**CRF-CPEST Teleconference**

**Attachment**

**Maryland Department of Health and Mental Hygiene**

**Center for Cancer Prevention and Control**

**Cigarette Restitution Fund (CRF) Program**

**Cancer Prevention, Education, Screening and Treatment Program (CPEST)**

**December 18, 2013**

**Frequently Asked Questions and Answers Related to the Affordable Care Act (ACA) and the Cigarette Restitution Fund (CRF), Cancer Prevention, Education, Screening and Treatment (CPEST) Program**

The following guidance is offered in addition to the overarching guidance provided in Health Officer Memo #13-41 regarding how the CRF-CPEST Program will operate with the implementation of the ACA in Maryland.

**Primary Adult Care (PAC)/Expanded Medicaid**

1. **Question**: When a CRF-CPEST client has Primary Adult Care (PAC), what is the best way to confirm, that as of January 1, 2014, the client has Expanded Medicaid coverage?

**Answer**: Use the Electronic Verification System (EVS) to check if an individual has insurance through the Expanded Medicaid coverage. Program staff that do not have access to this system should consult with their other local health department programs as how best to access this information and/or be provided access to the EVS.

1. **Question**: If an individual expresses interest in CRF-CPEST screening services and was previously covered by PAC, what steps should be taken to ensure the CRF-CPEST Program is the payer of last resort?

**Answer**: Since PAC clients may obtain insurance through Expanded Medicaid as of January 1, 2014, CRF-CPEST staff should use the Electronic Verification System (EVS) to check if the individual has Medicaid coverage. Confirming that the individual is not covered through Medicaid via the EVS should be done prior to initial CRF-CPEST enrollment, cancer screening, diagnosis, and treatment services. Additionally, local program staff should ensure that program provider contracts state that the provider will first bill other health insurers (if any) and send the an Explanation of Benefits (EOB) to the program, so the program will know how much has been covered before paying bills.

1. **Question:** Local CRF-CPEST programs expressed concern that individuals covered by Medicaid through an Eastern Shore managed care organization (MCO) do not have easy access to cancer screening services; individuals are directed to have a colonoscopy by providers “across the bridge.” When a resident of an Eastern Shore county states they are unwilling or unable to “go across the bridge” for services, can the local CRF-CPEST program enroll this individual and provide CRF-CPEST Program cancer services?

**Answer:** At this time, a client with Medicaid is not considered eligible for CRF-CPEST services, as he/she is already insured for this service. The program staff should speak with their health officer/local program medical overseer/manager and advise him/her of the expressed concern to see what if anything can be done regarding the issue. NOTE: Based on various local health departments’ web sites “Medicaid Eligibility and Benefits” information, there are local “Medical Assistance Transportation Programs” that will “provide reliable transportation…” to scheduled health care appointments. In addition, when an individual is required by their physician to have someone else assist/go with the individual to the appointment, the doctor must notify the Medical Assistance Transportation services that the individual must have someone ride along with the individual because of his/her medical conditions.

**Maryland Health Insurance Plan (MHIP) Standard and MHIP Plus**

1. **Question:** We understand that MHIP Standard will end June 30, 2014. When a client is no longer insured by MHIP Standard, is the lack of insurance with an MHIP plan considered a “qualifying event” that permits an individual to obtain insurance outside of the enrollment period either from an insurance company or through the website MarylandHealthConnection.gov?

 **Answer:** Clients enrolled in MHIP Standard should be directed to seek insurance during the enrollment period, through March 31, 2014, as neither having MHIP Standard nor a diagnosis of cancer are qualifying events that would allow an individual to obtain insurance other than during the enrollment period.

1. **Question:** What is the current status of MHIP in regard to CRF-CPEST clients?

 **Answer:** Local CRF-CPEST programs with clients who are currently enrolled in MHIP may continue to pay the MHIP premiums and co-insurance. MHIP Plus has been extended to March 31, 2014, to give clients more time to purchase insurance directly from a qualified health insurance plan or by enrolling in an employer-based health insurance plan. Clients may also enroll in a plan through the state’s new web-based health insurance marketplace, at MarylandHealthConnection.gov. The CRF-CPEST Program may pay a maximum allowable of up to $1,000 for co-insurance per client/per year for applicable procedures to assist clients and up to $1,000 for copays per client/per year for applicable procedures.

1. **Question:** When MHIP is no longer an option for the local program to provide care/services for their clients who are found to have cancer during a screening, what are the options?

**Answer:** When MHIP is no longer an option, the local program assists clients by:

* Helping client to apply/obtain Medicaid, if eligible
* Helping client to apply/obtain insurance either though the Maryland Health Connection (see website Maryland Health Connection.gov) or through an insurance company directly
* Applying for a Maryland Cancer Fund award for the client and use the award to pay fee for service to providers
* Linking client to hospital charity care; seeking discounted rates or write off from provider
* Using CRF-CPEST funds to pay for client’s care as payer of last resort

**Implementation of the ACA as it relates to Local CPEST Programs**

1. **Question:** Can local CPEST programs pay for services for individuals identified as “Permanent Residence under Color of Law (PRUCOL).”

**Answer:** **PRUCOL** persons are undocumented immigrants who are Permanently Residing under Color of Law. PRUCOL is not an immigration status per the U.S. Citizenship and Immigration Services (USCIS) or a path to citizenship; rather, it is a public benefits eligibility category through which certain undocumented immigrants can apply for Medicaid. For a person to be considered as residing "under color of law," the USCIS must know of the person’s presence in the U.S., and must provide the person with written assurance that enforcement of deportation is not planned. A person residing under PRUCOL cannot directly apply for U.S. citizenship or sponsor family members to obtain U.S. citizenship. A person from any country who resides in the U. S. without current legal immigration status including, but not limited to, citizenship, permanent residency, unexpired immigrant visa, is an **undocumented person**. Though they are not U.S. citizens, they are considered to have the **same rights as legal residents ‘for welfare eligibility purposes.’** PROCUL individuals may be eligible for Medicaid/Medical Assistance if they have been in this status for five years or more. Individuals who are PRUCOL for less than five years are eligible to enroll in a qualified health plan through the Maryland Health Connection though not eligible for Medicaid or insurance subsidies.

1. **Question:** Are undocumented residents who are not eligible for ACA and Maryland Health Connection subsidies, eligible for CRF-CPEST Program screening, diagnosis, and treatment services?

**Answer:** Yes, if/when the undocumented resident meets local program eligibility criteria as stated in the program’s grant application and award. As noted in Health Officer Memo #13-41, the CRF-CPEST Program can pay a maximum allowable of up to $1,000 for co-insurance per client/per year for applicable procedures and up to $1,000 per client/per year for copays for applicable procedures.

1. **Question:** What are the **minimum standards of care for case management** when a local program’s client is found to need linkage to care for cancer found as part of screening?

**Answer:** The “minimum standards of care for case management” state that the local program shall provide treatment or linkage to care. The process for linkage may require that the local program to explore various options of payment and help the client apply for multiple options **simultaneously** in the event that the client is not eligible for one or more options, including, but not limited to:

Medicaid/Medical Assistance (MA)

Maryland Health Benefits Exchange (HBE)

Maryland Cancer Fund (MCF)

CRF/CPEST Program funds

Hospital Uncompensated Care (charity care)

Other local or national funds

The Maryland Health Benefits Exchange (Maryland Health Connection.gov) is available for enrollment and case managers may assist the client in understanding the client’s options.

For more information on linkage and standards of care for case management, refer to Health Officer Memo #13-42.

1. **Question:** If a county resident with a household income of 139% to 250% of Federal Poverty Guidelines enrolls and obtains insurance through the “Exchange” via Maryland Health Connection, etc., but fails to keep up with premiums and loses their insurance, can the individual receive services through the CRF-CPEST Program?

**Answer:** Clients who may be eligible for the “Exchange” but do not enroll or fail to keep up with premiums and lose their insurance are allowed to enroll in the CRF-CPEST Program should they meet program eligibility requirements. If an individual is uninsured, they are eligible to receive program services if all other program eligibility requirements are met.