State Innovations: Enhancing Quitline Services for Medicaid Smokers

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Tuesday, March 21, 2017, Noon – 1:00 p.m.
Austin, Texas
Medicaid Program

- Medicaid is largest health insurance program in the U.S., serving as a safety net for the poor and disabled.

- Medicaid program operated by states, federal and state funding.

- High smoking prevalence: 27.8% adult Medicaid enrollees smoke; 11.1% privately insured adults smoke (NHIS, 2015)

- Medicaid enrollees are a large portion of QL callers who receive tx:
  - FY12 – 22% (102,991)
  - FY13 – 25% (110,779)
  - FY15 – 36% (111,837)
  - FY16 - 34% (113,136)
ACA Requirements for Medicaid Programs

➢ Offer cessation tx without co-pays to those eligible under Medicaid expansions;

➢ To cover medications for all enrollees; and

➢ To offer comprehensive services for pregnant women.
Collaborations Between Quitlines and State Medicaid Programs

- Important population - Prevalence, need
- Challenges at state level
  - Relationship building, staff changes
  - Making smoking cessation a priority
  - Who pays?
- Challenges at federal level
  - FFP/Medicaid match labor intensive, no $ for meds
  - Requires prescription for any med, even OTC
  - State QLs that persevere have been successful!
Innovations

- **Karen Brown, MPH**
  - Requiring Medicaid MCOs to cover QL services in MI

- **Paula Celestino, MPH**
  - Triaging NY Medicaid callers to take advantage of cessation benefits offered by some Medicaid MCOs

- **Tasha Moses, MPA**
  - Possibility of using eReferral to overcome the prescription barrier
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.
Phase Two - March 2008

- Quitline had 3 cost-sharing partners, down from a maximum of 6.
- 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.
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.
NYS Quitline: Facilitating Access to Medicaid Cessation Benefits
Outline

• Background
• Shift in Medicaid cessation support messaging
• NYSSQL activity to support/complement shift
• Ad & Utilization analysis
Background

• 2011: Medicaid beneficiaries were to transition into Medicaid Managed Care Organizations (MMCOs)
  • Currently 18 NYS MMCOs cover all Medicaid beneficiaries

• 2014: NYS Medicaid program coordinated with the ACA Medicaid expansion

• 2014-present: DSRIP (Delivery System Reform Incentive Payment program)
  • Payments tied to outcomes for Medicaid and uninsured
  • 11 of 25 NYS Hospital systems awarded choose tobacco cessation as a project
• 2015-2016: PIP (NYS Performance Improvement Project)
  • Required MMCOs to improve access and utilization of Medicaid cessation benefits
• NYS MMCOs all cover the 7 FDA approved cessation medications (unlimited) and individual provider counseling (limited)
• From 2011 to 2016 NYS QL had a 58.9% increase in Medicaid participants.
Background

• 2015-NYS’s approach to cessation had evolved to focus on health system changes in accordance with principles of population-based policy interventions
  • Increase provider delivery and enrollee use of Medicaid smoking cessation benefits
  • NYSSQL as an ancillary health system support

• Smoking prevalence among Medicaid population age 18-64: 25.9%
2015 - All NYS cessation campaigns tagged with Medicaid/Health Plan benefits and/or provider support messaging
Roswell enhanced/developed approaches for the NYS Quitline to support the Medicaid/Health Systems change objectives:

- Provide support to MMCOs for PIP initiatives
- Provide support to the 11 DSRIP healthcare networks
- Better inform QL participants about Medicaid benefits and augment accessing benefits
- Direct triage to MMCOs benefitted programs
• Provide MMCO reports of QL service utilization by members and providers for PIP planning and evaluation
• Webinar(s) for MMCOs about QL services emphasizing provider patient referral program for PIP initiatives
• Obtained scripted benefit and access information from each MMCO to use for participant education
• Contracted with some MMCOs to provide cessation services
• Work with 11 DSRIP grantees (chose tobacco cessation)
  • training, reporting, provider electronic referrals
Inform of Medicaid Benefits and Augment Accessing

Coach training

Internal application

Materials

Triage into MMO programs
Inform of Medicaid Benefits and Augment Accessing
Inform of Medicaid Benefits and Augment Accessing
• Perceived effectiveness among smokers of original Medicaid ad: 3.49 of 5

• Confirmed awareness by smokers of ads that ran in Q4 2016: 30%
New York State Medicaid Managed Care Smoking Cessation Benefit Utilization Analysis

Statewide

New York City

Rest of State
Thank you!

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eScript & eReferral: Alleviating Barriers for Medicaid Patients

LUNCH PLENARY

Tasha Moses, MPA
Program Manager
Opportunity

- eScript = serendipitous solution
- Unintended positive consequence = impact on Medicaid patients
- Help patients tap into Medicaid benefits.
- Increase access to evidenced-based meds proven to successfully support quit attempts
Challenge

Medicaid requires a prescription for **ANY** NRT

- Fax forms = tedious
- Streamlined process = increased access
Solution

Establish a process within the EHR referral system to send eReferral request AND electronic prescriptions to the SD QuitLine.

=eScript
Faster, Safer, Easier
Questions...
Contact Information
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