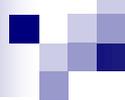




Securing Federal Financial Participation for Quitline Services Maryland's Experience

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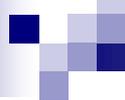


The Maryland Tobacco Quitline

- The Maryland Tobacco Quitline (QL) was launched in June 2006.
- Provides counseling services for all residents age 18 years and older.
- NRT (patch and gum) was added to contract for all residents in 2007.
- Strategic decision to focus on promotion of QL to Medicaid participants and pregnant women.

Medicaid Efforts– The Beginning

- Cessation services for Medicaid/other insurance was vague.
- QL costs were analyzed for Medicaid population in 2009.
- Explored cessation benefits and cost share covered under Medicaid plans.
- Began conversation with Medicaid exploring ways for collaboration.
- ARRA project examined all tobacco benefits in Maryland.

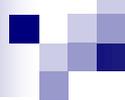


Information Gathering – Key Resources and Actions

1. Used NAQC's Medicaid toolbox, ALA, NAQC, CDC/OSH, and other state examples for talking points
2. Submitted briefs for expanding Medicaid cessation and cost share.
3. Held meeting with our QL vendor to determine Medicaid related costs.

Relationship Building

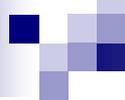
- Collaborated with Medicaid office on Medicaid incentive grant application in 4/11.
- CMS released guidance that allowed states to regard tobacco quitlines as an allowable Medicaid administrative activity in 6/11.
- Held follow-up meeting with Medicaid and submitted cost allocation plan to CMS in October.
- CMS approved cost allocation plan for match in 12/11.
- Finalized MOU with Medicaid in 3/12.



Development of the Cost Allocation Plan (CAP)

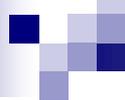
■ Team Effort

- Send the CMS correspondence to Medicaid team. Determine if they have an existing CAP that could be utilized as a template for the CMS application.
- If existing CAP template can be utilized, request a sample and work with Medicaid budget personnel to fill it out appropriately.
- Utilize quitline vendor reports to help with CAP.



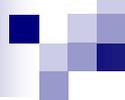
QL CAP Justification

- Be clear about the source document(s) / tracking data that is the basis for the Medicaid / non-Medicaid allocation, how that data is gathered, and how it will be applied.
- If at all possible, base the allocation on data that is updated quarterly, and can be readily audited.
- Be clear on the financial impact to CMS; i.e., the estimated Federal fund reimbursement, and any estimated growth in the next five years.



QL CAP Language

- QL serves both a Medicaid and non-Medicaid population.
- Upon intake to the program, callers are asked their insurance status and name of insurance.
- Monthly client utilization data is compiled from the intake survey.
- Survey data indicates 30% of callers were Medicaid enrollees.



QL CAP Language

- The state will use intake surveys and compilation of resultant client data, using the quarterly percentage of Medicaid callers to total callers as the Medicaid allocation factor against claimable Quitline expenditures.
- Federal guidance specifically provides for allocation methods that may include a survey of callers or a calculation of a Medicaid eligibility ratio in the total universe of callers. In our approach, the survey provides the source data for the quarterly allocation ratio.

Example of CAP breakdown

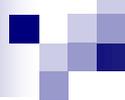
- Estimate of claimable Quitline costs:

Quitline contractor, entire program	\$1,200,000
Quitline Coordinator, salary & fringe	\$66,676
Total costs	\$1,266,676
Estimated Medicaid allocation	30%
Medicaid claimable costs	\$380,003
Times 50% Federal match	= (\$190,001 Federal share)

Example of CAP breakdown

- Estimate of Indirect cost allocation:

Quitline Coordinator's salary	\$46, 556
Estimated Medicaid allocation	30%
Medicaid portion	\$13,967
Times IDC rate 31.6% of salary	\$4,414
Times 50% Federal match	=(\$2,207 Federal share)



MOU – The Purpose

- To establish procedures for claiming Title XIX Federal Fund match on allowed Medicaid-related administrative costs expended in the operation of the Quitline.
- CMS has approved Maryland's methodology for allocating a Medicaid share of certain allowed administrative costs in the operation the Quitline.



MOU – Duties/Tobacco Control Program

- Provide a quarterly report identifying the Medicaid-related administrative costs of the QL.
- Agree to maintain a complete audit trail for all expenditures.
- Agree to submit actual, allowable costs related to the operation of the QL, and for which the state has made full payment.

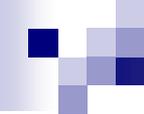
MOU – Duties/Tobacco Control Program

- Assure that costs submitted do not duplicate costs claimed under any other Federal grant, or duplicate costs included in the indirect cost pool.
- Assure that it has sufficient State match for the Medicaid-related expenditures, and that the State match on expenditures claimed as Medicaid-related is not being used as State match on any other Federal grants.



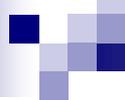
MOU – Duties/Medicaid Program

- Incorporate the claims into the quarterly, Statewide CMS 64 report.
- Distribute the match as a transfer of Federal revenue from the Medical Care Programs to an account designated by the Program.
- Serve as a pass-through agency.



Key Lessons Learned

- Involve key influences and leverage support.
- Talk their language/understand their program
- Sell Partnership:
 - Collaboration will earn reimbursement dollars for the state (have your figures researched ahead of time and available)
 - Save the state money in healthcare expenditures
 - Achieve state health improvement
 - Use talking points, ALA, NAQC, other states, cost savings, etc.



Continuing the Partnership

- Make it known that the Match has provided additional dollars for QL and State.
- Make it real... Let Medicaid know about the residents they are helping.
- Ask Medicaid team to join tobacco related calls.
- Determine additional ways to partner with Medicaid on an ongoing basis.