



NAQC Recommended Language for Medicaid MCO RFP
September 2016

- A. Tobacco Cessation Treatment
1. Screening for tobacco use at every visit; and
 2. For those who currently use tobacco products, provide at least two quit attempts per plan year of which each attempt includes at a minimum:
 - a. Effective counseling as defined by U.S. Public Health Services Clinical Practice Guideline on Tobacco Dependence Treatment:
 - i. Intensive tobacco cessation counseling services through a telephone quit-line vendor approved by the state Department of Public and Behavioral Health
 - ii. Individual tobacco cessation counseling/coaching (separate from the XX outpatient mental health visits covered by the Contractor)
 - iii. Group tobacco cessation counseling/coaching (separate from the XX outpatient mental health visits covered by the Contractor).
 - b. FDA approved cessation medications:
 - i. All FDA approved tobacco cessation medications, both prescription and over-the counter medications. Treatment regimen should cover a minimum of 90 days.
 - ii. Combination therapy – the use of a combination of medications, including but not limited to the following combinations – should be allowed:
 - (1) Long-term (>14 weeks) nicotine patch and other nicotine replacement therapy (gum or nasal spray)
 - (2) Nicotine patch and inhaler
 - (3) Nicotine patch and bupropion SR
 3. Contractor must not place “stepped-therapy” requirements on tobacco cessation treatment.
 4. Contractor must not require physician prescription for issuance of Over-the-Counter FDA approved cessation medications included in the tobacco cessation benefit
 5. Contractor must not place prior authorization requirements on tobacco cessation treatment or limit the type, duration or frequency of tobacco cessation treatments included in this section.
 6. Contractor must not place cost-sharing requirements on tobacco cessation treatments included in this section.
 7. Contractor should amend policies, evidences of coverage, formularies and/or drug brochures as necessary to ensure that beneficiaries are

given complete information about the coverage of tobacco cessation items and services.

8. Contractor will partner with the Division of Public and Behavioral Health to, at a minimum:
 - a. Promote the full Tobacco Cessation Benefit to Medicaid MCO beneficiaries. .
 - i. Gain input from the Division of Public and Behavioral Health on promotional materials provided to Medicaid MCO beneficiaries.
 - ii. Provide reports on promotional activities at least biannually.
 - b. Partner with Division of Public and Behavioral Health to triage Medicaid MCO beneficiaries who call the state run quitline (1-800-QUIT-NOW) back to the Medicaid MCO run quitline.
 - c. Provide aggregate North American Quitline Consortium (NAQC) MDS data, utilization and outcomes via the selected telephone quit-line approved vendor, to the Division of Public and Behavioral Health, per data sharing agreement, at least biannually.
 - d. The approved MCO quitline vendor must be a member of North American Quitline Consortium (NAQC)

For additional information, please contact Maria Rudie at mrudie@naquitline.org.