



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NEW JERSEY 08625-0712

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Acting Governor

JAMES W. SMITH, JR.
Acting Commissioner

DEBORAH C. BRADLEY
Acting Director
1-800-356-1561

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MEDICAID COMMUNICATION NO: 01-22

Date: November 5, 2001

TO: County Board of Social Service Directors

SUBJECT: Breast and Cervical Cancer Program

In accordance with the provisions of the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, the Division of Medical Assistance and Health Services (DMAHS) is pleased to announce the implementation of a new Medicaid program called the Breast and Cervical Cancer Program, 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 25 statewide screening sites.

Who is Eligible:

- 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 25 NJCEED sites (list attached) and requires cancer treatment.
- Do not qualify for any other Medicaid program.
- New Jersey resident.
- Citizens or legal immigrants (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 any Medicaid participating provider.

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. proof of 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 presumptive eligibility 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 presumptive eligibility has been established, the woman will receive a blue Medicaid Identification Card, the NJCEED program site will receive an acknowledgement letter, and the CBOSS will receive a copy of the acknowledgement letter and a disposition form.
- Presumptively eligible women will be uniquely identified on the Medicaid Eligibility File with a **25** as the first two digits of their identification number, followed by a program code **20**, along with program status code **295**. These women will be exempt from managed care enrollment.
- Once presumptive eligibility has been established, the PE Unit will forward the documentation received from the NJCEED program to the appropriate CBOSS for the establishment of case responsibility and ongoing processing under the Breast and Cervical Cancer Program.

CBOSS Responsibility:

The CBOSS 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 County Board of Social Service will also:

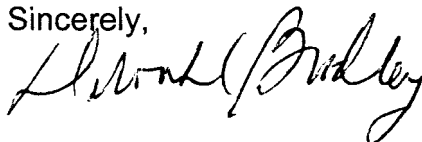
- Assign a Medicaid number beginning with county code **01 through 21**, followed by a program code **20**, along with program status code **295** to establish a woman's ongoing eligibility for this program;
- Complete the presumptive eligibility disposition form and return it to the PE Unit, no later than one week after the expiration of the presumptive eligibility 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 presumptive eligibility was determined;

- 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 the other requirements.

The Division requests that the CBOSS assign a contact person for this program to act as a liaison between the CBOSS and the PE Unit. Please contact the PE Unit to advise them of the liaison name and telephone number.

Questions concerning this Communication should be directed to the Presumptive Eligibility Unit at (609) 588-2911 or the Field Service Supervisor assigned to your county at (609) 588-2556.

Sincerely,



Deborah C. Bradley
Acting Director

DCB:Tt
Attachment(s)

c: George DiFerdinando, M.D., Acting Commissioner
William Conroy, Deputy Commissioner
Department of Health and Senior Services

David C. Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family 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 (OCTOBER 26, 2001)
PROJECT COORDINATOR**

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BERGEN COUNTY

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CAMDEN COUNTY

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Barry D. Brown Health
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CAPE MAY COUNTY

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CUMBERLAND COUNTY

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ESSEX COUNTY

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Underwood Memorial Hospital
Home Care Services
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HUDSON COUNTY

Luz Villamil-Bayona
Jersey City Family Health Center
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HUDSON COUNTY

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Hoboken Family Planning
Second & Grand Streets
Hoboken, NJ 07030
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HUNTERDON COUNTY

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Hunterdon Regional Cancer Center
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Attn: Jackie Allen

MERCER COUNTY

Linda Johnson
Capital Health Center-Mercer
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MIDDLESEX COUNTY

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1-800-621-0096

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SOMERSET COUNTY

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WARREN COUNTY

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