination of eligibility by updating health insurance status and age. A financial redetermination is not needed because a woman continues to be eligible without regards to financial circumstances as long as she meets all other program requirements.

The Division requests that the CWA assign a contact person for this program to act as a liaison between the CWA and the PE Unit. Please contact the PE Unit to advise them of your agency's current liaison name, telephone number and email address.

If you have any questions regarding this Medicaid Communication, please refer them to the Division's Presumptive Eligibility Unit at 609-588-2991.

Sincerely,



Valerie Harr
Director

VH:M
Attachments

- c: Jennifer Velez, Commissioner
Department of Human Services
- Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
- Dawn Apgar, Deputy Commissioner
Division of Developmental Disabilities
- Jeanette Page-Hawkins, Director
Division of Family Development
- Joseph Amoroso, Director
Division of Disability Services
- Raquel Jeffers, Deputy Director
Division of Mental Health and Addiction Services
- Allison Blake, Commissioner
Department of Children and Families
- Mary E. O'Dowd, Commissioner
Kathleen M. Mason, Assistant Commissioner
Department of Health and Senior Services

**Breast and Cervical Cancer program
Six Month Re-Certification of Cancer Treatment**

Patient's

Name: _____

Diagnosis: _____

Treatment: _____

CERTIFICATION OF MEDICAL NECESSITY

I certify that I am the treating physician of the patient identified above. I have examined the patient and reviewed her test results and hereby certify that she is in need of treatment for breast or cervical cancer, as specified above. I certify that the medical information above is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission or concealment of material fact in this certification may subject me to civil or criminal liability.

Physician

Signature: _____

Date: _____

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CANCER EDUCATION AND EARLY DETECTION (May 13, 2010)
PROJECT COORDINATOR

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