

Prevention in the Medi-Cal Program

Neal D. Kohatsu, MD, MPH

Senior Medical Advisor

Laura Halliday, MD, Medical Consultant

Department of Health Care Services



Topics

- Medi-Cal background
- Current prevention efforts
- PPACA
- Medical home
- Tobacco cessation

The Medi-Cal Program

- Serves approximately 7 million people
- Budget: \approx \$47 billion
- Covers
 - 1/3 California children
 - $>1/10$ adults under age 65
- Pays for about $1/2$ of all births

Current Prevention Efforts

- Clinical preventive services
- Health Education & Cultural/Linguistic Work Group (Managed Care)

Prevention in ACA— Medicaid Provisions

- Section 4106—Improving Access to Preventive Services for Adults
- Section 4107—Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women
- Section 4108—Incentives for Prevention of Chronic Diseases

Section 4106—Improving Access to Preventive Services

- Requires coverage of “A” and “B” recommended services by USPSTF
- Federal Medical Assistance Percentage raised by 1% if co-payments eliminated (1/1/13)

Section 4107—Coverage of Tobacco Cessation for Pregnant Women

- Coverage for counseling and pharmacotherapy is now required for pregnant women
- No cost-sharing (10/1/10)

Section 4108—Incentives for Prevention of Chronic Disease

- 3-5 year state awards (beginning 1/1/11)
- Incentives for members participation in specified programs
- Programs: tobacco, weight, cholesterol, BP, DM prevention/management
- Outreach and education campaign

Medical Home Principles

- Personal physician
- Team-based care at practice level
- Whole-person care
- Coordinated/integrated across health care and *community-based services*

Medical Home Principles (continued)

- Quality and safety
- Enhanced access
- Payment for added value

Medicine/PH Collaboration

- 2-3 million more Medi-Cal members
- Outreach/communication to new members on health, beyond health care
- Outreach/communication to health care system on how to link with community services

Changing Medi-Cal Policy

Enhancing clinical tobacco control
efforts

Smoking Cessation: The Economic Benefits

- ROI \$1.40 for \$1.00 invested in tobacco cessation
- Average retail price of a pack of cigarettes in California is \$5.17
- Societal cost/pack is \$27.07 per pack

Current Fee-For-Service Medi-Cal Smoking Cessation Pharmacotherapy Benefits

- Contract Nicotine Patches (Currently Nicoderm CQ OTC) – 10 weeks of therapy are TAR free
- Zyban – 12 weeks of therapy are TAR free
- Extended therapy of Nicoderm CQ and Zyban, Chantix, nicotine gum, non-contract nicotine patches, lozenges, inhalers and nasal spray require a TAR with documentation of medical necessity
- In addition, for all treatments the pharmacy must obtain a letter or certificate of enrollment in a behavioral modification smoking cessation program

Current Fee-For-Service Medi-Cal Smoking Cessation Counseling Benefits

- Medi-Cal does cover counseling provided as part of a medical visit and as part of a physical exam
- Medi-Cal does not cover separate, preventive, individual or group counseling as a benefit currently
- Obtain unlimited, free counseling through the California Smokers Helpline (1-800-NO BUTTS)

Current Medi-Cal Barriers

- Treatment Authorization Requests (TARs)/Prior Authorization
- Duration Limits
- Requirement for a Certificate of Counseling
- Need to ensure that providers and beneficiaries are aware of smoking cessation benefits and any changes

Massachusetts Medicaid Smoking Cessation Program Benefits

- Instituted coverage of smoking cessation medications
- Counseling by MDs, DOs, NPs, PAs, Nurse-Midwives, RNs, and Tobacco Cessation Counselors
- The Massachusetts Smokers' Helpline offers an intake call, five telephone-based counseling sessions, referral to community tobacco treatment programs, and follow-up calls at 7 months

Massachusetts Medicaid Smoking Cessation Policy Impact

- Study period: 7/1/06-12/31/08
- 70,140 Massachusetts Medicaid beneficiaries used the benefit (37% of Massachusetts Medicaid smokers)
- Smoking rate declined 26% (38.3% to 28.3%) with policy implementation

Massachusetts Medicaid Smoking Cessation Policy First Year Results

- 38% reduction in MI hospitalizations
- 17% fewer ED visits for asthma
- 17% fewer claims for adverse maternal birth complications

Summary

- Current prevention activities—limited
- ACA will enhance clinical prevention
- Changes in health care can improve medicine/PH collaboration
- Medicaid policy change can effect significant improvements in health