**CRF-CPEST Teleconference**

**Attachment 4**

**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)**

**March 19, 2014**

**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 (HOM) #13-41 regarding how the CRF-CPEST Program will operate with the implementation of the ACA in Maryland and as provided in a HOM #13-47 attachment.

**Medicaid /Expanded Medicaid/Managed Care Organizations**

**Conditions of Award (COA) in the CRF-CPEST Grant Award** states:

The Cancer Prevention, Education, Screening, and Treatment Program is the payer of last resort.  Before medical services are rendered, Local Health Departments must verify client’s insurance status, and before Local Health Departments pay for a medical service, an explanation of benefits from a third party payer must be received if the client has any type of insurance coverage.

**For Clients who are:**

**A. Active/ Mid-cycle (already scheduled), AND were enrolled in the CPEST Program PRIOR to obtaining MA coverage, the Case Manager needs to determine:**

1. What Medicaid Managed Care Organization (MCO) does the patient have? Electronic Verification System (EVS) provides this information.
2. Do your program’s contracted providers accept or ‘participate’ in this MCO?
3. Does this MCO list your contracted provider(s) as ‘participating’?
4. If yes, verify that they are currently accepting patients from this MCO.
5. Give the provider’s information to the patient to schedule an appointment and discharge as appropriate.
6. Be sure to inform the provider that CRF-CPEST will NOT cover this patient.

**B. Due for Recall and verified to have MA coverage (through EVS), the Case Manager needs to:**

1. Ensure patients understand how to determine which providers in your area accept the MA MCO they have been assigned to – provide patient education on how to find out who accepts which MCO, etc.
2. Discharge in Client Database (CDB) as ineligible.