

Sample Managed Care Organization Survey Questions to Assess Smoking Prevalence and Available Cessation Benefits

Cross-agency Medicaid-Public Health teams interested in pursuing tobacco cessation interventions under the 6|18 framework may need to uncover how tobacco cessation benefits are currently being covered, promoted, reimbursed, tracked, and evaluated by Medicaid managed care organizations (MCOs). Better information will allow teams to more accurately identify the most impactful opportunities to address tobacco cessation.

The attached set of sample questions is a compilation of surveys used by Medicaid and public health professionals around the country to gather information about tobacco cessation benefits from MCOs. This set of questions is not intended to be used in its entirety. Instead, below are considerations to guide teams in identifying questions that best meet their needs.

- **Tailor questions using information from other sources.** Use information available from other sources to understand what your state requires its MCOs to cover, and make the coverage questions yes/no confirmations of those requirements. For example, the State Medicaid Plan describes how the state administers its Medicaid program and generally includes coverage requirements.
- **Assess whether MCOs use their own formularies and/or pharmacy benefit managers,** or whether the state handles all pharmaceuticals through a central contract. If the latter, medication questions should be posed to the state administrator rather than the MCO, and teams should also ask whether, and if so how, the information is fed back to MCOs to help them identify the targeted population of tobacco users.
- **Understand the business model of your state's MCOs** – an MCO that has its own clinicians or a unified electronic medical record (e.g., Kaiser Permanente) will approach coverage very differently than an MCO that contracts with independent clinicians in the community. This may also be impacted by a state's reimbursement models and quality payments.
- **Determine whether MCOs are already collecting and submitting tobacco cessation data.** Medicaid and state health department staff should work together to understand what information is already available from MCOs to avoid asking MCOs for data that is already in hand.
- **Tailor questions to specific tobacco use prevention activities.** If you already have a sense of what kind of tobacco cessation initiative your state wants to pursue, then focus on questions relevant to those activities.
- **Direct the survey to the appropriate MCO contact.** Particularly if the state already has a partnership with an MCO, identify the most appropriate person to complete a survey. If the survey covers too many different topics, it will be distributed across multiple departments, which could jeopardize both the timeliness and accuracy of the response.
- **Determine whether the health department or the Medicaid agency will send the survey** based on the local environment and relationships. Because the Medicaid agency has regulatory authority over the MCOs, requests from Medicaid often receive more prompt and accurate responses. However, requests from Medicaid may also raise concerns about possible regulatory intervention, so a state health department inquiry could be the appropriate approach.

Sample Tobacco Cessation Survey Questions for Medicaid Health Plans

Background Information

1. How many Medicaid members does your plan serve?
2. Does your plan assess tobacco use status of all or a sub-set of its members? If so, how and how often (e.g., annually) is tobacco use status assessed?
3. How does your plan identify tobacco users?
4. Do you extract information regarding tobacco use status from your providers' EHRs?
5. What percent of your Medicaid members have you identified as tobacco users?
6. Where is tobacco use status documented (e.g., patient chart/record, health risk assessment, claims data etc.)?
7. Please describe any eligibility requirements for Medicaid plan members who wish to use tobacco cessation services and medications.

Cessation Medication Benefits

1. Does your plan cover all FDA-approved prescription cessation medications for its Medicaid population (**See Appendix for list of medication examples**)? Please describe any exceptions or exclusions.
2. Does your plan cover all FDA-approved, over-the-counter Nicotine Replacement Therapies (NRT) for its Medicaid population (**See Appendix for list of NRT examples**)? Please describe any exceptions or exclusions.
3. Does your plan require co-payments for any of the prescription cessation medications and/or NRT for its Medicaid population? If yes, please describe.
4. How many days' supply of NRT for cessation are covered per year for its Medicaid population?
5. How many days' supply of Varenicline (Chantix) for cessation are covered per year for its Medicaid population?
6. How many days' supply of Bupropion (Wellbutrin or Zyban) for cessation are covered per year for its Medicaid population?
7. Does your plan provide medication coverage for at least two cessation attempts per year? Do you impose any annual limits on quit attempts?
8. Do Medicaid members need prior authorization for the first fill for any cessation medications? Note, step therapy (requiring a trial of one medication before another will be covered) is considered a form of prior authorization.
9. Do Medicaid members need to enroll in cessation counseling in order to receive cessation medications (e.g., requiring enrollment in phone counseling in order to receive NRT)? If yes, does this apply to the first fill of cessation medications or for subsequent fills?

Counseling Benefits

1. Are tobacco cessation counseling services available to your plan's Medicaid members? If so, what types of counseling services are available (e.g., individual counseling, group counseling or telephonic counseling)?
2. Please specify how frequently a Medicaid member can access any type of counseling (e.g., number of enrollments/year, number of counseling sessions, or any other limitations on enrollment).
3. If your health plan covers group counseling for smoking cessation, please list the types of group counseling covered.
4. Does your health plan regularly refer Medicaid members to your state's tobacco quitline?
5. Do you reimburse for services provided by the quitline?
6. In your view, is the quitline a valuable resource for your members? If no, why?
7. If your health plan covers telephonic counseling for smoking cessation (other than referring members to the state's quitline), what is the name of the telephonic counseling program or service you provide?

Beneficiary Outreach and Communication Strategies

1. Do you promote cessation benefits to your Medicaid members? If no, why? If yes, what methods does your health plan use to communicate the cessation benefit to members? Which of these have you used in the last 12 months?
2. Where can Medicaid members find information about your plan's tobacco cessation benefits?
3. List any educational materials available to Medicaid members that promote cessation, provide information about the health risks of tobacco use, or describe resources or suggestions for how to quit.
4. Does your plan recommend or refer Medicaid members to community-based cessation resources? If yes, describe how these referrals are made and documented. Is there a follow-up protocol for referrals?
5. Do community-based resources made available to Medicaid members need to meet certain criteria? If yes, please describe.
6. How often does your plan review the quality, availability or viability of the community-based resources?
7. What special efforts and resources (if any) are in place to meet the tobacco dependence treatment needs of:
 - a. Populations known to have tobacco use rates higher than the general population? (e.g., Native Americans, African-Americans, LGBT, etc.)
 - b. Non-English-speaking members?
 - c. Individuals with limited formal education and limited health literacy?
 - d. Individuals with mental health conditions and/or chemical dependency?

Evaluation Metrics/Outcomes

1. Does your health plan track quit rates among members who utilize cessation benefits? If yes, please describe how. Do you calculate a separate quit rate for your Medicaid members?

2. Do you use claims information (e.g., counseling claims or prescription claims) as a performance metric? If yes, explain.
3. Does your health plan measure the outcomes of a member quitting smoking on that member's use of other benefits (e.g., emergency room visits, etc.)? If yes, please specify what is measured and to whom the information is provided.

Provider Outreach, Training & Reimbursement

1. What methods does your plan use to improve providers' awareness of tobacco cessation services and policies?
2. Does your plan provide training on tobacco cessation services to Medicaid providers or their staff? If yes, describe any training provided to providers and/or staff on tobacco cessation services. Who provided the training?
3. How does your plan ensure providers are implementing tobacco-related services/policies or guidelines? For example, is provider performance (e.g., referrals, motivational interviewing) assessed? Please describe.
4. Does your health plan reimburse providers for tobacco use screenings of adults? Are screenings of youth also reimbursed?
5. Does your health plan reimburse providers for cessation treatment and counseling services to adults? To youth? If yes, are there any restrictions or requirements associated with submitting a bill for cessation treatment?

Appendix

List of FDA-Approved Tobacco Cessation Medications and Nicotine Replacement Therapy (NRT)

Tobacco Cessation Medications	Nicotine Replacement Therapy (NRT)
Varenicline (Chantix)	Nicotine Gum
Bupropion (Zyban, Wellbutrin)	Nicotine Patch
	Nicotine Lozenge
	Nicotine Nasal Spray
	Nicotine Inhaler

ADVANCING IMPLEMENTATION OF THE CDC'S 6 | 18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of [partners](#), is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6 | 18 Initiative. The CDC's 6 | 18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.