



2012-2013 Webinar Series
Celebrating Two Years of the Medicaid Quitline Guideline
Wednesday, June 12, 2013
SUMMARY

Two Years of the CMS Guideline on Quitlines: Our Successes, Lessons Learned and Continued Challenges

Tamatha Thomas-Haase, MPA, Manager, Training and Program Services, NAQC

Tamatha started the webinar with a review of state Medicaid-related efforts to-date with an emphasis on the states that have executed agreements with their state Medicaid agencies; state that also have an approved amendment to their state Medicaid agency's cost allocation plan; and states that have moved into actively invoicing Medicaid for services to enrollees.

By the end of June, NAQC will publish two resources to support states moving forward in securing matching funds for quitline administrative services. One resource focuses on building an effective memorandum of agreement and the other highlights important tips for developing a strong cost allocation plan amendment. Tamatha reviewed the critical lessons learned by members of the NAQC Medicaid Learning Community outlined in these resources and emphasized the importance of reaching out to colleagues and NAQC for guidance and support.

Partnering with Medicaid to strengthen cessation benefits: the Oregon experience

Cara Biddlecom, MPH, Health Systems Transformation Lead, Center for Prevention and Health Promotion, Oregon Public Health Division

After describing tobacco use among Medicaid enrollees in Oregon, Cara provided a rich overview of the history of Oregon's Medicaid and public health partnership efforts. Their early health system transformation efforts began in 1989 and have continued to today. From 1998 – 2010, the tobacco program and state Medicaid agency partnered to roll out tobacco cessation benefits and signed an Intergovernmental Agreement. Quitline services for fee-for-service members are now under contract and in 2011 and 2012, both agencies implemented an annual survey to assess tobacco cessation services offered by managed care organizations (MCOs).

Prior to 2012, a Managed Care Organization (MCO) system served 85% of Medicaid enrollees, with the state Medical Assistance Program (MAP) retaining 15% of enrollees under fee-for-service. In 2012, the Oregon legislature and the Centers for Medicare and Medicaid Services (CMS) approved changes to Medicaid to allow for the enrollment of Medicaid members in new Coordinated Care Organizations (CCOs). Currently, 15 CCOs, mostly run by former MCOs, are operational and now enroll nearly all Medicaid fee-for-service members. CCOs are held to a set of quality measures and are given the flexibility to implement their own strategies to achieve benchmarks.

The collaborative survey revealed critical information for creating strategies for moving forward:

- How MCOs identify tobacco users and how tobacco use status is documented
- What types of counseling and cessation products are available and the extent of the benefits
- How cessation services are promoted to tobacco users, how staff and providers are trained, and special efforts and resources that are in place to meet tobacco dependence treatment needs of special populations
- What quality assurance standards are in place, types of monitoring or assessment systems, and evaluation of services

As a result of survey analysis and reporting of results to stakeholders, a group of health plans and tobacco advocates came together to develop a set of recommendations for a minimum cessation benefit. These recommendations are used today to promote cessation benefits with all health plans, including CCOs.

Routine screening and referral to get members into treatment

Use of evidence-based treatment approaches

Annual coverage of treatments singly and in combination

Annual access to extended treatment services

Cost sharing should be minimal or comparable to other treatments

Reimbursement for program-based treatment professionals

Measure outcomes

Opportunities for tobacco cessation in health system transformation efforts continue today in Oregon and including work with CCOs to:

- Promote Helping Benefit Oregon Smokers recommendations in partnership with the state Medicaid program, local public health authorities and other partners.
- Utilize CCO baseline data to push for CCO and/or state-level Performance Improvement Projects related to tobacco cessation.
- Offer learning collaboratives and other resources on tobacco cessation.
- Encourage CCOs to implement trainings and other innovative strategies to support providers in addressing tobacco use.

However, the work with CCOs continues to be challenging, as these organizations are working with smaller budgets than when they were MCOs, and are new business entities that are required to make significant changes in a very short period of time.