

Case-by-Case Review Program (CBCRP) Appeals / Resubmission Form

Note:

- An appeal or resubmission to CBCRP will only be considered if this form is submitted to Ontario Health **within 30 days** of the initial funding decision.
- Appeals are assessed against the CBCRP's Appeals Policy.

Collection and Use of Personal Information

Ontario Health (OH) collects and uses information on this form to make eligibility recommendations; and for the purpose of analysis or compiling statistical information with respect to the management of, evaluation or monitoring of, the allocation of resources to or planning for all or part to the health system, including the delivery of services, pursuant to section 45 of the *Personal Health Information Protection Act, 2004*.

As part of the evaluation and reimbursement process for CBCRP, it may be necessary for OH to disclose or share the patient's personal health information to other administrative programs for health services and insured benefits at the Ministry of Health or at OH.

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|---|----------------------|----------------------|----------------------|
| Section 1: Applicant Information | | | |
| Treating Oncologist | | | |
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| | | CPSO No. | <input type="text"/> |
| Telephone | <input type="text"/> | Fax | <input type="text"/> |
| | | Email | <input type="text"/> |
| Affiliated Hospital/Cancer Centre <input type="text"/> | | | |
| If the treating oncologist is not the primary contact person for questions relating to this request, enter the contact information for the primary contact person : | | | |
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Telephone | <input type="text"/> | Fax | <input type="text"/> |
| | | Email | <input type="text"/> |
| Section 2: Patient Information | | | |
| Initial Request Tracking No. | <input type="text"/> | Renewal Tracking No. | <input type="text"/> |
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Date of Birth (MM/DD/YYYY) | <input type="text"/> | OHIN | <input type="text"/> |
| Section 3: Appeal/Resubmission Questions | | | |
| 1. Select type of submission: <input type="radio"/> APPEAL <input type="radio"/> RESUBMISSION | | | |
| <p>Note: If you have additional information that was not submitted in your original request, file a RESUBMISSION. If you have no new information but can describe how the policy was improperly applied or interpreted, file an APPEAL.</p> | | | |

2. List and refute each reason for rejection stated in the rejection letter issued by CBCRP.

Or check here, if you have attached a letter with this information.

Note:
For CBCRP to re-review a request, the applicant must provide a substantive response that addresses the issues raised in the rejection letter and/or clearly identifies a problem with how the policy was applied.

3. Provide any additional comments:

Section 4: Required Documentation

- Attach the letter of rejection issued by CBCRP.
- For resubmissions, attach any relevant supporting documentation (e.g., laboratory reports, imaging reports, etc.).

OH may request additional information as necessary to adjudicate your case.

Section 5: Consents and Approvals

- By checking this box, I confirm that the patient, or relevant substitute decision-maker where applicable, has provided his/her express consent for the disclosure and use of the patient's PHI in accordance with the above stated purpose.
- By checking this box, I certify that the information set out in this Request Form is true and accurate, to the best of my knowledge.

Please complete this section, **if you are a physician from outside of Ontario** (i.e., Quebec or Manitoba)

By checking this box, I confirm that the patient named above, or relevant substitute decision-maker where applicable, consents that the patient's personal health information will be collected and used by OH in order to determine the patient's eligibility to receive drug reimbursement as well as for purposes for analysis or compiling statistical information with respect to the management of, evaluation or monitoring of, the allocation of resources to or planning for all or part to the health system, including the delivery of services.
To determine eligibility for a specific drug, it may be necessary for OH to disclose the patient's PHI to other administrative programs for health services and insured benefits at the Ministry of Health as well as the patient's treating pharmacist.

Date Completed

Section 6: How to submit an application

- Submit this Request Form and all required documentation via eClaims:
See "Application Instructions" at https://www.cancercareontario.ca/en/Funding/Case-by-Case_Review_Program
- To avoid unnecessary delays in the review of your application, please ensure that this Request Form is complete and that all relevant documentation is provided.
- The CBCRP aims to provide a decision within three weeks from a complete application.
- For complete application instructions and program policies, visit the CBCRP website.

*Should you have any questions about this Appeal/Resubmission Form or this program,
please email the CBCRP at: OH-CCO_cbcpr@ontariohealth.ca.*