

MEDICAID

PARTNERSHIP

PROJECT



Medicaid Partnership Project

- Sponsored by the CDC Office on Smoking and Health.
- Purpose is to assist states to improve access and use of Medicaid covered tobacco cessation benefits and services.
- Recognition of the importance of better engagement with Medicaid programs and providing technical assistance for improving treatment in order to reach tobacco control goals.
- Case studies from six states to provide examples: Minnesota, New York, Oklahoma, Oregon, Utah, Wisconsin.
- **KEY FINDING:** quality and effectiveness of partnership between Medicaid and tobacco control program determines outcome. Tobacco control needs to be proactive.

Medicaid

- Federal/state partnership.
- Each state has own program; must conform to federal guidelines.
- Waivers are routinely approved to tailor Medicaid program to needs in state, greater flexibility, innovations. E.g. managed care.
- Result is unique program in each state, difficulty generalizing. Tobacco control programs also unique.
- Partnerships need mutual understanding of how programs work, their limits and opportunities for sharing, to establish effective tobacco cessation benefits and services.

Rationale for Partnerships

- Leadership, focus, and resources from tobacco control are necessary to move tobacco agenda forward in Medicaid.
- Medicaid programs are complex. Staff have many and burdensome responsibilities.
- Medicaid staff typically unable to provide expertise in the nuances of tobacco cessation and to keep pace with updated information and strategies.
- Medicaid programs depend on partnership with tobacco control to be successful.
- Tobacco control needs partnership and engagement of Medicaid program for benefits and services to effectively reach recipients.

Summary of Findings

- Important role of tobacco control leadership
- Variation in types of effective partnerships.
- Quality improvement process depends on sharing data and on the formal and information communication; problem solving between partners. Institutionalizing aspects of the partnership (contracts) fosters ongoing communication.
- Quitline data is used in every state to help directly (services covered by Medicaid) or indirectly (services not covered) gauge activity in the Medicaid population.
- Partnerships important for addressing barriers, (can't understand what is covered) finding solutions (fact sheets!).

Summary of Findings

- “Benefit” or “Program?” Ongoing support and engagement is needed together with budget resources. More active process than typical “benefit.”
- Medicaid and larger state network of services. Setting up the partnership and services within Medicaid can influence other publicly funded services.