

OMB# 0920-0691
OMB Expiration Date XX/XX/XXXX

Burden Statement:

Public reporting burden of this collection of information varies from 15 minutes to 1 hour with an estimated average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer: 1600 Clifton Road NE, MS D-74, Atlanta, GA; ATTN: PRA (0920-0691)

Information collected from the 2007 survey has already been filled in.

Please:

- verify that the 2007 benefits are still covered for the general Medicaid population in 2008,
- fill in any missing information,
- update contact information,
- and mark any changes that have occurred since 2007.

1. Indicate which Medicaid program you are responding for:

2. Please provide the name and contact information (including phone number and e-mail) for everyone involved in filling out this survey:

3. Are there currently any proposals to change your Medicaid program's coverage policies for tobacco dependence treatments (TDTs)?

	Yes, No, Don't Know	
Any current proposals?	<input type="text"/>	If Yes, please describe the proposed changes and time frame: <input type="text"/>

4. Does your state Medicaid program work with the Tobacco Control Division in your state (on tobacco-related issues that affect the Medicaid population)?

	Yes, No, Don't Know	
Coordination between Medicaid and Tobacco Control	<input type="text"/>	Please describe the interaction between the two agencies: <input type="text"/>
		Please provide us with a contact in the state tobacco control division: <input type="text"/>

5. Please verify below that the benefits information that you provided in the 2007 survey is still valid. Please indicate if the tobacco dependence benefits are covered in 2008, and if they are, indicate if they are covered for either the entire population of beneficiaries or for pregnant women exclusively.

	Medicaid coverage in the FFS population:	Year coverage first offered to the FFS population:	Describe the coverage requirements in the MCO population:
a. Nicotine Gum	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Nicotine Patch	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Nicotine Nasal Spray	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Nicotine Inhaler	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Nicotine Lozenge	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Chantix	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Zyban	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Wellbutrin for Smoking Cessation	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Generic Bupropion for Smoking Cessation	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Individual Face-to-Face Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Group Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Proactive Telephone Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Use this space to describe the relationship between Medicaid FFS and managed care as it relates to TDT coverage:

7. What is the copayment for the following tobacco dependence treatments covered by your Medicaid program?

	Generic Copayment	Brand Copayment	Comments
a. Nicotine Gum	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Nicotine Patch	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Nicotine Nasal Spray	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Nicotine Inhaler	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Nicotine Lozenge	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Chantix	<input type="text"/>	<input type="text"/>	<input type="text"/>

g. Zyban			
h. Wellbutrin for Smoking Cessation			
i. Generic Bupropion for Smoking Cessation			

8. Use this space to add any comments regarding copayments for tobacco dependence treatments:

9. Please indicate any coverage limitations for the tobacco dependence treatments your Medicaid program covers in 2008:

	Any limits	Weeks of treatment per course	Courses per year	Prior authorization required	Other limitations
a. Nicotine Gum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Nicotine Patch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Nicotine Nasal Spray	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Nicotine Inhaler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Nicotine Lozenge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Chantix	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Zyban	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Wellbutrin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Bupropion SR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Use this space to add any comments regarding coverage limitations for tobacco dependence treatments:

11. Does your Medicaid program require stepped-care therapy (i.e. patients are required to try one therapy before beginning another) as part of its TDT coverage policy?

- Yes
 No
 Don't Know
 n/a
 please indicate

Please describe your Medicaid program's TDT coverage policy as it relates to stepped care:

12. Is coverage for pharmacotherapy dependent on enrollment in a behavioral modification program or participation in smoking cessation counseling?

Yes, No, n/a
 Please describe requirement:

13. Does your Medicaid program cover TDTs to treat smokeless tobacco-use (i.e. chewing tobacco, snuff, etc.)?

Yes, No, Don't Know, n/a
 Describe coverage:

14. Does your Medicaid program cover dental care for adults?

15. If your Medicaid program covers dental care for adults, do you require dental providers to screen and/or counsel smokers for smokeless tobacco use?

Yes, No, Don't Know, n/a
 Please describe:

16. Please provide the following additional information regarding pharmacotherapy coverage:

- a. Will Medicaid pay for only one smoking cessation pharmacotherapy at a time? Yes, No, n/a
 b. Is a prescription required for coverage of Nicotine Gum?
 c. Is a prescription required for coverage of Nicotine Patch?
 d. Is a prescription required for coverage of Nicotine Lozenge?
 e. Can Wellbutrin be prescribed for smoking cessation?
 f. Can bupropion SR be prescribed for smoking cessation?

17. Do tobacco cessation treatments count towards a general prescription limit? (please indicate prescription limit in space provided)

Yes, No, n/a

TDTs count towards prescription limit? Prescription limit:

18. Will your Medicaid program cover the following combinations of TDTs to be used simultaneously?

Yes, No, Don't Know, n/a

a. Long term (>14 weeks) nicotine patch and nicotine gum

b. Long term (>14 weeks) nicotine patch and nicotine spray

c. Nicotine patch and nicotine inhaler

d. Nicotine patch and bupropion SR

Comments:

19. Please indicate any coverage limitations for tobacco-specific counseling services:

	Copayment	Providers that may bill for counseling	Sessions per year	Minutes per session	Other limitations
a. Individual face-to-face counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Group counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Proactive telephone counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Use this space to add any comments regarding coverage of tobacco-specific counseling services:

21. Please answer the following questions regarding the telephone counseling provided by your state quitline to Medicaid enrollees:

Yes, No, Don't Know

a. Does your state operate a telephone quitline?

b. Are Medicaid enrollees informed about the quitline?

c. Does the Medicaid program contribute to the financing of the quitline?

d. When people call into the quitline, are they told about Medicaid TDTs for which they may be eligible?

e. Are Medicaid enrollees able to get TDTs through the quitline when they call?

If Yes, provide details:

22. If TDTs are provided through the state quitline please indicate: 1) what medications are provided, 2) how much are provided, 3) how are they provided to enrollees, and 4) what limitations are placed on use.

23. Does your Medicaid program coordinate with the state quitline on tobacco-related issues that affect the Medicaid population?

Yes, No, Don't Know

Coordination between Medicaid and quitline Describe the nature of the coordination: Contact for the administrator of the quit-line:

24. Does your Medicaid program offer any tobacco dependence treatment programs exclusively for pregnant women? (Do not answer "Yes" if your programs cover the general Medicaid population).

Yes, No, Don't Know

Offer programs exclusively for pregnant women? If Yes, please describe the program(s):

25. How familiar are you with the recommendations made in the Public Health Service (PHS) Clinical Practice Guideline: Treating Tobacco Use and Dependence updated in May of 2008?

26. Has your Medicaid program used the recommendations in the 2008 PHS Clinical Practice Guideline to change your coverage for TDTs in any way?

Select one:

Changes in TDT Coverage? If Yes, Indicate what changes occurred:

27. Has your Medicaid program used the Public Health Service (PHS) "Clinical Practice Guideline: Treating Tobacco Use and Dependence" in any of the following ways?

	2000 PHS Guideline	2008 PHS Guideline	If so, how:
a. Design tobacco use and dependence treatment benefits?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Design tobacco use and dependence treatment programs?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Train healthcare professionals in tobacco-use cessation?	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Any other use?	<input type="text"/>	<input type="text"/>	<input type="text"/>

28. Does your Medicaid program support/encourage provider provision of the 5 A's of brief clinical intervention in a primary care setting (i.e. Ask, Advise, Assess, Assist, Arrange). If so, please specify what is done.

29. Does your Medicaid program contractually require providers or health plans with which Medicaid contracts to document tobacco-use status in the medical record of every patient?

	Providers	Health Plans
Contractually require documentation of tobacco-use status:	<input type="text"/>	<input type="text"/>

30. Please describe any strategies used to document Medicaid enrollee tobacco-use status.

31. Does your Medicaid program routinely conduct patient chart audits to determine if tobacco use is documented?

32. Does your Medicaid program do any of the following to support provider or health plan tobacco dependence treatment practices?

	Providers	Health Plans
a. Communicate to contracted providers/health plans their roles in the delivery of tobacco dependence treatment services	<input type="text"/>	<input type="text"/>
b. Distribute written materials on pharmacotherapy	<input type="text"/>	<input type="text"/>
c. Distribute written materials on tobacco dependence treatment counseling	<input type="text"/>	<input type="text"/>
d. Distribute patient self-help materials	<input type="text"/>	<input type="text"/>
e. Distribute nicotine replacement "starter kits"	<input type="text"/>	<input type="text"/>
f. Distribute the 1-800 cessation quitline phone number	<input type="text"/>	<input type="text"/>
g. Provide feedback to providers on their performance in the area of tobacco dependence treatment	<input type="text"/>	<input type="text"/>
h. Inform, Train, Encourage, or Require providers and/or health plans to utilize the "5 A's" – ask, assess, advise, assist, arrange. (Please check "YES" if you do any of the four options.)	<input type="text"/>	<input type="text"/>
i. Any other methods to support TDT practices (insert text below)	<input type="text"/>	<input type="text"/>

33. Please describe any other support your Medicaid program gives to providers or health plans:

34. Does your Medicaid program assess the degree to which contracted providers or health plans deliver tobacco dependence treatment interventions using any of the following methods?

	Providers	Health Plans
a. Chart audits	<input type="text"/>	<input type="text"/>
b. Electronic medical records	<input type="text"/>	<input type="text"/>
c. Computerized patient databases	<input type="text"/>	<input type="text"/>
d. Claims data	<input type="text"/>	<input type="text"/>
e. Pharmacy data	<input type="text"/>	<input type="text"/>
f. Encounter data	<input type="text"/>	<input type="text"/>
g. Health Plan and Employer Data Information Set (HEDIS) Measures	<input type="text"/>	<input type="text"/>
h. Another method of assessing provision of TDTs	<input type="text"/>	<input type="text"/>

35. Please describe other assessments used:

36. Does your Medicaid program measure overall smoking rates among Medicaid recipients?

Select one:

- a. Does Medicaid measure smoking rates?
- b. Does Medicaid measure trends in smoking rates?
- c. How are the data collected (indicate in comments)?

Provide rate (indicate year), trend, or method used:

37. Please indicate if your Medicaid program does any of the following:

- a. Reimburse providers for treating tobacco dependence?
- b. Inform clinicians and specialists that they will be reimbursed for providing effective tobacco dependence treatments?
- c. Contractually require health plans to include tobacco dependence intervention in the job descriptions and performance evaluations of salaried clinicians and specialists?

Yes, No, Don't Know

38. Have you estimated the cost of covering tobacco dependence treatments as a Medicaid benefit?

Yes, No, Don't Know

Estimated cost of TDTs?

If Yes, what was the cost per member per month (indicate year of data)

39. Does your Medicaid program routinely measure and report on the following subgroups?

- a. HEDIS – advice to quit smoking rates
- b. HEDIS – offered counseling or pharmacotherapy
- c. Adult tobacco users who received brief counseling from their providers
- d. Pregnant tobacco users who received brief counseling from their providers
- e. Adult tobacco users who are using pharmacotherapy to treat tobacco dependence
- f. Adult tobacco users who have received counseling for tobacco dependence

Yes, No, Don't Know

If Yes, please provide rate or number:

40. Please describe how Medicaid physicians are informed of Medicaid coverage for TDTs (please give web address (if relevant) of most recent provider bulletin, manual, letter etc.)

41. During 2008, has your Medicaid program conducted any outreach activities to inform tobacco users of the availability of Medicaid-covered tobacco dependence treatments and/or encouraged them to use these benefits? (CHECK ALL THAT APPLY)

	Yes, No, n/a	If Yes, indicate how often outreach is conducted:	Provide a description of the outreach:
Website	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>	<input type="text"/>
Newsletter/Magazine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Television Spots	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radio Spots	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billboards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Through Primary Care Physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information Line/ Member Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Member Packet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Fairs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Through Health Plans	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Please provide a contact who can discuss your Medicaid program's outreach approach:



Please submit a copy of the benefits language for the smoking cessation treatments covered by your Medicaid program.

[Click here to print your results.](#)

Submit

DRAFT VERSION
OMB# 0920-0691
OMB Expiration Date XX/XX/XXXX
State Medicaid Tobacco Dependence Treatment Survey, 2008
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