Tobacco Treatment for Medicaid Members: Survey Results and Successful Partnerships

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NAQC Medicaid Survey 2015 – A First Look!

- Background and methodology
- Key finding #1: FFP Status, $ Claimed and Utilization
- Key finding #2: Barriers to Claiming FFP
- Key finding #3: What Resources, Factors or Tools Are Needed?
- Next steps
Background and Methodology

Online survey fielded from April 22 to May 27, 2015

- 53 states and territories were asked to respond & 46 responded (Response rate: 86.7%)
- Topics covered in survey
  - Support for tobacco treatment for Medicaid members
  - Status of Federal Financial Participation (FFP) for quitline services (Match)
  - How FFP funds are spent (if applicable)
  - Other activities, strategies or funding to improve tobacco treatment for Medicaid members
  - Barriers to claiming FFP
  - Barriers to working with Medicaid programs in general
  - Technical assistance and resource needs for Medicaid-related activities

Follow-up interviews conducted June 24 to July 27, 2015

- 12 states were interviewed: 4 actively claiming FFP, 4 intend to claim FFP in next 12 months & 4 do not intend to claim FFP in next 12 months
Key Finding #1: FFP Status

Does your state intend to claim or already claim FFP for quitline administrative expenditures for Medicaid members?

- Actively Claiming FFP: 16
- Not Claiming But Intend in Next 12 Months: 10
- Not Claiming & Do Not Intend To in Next 12 Months: 14
- Don’t Know: 6
Key Finding #1: FFP $ Claimed

FY14 (July 2013 to June 2014):
• Approximately $3.5 million total (N=14)
• Individual responses ranged from $25,000 to $2,743,024
• Median amount claimed was $140,026 (N=14)

FY15 (July 2014 to March 2015):
• Approximately $3.85 million total (N=14)
• Individual responses ranged from $18,600 to $2,002,638
• Median amount claimed was $119,641 (N=14)

Note: Some of the 16 states who were actively claiming as of April 2015 may not have been claiming for the full year in FY14 or FY15.
Key Finding #1: FFP Utilization

- Quitline services (10 states)
- Quitline medications including NRT (4 states)
- Quitline evaluation (2 states)
- Quitline media/promotion (2 states)
- Quitline outreach (2 states)
- State Tobacco Control Program (2 states)
- Medicaid benefits or costs (2 states)
- State General Fund (4 states)
Key Finding #2: Barriers to Claiming FFP

Actively Claiming FFP

- Getting the right people at the table
- Legislative factors
- Turnover and continuity
- Administrative tracking
- Getting fiscal processes in place
- Coding and funds allocation
- Lack of state funding (only state funds eligible for Match)
Key Finding #2: Barriers to Claiming FFP

Intend to Claim in Next 12 Months

• Lack of state funding
• Leadership does not prioritize this work
• No direct line of communication with the Medicaid agency
• Breakdowns in communication between agencies
• Lack of cost allocation plan methodology examples
• Getting fiscal processes in place

Do Not Intend to Claim in Next 12 Months/Don’t Know

• Lack of state funding
• Lack of knowledge about FFP
• Medicaid program structure complexities (i.e. multiple MCOs)
• New and/or unsupportive administrations
• Focus monopolized by Medicaid expansion
• State budget constraints on the Medicaid program
Key Finding #3: What Resources, Factors and Tools Are Needed?

A Plan:
Strategic planning supported by leadership for approaching their Medicaid agency and priorities for tobacco cessation is critical for states working towards claiming FFP.

Staff and Support:
Ongoing staff turn-over at all layers of leadership and programs (both in TCP and Medicaid agencies) results in loss of historical knowledge, commitment to tobacco cessation and quitlines as a priority, and availability to work on setting up these complex processes.

Time:
This work takes time and claiming within the next 12 months may not be realistic.

Data:
Quitline and cessation benefits utilization data are needed in order to provide a business case or return on investment case.

Money:
States must have funds to pay for quitline services that are eligible for use in FFP claiming. Lack of state funding prohibits states from taking advantage of FFP.
Key Finding #3: What’s Needed From NAQC?

Technical support and training

- Evaluation of Medicaid benefits for tobacco cessation treatment (including quitlines)
- Developing Return On Investment (ROI) and business case materials to make the case for Medicaid paying for tobacco cessation treatment (including quitlines)
- Continued NAQC publications on Medicaid-related activities and what other states are doing

Case Studies and Examples From Other States

- Examples of CMS-approved cost allocation plans and Memorandums of Understanding (MOUs)
- Case examples of effective outreach and promotion to Medicaid members and listing of Medicaid-related health communication items available for use
- Examples of how to present the ROI of contributing to the quitline to Medicaid health plans and agencies
- Examples of healthcare provider and health systems change materials with Medicaid-specific content (i.e. educating providers on benefits and quitlines as central to tobacco treatment)

Work with Centers for Medicare and Medicaid (CMS)

- Encourage CMS to drop the match requirement to assist states that lack state funding for quitline services
- Provide samples of CMS-approved State Plan Amendments to include quitline services in a state’s Medicaid program
- Discuss other administrative cost allowances (i.e. medications) and/or focus on Medicaid paying fully for quitline services rather than 50% as an administrative cost
Next Steps and Thank You!

Next Steps:

• Written report on survey - September 2015
• Online toolkit – September 2015

Thank you to all state participants for providing survey data!