PROJECT LEAD
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INITIATIVE GOAL
To identify strategies to engage employer groups and health plans about the benefits (e.g., return-on-investment) of providing comprehensive coverage for tobacco cessation, including coverage of quitline costs. Due to budget deficits the quitline is at risk of not being able to serve all residents and will need to form partnerships with health plans and employers to cover quitline-related costs for their members or employees.

INITIATIVE STATUS
Maryland received funding to do an initial assessment of private and public health plan coverage for tobacco cessation. The assessment found that coverage varies among plans and it is difficult for consumers to easily find coverage for cessation.

CHPE staff has started to work with the Business Coalition on Health, other business groups and the large hospitals in the state.

PUBLIC-PRIVATE PARTNERSHIPS
Some employers have contracted with other quitline service providers to provide cessation services for employees.

PUBLIC-PUBLIC PARTNERSHIPS
CHPE is working with the State Benefits Office to enhance promotion of current cessation benefits and to provide “gold standard” cessation coverage for State Employee Plans that includes coverage of quitline services.

Medicaid provides services to its members primarily through seven managed care organizations (MCOs). CHPE is working with Medicaid to promote coverage that is standardized across MCOs so that members can easily identify their covered benefits. Medicaid recently partnered with the CHPE to secure Federal Financial Participation (FFP) for quitline services for all members based on the new CMS guideline on quitlines.

BACKGROUND INFORMATION
Maryland’s tobacco prevalence: 15.2% or approximately 672,000 smokers.

Quitline service provider: Alere Wellbeing, Inc.

Quitline budget: Approximately $1M per year.

Population served: All residents.

Services provided: Four counseling sessions and four weeks of patch or gum per year provided to all callers.

MAJOR PRIVATE INSURERS
Blue Cross/Blue Shield, United Health, Kaiser Permanente, and Aetna.

This project is made possible with funding from the Office on Smoking and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
PUBLIC INSURERS
State employees are self-insured through Aetna, Catalyst Rx, Blue Cross/Blue Shield, United Health, and Mental Health Expanded Psychiatric Services.

For additional information contact: Deb Osborne, Public-Private Partnership Manager, 800.398.5489 ext 705 or dosborne@naquitline.org
To access additional resources and tools, go to: http://www.naquitline.org/?page=PPP

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