PROJECT LEAD
Dana McCants Derisier, MS, Program Coordinator, Tobacco Control Program (TCP), Department of Health.

INITIATIVE GOAL
To identify ways for both public and private insurers to engage in cost-sharing for sustainability of cessation services, including the quitline.

INITIATIVE STATUS
Rhode Island recently convened a statewide cessation committee that includes health care professionals, community representatives, a legislative representative, JSI, Inc. (quitline service provider), treatment specialists and major health plans. The initiative lead co-chairs the committee with the legislative representative. The committee has three working groups: data/evaluation, resource mapping and communications. The committee, including the health plan representatives, is providing input into the development of a survey to assess health plans’ coverage of cessation services.

PUBLIC-PRIVATE PARTNERSHIPS
CVS Pharmacy helped to cover the cost of nicotine replacement therapy (NRT) for quitline callers for a period of time after the clean indoor air act was passed.

PUBLIC-PUBLIC PARTNERSHIPS
None at this time.

BACKGROUND INFORMATION
Rhode Island’s tobacco prevalence: 15.7% or approximately 129,000 smokers.

Quitline service provider: JSI, Inc.

Quitline budget: $119,000 annual budget for quitline services. The TCP budget was cut in half this year. ARRA funds are being used for general quitline services. The TCP has allocated dollars to assist those that are uninsured or under-insured by offering cessation counseling and free NRT through a community mobile unit that travels across the state.

Call volume: 700 calls/year (500 referrals through QuitWorks and 200 self-referrals).

Population served: all residents.

Services provided: Five counseling sessions and self-help materials.

MAJOR PRIVATE INSURERS
Rhode Island has five major private insurers: Blue Cross/Blue Shield of Rhode Island, United Health Care, Tufts, and Aetna.

A 2005 mandate from the Office of the Health Insurance Commissioner requires all private health insurers (fully-insured only) to provide cessation coverage consistent with the most current clinical practice guideline sponsored by the United States Department of Health and Human Services, “Treating Tobacco Use and Dependence: A Clinical Practice Guideline.”

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
Tobacco cessation benefits for Medicaid beneficiaries in Rhode Island are different for fee-for-service clients and those covered through managed care.

Fee-For-Service tobacco cessation benefit: Unlimited individual counseling. Prior Primary Care Practitioner (PCP) authorization is required for quit medications and nicotine replacement therapy as determined medically necessary.

Managed Care tobacco cessation benefit: Unlimited individual counseling available through Medicaid managed-care-organizations (MCOs). Prior PCP authorization required for quit medications as determined medically necessary. No prior authorization needed for unlimited generic medication and nicotine replacement therapy.

Medicaid provides tobacco cessation coverage, however coverage does not include quitline services. The statewide committee will engage in discussions with the Department of Human Services’ Medicaid Program about partnering with TCP and JSI, Inc. to provide quitline services to the Medicaid population.

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