

Tobacco Treatment for Medicaid Members: Survey Results and Successful Partnerships

NAQC Conference - Atlanta, GA
August 18, 2015

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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

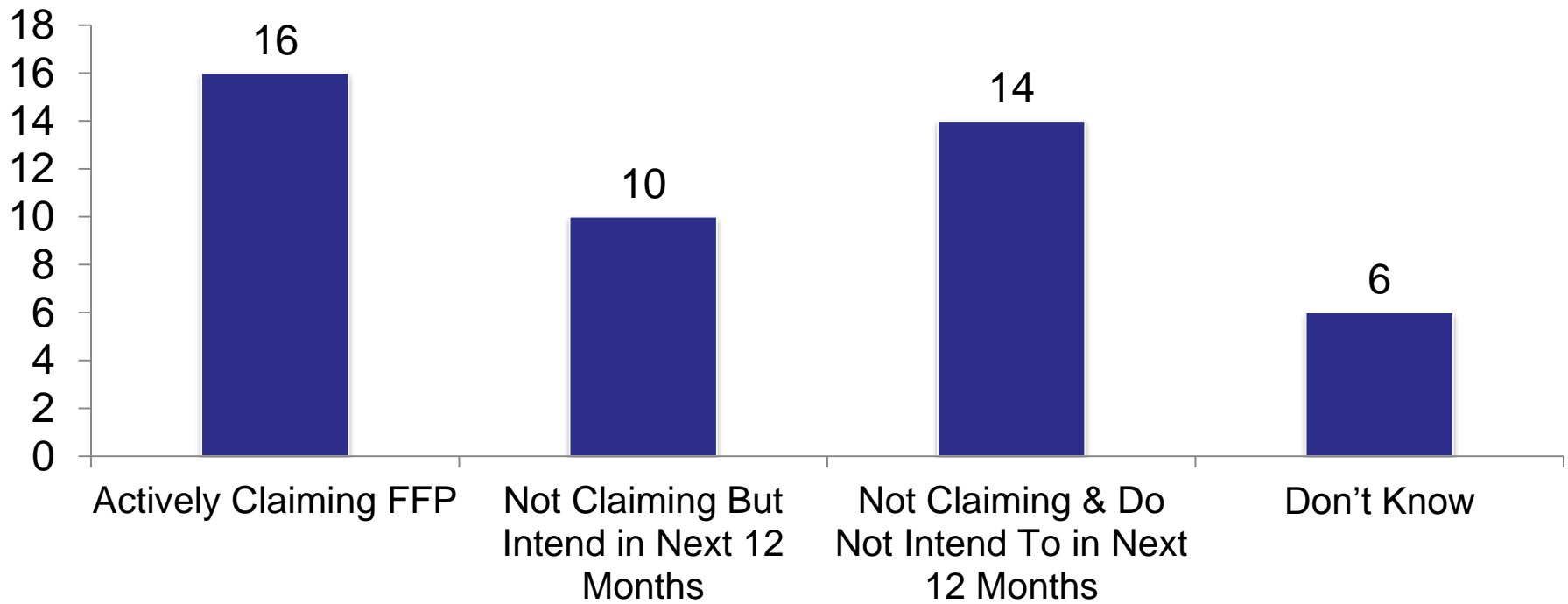
- 53 states and territories were asked to respond & 46 responded (Response rate: 86.7%)
- Topics covered in survey
 - Support for tobacco treatment for Medicaid members
 - Status of Federal Financial Participation (FFP) for quitline services (Match)
 - How FFP funds are spent (if applicable)
 - Other 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?



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!