**Cancer Status Form (CSF)**

This form is to be used by the Clinical Center of Excellence (CCE) to notify the World Trade Center Health Program (WTCHP) of the following member occurrences: (1) “**complete remission**”, i.e., all of a member’s WTCHP certified cancers (other than non-melanoma skin cancer or thyroid cancer) have gone into remission; (2) “**cancer recurrence**,” i.e., one or more of a member’s certified WTCHP cancers (other than non-melanoma skin cancer or thyroid cancer) are no longer in remission; or (3) a “**severity alert**,” meaning that the member is afflicted with one or more severe non-melanoma skin cancers or thyroid cancers, the severity of which require that the member be placed into the WTCHP Cancer Treatment Plan.

**Effect of Identifying Complete Remission With Respect to a Member:**

Members in complete remission will be moved from the Cancer Treatment Plan to the Standard Treatment Plan, and will no longer be afforded the more expansive medication and open provider/prescriber network coverage that is otherwise available to members in the Cancer Treatment Plan. It is the CCE’s responsibility to determine that the member is in complete remission.

**Effect of Identifying Cancer Recurrence With Respect to a Member:**

Members who experience a cancer recurrence will be moved from the Standard Treatment Plan to the Cancer Treatment Plan. The CCE is responsible for promptly notifying the WTCHP that a member has an active cancer (other than non-melanoma skin cancer or thyroid cancer, if applicable) that has been previously certified by the WTCHP.

***This form should not be used to notify the WTCHP of new cancer conditions that are more appropriately handled by the customary WTC-3 certification process.***

***Because of the secure information contained on this form, the form must be faxed to the WTC Health Program secure fax line at 877-646-5308 (no other transmission will be accepted).***

***Required Member Information***

Member Name:

Member Date of Birth (mm/dd/yyyy):

Member ID (911# only):

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| --- | --- | --- |
| **Cancer Status** | | |
| Cancer Remission Status | Other than non-melanoma skin cancer or thyroid cancer, if applicable, are all of the member’s cancers in remission? |  |
| Recurrence of Cancer | Other than non-melanoma skin cancer or thyroid cancer, if applicable, has one or more of the member’s cancers come out of remission? |  |
| Severe Non-Melanoma Skin Cancer or Thyroid Cancer | Does the severity of the member’s skin cancer or thyroid cancer, or other factors, require that the member’s plan be changed to the Cancer Treatment Plan? |  |

***Required CCE Information***

Date of this Request and Effective Date of Cancer Status Change (mm/dd/yyyy):

Member CCE:

CCE Point of Contact Telephone Number:

Name of CCE Point of Contact authorizing this request:

Authorized CCE Requestor Signature:

*Note: Please direct questions regarding this form or this process to* [*WTC\_HP\_Care@csc.com*](mailto:WTC_HP_Care@csc.com)*. Do not send personally identifiable information (PII) or protected health information (PHI) to the* [*WTC\_HP\_Care@csc.com*](mailto:WTC_HP_Care@csc.com) *email address. Completed forms will only be accepted via the WTC Health Program Secure Fax Line, as described above.*