Medicaid – Working to Ensure Access to Comprehensive Cessation Services Including Quitlines.

NAQC Conference
Austin, TX
March 21, 2016
Medicaid – National Background

Medicaid and CHIP Total Enrollment: Baseline vs. November 2016

Medicaid – National Background

Medicaid MCOs*

• 39 states have contracts with Managed Care Organizations to provide services to Medicaid enrollees.

• Among those 39 states, 28 states have at least 75% of all Medicaid beneficiaries enrolled in MCOs.

Medicaid – National Background

2014 Cigarette Smokers Prevalence, US Adults and Medicaid Enrollees*

Insurance Status of Callers to State Quitlines:
FY2012, FY2013, FY2015 & FY2016

NAQC Recommended – Medicaid MCO RFP Language

Highlights of NAQC Recommended Language:

• Screening for tobacco use at every visit and Two quit attempts per plan year
• Includes U.S. Public Health Services Clinical Practice Guidelines for Tobacco Dependence Treatment:
  – Individual and Group counseling
  – Telephone counseling - through a telephone quit-line vendor approved by the state Department of Public and Behavioral Health
• All 7 FDA approved cessation medications, including combination therapy
• Prohibits:
  • Use of “stepped-therapy” requirements on tobacco cessation treatment.
  • Prior authorizations to access cessation benefit
  • Cost-sharing/co-pays
• Requires the MCO to:
  • Update all policies, evidences of coverage, formularies and/or drug brochures
  • Partner with the state Public Health Agency to promote the full Tobacco Cessation Benefit to Medicaid MCO beneficiaries and provide reports on promotional activities at least biannually.
  • Provide aggregate utilization and outcomes data with the state Public Health Agency, at least biannually.
  • To be a member of North American Quitline Consortium (NAQC)

NAQC Recommended Language for Medicaid MCO RFPs Available at:
NAQC TA on Medicaid

NAQC provides TA on:
- Medicaid FFP
- Medicaid MCO

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Michigan Tobacco Dependence Treatment

Quality Improvement Program
Medicaid and the Michigan Tobacco Quitline -- 2004-2017
Karen S. Brown, Tobacco Dependence Treatment Coordinator
Phase One - October 2004

- Quitline is one year old
- Offered only to uninsured and members of one Medicaid Health Plan that used the same Quitline service
- 16 Managed Care Plans
- 10 provided a telephonic counseling service. Some required physician referral to use.
- Worked with Medicaid Managed Care Bureau of Operations and Quality Assurance and Quitline vendor to develop a cost-sharing partnership for the Quitline.
- The MDHHS Tobacco program covered 50% of set up and $70 (enrollment and one coaching call). Participating plans would cover the remainder.
Pathway to Success

- Champion-Medicaid Managed Care Bureau Director
- Champion-Current Health Plan Partner
- Consumer Assessment on Healthcare Providers and Systems Scores
- Data on Return on Investment
Results

- Half of the Medicaid Managed Care Plans Participated
- Two Commercial Plans Participated
- Call rate in October 2003 was 6.
- Call rate in October 2004 was 886.
  - 22% of callers were insured
  - 63% of insured callers had Medicaid
Phase Two-March 2008

- Quitline had 3 cost-sharing partners, down from a maximum of 8.
- Medicaid Pharmacy Benefits covered: Patch, Gum and Zyban
- Pharmacy benefits required prior authorization, maximum of 3 months per year, combination therapy was allowed but still had a maximum of 3 months of medication.
- Worked with Chief Medical Executive and Medicaid team to change contract language.
  - All plans were required to have an MDHHS-approved proactive quitline.
  - Plans were required to cover NRT--patch and gum or lozenge.
  - Plans were required to offer one non-nicotine medication.
  - 10 of 15 plans participated in Quitline cost sharing by the beginning of 2009.
Pathway to Success

- Champion - MDHHS Chief Medical Executive
- Consumer Assessment on Healthcare Providers and Systems Scores
- Documented Complaints from Providers
- Data on Success Rates with Medication
- Flexibility!
Medication requirements were increased and some medications became standard across health plans.

Lifetime limits for cessation coverage were eliminated.

All plans were required to have a quitline—in the past it was voluntary.

Paid advertising was run to promote the new benefits.
### Medicaid Benefits Grid in 2009

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>OTC</th>
<th>RX</th>
<th>Patches</th>
<th>Gels</th>
<th>Lozenges</th>
<th>Inhaler</th>
<th>Nicotine Patches</th>
<th>Nicotine gum</th>
<th>Nicotine Lozenges</th>
<th>Varenicline</th>
<th>Nicotine Inhaler</th>
<th>Chantix</th>
<th>Zyban</th>
<th>Group Classes</th>
<th>Telephone Counseling</th>
<th>Resources on Plan Website</th>
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**Notes:**
- **Prescription required for coverage:**
- **RX/ThuRx Authorization:**
- **Co-Quantity Limit:**
- **Drug Class Program:**

In some cases, the member may obtain the listed benefit by filling an additional dose on a separate prescription. Benefits are subject to change without notice and may not be covered in every area. Check with your provider to confirm coverage eligibility.
Phase 3 - January 2015

- 9 of 12 Plans participated in cost-sharing partnership
- Medication coverage continued to be inconsistent. Many plans had step therapy, prior authorization, and quantity limits. Some plans still did not cover all medications.
- Utilized the Affordable Care Act guidelines when meeting with Medicaid Managed Care Bureau.
- Medicaid team agreed to remove all medication barriers. This was written into the Michigan Medicaid RFP released in August 2015 as a requirement for application.
- Standard Medicaid and Medicaid expansion benefits are the same.
Pathway to Success

- Established Relationship with Medicaid
- Opportunity-New RFP Release
- Affordable Care Act guidelines
- USPHSTF guidelines
- Examples from other states
Results

- All but one plan partners with the Quitline
- Tobacco Dependence Treatment has a prominent place throughout the New Medicaid Contract
- All 7 FDA medications are provided without copays, prior authorization, step therapy or quantity limits
- Tobacco Section has assisted with enforcement of medication contract requirements by taking complaints/questions from local health department partners
- Paid advertising was run to promote the new benefits.
- Over 1,900,000 Medicaid and CHIP enrollees have access to tobacco dependence treatment and protection from secondhand smoke
Radio Ad
Print Advertising

Team up to quit tobacco.

Ready to quit tobacco? Sometimes, it takes teamwork. Your family and friends can help, but so can the encouragement of a professional Quit Coach. To get your free Quit Coach and a customized quitting strategy, call 1-800-QUIT-NOW. And, if you’re enrolled in Medicaid, prescriptions that could help you quit tobacco once and for all are now available at no cost to you. Talk to your healthcare provider today.
Health Plan Provider Education Requirements

- Contractor must promote among primary care providers the Michigan Health and Wellness 4 X 4 Plan including:
  - a. Four key healthy behaviors
    - i. Maintain a healthy diet
    - ii. Engage in regular exercise
    - iii. Annual physical exam
  - iv. Avoid all tobacco use
Reporting Requirements for Medicaid Health Plans

- **Michigan Medicaid Tobacco Cessation Benefits Grid**

- **Healthy Michigan Plan (Expansion Population) HRA Tobacco Cessation**
  - a. MDHHS will use 5708 Health Risk Assessment (HRA) files (Aug 2015-April 2016) to identify Healthy Michigan Plan (HMP) members who chose tobacco cessation as one of their behaviors to address on the HMP HRA. MDHHS will then use encounter data (Aug 2015-July 2016) to track how many of these HMP members received tobacco cessation counseling and or pharmacotherapy.
  - b. MDHHS will use 5699/5700 Health Risk Assessment (HRA) files (Aug 2015-April 2016) to identify Healthy Michigan Plan (HMP) members who self-reported interest in tobacco cessation through their HRA. MDHHS will then use encounter data (Aug 2015-July 2016) to track how many of these HMP members received tobacco cessation counseling and or pharmacotherapy.

- **Tobacco Cessation Encounter Submissions**
  - a. Timely encounters submission and utilizing appropriate tobacco cessation codes
  - b. Minimum volume

- **Tobacco Cessation CAHPS Score**
  - a. Advising smokers and tobacco users to quit
  - b. Discussion cessation medications
  - c. Discussion cessation strategies
**Tobacco Cessation**

**CONTEXT:** Tobacco smoking increases the risk for serious health problems, many diseases, and death. People who stop smoking greatly reduce their risk for these negative outcomes and healthcare delivery systems are critical components of tobacco cessation efforts. In support of these goals, the Healthy Michigan Plan Health Risk Assessment (HRA) includes a set of questions to help identify members that use tobacco and have the desire to quit or reduce tobacco use.

**GOAL:** Medicaid health plans will identify tobacco users through the Healthy Michigan Plan HRA, CAHPS survey and other health plan data systems. DHHS will monitor health plan efforts to support tobacco cessation.

**INSTRUCTIONS:** Email all documents to Sandra Greyerbiehl at greyerbiehls@michigan.gov. The subject line should be labeled as 2016_P4P_Tobacco.
Medicaid Managed Care Contract
Language for Medications

- Health plan must submit Medicaid Tobacco Cessation Benefits Grid as provided by MDHHS detailing tobacco cessation treatment that includes, at a minimum, the following services:
- a. Intensive tobacco cessation treatment through an MDHHS-approved quit-line
- b. Individual tobacco cessation counseling/coaching in conjunction with tobacco cessation medication or without
- c. Non-nicotine prescription medications
- d. Prescription inhalers and nasal sprays
- e. The following over-the-counter agents: Patch, Gum, Lozenge
- f. Combination therapy – the use of a combination of medications, including but not limited to the following combinations: Long-term (>14 weeks) nicotine patch and other nicotine replacement therapy (gum or nasal spray); Nicotine patch and inhaler; Nicotine patch and bupropion SR
- g. Health plan must not place prior authorization requirements on tobacco cessation treatment or limit the type, duration or frequency of tobacco treatments
Contact

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brownk34@michigan.gov

Visit us at www.Michigan.gov/tobacco