Fact Sheet | May 2020

Top 10 Things to Know About Medicaid and Public Health to Improve Health Prevention

Medicaid and public health agencies each play a critical, unique role in promoting improvements in essential preventive health care services for millions of individuals across the nation. By combining their efforts, these two agencies have the potential to accelerate the success of preventive health initiatives.

Below are key details about Medicaid and public health agencies' core roles in the context of partnering for preventive health initiatives. This at-a-glance resource can help each agency better understand the expertise, skillsets, and resources that each one brings to a preventive health partnership. This information was gathered to support states participating in the Center for Disease Control and Prevention's *6|18 Initiative*, but can be useful to any states seeking to collaborate to address improvements in preventive health.

Public Health's Role in Preventive Health Initiatives

1. Public health surveillance data, which include state-specific risk factors and disease rates, can be used to prioritize which health conditions, interventions, and activities to focus on in a Medicaid and public health partnership.

Medicaid and public health agencies participating in CDC's *6|18 Initiative* have used public health surveillance data to decide which health condition(s) to focus on when joining the initiative. The data serves to better understand the current state landscape and articulate goals. Minnesota, for example, was able to use state-specific data on tobacco use, pulled from its Minnesota Adult Tobacco Survey and other sources, when determining its goals and strategies as part of the *6|18 Initiative*.

2. Public health staff are well versed in: (1) the scientific evidence for addressing specific health conditions; and (2) the unique health needs of different populations.

Alaska's public health department worked with its Medicaid partners to develop and support an intervention based on evidence that improving access to anti-hypertensive and lipid-lowering prescription medications can help control high blood pressure. Implementation of this evidence-based intervention targeted a specific high-risk population: Medicaid-enrolled Alaska Natives.

3. Many public health officials have experience developing and implementing consumer education campaigns that are culturally appropriate and tailored to specific audiences.

Under the *6|18 Initiative*, Colorado, Minnesota, and New York developed and led tobacco control ad campaigns using billboards, posters, radio ads, and online ads to reach Medicaid enrollees who smoke. These states also

This resource was developed by CHCS through support from the Robert Wood Johnson Foundation. CHCS is also partnering with the Centers for Disease Control and Prevention (CDC) on CDC's 6|18 Initiative. The views expressed here do not necessarily represent the views of the Foundation nor the official position of the CDC. CDC does not endorse any particular service, product, or organization.

translated campaign materials into multiple languages to reach non-English speakers. Colorado used geocoded surveillance data and web analytics to target Medicaid sub-populations by age and zip code.

4. To share information with health care providers, public health staff can leverage existing relationships with hospitals and clinics; develop provider-focused tools and fact sheets; and host in-person or online presentations.

Medicaid and public health agencies participating in the *6|18 Initiative* have used a number of strategies to engage health providers, thanks in large part to existing public health-provider relationships. Maryland, for example, reached out to hospital and physician organizations about opportunities and barriers related to National Diabetes Prevention Program referrals; Rhode Island developed a fact sheet to help providers better understand how to bill Medicaid for tobacco cessation services; and Colorado led provider trainings on how to insert long-acting reversible contraception (LARC).

Medicaid's Role in Preventive Health Initiatives

5. Public health staff can reference metrics from their state health improvement plans and other statewide health assessment activities when designing metrics and tracking tools.

When developing metrics to assess the impact of interventions, partnering Medicaid and public health agencies often look for existing metrics that their states are already tracking. For example, a number of participants in CDC's *6|18 Initiative* chose to use National Quality Forum metrics related to tobacco cessation services and asthma medication management to measure outcomes.

6. Medicaid claims and encounter data, which capture enrollees' use of health services, can help Medicaid and public health partnerships design interventions, track the impact of prevention activities, and calculate new programs' anticipated costs.

New York's Medicaid agency used Medicaid claims and encounter data to quantify the use of smoking cessation services and estimate the number of Medicaid-enrolled smokers. These baseline data helped the state devise policy proposals to enhance Medicaid's tobacco cessation benefit and launch consumer-focused education campaigns.

7. Medicaid and public health agencies looking to secure Medicaid reimbursement for an intervention can prepare a short-term fiscal impact analysis for Medicaid or health plan leadership.

In the hope of securing ongoing Medicaid funding for their asthma home visiting pilot programs, Rhode Island and Utah's Medicaid agencies developed cost analyses that detailed the costs and savings associated with their programs. South Carolina Medicaid drafted an in-depth cost analysis describing the likely financial impact that removing co-pays for tobacco cessation benefits would have on Medicaid managed care organization payments.

8. Medicaid agencies cover prevention benefits, or remove barriers to existing benefits, in a number of different ways, including by: (1) submitting a State Plan Amendment (SPA) to CMS; (2) passing legislation or regulations; and (2) changing Medicaid managed care contract requirements.

A number of *6|18 Initiative* participants used SPAs to: (1) unbundle Medicaid payment for LARC from other postpartum services; and (2) to eliminate co-pays for tobacco cessation medications. Colorado passed legislation

giving pharmacists the authority to screen and assess patients' tobacco dependence, dispense cessation medication, and provide counseling on medications and cessation strategies.

9. Medicaid can take advantage of information-sharing outlets like provider bulletins, state webpages, and media campaigns to enhance provider awareness and uptake of prevention services.

Georgia, Colorado, and Louisiana's Medicaid agencies announced changes to how Medicaid reimbursed for immediate post-partum LARC insertion by describing the policy change in provider bulletins; updating provider manuals; and sending messages via online provider portals.

10. Partnering Medicaid and public health agencies interested in measuring an intervention's health quality impact may reference existing Medicaid quality metrics included in the Adult and Child Core Sets and the HEDIS measure set.

Medicaid staff understand both state and federal Medicaid reporting requirements and can repurpose existing data to more effectively identify how partnership interventions may be impacting Medicaid enrollees' health care utilization and the quality of accessed services.

ADVANCING IMPLEMENTATION OF THE CDC'S 6|18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of partners, is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. The CDC's 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.