

**CNS Paragraph Form**

Date: 08.06.2015

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	R0042	
Version Number	00006	
Effective Date	2015	(YYMMDD)
Title	Notice of Renewal (Recertification) for MCTP	
Comment		
Reason Code	Z47	

**RENEWAL (RECERTIFICATION) UNDER THE MEDICAID CANCER TREATMENT PROGRAM: BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCER (MCTP)**

**THIS NOTICE CONTAINS IMPORTANT RENEWAL (RECERTIFICATION) INFORMATION FOR THE MEDICAID CANCER TREATMENT PROGRAM: BREAST, CERVICAL, COLORECTAL AND PROSTATE CANCER (MCTP). FAILURE TO RENEW YOUR ELIGIBILITY WILL MEAN YOU LOSE YOUR HEALTH CARE COVERAGE.**

In order for your coverage under the Medicaid MCTP to continue, the Office of Health Insurance Programs must receive a completed renewal form and a new medical referral form from the Cancer Services Program (CSP) by \_\_\_\_\_.

Please go to your CSP to complete a renewal form and medical referral form as soon as possible. In order to continue to be eligible for coverage under the MCTP, the Office of Health Insurance Programs must receive documentation of the following and any other changes that have occurred in your household since you first applied:

- You are not covered under any creditable insurance (other than current Medicaid MCTP).
- You continue to be in need of treatment for breast, cervical, colorectal and/or prostate cancer (A new medical referral form must be completed by your medical provider and returned to the CSP).

If you have any questions, you may call the local CSP where you first applied or call the State MCTP Coordinator at (518) 473-5330.

~/S

**RENOVACION (RECERTIFICACION) EN VIRTUD DEL PROGRAMA PARA EL TRATAMIENTO DEL CANCER: DE SENO, DE CUELLO UTERINO, COLORRECTAL Y DE PROSTATA (MCTP) DE MEDICAID**

**EL PRESENTE AVISO CONTIENE INFORMACION IMPORTANTE SOBRE LA RENOVACION (RECERTIFICACION) DEL PROGRAMA PARA EL TRATAMIENTO DEL**

**CANCER: DE SENO, DE CUELLO UTERINO, COLORRECTAL Y DE PROSTATA (MCTP) DE MEDICAID. SI NO RENUEVA SU ELEGIBILIDAD, PERDERA SU COBERTURA DE ATENCION MEDICA.**

Para que su cobertura en virtud del MCTP de Medicaid continúe, la Oficina de Programas de Seguros de Salud debe recibir un formulario de renovacion completo y un nuevo formulario de remision medica del Programa de Servicios Oncologicos (Cancer Services Program, CSP) a mas tardar el \_\_\_\_\_.

Dirijase a su CSP para completar un formulario de renovacion y un formulario de remision medica lo antes posible. Para seguir siendo elegible en virtud del MCTP, la Oficina de Programas de Seguros de Salud debe recibir documentacion de lo siguiente y de cualquier otro cambio que se haya producido en su grupo familiar desde la primera vez que presento una solicitud:

- No esta cubierto(a) por ningun seguro acreditable (aparte del MCTP de Medicaid) actual.
- Sigue necesitando tratamiento para cancer de seno, de cuello uterino, colorrectal o de prostata (su proveedor medico debe completar un nuevo formulario de remision y devolverlo al CSP).

Si tiene alguna pregunta, puede llamar al CSP donde presento su primera solicitud o llamar al Coordinador del MCTP del estado al (518) 473-5330.