

Case Study Series on Medicaid Cost-Sharing Partnership Development

What is Maryland's cost-sharing partnership with Medicaid?

Since 2011, Maryland has drawn down the 50 percent federal match for quitline administrative costs (i.e., counseling services) for Medicaid enrollees who use the quitline. This cost-sharing program was authorized by CMS in 2011 and is also known as Medicaid Match and Federal Financial Participation (FFP). More recently, Maryland has streamlined access to all FDA approved cessation medications for Medicaid participants through a direct billing process which off-sets state costs for NRT. Ultimately, Maryland would like to use Medicaid cost savings to provide more robust quitline services to those callers who are under- or uninsured.

What was the impetus for collaborating with Medicaid?

The passage of the Affordable Care Act (ACA) provided an opportunity to approach Medicaid about the cessation benefit requirements and how partnering could help streamline services for Medicaid participants.

How did Maryland build a relationship with Medicaid to develop a cost-sharing partnership?

In July 2010, The Center for Tobacco Prevention and Control (CTPC) within the Maryland Department of Health submitted briefs to the Deputy Health Secretary supporting expansion of Medicaid cessation and cost sharing based on the ACA requirements. Later that year, CTPC held a meeting with Medicaid to discuss quitline services and cessation coverage under ACA with Medicaid.

Maryland also had the opportunity to work on a Medicaid Incentive Grant that was supported both by the Deputy Secretary for Public Health and the Deputy Secretary for Medicaid Services. This grant collaboration increased the understanding of Medicaid and quitline services for both parties and provided an opportunity to get to know each other's staff. CTPC took the opportunity to educate both administrations about the quitline partnership possibilities. Interest in collaboration was further elevated with the release of information from the Centers for Medicare & Medicaid Services about the Medicaid Match.

Additionally, CTPC also had a Medicaid participant that volunteered to share her story of how helpful it was to get help to quit through the quitline and her Medicaid benefits. A media campaign was launched as a result of the testimonial.

What is the process for Medicaid reimbursement of quitline services provided to Medicaid participants?

Maryland has had the Medicaid Match in place since 2011. In 2018, a process was set up for the quitline service provider to bill the Medicaid Program directly for cessation medications provided to Medicaid participants. The quitline contractor serves as a Maryland Medicaid pharmacy provider and submits claims through the state claims system for eligible quitline Medicaid participants. The direct billing for medications is possible because the provision of cessation medications are "carved out" or not included in the MCO contracts—similar to fee-for-service plans. The process is outlined below:

Step 1: The quitline caller self-reports Maryland Medicaid as their insurance plan and provides their Medicaid member ID number. The quitline provides Medicaid medication benefit information along with standard services which includes a starter kit of NRT.

Step 2: The participant is then connected with the quitline pharmacy which obtains the caller's health care provider information to obtain a prescription for the medication.

Step 3: The quitline pharmacy sends medications to participant's home and then submits a claim to Medicaid for processing.

What do you believe were the most important factors to Maryland's success?

Support from leadership of both agencies was instrumental in keeping the two entities working towards developing a cost-sharing partnership. CTPC leveraged existing relationships with Medicaid within the State Health Department and utilized influential personnel to support and further the partnership between the two groups.

What were the challenges you faced in partnering with Medicaid?

Medicaid staff are very busy and navigating the Medicaid structure takes time.

What words of advice would you give other states interested in developing a cost-sharing partnership with Medicaid?

Ensure that you have a solid understanding of how Medicaid works within your state. Ask Medicaid to provide an overview/presentation of how the Medicaid infrastructure works in your state and how it differs from other states. Leverage existing relationships with Medicaid within the State Health Department and utilize influential personnel to support and further the partnership between the two organizations, recognizing it takes time to build relationships. Lastly, things can change quickly, and you need to be prepared to seize the opportunity. Be supportive and persistent. Show how a partnership can benefit the Medicaid program and its members.

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