Workshop #1: Evolving Approaches to the Management of Quitlines

August 26, 2019
Minneapolis, MN
Panel 2 – Increasing Access to and Sustainability of Quitline Services through Cost-Sharing Partnerships and Eligibility Criteria

Moderator:
- Deb Osborne, MPH, Manager, Public-Private Partnerships, North American Quitline Consortium

Panelists:
- Joyce Swetlick, MPH, Director of Tobacco Cessation, QuitlineNC
- Sara Wolfe, MS, Chief, Cessation and Health Services Systems, MDH Center for Tobacco Prevention and Control
- Sandra Schulthies, MS, Cessation Services Coordinator, Utah Department of Health
- Katy Wynne, Ed.D., MSW, Quitline Manager, South Carolina Tobacco Quitlines
Increasing Access to and Sustainability of Quitline Services through Cost-Sharing Partnerships and Eligibility Criteria

Panelists: Sandy Schulthies, UT
Joyce Swetlick, NC, Katy Wynne, SC
and Sara Wolfe, MD
Why Cost-Share Quitline Services?

“By themselves, public health agencies have insufficient funding and capacity to deliver tobacco use treatment services, create an environment that supports tobacco-use treatment, and manage other aspects of a comprehensive tobacco-use treatment program.”
What is Cost-Sharing?

“Cost-sharing is defined as the sharing of the financial burden of providing tobacco cessation quitline services between a state agency and other entities which have a vested interest in the provision of cessation services.”
Potential Cost-Sharing Partners

Commercial health plans

Large employers
- State as an Employer
- City and County Municipalities
- Private employers

Public insurance plans
- Medicaid and other public funded plans
Partnering Principles

• Increase access to evidence-based cessation services, including quitlines, for Medicaid enrollees.
• Increase Medicaid coverage for cessation services, including quitlines.
• Maintain financial sustainability for state quitlines.
ACA Medicaid Requirements

For pregnant women:
- Individual, group and phone counseling
- All FDA-approved smoking cessation medications

For all Medicaid enrollees:
- All FDA-approved smoking cessation medications

Medicaid expansion enrollees:
- 4 sessions of individual, group and phone counseling
- 90 days of all FDA-approved smoking cessation meds
- 2 quit attempts per year
- No prior authorization for treatments and no cost-sharing
State Partnership Approaches

Federal financial participation (FFP) (22 states)
- Match 50% of administrative costs
- Fee-for-service and MCO cessation treatment carve out

Improving coverage
- MCO RFP cessation coverage (MI, NV, NC, NH)
- Legislation (WA, KY)
- Policy (SC)

Improving access to Medicaid pharmacy benefit
- Standing order (NC)
- Direct bill (MD)
Medicaid Partnerships

#1 Please describe the cost-sharing partnership you have with Medicaid and briefly describe how the partnership came about?
# 2 How were you able to get agreement on cessation treatment coverage among Medicaid FFS and MCO plans?
#3 Can you share more about how you were able to streamline the access to pharmacotherapy benefits for Medicaid members?
Medicaid Partnerships

#4 What have been some of the challenges you’ve experienced and what words of advice would you give other states/partners interested in developing a cost-sharing partnership with Medicaid?
Resources

https://www.naquitline.org/page/MedicaidQL

- MCO RFP Toolkit
- Recommended Language for Medicaid RFP
- Medicaid NAQC Guidance for State Quitlines
- State Case Briefs -- Soon to Come

Questions?
Changing Quitline Eligibility

CDC Best Practices

- Balance reach and intensity ensuring all callers have a basic level of services while providing higher levels of service to certain populations that otherwise lack access to services
- Revisit eligibility protocols in light of ACA requirements of health insurance coverage of cessation treatment
ACA Requirements: Commercial Plans

• 4 sessions of individual, group and phone counseling
• 90 days of FDA-approved smoking cessation medications
• 2 quit attempts per year
• No prior authorization for treatments
• No cost-sharing
Quitline Eligibility: State Examples

- Coaching not limited by insurance status and NRT limited
  - Commercially insured not eligible for NRT or limited to 2 weeks NRT
  - NRT limited to uninsured, pregnant women and specific health conditions
  - Medicaid not eligible for NRT. Referred to Medicaid benefits
Quitline Eligibility: State Examples

- Coaching and NRT limited by insurance status
  - Commercially insured limited to 1 coaching call and 2 weeks NRT
  - Commercially insured limited to 1 coaching and no NRT
  - Commercially insured limited to web-base services and 2 weeks NRT
  - Commercially insured are not eligible for coaching or NRT
#1 Please describe your current state’s quitline eligibility criteria and how it differs from your previous criteria?

Why was it decided to change criteria and what factors were considered in defining the criteria?
Quitline Eligibility Criteria

#2 How was the change implemented operationally?

Was prior notice given to insurers or health care providers?
Quitline Eligibility Criteria

# 3 What have been some of the successes and/or challenges experienced with the change?
#4 What do other states considering changing quitline eligibility criteria need to know?
Learning Opportunities

Public-Private Partnership Discussion Group
✓ 2nd Thursday of the month at 10:00 MT

One-on-One Technical Assistance
✓ On request or regular scheduled calls

Resources
https://www.naquitline.org/page/PPP
✓ State case briefs -- Soon to Come

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