

Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Information Collection #25 Tobacco Cessation Quitline Expenditures

December 2014

Center for Medicaid and CHIP Services (CMCS)

Centers for Medicare & Medicaid Services (CMS)

A. Background

The Centers for Medicare & Medicaid Services (CMS) work in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available as a result of the Affordable Care Act or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including program waivers and demonstrations, and other technical assistance initiatives.

B. Description of Information Collection

Section 4107 of the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148, which amended Title XIX (Medicaid) of the Social Security Act (the Act) provides for Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing. This provision was effective October 1, 2010. CMS regards tobacco quitlines that follow the evidence-based protocols set forth in the PHS Guideline as an allowable Medicaid administrative activity necessary for the "proper and efficient" administration of the State plan under its authority under section 1903(a)(7) of the Act, to the extent that the quitline provides support to Medicaid beneficiaries under the auspices of the State Medicaid agency. States are encouraged to offer evidence-based telephone quitline services for all Medicaid beneficiaries as they can be an effective means of providing cessation counseling. States may claim the 50 percent administrative match rate for comprehensive quitline services provided to Medicaid beneficiaries even if States do not provide such services to non-Medicaid beneficiaries. We would like to know whether or not States submitted claims on the MBES-CBES (Form CMS-64.10) for Medicaid administrative Federal Financial Participation (FFP) for tobacco cessation quitline expenditures during Federal Fiscal Year (FFY) 2012, as well as the total of any such amounts claimed in FFY 2012.

This collection is not asking States to provide information about data that they already submitted through the CMS-64. The Medicaid expenditure reporting system (MBES-CBES) does not specifically capture and identify the costs associated with tobacco cessation quitlines claimed as Medicaid administration. Such costs are reported on the Form CMS-64.10 on Line 29 (Other Financial Participation), which commingles numerous expenditure categories, all of which are claimable at the 50 percent matching rate. Because we are unable to extract from the MBES-CBES the exact number of states claiming quitline reimbursement, it's necessary to obtain this information to determine both the number of States claiming quitline reimbursement, as well as the amounts claimed. Collecting this information will allow CMS to meet its commitment as a contributing agency to the Department's Tobacco Cessation High Priority Performance Goals

(HPPG). We are hopeful that States will be willing to voluntarily participate in support of the Department's performance goals.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 86,240 hours, and CMS previously requested to use 41,556 hours, leaving our burden ceiling at 44,684 hours. CMS estimates that each State will complete the collection of data and submission to CMS within 2 hours. There is a potential universe of 56 respondents, so the total burden deducted from the total for this request is 112 hours.

E. Timeline

Not applicable. This is an extension (without change) of a currently approved GenIC.

Attachments

The following attachments are provided for this information collection:

Attachment A – Tobacco Cessation Quitline Expenditures