



Commonly Asked Questions and Answers Regarding the Cancer Treatment Grant Maryland Cancer Fund, 2008

1. If the Local Health Department (LHD) or DHMH-funded cancer program has funds in their approved budget appropriated to pay for cancer treatment, can the program rebudget those funds to be used for other programs and the program apply to the Maryland Cancer Funds (MCF) for a Treatment Grant if needed?

No. If a program has CRF or other funds designated and approved for payment for cancer diagnosis and treatment, the program should expend those funds **first** before applying for a Treatment Grant from the MCF. (See Funding Provisions, Page 3 of Treatment Grant Application.)

Remember, there are limitations on the total amount awarded under the MCF and also all MCF funds for treatment may have been expended and grants unavailable at the time that the program needs them.

2. If an individual with a non-targeted cancer (e.g., kidney cancer) comes to a LHD or other DHMH-funded cancer program for help in applying for MCF funds for treatment, can the program apply on behalf of the patient for MCF funds to pay for MHIP or cancer treatment for this patient?

Yes. There is no restriction on the type of cancer that may be covered by the MCF funds. Also, the patient does not have to be a client of the health department's screening program to be eligible for payment under an MCF Treatment grant.

3. On page 2 of the application instructions, the definition of treatment states, "...treat cancer or obtain cancer diagnosis on an individual with findings suggestive of cancer ***before the date of application.***" Will the funds pay for cancer treatment before the date of application?
 - i. Because the award will be a Standard Grant Agreement, MCF funding may **NOT** be used to pay for cancer treatment services rendered prior to application or prior to the Effective Date of Award (See Funding Provisions, Page 3 of Treatment Grant Application.).
 - ii. One additional restriction is that the individual with cancer cannot have been diagnosed more than 6 months before the date of application. (See Eligible

dual Patient Needing Treatment, Page 3 of Treatment Grant
Application.)

4. On the Health Officer Memo, announcing the MCF cancer treatment grants, it stated *“funding may be awarded for primary prevention, early detection/secondary prevention, treatment, or cancer research.”* Are those funds available now for all of the components?

The Maryland Cancer Fund was established to provide funds for the four components listed above. Because of limited funding donated to the MCF, the Center for Cancer Surveillance and Control will decide which grants will be open for application. Early Detection/Secondary Prevention applications for FY08 were due on January 25, 2008 and Treatment Grants are now open and continuous, if funding is available. CCSC will consider whether grants for the other two components will be available, based on funding.

5. Can the cancer treatment funds be used to help fund salaries?

No. There is an indirect amount allowed for in the Treatment Grants, but salary for personnel in the program is not an allowable expense.

6. Are the Grantees expected who apply and manage the payment expected to “case manage” the client?

Grantees are expected to apply on behalf of the client, to be knowledgeable about the Treatment Plan, to receive and pay bills on behalf of the client, and to assure that the service was provided before paying the bill. The MCF does not expect that the Grantees will, for example, assure that the client gets to his/her appointments. The Grantees may do more case management, but are not required to.

7. The Terms and Conditions requested that the DHMH 440 be signed by the financial official and the contact person. There is currently only one place for a signature on that form. Do you really want both signatures or just one?

There only needs to be one signature on the DHMH 440. The contact person can initial and the financial officer can sign the form.

May 21, 2008

8. Can MCF grant funds pay providers on a “fee for service” basis to assist clients who qualify for Medical Assistance only after meeting a spend-down?

Yes, the grantees can use MCF funds up to the patient’s spend-down amount.

9. Can the applicant apply for MCF funding if the client's MHIP premiums or cancer treatment procedures are currently being paid by Cigarette Restitution Funds (CRF)?

a. Example: A CRF program has allocated \$ 15,000 for cancer treatment in its FY 09 budget. Client # 1 is diagnosed with cancer on July 3, 2008. It is estimated that treatment costs for Client # 1 will be \$ 7,000 during FY 09. Client # 2 is diagnosed with cancer on July 30, 2008, and it is estimated that treatment costs for client # 2 will be \$ 8,000 in FY 09. These two clients are expected to use all of the allocated CRF \$15,000 for treatment. Client # 3 is diagnosed with cancer on August 15, 2008. Can the LHD apply for MCF funding for Client # 3 with a new cancer diagnosis when the CRF treatment funds have been set aside for Client #1 and Client #2 but not all the funds have currently been expended?

Yes, the LHD can apply for MCF cancer treatment funds for Client # 3 because although the total amount of CRF treatment funds may not have been spent, the funds have been allocated for the treatment of Client # 1 and Client #2.

b. Can the local LHD begin paying for MHIP premiums through CRF funding and then convert to MCF funding when the MCF Treatment Grant is approved?

To expedite treatment for the client, CRF funds could be used to start paying the MHIP premiums/copayments/deductibles and then MCF funds could be used to continue paying MHIP costs *only if* all CRF funds that were budgeted for cancer treatment have already been allocated. MCF cannot supplant existing CRF treatment funds.

c. Does the LHD have to spend all CRF funds allocated for MHIP premiums prior to applying for MCF funds?

No, see responses to a. and b.

10. Is there a State disclaimer form for clients to sign indicating they understand that funding is limited to \$10K or \$20K per year?

No, the MCF does not have such a disclaimer, but the county can create such a form.

Could this form also include a statement indicating the client understands they will be responsible for payment for treatment after they have exhausted the MCF Treatment Grant funding?

Yes it could.

If the county decides to create a form for patient signature, a statement similar to that in the consent form for CRF screening could be used:

“I understand that the _____ [Program Name] will pay for future visits, tests, and procedures to treat my __[type of cancer]_____ cancer under Maryland Cancer Fund Treatment Grant funding to the extent of available funds--\$__[amount of award]_____. I understand that if I am found to need additional tests or treatment that cost more than the available funds, the _____ [Program Name] will *not* be able to pay for these tests or treatment and a doctor, hospital, or other care provider may bill me for these further services.”

11. Is a client eligible for a second year of MCF Treatment Grant funding if needed and available?

Yes, the client may be eligible for second year funding but the grantee will need to re-apply for the second year of funding and the award will be based on availability of Maryland Cancer Fund Treatment Grant funding.

12. If the local health department can only pay for a partial year of MHIP premiums for a client, at what point (time frame) will the MCF accept this client’s application?

Yes, as soon as you become aware that the local health department’s existing funds will only pay for a partial year, you can apply for Maryland Cancer Funds.

13. The MCF grant application asks that the completed MHIP applications be included with the grant application. Will MCF staff be responsible for forwarding the application to MHIP for processing?

No, the grantee will be responsible for working with the patient to apply for MHIP and may begin the MHIP application process immediately (before MCF Treatment Grant award approval) for an earlier approval.

July 9, 2008

14. Does the eligible organization applying on behalf of the patient need to state in the application for a Maryland Cancer Fund Treatment Grant whether or not the organization has cancer treatment in their CPEST grant?

The eligible organization applying on behalf of the patient should state on form 4681 whether or not that cancer treatment funds are available in their current grants. If all the funds are allocated for other patients then MCF funds can be used. Please see the response to question # 9.

15. Does an eligible organization have to exhaust all CPEST “treatment” funds before applying for an MCF Treatment grant? If so, is it best not to have many treatment dollars in the CPEST/public health grant?

The MCF Treatment Grant cannot supplant any funds that would be used for treatment. However the MCF funds can be used to treat any cancer, not only CRF “Targeted cancers.” Any funds allocated for treatment in the CRF –funded public health grant should be used prior to applying for MCF treatment funds, unless it is to treat a non-targeted cancer. (See answer to questions # 9 and #14).

16. Why were the MCF Treatment Grants not set up like Breast Cervical Cancer Program Diagnosis and Treatment Program (BCCDTP), where the patient applies directly to staff at DHMH, and staff at DHMH certify the client’s eligibility, obtain contracts with providers and pay bills for treatment?

The MCF was not set up like the BCCDTP program because the legislative bill that established the Maryland Cancer Fund and the COMAR Regulations specifically state that DHMH has to award the money through grants to eligible persons.

17. In the MCF Treatment Grant awards, is there funding for the program personnel who will handle the application and bill-paying process? The MCF Treatment Grant funds can be awarded for any type of cancer and to patients who have not been screened or diagnosed by local program? The local programs may not be able to handle that volume of requests for service without additional staffing.

The MCF Treatment Grant does not provide funds for staffing. It does provide indirect costs for actual expended grant funds, 7% for each local health department grant awards and 10% for non-local health department awards. For example, if a \$20,000 grant is awarded, there will be an additional \$1400 for indirect costs to a local health department if the entire \$20,000 is spent.

18. Who will collect medical records in order to apply for a MCF Treatment Grant?

The eligible organization applying on behalf of the patient needs to obtain the Certification of Diagnosis from the physician and to ensure that they receive copies of the patient’s bills to pay for ruling out or diagnosing cancer. The amount of medical records that the Grantee obtains is up to the Grantee.

19. Who will get the information to complete the MCF Treatment Plan and Budget (DHMH Form 4684) completed? Eligible organizations may have to obtain permission from the patient for medical records release for the eligible organization, in conjunction with the provider(s), to complete the Form 4684.

The eligible organization applying on behalf of the patient will complete and include the treatment plan in the MCF Treatment Plan and Budget (DHMH Form 4684). Eligible organizations will obtain permission from the patient for medical record release, if needed.

20. Must the local program apply for MHIP for the cancer treatment coverage? A local program may not wish to deal with the complexities of MHIP.

No, the eligible organization does not have to choose to apply for MHIP. There are two options for paying for treatment through the treatment grant: enrolling the patient in MHIP and paying MHIP premiums, or paying fee-for-service for procedures. It is the decision of the organization applying on behalf of the patient to decide what course would best meet the patient's needs.

21. How does the MCF Cancer Treatment Grant funding interface with community hospital (financial) assistance programs? Who pays first?

Funds are limited in the MCF, as this is a program that relies on funds from the income tax check-off program. The cancer treatment funds will be awarded on an open and continuous basis as long as funds are available. The community hospitals financial programs will likely function as they did prior to the MCF Program.

22. Who obtains contracts for services? Some clients wish to obtain treatment services out of county in nearby Delaware, Pennsylvania and/or Baltimore.

It is the responsibility of the eligible organization applying on behalf of the patient to obtain contracts for services. The patient may choose to use a provider that already has a contract for services with the eligible organization.

23. Who will monitor grant expenditures and complete DHMH 440 forms?

The eligible organization is responsible for assuring that the DHMH fiscal forms are completed and submitted by the required timeframe.

24. How much money has the MCF allotted to cancer treatment grants in FY09? How many patients do you anticipate it will assist? Will counties receive updates as to how much funding remains as time passes? How often? How will this be done?

As stated in the MCF Cancer Treatment Grant Application, the MCF Coordinator should be contacted prior to submitting an application to ensure that funds are available. There is no limit to the amount of applications a county can apply for from the MCF. However, funds for cancer treatment are limited and available on a first-come first-served basis.

25. How many \$20,000 grants could each county apply for?

There is no limit to the number of grant awards that each county or eligible organization can apply.

26. Will the Maryland Cancer Fund supply patient consent forms?

The MCF will develop a patient consent/liability form as a sample for eligible organizations to use.

27. Will providers or clients be asked to complete the application and supply the necessary documentation?

It is the decision of the eligible organization applying on behalf of the patient to decide the best course of action to obtain the necessary documentation in order to submit a complete application packet the MCF Coordinator.

28. When does the patient's cancer diagnostic work-up or cancer treatment become reimbursable?

Payment for cancer treatment under the MCF funding will be reimbursed for services provided on or after the official date of the Standard Grant Agreement that is signed by the Secretary of DHMH.

29. Where can I find the CPT codes for common procedures and reimbursement rates?

Sample CPT codes for common procedures and reimbursement rates can be found on the MCF website at http://www.fha.state.md.us/cancer/cancerfund/grant_apps_timelines.cfm. Also, please see the Center for Cancer Surveillance and Control (CCSC) Health Officer Memo #08-11, which provided the expanded Excel workbook spreadsheet of the revised 2008 Medicare and Medical Assistance reimbursement amounts.

August 19, 2008

30. Is the MCF considering a colonoscopy a diagnostic or screening procedure?

Under the MCF Cancer Early Detection/Secondary Prevention Grant, a colonoscopy would be considered a screening procedure.

Under the MCF Cancer Treatment Grant, a colonoscopy would be considered a diagnostic screening procedure.

31. How does the local program and the client choose an MHIP plan?

Eligibility for MHIP plan's is guided primarily by the client's income. After reviewing the plans the client is eligible for, the organization/local program should choose an MHIP plan that best meets programs treatment goals. However, on a case-by-case basis, the organization/local program may allow the client to choose a higher

cost MHIP plan provided that the additional costs are covered by the organization/
local program or client.

32. The local health department contracts with providers and the facilities are for the Cigarette Restitution Fund program. How can we legally piggyback to them for MCF?

Depending upon the LHD, some have decided to simply add an addendum to their existing contract that includes participation in the Maryland Cancer Fund.

33. It was stated that we do not have to get a written contract that a verbal agreement from the doctor saying he would accept Medicaid reimbursement would suffice. Is this true?

Certain jurisdictions have internal procedures that allow the LHD to pay bills without a contract up to a pre-determined amount. It is the decision of the LHD to decide if a verbal agreement is made with a provider to follow up with written documentation with the provider's signature confirming the verbal agreement.