August 15 Tobacco Settlement Revenue Oversight Committee Follow Up

1. What is the specific federal match rate for TSROC funding allocated to HSD?
   - FY21 FFP = 83.02%, (6.2% FMAP increase for 4 quarters)
   - FY22 FFP = 83.43%, (6.2% FMAP increase for 4 quarters)
   - FY23 FFP = 80.23% (6.2% FMAP increase for 2 quarters)

2. What % of New Mexico's Medicaid enrolled population use tobacco products, versus the non-Medicaid population?
   - American Lung Association's 2021 State of Lung Cancer reports that 16% of adults in NM are smokers.
   - Medicaid enrollment as of December 2021 was 954,491, of those members 72,836 or 7.6% Medicaid enrollees are diagnosed as current smokers or users of tobacco products.

3. The CDC recommends the state of New Mexico spend $28 million on cessation efforts; why is Medicaid only spending $2.3 million? How would the department spend additional funding on cessation and prevention if appropriated?

This CDC recommendation is for total state recommended investment. Therefore, HSD researched the CDC recommended per capita investment in tobacco cessation (we adjusted for the growth between the older report with per capita recommendations and the most recent report which has totals put doesn't share the per capita) and applied that to Medicaid population estimated to use tobacco by the American Lung Association (this number is higher than the currently diagnosed Medicaid members you can see in the table below). Based on this calculation HSD should spend $1.2M on tobacco cessation annually. In CY20 we spend $2.5M. Based on these calculations HSD is spending more than the recommended per capita amount but we will increase efforts to with the MCOs to target vaping prevention and cessation in children and adolescents. HSD will also explore options for reimbursement in school settings for cessation programs under school-based health within the current appropriation.

However, it is important to note that the state spent the remainder of the $22.5M total matched appropriation for treatment. Costs for tobacco related diseases among Medicaid members in the top four disease categories totaled over $175M in CY2020.

Average % of Medicaid population using tobacco[1]	NM Adult Medicaid Members	Estimated NM Medicaid Adults who use tobacco	NM Medicaid members diagnosed as current smokers or users of tobacco	CDC recommended (2014) per capita annual spend on smoking cessation and prevention programs[2]	CDC recommended annual Medicaid spend on cessation	Medicaid total spend CY20 for smoking/tobacco cessation products/services
16.00%	585,851	93,736	72,836	$12.94	$ 1,212,946	$2,541,529

1https://www.americashealthrankings.org/explore/annual/measure/Smoking/population/Smoking_75k_C/state/NM

2https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/sectionB-percapita.pdf

4. Are we putting best practices around smoking cessation into the Centennial Care RFP? How can we use the MCO contracts to leverage success?

The MCO RFP Model contract will include MCO requirements to operate a tobacco cessation program to assist Members with tobacco cessation. This includes barrier free access to cessation services and products to support the members in achieving a successful cessation.

There will be additional considerations in the upcoming RFP that we cannot discuss given that this is a competitive procurement.

5. How would you measure outcomes?

a. HSD includes Smoking Cessation as a MCO tracking measure in the MCO contract. The measure monitors member utilization of products and services for those members enrolled with an MCO and receiving support from the MCO for cessation. HSD also monitors the number of successful quit attempts. We will start to stratify by age and add a CC question about vaping, not just tobacco use.

6. How can HSD cooperate with DOH, or how have both agencies cooperated in the past, to address nicotine cessation and prevention?
    a. HSD, DOH, and MCOs have participated and collaborated in identifying barriers to successful smoking cessation and how to ensure barrier free access to smoking cessation services and products for members enrolled with an MCO.
    b. HSD and DOH participated in the CDC 6/18 initiative in December 2019. Reducing Tobacco Use was the initiative selected by the HSD/DOH team. This collaboration and efforts resulted in the development of a more robust MCO smoking cessation program that was incorporated into the MCO contracts and included the addition of MCO sponsored Quitline's.
    c. The addition of the MCO sponsored Quitline's reduced the number of MCO enrolled Medicaid members accessing the DOH sponsored Quitline.
    d. Future initiatives discussed between HSD/MCO would be to reengage the HSD/DOH/MCO workgroup to address vaping.
    e. The departments will begin work together with PED/ECECD to leverage School based health clinics to promote vaping prevention and cessation in children, adolescents, and young adults.
    f. Because existing DOH programs are statewide, they must be cost allocated to only use Medicaid match to cover the proportion of program cost attributable to providing services to Medicaid members and since we already pay the MCOs to do this work, this cost would likely be duplicative so we will work together to ensure strong coordination on efforts between the departments and leverage where possible within regulatory boundaries.