

CCO CESSATION BENEFIT SURVEY

1. OVERVIEW

This online survey collects information on each Coordinated Care Organization's (CCO) tobacco cessation benefit; this information will be used to determine whether each CCO meets the minimum cessation benefit requirements for the 2016 incentive metric.

COMPLETING THE SURVEY

CCOs must complete all required questions in this survey to receive credit for their cessation benefit as part of the calculation of the 2016 incentive metric. Required questions are noted with an asterisk. CCOs only need to respond to the required questions for credit towards the incentive metric; however, responding to the optional questions will help OHA provide technical assistance or needed resources.

Note: completion of the survey does not guarantee that CCOs have met the metric.

This survey must be completed for the 2016 measurement year no later than December 16, 2016. To allow CCOs time to establish cessation benefits in the first year of the measure, the 2016 measurement will be based on cessation benefits that are in place as of July 1, 2016.

CCOs can complete the survey for the 2015 measurement year to have an updated cessation benefit baseline on record, as well as to determine who in the organization needs to be involved and how complicated collecting the information is. CCOs can indicate on the next page whether they are completing the survey for 2015 as a trial run, or for 2016. Completion of the survey for CY 2015 is NOT required.

ADDITIONAL INFORMATION

OHA reserves the right to request additional or clarifying information to support responses provided through this survey, including but not limited to, further detail on covered benefits, utilization, promotion and quality improvement activities conducted by the CCO.

For questions about this survey, or the CCO incentive metric, please contact metrics.questions@state.or.us.

The 2016 incentive measure specifications are available online at: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

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2. CONTACT INFORMATION

* The contact person is the one completing the survey and the first point of contact if OHA has any follow-up or clarifying questions about survey responses. If multiple individuals for the same CCO submit survey responses - OHA will follow-up to clarify which response(s) should be used.

CCO Name

Contact Person Name

Contact Person Email

* I am completing this survey for:

2015 as a trial run

2016

CCO CESSATION BENEFIT SURVEY

3. REQUIRED CESSATION BENEFITS

This section collects information on the cessation benefits the CCO offered in [year]. Survey responses will be compared to the minimum cessation benefit floor outlined in the measure specifications online at www.oregon.gov/oha/analytics/Pages/CCO-Baseline_Data.aspx that are aligned with the guidance from the ACA and clinical practice guidelines.

* How many quit attempts does the CCO cover each year?

* Does the CCO have any dollar limits on the cessation benefit?

Yes

No

If yes, what is the limit (in \$):

If yes, is this an annual or a lifetime limit?

CCO CESSATION BENEFIT SURVEY

4. Individual Cessation Counseling with Primary Care Provider

* Does your CCO cover individual tobacco cessation counseling with the primary care provider?

- Yes (If yes, please answer the required questions below)
- No (If no, please proceed to next page)

*How much counseling is available to members (i.e., how frequently can a member access the service; how many days or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

- Yes
- No
- In some circumstances

If yes or in some circumstances, describe:

*Is the service covered but not available (e.g., providers do not offer cessation counseling)?

- Yes
- No

If yes, describe:

***Is a referral required to access the counseling?**

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

***Are there any other limits to counseling?**

- Yes
- No

If yes, describe:

Please provide any additional details about the cessation counseling services with primary care providers available to your members:

CCO CESSATION BENEFIT SURVEY

5. Individual Cessation Counseling with Other Health Professional

* Does your CCO cover individual tobacco cessation counseling with the other health professional?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*How much counseling is available to members (i.e., how frequently can a member access the service; how many days or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

- Yes
- No
- In some circumstances

If yes or in some circumstances, describe:

*Is the service covered but not available (e.g., no other health professionals offer counseling)?

- Yes
- No

If yes, describe:

***Is a referral required to access the counseling?**

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

***Are there any other limits to counseling?**

- Yes
- No

If yes, describe:

Please provide any additional details about the cessation counseling services with other health professionals available to CCO members:

CCO CESSATION BENEFIT SURVEY

6. Group Cessation Counseling with Primary Care Provider

* Does your CCO cover group tobacco cessation counseling with primary care providers?

This question refers to group counseling outside of specific programs or curricula (e.g., the American Lung Association's Freedom From Smoking program); question 8 will ask about group counseling with specific curricula.

Yes (If yes, please answer required questions below)

No (If no, please proceed to next page)

*How much counseling is available to members (i.e., how frequently can a member access the service; how many days or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

Yes

No

In some circumstances

If yes or in some circumstances, describe:

***Is the service covered but not available (e.g., no local classes occurring)?**

Yes

No

If yes, describe:

***Is a referral required to access the counseling?**

Yes

No

In some circumstances

If yes, or in some circumstances, describe:

***Are there any other limits to counseling?**

Yes

No

If yes, describe:

Please provide any additional details about the group cessation counseling services available to CCO members:

CCO CESSATION BENEFIT SURVEY

7. Group Cessation Counseling with Other Health Professional

* Does your CCO cover group tobacco cessation counseling with other health professionals?

This question refers to group counseling outside of specific programs or curricula (e.g., the American Lung Association's Freedom From Smoking program); question 8 will ask about group counseling with specific curricula.

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*How much counseling is available to members (i.e., how frequently can a member access the service; how many days or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

- Yes
- No
- In some circumstances

If yes or in some circumstances, describe:

*Is the service covered but not available (e.g., no local classes occurring)?

Yes

No

If yes, describe:

*Is a referral required to access the counseling?

Yes

No

In some circumstances

If yes, or in some circumstances, describe:

*Are there any other limits to counseling?

Yes

No

If yes, describe:

Please provide any additional details about the group cessation counseling services with other health professionals available to CCO members:

CCO CESSATION BENEFIT SURVEY

8. Group Cessation Counseling with Specific Curriculum

* Does your CCO cover tobacco cessation counseling with a specific curriculum (e.g., the American Lung Association's Freedom From Smoking program)?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*How much counseling is available to members (i.e., how frequently can a member access the service; how many days or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

- Yes
- No
- In some circumstances

If yes or in some circumstances, describe:

*Is the service covered but not available (e.g., no local classes occurring)?

- Yes
- No

If yes, describe:

***Is a referral required to access the counseling?**

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

***Are there any other limits to counseling?**

- Yes
- No

If yes, describe:

Please provide any additional details about the group cessation counseling services with specific curricula available to CCO members:

CCO CESSATION BENEFIT SURVEY

9. Telephone Cessation Counseling provided by CCO Staff (in-house)

* Does your CCO cover telephone tobacco cessation counseling provided by your staff (in-house)?

This question refers only to telephone counseling provided by CCO staff or partner organizations; describe telephone counseling provided by a contracted quit line vendor (e.g., Alere, JSI) on the next page.

Yes (If yes, please answer required questions below)

No (If no, please proceed to next page)

*How much counseling is available to members (i.e., how frequently can a member access the service; how many calls or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

Yes

No

In some circumstances

If yes or in some circumstances, describe:

*Is the service covered but not available?

Yes

No

If yes, describe:

***Is a referral required to access the counseling?**

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

***Are there any other limits to counseling?**

- Yes
- No

If yes, describe:

Please provide any additional details about the in-house telephone counseling services available to CCO members:

CCO CESSATION BENEFIT SURVEY

10. Telephone Cessation Counseling provided by Quit Line Vendor

* Does your CCO cover telephone tobacco cessation counseling by a quit line vendor*?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Note the CCO must have a contract with Alere Wellbeing, Inc. or another quit line vendor to answer yes to this question; otherwise quit line services for the CCO's members are covered by OHA's Public Health Division. Describe any telephone counseling services provided by in-house staff in the previous question.

*How much counseling is available to members (i.e., how frequently can a member access the service; how many calls or sessions are covered)?

If coverage is based on each quit attempt, only describe coverage for a single quit attempt. For example, CCO covers 10 sessions of counseling per quit attempt, up to 3 quit attempts per year. CCO should enter "10 sessions of counseling" rather than "30 sessions".

*Is prior authorization required for counseling?

- Yes
- No
- In some circumstances

If yes or in some circumstances, describe:

*Is the service covered but not available?

- Yes
- No

If yes, describe:

*Is a referral required to access the counseling?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are there any other limits to counseling?

- Yes
- No

If yes, describe:

Please provide any additional details about the telephone cessation counseling services provided by a quit line vendor available to CCO members:

CCO CESSATION BENEFIT SURVEY

11. PHARMACOTHERAPY: Nicotine Gum

* Does your CCO cover nicotine gum?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a co-payment required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are any of the following required to receive this product? (check all that apply, describe below):

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

*Quantity is reported as (select one):

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

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12. PHARMACOTHERAPY: Nicotine Patch

* Does your CCO cover nicotine patches?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a co-payment required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are any of the following required to receive this product? (check all that apply, describe below):

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

*Quantity is reported as (select one):

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

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13. PHARMACOTHERAPY: Nicotine Lozenge

* Does your CCO cover nicotine lozenges?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a co-payment required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are any of the following required to receive this product? (check all that apply, describe below):

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

*Quantity is reported as (select one):

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

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14. PHARMACOTHERAPY: Nicotine Nasal Spray

* Does your CCO cover nicotine nasal spray?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a co-payment required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are any of the following required to receive this product? (check all that apply, describe below):

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

*Quantity is reported as (select one):

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

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15. PHARMACOTHERAPY: Nicotine Inhaler

* Does your CCO cover nicotine inhalers?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a co-payment required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are any of the following required to receive this product? (check all that apply, describe below):

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

*Quantity is reported as (select one):

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

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16. PHARMACOTHERAPY: Bupropion SR

Responses on this page should refer to the CCO's coverage of Zyban or the therapeutically equivalent form of bupropion SR on their formulary. Please see additional information on coverage for bupropion SR in the 2016 measure specification sheet, available online at www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

* Does your CCO cover bupropion SR?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

***Is a co-payment required to access this product?**

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

***Are any of the following required to receive this product? (check all that apply, describe below):**

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

***Quantity is reported as (select one):**

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

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17. PHARMACOTHERAPY: Varenicline

* Does your CCO cover varenicline?

- Yes (If yes, please answer required questions below)
- No (If no, please proceed to next page)

*Is a prescription required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a prior authorization required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Is a co-payment required to access this product?

- Yes
- No
- In some circumstances

If yes, or in some circumstances, describe:

*Are any of the following required to receive this product? (check all that apply, describe below):

- Enrollment in counseling / behavioral program
- Letter of intent to quit
- Identified quit date
- None of these are required to receive this product

Other (please describe)

*Quantity is reported as (select one):

- Total coverage for the year
- Individual quit attempt

***Complete at least one of the quantity reporting options below.**

Enter the number of days covered for this product

Enter the number of boxes covered for this product

Enter the number of pieces covered for this product (e.g., number of tablets, number of patches, etc)

Please provide any additional details about coverage for this product.

CCO CESSATION BENEFIT SURVEY

18. OPTIONAL QUESTIONS

COUNSELING

Do you cover any of the following cessation counseling services?

- Online counseling provided by CCO staff ("in-house")
- Online counseling provided by quit line vendor*
- Text message counseling provided by CCO staff ("in-house")
- Text message counseling provided by quit line vendor*
- Hypnosis
- Other (please specify)

*Note the CCO must have a contract with Alere Wellbeing, Inc. or another quit line vendor to select these options, otherwise quit line services for the CCO's members are covered by OHA.

PHARMACOTHERAPY

Do you cover any second line pharmacotherapy options for cessation? Second line products are not FDA-approved for smoking cessation, but have demonstrated some effectiveness when used for cessation.

- Clonidine

Other non-FDA approved cessation products, please describe:

MARKETING / PROMOTION OF BENEFITS

Where is information about tobacco cessation benefits available to CCO members? Check all that apply.

- Member handbook
- Mailing to identified tobacco users
- New member packet
- Materials at clinic site / provider's office
- CCO website (provide link in comment box below)

Other (please describe)

Please describe any promotion and/or outreach to CCO members related to tobacco cessation over the last 12 months conducted by the CCO:

Please describe any promotion and/or outreach to CCO members related to tobacco cessation over the last 12 months conducted by providers, community partners, or organization other than the CCO

Please describe any promotion and/or outreach to special populations, including, but not limited to:

- those communities of color or those known to have tobacco use rates high than the general population,
- individuals with limited formal education or limited health literacy,
- non-English speaking individuals,
- women who are currently pregnant or planning pregnancy,
- individuals with mental health conditions and/or chemical dependency, and
- adolescents / young adults.



POLICY

Does the CCO require its contracted hospitals and/or clinics to have a tobacco-free campus/grounds policy? This would reflect properties owned, controlled by, and/or leased by the contracted entity.

- Yes, contracted hospitals and clinics
- Yes, hospitals only
- Yes, clinics only
- No

If yes, please describe the policy and contractual requirements:

TRAINING & TECHNICAL ASSISTANCE

Please indicate below if your CCO would be interested in training or technical assistance related to any of the following topics:

- Identifying individuals who use tobacco
- Offering comprehensive cessation benefits and reducing barriers to access
- Communicating and promoting cessation benefit to members
- Quality improvement initiatives and/or provider training
- Adopting and implementing tobacco-free campus policies
- Working with partners to reduce tobacco prevalence in communities served by the CCO
- Improving outreach and delivery of cessation benefits to special populations

Other (please describe)