

# Tobacco Cessation Plan

June 2024



**Trillium**  
HEALTH RESOURCES  
Transforming Lives. Building Community Well-Being.

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*"In my view, a doctor isn't providing an appropriate standard of care for his or her patients if he or she doesn't ask two key questions —'Do you smoke?' and 'Do you want to quit?'—and then work with that individual to make it happen."*

*Michael C. Fiore, MD, M.P.H., Director  
Center for Tobacco Research and Intervention  
University of Wisconsin Medical School'*

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<sup>1</sup> Treating tobacco use and dependence: PHS Clinical Practice Guideline. AHRQ. (n.d.). Retrieved October 8, 2021, from <https://www.ahrq.gov/prevention/guidelines/tobacco/systemclin.html>.

## INTRODUCTION

Cigarette smoking is the leading cause of preventable death in the United States. In North Carolina, smoking-caused health care costs amount to \$3.81 billion per year.<sup>2</sup> Pervasive tobacco use has reached new proportions with the popularization of electronic vapor products – in 2019, 35.5% of high school students in North Carolina used electronic vapor products on at least one day in the past 30 days.<sup>3</sup>

Tobacco cessation is a cornerstone population health program for Trillium Health Resources (Trillium), and we are committed to partnering closely with the North Carolina Department of Health and Human Services (NCDHHS or Department), providers, and our Pharmacy Benefit Manager (PBM) to support our members<sup>4</sup> by providing them with the necessary tobacco cessation education, medication, supports, and targeted outreach. This program follows the recommendations outlined in the National Committee for Quality Assurance (NCQA) Population Health Model, whose focus areas include:

1. keeping members healthy
2. managing members with emerging risks
3. patient safety or outcomes across settings, and
4. managing multiple chronic illnesses.

Trillium’s program plan also aligns with NCDHHS’s Quality Strategy<sup>5</sup> and to address the NCDHHS-defined state deliverable requirements for a Tobacco Cessation Population Health Program. As a result, Trillium’s approach focuses on identifying members who are

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<sup>2</sup> Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 21 Years Later FY2020, 2019.

<sup>3</sup> Tobacco use in North Carolina 2020. Truth Initiative. (n.d.). Retrieved October 8, 2021, from <https://truthinitiative.org/research-resources/smoking-region/tobacco-use-north-carolina-2020>.

<sup>4</sup> “Member”, unless otherwise specifically indicated in the Contract, refers to (1) a Medicaid beneficiary whose Medicaid county of eligibility is in a county covered by the BH I/DD Tailored Plan or who is currently enrolled in and receiving benefits through the BH I/DD Tailored Plan and (2) a Recipient who is actively receiving a State-funded Service or State-funded function, paid for by State Funds or Federal Block Grant Funds.

<sup>5</sup> North Carolina’s Medicaid Managed Care Quality Strategy. (n.d.). Retrieved October 05, 2021, from <https://medicaid.ncdhhs.gov/media/9968/download?attachment>.

tobacco users and implementing educational resources, targeted care planning, and specialized treatment plans for members most at risk and with other specialized needs.

Trillium's Tobacco Cessation Program leverages existing resources, partners with strategic organizations and providers, and creates a member experience that facilitates long-term commitment to tobacco cessation. The scope of Trillium's program touches on multiple facets and underlines the importance of enabling both providers and members to make lasting impacts to lifestyles affected by harmful tobacco use. Our Tobacco Cessation Program includes the following critical areas:

- ▲ Population Identification
- ▲ Data Integration
- ▲ Stratification
- ▲ Program Interventions
- ▲ Community
- ▲ Measurement

## POPULATION IDENTIFICATION

Identification of members is a critical to successfully implementing tobacco cessation interventions within a population. Trillium identifies tobacco use through multiple sources of member data, including:

- ▲ Claims data
- ▲ Information from Trillium's Comprehensive Care Management Assessments <sup>6</sup>
- ▲ Care Needs Screenings<sup>7</sup>
- ▲ Member self-referrals

Members can also be referred for enrollment in the Tobacco Cessation Program by additional sources, including:

- ▲ Pharmacy staff
- ▲ Caregiver and legal representatives
- ▲ Community based organizations

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<sup>6</sup> A Care Needs Screening is a feature of Trillium's *Connections* Care Management platform.

<sup>7</sup> Currently, a Care Needs Screening is a requirement from the State (to be completed within first 90 days of enrollment).

- ▲ Care Management Agencies (CMA), Advanced Medical Homes + (AMH+)
- ▲ Care management staff
- ▲ Screenings by:
  - Providers
  - Quality nurses

Effective tobacco screening provides an opportunity for clinical practitioners and tobacco users to consider the array of resources and benefits to assist with tobacco consumption. Trillium ensures that its providers are empowered to provide an effective screening and referral process in inpatient, outpatient, and other community-based settings.

The Trillium care management team supports members to voluntarily enroll in tobacco cessation interventions by obtaining the member/Legal Guardian's consent for Program enrollment, offering an initial assessment, identifying appropriate Tobacco Cessation Program options for a member, and explaining the program.

Trillium recognizes the criticality of outreaching and engaging with its members to encourage program participation through multiple channels such as:

- ▲ Telephonic and electronic outreach (e.g. Facebook pages promoting national awareness months)
- ▲ Participation in community activities such as health fairs conducted in collaboration with local health departments or other community-based organizations
- ▲ Other educational and supportive marketing materials in partnership with AMHs+ and CMAs
- ▲ Outreach activities in collaboration with NCDHHS and *Quit 4 Life*

Effective communication enables a member's awareness of the benefits Trillium provides. In addition, compelling educational resources will be developed to support members and providers as they commit to driving appropriate tobacco cessation efforts. Trillium will then use available data points and stratification to understand the preferences and needs of its members and match them with targeted interventions that are described later in this document.

Trillium does not discriminate against members based on age, race, gender, chronic conditions or other impairments. Members are encouraged to apply if eligible to participate in Trillium's Tobacco Cessation Program.

We will partner with NCDHHS to market our Tobacco Cessation Program benefit, provide outreach with the assistance of NCDHHS' *QuitlineNC* vendor (Optum), and deliver marketing and educational materials for the department's review and approval.

## **DATA INTEGRATION**

To understand its members' needs, Trillium will leverage available data from various sources including claims/billing and care management data. The different types of data to support member identification include medical claims (e.g. ICD 10 and CPT codes), pharmacy claims (e.g. NDC Codes), and self-reported data from the Comprehensive Care Management Assessment. Accuracy and up-to-date data are important criteria when selecting effective data sources for the implementation of population health programs.

In addition to identification through Trillium's care management platform (Connections), Trillium utilizes claims acuity tiers to identify members who may benefit from the Tobacco Cessation Program. For Trillium's Tobacco Cessation Program, data integration will focus mainly on supporting the needs of identifying eligible members, special stratification for specialized behavioral health needs (details below) and promoting tobacco cessation through its providers.

For further detail on list of examples on these types of data, see Appendix III.

## **STRATIFICATION**

Trillium's approach to stratification follows NCQA's Population Health Model including the activities that follow once the population is identified. Detailed information captured on members provides guidance and understanding on the level of risk/segmentation required for any individual program.

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For the Trillium Tobacco Cessation Program, members will be stratified based on:

- ▲ Presence of a chronic mental illness diagnosis
- ▲ Pregnancy
- ▲ Newborn in the home / new parent

This stratification will determine the intensity/cadence of interventions the member will receive to ensure that they are supported in the Tobacco Cessation Program. The program interventions are described below.

## PROGRAM INTERVENTIONS

The essential elements of Trillium's approach to population health care planning are driven by the role of a Population Health Nurse/Clinician in coordination with the care management team. Identified members are assigned a Population Health Nurse/Clinician who will link the member to *Quit 4 Life*. The *Quit 4 Life* team will provide telephonic coaching and support to the member. Population Health Nurse/Clinician team are trained in relationship building, which will be incorporated in the initial screening. They will also help guide each member in completion of a focused tobacco assessment, documenting consent and discussing goals that members will focus on achieving. By setting expectations of call cadence, follow up calls and providing point of contacts to the member, a collaborative relationship and strong degree of accountability will be established (a sample Population Health Nurse/Clinician 's workflow is described in Appendix IV).

Steps to Tobacco Cessation Program Implementation:

- ▲ Obtain referral
- ▲ Complete assessment
  - Identify health conditions
  - Determine motivation/willingness to change
  - Identify health concerns - chronic conditions
  - Identify and establish social supports including friends, family members
  - Assess Social Determinants of Health (SDOH) including education, living arrangement, financial etc.



- ▲ Collaborate with member to identify appropriate Tobacco Cessation Program interventions for member

The Population Health Nurse/Clinician will work with the member and integrate information and data available from the identification, screening, and referral process to create a personalized approach to tobacco cessation and reducing the risk of all tobacco-related health conditions such as high blood pressure, heart disease, and certain cancers. The Population Health Nurse/Clinician will work with the member to encourage their efforts, identify barriers to progress and adjust the care plan as needed. The Population Health Nurse/Clinician will support the member to achieve a tobacco-free lifestyle and program graduation.

Tobacco cessation interventions available to Trillium members are described below.

## **NORTH CAROLINA QUITLINE<sup>NC</sup>**

Trillium partners with NCDHHS's *QuitlineNC* vendor (Optum) to provide tobacco cessation resources to Trillium members for 24/7 coverage. *QuitlineNC* provides free tobacco cessation services to any North Carolina resident who needs help quitting commercial tobacco use, including all tobacco products offered for sale, but not tobacco used for sacred and traditional ceremonies by many American Indian tribes and communities. Trillium works with Optum to leverage its *QuitlineNC* program, *Quit 4 Life*. This program will make outbound calls to members that are referred to the *Quit 4 Life*, through referrals sent from Trillium. We are educating Trillium staff and providers on how to complete referrals for members to *Quit 4 Life* with the member's permission.

Trillium will also utilize *Quit 4 Life's* coaching to help any tobacco user give up tobacco. Members will be provided the *Quit 4 Life* phone number and website via Trillium's member handbook, website, call center service lines, and education materials. The process for connecting a Trillium member to *Quit 4 Life* is done through the identification of members for the Tobacco Cessation Program by the Population Health Nurse/Clinician, a Care Manager, or provider.

## **SPECIALIZED BEHAVIORAL HEALTH FOR TOBACCO USE**

Trillium's Specialized Behavioral Health for Tobacco Use Program is a specialized program that integrates tobacco cessation counseling with a member's behavioral health counseling and treatment for member who have been identified as having a chronic

mental illness diagnosis in addition to tobacco use. These members are provided tobacco cessation counseling through a certified behavioral health provider and have the option to participate in the program in person or via telehealth. The program incorporates the use of medications, counseling and social supports.

The duration of our Specialized Behavioral Health for Tobacco Use Program is determined by a Care Needs Screening, however the goal time frame to complete program and quit use of tobacco is 90 days. Following the assessment, the Population Health Nurse/Clinician explains how the program works, and the member will be asked to verbalize their understanding of the program prior to obtaining consent for enrollment. Program enrollment is strictly voluntary, and the member may opt out of program participation at any time.

Specialized Behavioral Health for Tobacco Use Program Target Populations:

- ▲ Serious Mental Illness (SMI): A disproportionate use of tobacco products exists in the SMI population leading to increased morbidity and mortality. We are utilizing our health education and promotion campaigns targeting our members and providers.
- ▲ Serious Emotional Disturbance (SED): NC youth use of tobacco products is higher than the national average. Through targeted assessments addressing trauma, adverse childhood events and substance use, we work to link services and programs for at risk youth.
- ▲ Substance Use Disorder (SUD): Tobacco is often a gateway substance leading to other "heavier" substance use. Addressing initial tobacco use and continued tobacco use in the SUD population is critical.
- ▲ Intellectual and Other Developmental Disabilities (I/DD): Tobacco use in the I/DD population is estimated to be 7% lower than the rate of use among other disability populations, but still higher than the national estimate of 3.4%. The I/DD population is also more vulnerable to the harmful effects of tobacco use given higher rates of chronic health conditions. Although the CMS Home and Community-based regulations limit Trillium's ability to work with providers to ban the use of tobacco products in group living settings for people on the Innovations Waiver, we work with those providers to deliver education and counseling on the benefits of eliminating tobacco use.

## SERVICES FOR PREGNANT TOBACCO USERS

Trillium is collaborating with its Standard Plan Partner Carolina Complete Health (CCH) to provide maternal health services to pregnant women stratified as moderate to low risk. CCH's Maternal Health program includes interventions to encourage pregnant members to quit tobacco throughout their pregnancy. In CCH's program identified pregnant tobacco users, "providers are encouraged to offer all pregnant members who use tobacco at least one face-to-face tobacco cessation counseling session per quit attempt."<sup>8</sup>.

Trillium is also collaborating with its vendor Optum (*Quit 4 Life*) to provide all pregnant members assistance in quitting tobacco throughout their pregnancies. In Optum's *Quit 4 Life* program pregnant members are eligible for coaching sessions along with monotherapy Nicotine Replacement Therapy. The coaching sessions may occur via text, chat, telephonic, or group with a coach

This program is designed to:

- ▲ Identify a Quit Date
- ▲ Identification of tobacco cues and coping strategies
- ▲ Individualized cessation plan
- ▲ Relapse prevention and stress management
- ▲ Education Materials

The members will have the ability to opt into an interactive text messaging program that will enable members to receive email/text program reminders.

## EDUCATION AND HEALTH PROMOTION MATERIALS

Trillium supports health literacy for all members. Trillium's members are provided with tobacco cessation materials developed in accordance with NCDHHS guidance on written materials that are clear, concise, in plain language and written to be understood at a sixth-grade reading level as part of member outreach.

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<sup>8</sup> Carolina Complete Health, CCH Tobacco Cessation Program Guide (2020).

The materials will be submitted to the Department for final approval and available in the following:

- ▲ Trillium member handbooks
- ▲ Trillium website/ social media
- ▲ Posters
- ▲ Pamphlets
- ▲ Newsletter

## PROVIDER EDUCATION

Providers are actively called to action to engage members to reduce the use of tobacco by encouraging counseling. Trillium ensures that its providers are empowered to provide an effective screening mechanism in inpatient, outpatient, and other community-based settings, while also encouraging a multidisciplinary approach to treatment including nicotine alternatives (and other medications) and other services (such as counseling).

Trillium's providers receive training on all Trillium's Population Health Programs. Information about the Tobacco Cessation Program and the *QuitlineNC* are included in Trillium's Provider Manual. Providers are also educated on how to use the Agency for Healthcare Research and Quality's (AHRQ) "5 A's" (Ask, Advise, Assess, Assist, and Arrange) to identify the appropriate improper interventions member's willingness to quit. Additional training may include programs recommended by the Centers for Disease Control, such as: *Rx for Change: Clinician-Assisted Tobacco Cessation; A Brief Intervention to Help Patients Quit Smoking*; and Training Videos developed by the University of Wisconsin-Center for Tobacco Research and Intervention.<sup>9</sup>

Moreover, Trillium's Provider Portal includes information for enrolling members in the Tobacco Cessation Program and related education materials, tools and resources to

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<sup>9</sup> Centers for Disease Control and Prevention. (2021, May 11). Tobacco Cessation Education and Training. Centers for Disease Control and Prevention. Retrieved October 14, 2021, from [https://www.cdc.gov/tobacco/basic\\_information/for-health-care-providers/education-training/index.html](https://www.cdc.gov/tobacco/basic_information/for-health-care-providers/education-training/index.html).

support their onboarding process. An up-to-date pharmacological guide is included in the portal to aid in administration of tobacco cessation medications.

## **Tobacco Free Campuses at Contracted Facilities**

Trillium's commitment to improved community health and wellness stretches across our provider network. As part of participation in our health plan, providers are required to maintain tobacco free campuses. Upon contracting, providers receive detailed information in the Provider Manual and contracts on the importance of having a tobacco free campus and steps to implementing tobacco free campuses. Trillium's Network Management department also support and assists Medicaid and State-funded service providers to promote tobacco free campuses at contracted facilities (for more details of these Activities see Appendix IV). Trillium's Network Accountability Unit ensures providers develop and implement policies to create tobacco free environments for members and recipients and monitors compliance on a cyclical basis. The unit takes appropriate remediation measures for noncompliance such as providing technical assistance or requesting a plan of correction. *QuitlineNC* also includes *BreathEasyNC* that offers resources and training for providers to provide a 100% tobacco-free campus.<sup>10</sup>

## **TOBACCO CESSATION PHARMACEUTICAL APPROACH**

Trillium's policy complies with NCDHHS requirements for a Tobacco Cessation Program through its formulary and requirements for its PBM. Network pharmacies are required to provide ready access to tobacco cessation drug products, maintain tobacco-free areas on their rented/owned properties, and abstain from selling tobacco products.

Trillium ensure medication products to assist in tobacco cessation are available for relevant members in the outpatient/community setting and are cover as outlined in the benefit plan and formulary. This includes nicotine replacement products as well as other products approved by the FDA for this purpose such as varenicline (Chantix, generic) and bupropion sustained release.

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<sup>10</sup> <https://breatheeasyinc.org/> accessed October 8, 2021

To successfully achieve this, Trillium has:

- ▲ Required its PBM to include language in its pharmacy provider contracts that requires pharmacies to stock these products
- ▲ Included these products on its formulary with restrictions.

## MEMBER INCENTIVES

Trillium believes in encouraging and rewarding our members for their efforts and accomplishments relating to health improvements. All members who are enrolled in the Tobacco Cessation Program qualify for our member rewards program. The program length for Tobacco Cessation is 90 days. Members who graduate from the program will have demonstrated achievement by quitting tobacco use and 90 days of participation. Each Trillium member enrolled in a Tobacco Cessation Program will receive a healthy behaviors reward card for enrollment and duration of the program. The total allotment of gift cards is \$75.00 divided into enrollment and months of staying actively involved in program (\$5.00 for enrollment in program; \$10.00 for completing the 1<sup>st</sup> coac\$20.00 gift card for staying tobacco free first month and \$20.00 gift card for staying tobacco free two more months).

The card will be issued with the member's name and may be used for grocery stores, utility bills, rent, education or transportation. Limitations will exist to restrict a member's ability to purchase alcohol, firearms, cigarettes or vapors.

## PROVIDER INCENTIVES

Trillium incentivizes providers to identify and enroll members into the Tobacco Cessation Program. Trillium measures provider participation by evaluating quality measures such as National Quality Forum (NQF) and NCQA tobacco cessation measures.<sup>11</sup>

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<sup>11</sup> NCQA has 5 measures focused on Tobacco Cessation: 2 for screening and 3 focused on treatment. Office based screening is assessed with the following measure and can be tracked for providers: *Medical Assistance With Smoking Cessation* assesses different facets of providing medical assistance with smoking and tobacco use cessation: 1) **Advising Smokers and Tobacco Users to Quit**: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quite during the measurement year. 2) **Discussing Cessation Medications**: A rolling

Trillium provides monthly performance reports to providers indicating progress on agreed measures. Our team conducts reviews of these reports with providers and works with them to understand opportunities to improve the impact of interventions and programs that are expected to improve outcomes.

## COMMUNITY

As outlined in Trillium's Local Community Collaboration and Engagement Strategy, we are committed to actively soliciting and incorporating community input driving local collaboration and partnerships in order to improve access to services for Tailored Plan members and provide integrated, whole person care, including unmet health-related resource needs. Our member services are trained on outreach and coordination to support Care Management community entities (CMA, AMH+, AMH1-3)<sup>12</sup> referring members to Trillium. Trillium also provides direction to community entities on how to make referrals to Trillium's Tobacco Cessation Program, in addition to the other population health programs.

## PROGRAM MEASUREMENT

Trillium's Tobacco Cessation Program will be monitored and evaluated by its Quality Improvement Committee (QIC) as the overarching monitoring and evaluating body for Trillium's clinical programs. The QIC evaluates the effectiveness of program interventions, makes recommendations for improvement activities, and confirms compliance with regulatory, state and accreditation bodies, e.g., NCQA.

Trillium will report quarterly on recommended metrics to the QIC as required, demonstrating the effectiveness of the Tobacco Cessation Program. Tobacco related HEDIS metrics and the Joint Commission *Tobacco Performance Measure Set*, will be

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average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. 3) **Discussing Cessation Strategies:** A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided smoking cessation methods or strategies during the measurement year.

<sup>12</sup> Care Management Agency (CMA), Advanced Medical Home + (AMH+); Advanced Medical Home Tiers 1-3 (AMH 1-3)

monitored. The performance measures are three standardized performance measures addressing tobacco screening and cessation counseling:

- ▲ Measure 1: Tobacco use screening of patients 18 years and over
- ▲ Measure 2: Tobacco use treatment, including counseling and medication during hospitalization
- ▲ Measure 3: Tobacco use treatment management plan at discharge<sup>13,14</sup>

Additionally, the NCQA outlines four areas of focus that address the entire care continuum, and Trillium will adhere and measure itself according to goals it sets within these focus areas:

1. Keep members healthy
2. Manage members with emerging risks
3. Patient safety
4. Manage multiple chronic illnesses<sup>15</sup>

Lastly, Trillium's Tobacco Cessation Program will be monitored on an ongoing basis and will be evaluated for changes, as needed, to align efforts with NCDHHS reporting requirements and North Carolina population health needs. The overall effectiveness of Trillium's Tobacco Cessation Program will be evaluated annually and reported to the North Carolina Department of Human Services per contract requirements. Metrics are under development to measure effectiveness of member identification, successful referral into the programs, effectiveness of educational materials and their distribution, appropriateness and effectiveness of cessation programs for our Specialized Behavioral Health for Tobacco Use Program.

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<sup>13</sup> CMS began using all three Joint Commission tobacco performance measures as part of its Inpatient Prospective Payment System (IPPS) in 2016-2017. IPPS is a quality reporting mechanism that incentivizes compliance with key performance goals by withholding a portion of federal Medicare reimbursements for states that do not meet those goals

<sup>14</sup> Quality measures and tobacco cessation - #bhthechange. (n.d.). Retrieved October 14, 2021, from <https://www.bhthechange.org/wp-content/uploads/2017/12/Quality-Measures-and-Tobacco-Cessation.pdf>.

<sup>15</sup> [https://www.ncqa.org/wp-content/uploads/2018/08/20180827\\_PHM\\_PHM\\_Resource\\_Guide.pdf](https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf) retrieved October 8, 2021.



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## MONITORING TOBACCO CESSATION IN CLINICAL SETTINGS

In addition to quality metrics, Trillium utilizes data to monitor how its providers promote tobacco cessation among members. CMS requires providers to use CPT codes for reimbursement of tobacco cessation screening and counseling services. To bill for tobacco cessation screening and counseling, the member must be a tobacco user. The patient must voluntarily agree to participate and must be competent and alert to participate. Counseling must be provided by a qualified provider or other certified health care provider.

The CPT codes are listed below for billing for tobacco cessation:

- ▲ 99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- ▲ 99407 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Providers are encouraged to utilize tobacco cessation and counseling codes to help accurately bill for services and to track the effectiveness of tobacco cessation interventions within the population.

## APPENDIX

### I. NCDHHS TOBACCO CESSATION PROGRAM REQUIREMENTS

#### Deliverable Requirements

- [The BH I/DD Tailored Plan shall contract with the Department's Quitline vendor at a minimum benefit level defined by the Department that promotes evidence-based standards of care for tobacco cessation. The BH I/DD Tailored Plan contract with the Quitline shall include coverage of the Quitline BH protocol.](#)
- a) The BH I/DD Tailored Plan shall ensure that members are given complete information about the coverage of tobacco cessation items and services
- b) The BH I/DD Tailored Plan shall partner with the Department to, at a minimum:
  1. Promote the full Tobacco Cessation Benefit to members;
  2. Partner with the Department and the Department's Quitline vendor on outreach; and
  3. Submit marketing and educational materials for review and approval consistent with the requirements pursuant to the Contract.
- c) The BH I/DD Tailored Plan shall develop a comprehensive Tobacco Cessation Plan, which includes the Department's Quitline benefit, and a tobacco cessation program aimed at reducing tobacco use, including associated marketing strategies.
  1. The program should at a minimum include the following strategies to reduce tobacco use across members
    - i. [Promote tobacco free campuses at contracted facilities;](#)
    - ii. [Ensure tobacco screening and treatment,](#) including nicotine replacement and other appropriate medications, are provided to all relevant members in both inpatient, other facility-based, and outpatient/community settings;
    - iii. [Ensure tobacco use/exposure needs are assessed and addressed in all relevant Care Plans/ISPs;](#)
    - iv. [Increase use of 99406 and 99407 CPT codes in all appropriate settings;](#)

## Deliverable Requirements

- v. [Use incentives for members](#) and providers as allowed by the Contract;
  - vi. Use the specialized [Behavioral Health Program](#) for tobacco users with one or more BH conditions;
  - vii. [Provider training](#); and
  - viii. [A yearly report on efforts and outcomes](#).
  - ix. Promote and educate on the Department's Quitline benefit.
- d) The BH I/DD Tailored Plan shall submit the Tobacco Cessation Plan to the Department for review and approval annually or upon request by the Department.

## II. NQA POPULATION HEALTH MODEL





### III. TOBACCO CESSATION PROGRAM – IDENTIFICATION OF MEMBERS

The following data sources will be leveraged to identify potential members who qualify for Trillium’s Tobacco Cessation Program.

Data Source	Criteria
<b>Medical Claims (Institutional and Professional)</b>	Presence of at least one of the following codes on at least one inpatient or outpatient medical claim  <u>ICD 10 codes</u> <ul style="list-style-type: none"> <li>▲ Z72.0 Tobacco use</li> <li>▲ F17 Nicotine dependence</li> <li>▲ Z87.891 History of tobacco dependence</li> <li>▲ 099.33 Tobacco use during pregnancy</li> <li>▲ T65.2 Toxic effect of nicotine</li> </ul> <u>CPT codes</u> <ul style="list-style-type: none"> <li>▲ 99406, 99407, G0436, G0437, G9016 Smoking counseling visits</li> <li>▲ S9453 Smoking cessation classes</li> <li>▲ S4995 Smoking cessation gum</li> <li>▲ G9276, G9458 Documented tobacco user advised to quit</li> <li>▲ 1034F Current smoker</li> <li>▲ 4004F, 4001F Screened for tobacco use and received an intervention</li> </ul>
<b>Pharmacy Claims</b>	Dispensing of at least one nicotine or varenicline prescription Example NDC Codes: 0069-0468-56, 0069-0469-03, 0069-0469-56, 0069-0471-03
<b>Comprehensive Care Management Assessment</b>	Member self-reports as a current smoker

## **IV. EXAMPLE OF POPULATION HEALTH NURSE/CLINICIAN**

### **WORKFLOW**

1. Explain program to include goals and objectives
2. If member agrees to enroll in the program, complete the enrollment focused assessment and document member's consent for enrollment
3. Ascertain and discuss member's goals for enrollment
4. Collaborate with member to ascertain the program goals the member wishes to achieve
5. Explain the next steps to the member to include the contact cadence
6. Educate member regarding benefits available to support the SUD program
7. Ascertain if member has a PCP and transportation to provider appointments
8. Ascertain the how the member would like to be outreached: text, telephone, or email
9. Provide your contact information to the member
10. Create a plan of care for the member
11. Provide the member with program related education materials (via mail, email, website, etc.)
12. Document intake interaction with member
13. Create a follow up task to contact the member per the established outreach cadence
14. Schedule multidisciplinary team review as needed
15. Establish member outreach contact cadence
16. Work with member, PCP, and Care Team, to create plan of care and establish goals

## **V. TRILLIUM ACTIVITIES TO PROMOTE TOBACCO FREE CAMPUSES**

1. Identify Network Department subject matter experts (SME) for provider tobacco free campuses;
2. Network SME will review Breathe Easy NC: Becoming Tobacco Free website, tool kits, sample policies, signs, decals, power point presentations, and videos;
3. Add the Intensive Virtual Training announcement to the next Network Communication Bulletin for providers;

4. Provide education, information, tool kits, resources and best practices to providers through communication bulletins, provider meetings, newsletter, web pages and training opportunities;
5. Create a page on Trillium’s provider website to house tobacco free campuses resources;
6. Provide ongoing technical assistance to providers through the Provider Support Service Line and designated departmental subject matter experts;
7. Develop a monitoring tool that contains all required tobacco free campuses requirements;
8. Monitor providers’ compliance related to policy development and implementation;
9. Add verbiage to the Tailored Plan Provider Manual related to provider tobacco free campus responsibilities
10. Collaborate with the Department on best practices learned from the Tobacco Cessation Pilot Project;
11. Create an informational sheet for other network units, specifically Provider Support Service Line staff; and
12. Provide consistent reminders to providers and share additional information when received from the Department.

## VI. ADDITIONAL REFERENCES

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2017 Apr 20].
2. U.S. Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001 [accessed 2017 Apr 20].
3. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2017 Apr 20].