



GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA TOBACCO QUIT LINE

Million Hearts in Action

[Strategies for Achieving Million Hearts Goals]



As part of the Affordable Care Act, the Centers for Medicare and Medicaid Services announced a new policy in June 2011 that allows state Medicaid programs to reimburse state quitlines half the cost of services provided to Medicaid enrollees. In August 2014, Georgia became one of a dozen states to have received the Medicaid administrative match grant for its state-run Georgia Tobacco Quit Line, a public health service available at 1-877-270-STOP (7867).

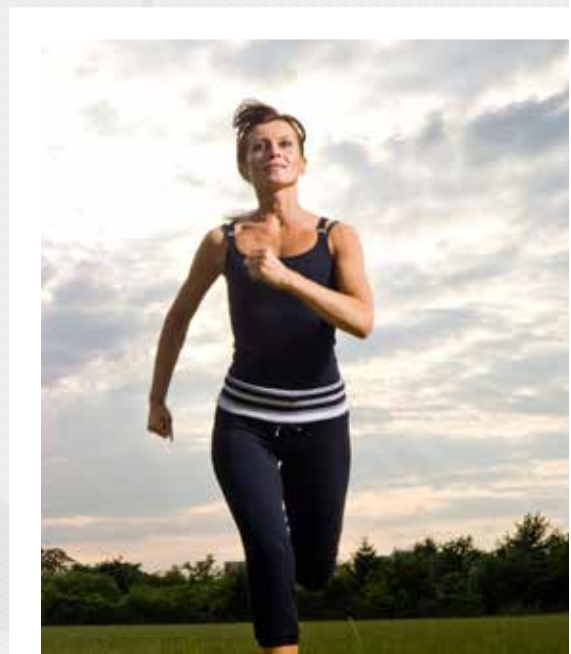
Jean O'Connor, J.D., Dr.P.H., chronic disease prevention director for the Georgia Department of Public Health, led state efforts to obtain the federal match. "We are excited about the partnership with Medicaid because it is going to allow us to give more people the resources they need to quit tobacco," she said.

[Fast Facts]

- Among the 7.5 million adults in Georgia, about 20 percent smoke
- Tobacco use claims the lives of more than 10,000 Georgians each year
- About 35 percent of the 1.7 million Georgians on Medicaid are current tobacco users

[What We Did]

- Partner with Medicaid. A signed memorandum of understanding (MOU) describes the mutual agreement between Georgia's Medicaid agency and the Georgia Department of Public Health. Georgia health officials and representatives from the state Medicaid agency worked together to prepare an amendment to the agency's Public Assistance Cost Allocation Plan (CAP) that shows the methods used to estimate claimable costs. The amendment has been approved by CMS.
- Increase funding. Georgia's public health department receives about \$1 million each year to fund the quitline, which provides free counseling, a resource library and support and referral services for tobacco users—a suite of services that cost an average of \$128 per person. Officials project the quitline will be reimbursed about \$150,000 in the first year of the federal match program. With call volume reaching as high as 2,000 calls a day, increased funding for the quitline will allow Georgia to better meet the demand for smoking cessation assistance, said O'Connor.



- Expand a valuable and free service to low-income smokers. About one in three Medicaid enrollees in Georgia use tobacco, and data show half of all smokers in the state want to quit in a given year. “Medicaid enrollees may not have access to primary care, but they can certainly make a phone call to a quitline,” said O’Connor. In addition, as of Jan. 1, 2014, all state Medicaid programs are required to cover FDA-approved tobacco cessation medications for all beneficiaries. Combine that with the state’s expanded ability to meet quitline demand and “people on Medicaid are going to have everything they need to quit successfully,” O’Connor said. As a result, she predicts the quitline’s quit rate, currently 31 percent at six months, will go up.

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- Jean O’Connor, J.D., Dr.P.H., Director, Chronic Disease Prevention Section, Georgia Department of Public Health

[What We Learned]

For states interested in applying for Medicaid reimbursement for tobacco cessation quitlines, the Georgia Department of Public Health recommends:

- Gaining the support of health department leaders. In Georgia, the state public health commissioner was instrumental in working with Medicaid.
- Having the data ready. Be prepared to provide the state Medicaid agency with facts about the quitline, including call volume, quit rates and cost effectiveness. Such information can help you estimate the positive impact of the partnership. Also provide the agency with materials from the U.S. Preventive Services Task Force and the CDC that show quitline counseling is an evidence-based, effective method for smoking cessation.
- Don’t reinvent the wheel. Other states have developed MOUs with state Medicaid agencies that have been approved by CMS. Instead of starting from scratch, borrow directly from those MOUs when starting to craft your own.



[What We Are Doing now]

Georgia public health officials are now developing quitline goals and implementing methods for gathering data on Medicaid enrollees who call the quitline. By learning more about the smoking history and experience of smokers on Medicaid, such data may inform future programs and efforts to help low-income smokers quit, said O’Connor.

Officials also have plans to increase referrals to the quitline. When a healthcare provider sees a tobacco user, the provider will not only provide the patient with the quitline number but will also tell the patient the quitline will call them. The provider then faxes the patient’s contact information to the quitline vendor. “We want providers to get in the habit of using evidence-based methods such as the quitline because it’s the best thing for the patient,” said O’Connor.

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