

Cigarette Smoking Prevalence 2024

[Link to finalized OHA technical specifications.](#)

Who: All Medicaid members 13 years old or older by the beginning of the measurement year (Birth Year 2011 or earlier for 2024) and who have had a qualifying visit with a provider during the measurement period.

Why: Tobacco dependence is a chronic condition known to have a negative impact on overall health. Effective treatments exist, and research shows that 70% of tobacco users report wanting to quit. Many users have had at least one failed attempt and believe advice from a health care provider is important.

What: Three rates are reported for this measure using EHR-based data: rate of screening for smoking and/or tobacco use (Rate 1), prevalence of cigarette smoking (Rate 2), and prevalence of tobacco use (Rate 3). However, only cigarette smoking prevalence (rate 2) is incentivized.

Please reach out to your Quality Improvement Analyst or Innovation Specialist for additional support or technical assistance.

How: To help reduce the prevalence rate, clinics should:

- Encourage members to call the State Quit Line, 800-QUIT-NOW or 1-800-784-8669 English, or 855- DEJELO-YA (1-855-335356-92) for Spanish, or TTY 1-877-777-6534, and identify that they have CareOregon coverage for expanded services. For online information go to quitnow.net/oregon and for Spanish go to quitnow.net/oregonsp
- Refer members using Oregon Tobacco Quit Line Fax Referral Form via fax 1-800- 483-3114.
- Ask about cigarette smoking and/or tobacco use status at every visit and provide counseling and/or recommend nicotine replacement therapy.
- Behavioral health clinicians (BHC) can support patients who identify as tobacco users to help engage in quit plans via motivational interviewing techniques. BHCs can aid in connecting to resources like quit lines. Supportive workflows would include connecting BHCs to anyone interested in nicotine replacement therapy.
- Assure that staff understand the workflows for documentation. Most staff are asking patients about tobacco use, however, documenting and placing information in the correct place for it to be counted continues to be an area for improvement.
- Please reach out to your Quality Improvement Analyst or Innovation Specialist for additional support, technical assistance, and resources for targeted outreach.
- Refer to OHA's Tobacco Prevention [page](#) for additional resources and support

Exclusions: E-cigarettes, marijuana, and nicotine replacement therapy products do not qualify as cigarette or tobacco use. However, if a patient is using nicotine replacement therapy products and using cigarettes and/or other tobacco products, they will be counted in the numerator.

Note on telehealth: This measure is telehealth eligible. The qualifying visits for the rate 1 (screening) denominator may be derived from the tobacco screening and cessation intervention measure (CMS138), which according to CMS 2024 telehealth guidance is telehealth eligible.

Note on Time Frame for Recording Status: Cigarette smoking and/or tobacco use status must be recorded during the measurement year or the year before. It does not need to be recorded on the date of the qualifying visit, but the recorded status cannot be older than 24 months. For the 2024 measurement year, this means any status recorded prior to January 1, 2023 should not be included.

Note on Multiple Recordings of Status: If smoking or tobacco use status has been recorded multiple times from several providers within the same practice, use the most recent status on record from that practice, even if the individual saw multiple providers. If reporting at the practice level, then the individual will be in the denominator and the numerator once.

Data reporting: This measure is similar to but **does not directly align with CMS 138v12**(which looks for patients aged 18 or older). If your reporting is based on CMS 138v12, you will need to incorporate adolescents aged 13-17 through a custom query. Please note that clinics must report the three prevalence rates regardless of whether they are using custom query reporting or CMS 138v12. Please reach out to your Quality Improvement Analyst or Innovation Specialist for additional support or assistance.

Frequently Asked Questions: Cigarette Smoking Prevalence

Q: What supports does the CCO provide to members who want to quit smoking?

A: CareOregon covers tobacco cessation counseling, nicotine replacement therapy products such as gum and lozenges with no prior authorization, and other pharmacotherapy options with a prior authorization. CareOregon also covers cessation counseling through Quit For Life.

Q: Can an integrated behavioral health clinician support smoking cessation?

A: Yes, behavioral health clinician (BHC) visits can support the smoking cessation metric. If a BHC asks and documents a patient's tobacco use status during their appointment, that can count towards the metric. BHCs can also support the cigarette smoking prevalence metric, by utilizing motivational interviewing and other therapeutic skills to engage patients in conversations around quitting, explore readiness for change and approach the topic of quitting from a trauma informed lens. Support your BHC in understanding where to properly document tobacco use to properly track and support the metric.

Q: What is the difference between the Oregon Tobacco Quit Line and Quit For Life?

A: CareOregon contracts for cessation counseling services with the same vendor that staffs the Oregon Tobacco Quit Line. The state's Tobacco Quit Line provides free counseling to anyone who calls. However, after identification of CareOregon coverage, the individual is transferred to a Quit For Life representative for additional, expanded counseling services. Please note that while the state's Tobacco Quit Line accepts individuals aged 13 and older, the age requirement for CareOregon's Quit For Life contract is 18 and older.

Q: Is it required to ask about cigarette smoking status at every visit?

A: No. Although, while cigarette smoking and/or tobacco use status is not required at every visit, it is important to ensure that an accurate status is captured for each patient. If a patient's status is recorded during multiple visits in the measurement year or year prior, only the most recent screening will be used.

Q: What if a patient quits smoking after a visit to their PCP?

A: They will need to come back in so that their new status is recorded. That is why it's important to ask about cigarette smoking and/or tobacco use status at every visit.

Q: Does the smoking status need to be recorded during the calendar year to count for the measure?

A: No. Cigarette smoking and/or tobacco use recorded status must be recorded within the previous 24 months.

Performance Measure Set: CCO Incentive Metric Medicare Star Measure

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation EHR-Based/eCQM Survey Other

Benchmark: 17.8% (MY 2022 CCO 75th Percentile)