

# REWARDS QUIT

## A HUSKY Health Plan Initiative

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# Learning Objectives

- Objective 1: Review the goals and target populations served in this five-year smoking cessation grant program
- Objective 2: Explain the role of the LMHA and Program Partners in the Rewards to Quit program
- Objective 3: Describe the essential operational components and processes of the Rewards to Quit program

# Project Overview

- CT Department of Social Services (DSS) was awarded a five-year grant from the Centers for Medicare and Medicaid Services (CMS) under the Medicaid Incentives for Prevention of Chronic Disease (MIPCD) grant program
- Grant awarded to test impact of incentives on smoking behavior change among HUSKY A, C and D members ages 18 and over.
- The goals of the Rewards to Quit program are to:
  - Study the impact of financial incentives on quitting smoking with a special focus on:
    - Pregnant and Postpartum Women
    - Members with Serious Mental Illness (SMI)
  - Reduce rates of CT Medicaid members who smoke by 25 to 30 percent
- Program builds on recent expansion of HUSKY coverage for smoking cessation services (effective January 1, 2012)
- Program participation and outcomes will inform future decisions regarding Medicaid smoking cessation programs and future funding



# Project Overview (continued)

- Rewards to Quit to be implemented through select providers
  - Local Mental Health Agencies (voluntary)
  - Obstetrics Providers (voluntary)
  - Pediatricians (voluntary)
  - Person-Centered Medical Homes (required)
- Randomization to occur by provider, not by individual
  - Randomization within each provider type
  - Randomization by practice, not site

# Project Overview (continued)

- Program oversight is provided by:
  - CMS: Federal grantor agency
  - CT DSS: Grantee, Lead Agency (state Medicaid agency)
  - CHNCT: Medical ASO for HUSKY Health
  - Yale University: State program evaluator
- Other key project partners:
  - Department of Public Health: CT Quitline
  - Department of Mental Health & Addiction Services: LMHAs
  - Hispanic Health Council: Peer Coaching & Focus Groups



# Project Overview (continued)

- Providers are partners too!
- Success of the program depends on Providers!
  - Screen member for tobacco use
  - Educate, inform and motivate!
  - Engage member in treatment
  - Enroll smoker in incentive program
  - Provide smoking cessation services/products
  - Track and report activities for purposes of incentives

# Incentives and Behavior Change: The Problem

- Tobacco is the largest avoidable cause of morbidity and mortality
- \$96 billion dollars is spent on direct medical care, but this is only part of the burden on society.
- 20 percent of the population smokes, but about 30 percent of the state's Medicaid population are smokers
- About 60 percent of those in Medicaid with serious mental illness smoke
- Tobacco is a critical problem for Connecticut

# Incentives and Behavior Change: The Problem

- Many smokers want to quit and need assistance achieving their own goals:
  - 70 percent of current smokers want to quit
  - 52 percent of adult smokers stopped smoking for one day in an attempt to quit
  - But smoking cessation success rates low (as low as three percent)
  - Too few seek professional services and medications
- Low-income individuals are:
  - more likely to smoke and be in poor health, but
  - less likely to quit on their own (poor access to cessation programs, lack of support)

# Incentives and Behavior Change:

## Why incentives?

- Financial incentives may provide the additional motivation needed to quit.
- Incentives:
  - Help smokers start a quit attempt immediately instead of put off ('present bias', will always quit tomorrow, but tomorrow never comes)
  - Reinforce the habit of not smoking
  - Analogy to giving small rewards to your child for good grades
- Employers and health insurance providers use financial incentives, e.g. 35 percent of employers offer a reward or incentive for certain wellness programs

# Incentives and Behavior Change:

## Why Incentives?

- They work!
- For smoking cessation, incentives have been shown to:
  - Increase efforts to quit
  - Increase quit rate
  - Increase quit rate for pregnant women:
    - Abstinence at the end-of-pregnancy (41 percent incentives vs. 10 percent no incentives )
    - 12-week postpartum assessment (24 percent vs. 3 percent); (Heil, 2008).
    - Improved fetal outcomes
  - Short term cessation rates among incentive groups were as much as two to three times that of the non-incentive groups (Cahill & Perera, 2011)

# Incentives and Behavior Change: Medicaid and SMI Populations

- Still unknown:
  - Effectiveness for Medicaid population
  - Effectiveness for those with SMI
  - Long-term effectiveness:
    - One trial found a significant effect of incentives on cessation over one year (Volpp, 2009): Cessation at 15/18 months: 9.4 percent incentives vs. 3.6 percent no incentives
- Rewards to Quit is an opportunity to study the effect of incentives on these populations

# Incentives and Behavior Change: Characteristics of Effective Incentives

- Paid on objective criteria: Clear cessation targets and timeframes
- Frequent: Reinforces quit decision and behaviors
- Immediate: Instant rewards maintain motivation and participation
- Salient: Messaging must be clear and targeted to smoker (education, language)
- Dose Response: Larger incentives for long-term cessation motivates and reinforces quit decision.
- Complementary services: Incentives combined with counseling most effective

# Program Overview: Objectives

- Assess effectiveness of financial incentives over standard care in the areas of:
  - Cessation program enrollment
  - Use of counseling services (individual and telephone)
  - Program dropout rates
  - Cessation success rates at three months and 12 months
- Study will test various incentive levels:
  - No incentive
  - Low (\$) incentive
  - High (\$) incentive (process and outcome measures)

# Program Overview: Experimental Design

- Randomized trials
  - Compares those with incentives (“Treatment”) to those without (“Control”).
    - All patients have new access to cessation services
    - Only those randomized to incentives initially get incentives
  - Randomize to show causality: Does the program work?
  - CMS requires randomization
- Randomization:
  - By provider, not patient
  - Within each provider type
  - By practice, not site or individual practitioner

# Program Overview: Incentives

- Program incentives designed to be maximally effective:
  - Paid on objective criteria
  - Paid for cessation approaches proven to be effective
    - Counseling (in-person or CT Quitline)
    - Negative CO test
  - Paid frequently to reduce drop out rates
  - Paid soon upon completion of task/achievement/goal
  - Cumulatively, payments are large for continued participation (dose response)
  - Bonus payments provided to encourage continued engagement

# Program Overview:

## Enrollment

- All HUSKY A, C and D members ages 18 and over are eligible
- Can enroll for up to two enrollment cycles
  - Each enrollment cycle = 12 months from date of enrollment
- Enrollment cycle for pregnant women = 12 months *or* ([months of enrollment prior to delivery]+[6 months post-partum]), whichever is longer
  - Ensures that women can receive incentives for at least six-months postpartum

# Program Details

## New CT Medicaid Smoking Cessation Coverage

### Expanded Services

Smoking Cessation  
Counseling

24 - hour Telephone  
Quitline

Peer Counselors  
(phase 2)

### Expanded Therapies

Nicotine Replacement  
Therapies

Prescription  
Medications for  
Cessation

# Program Details

## Available Services & Treatments

- Covered Medicaid services and treatment
  - Group counseling sessions
  - Access to telephone Quitline
  - Nicotine replacement therapies
  - Prescriptions for smoking cessation
- Study specific services
  - Outcome- and process-based financial incentives
  - Peer counseling (via Hispanic Health Council) within three cities

All participants will have access to Medicaid services and treatments regardless of study arm assignment

Access to study-specific services will depend on study arm assignment and geographic location

# Program Details

## Rewards to Quit Program (365 Days)

### Program Enrollment

- Physician assesses smoking status
- Offers cessation treatment
- If patient accepts, enrolled in study arm

### Available Services & Treatments

- Medicaid services: NRT, prescription, counseling, Quitline
- Additional services: peer counseling- Phased in later

### Process Incentives

- Counseling session
- Quitline call
- Max # incentives
- Bonus for multiple sessions/calls

### Outcome Incentives

- Tobacco-free CO test
- Max # incentives
- Bonus for consecutive tobacco-free readings

3  
mo.

Smoking Cessation Evaluation

12  
mo.

# Program Process and Rules

## Incentive Payments

- Incentive payments paid on objective and verified criteria:
  - Counseling incentives paid on Provider-reported service data
  - CO test incentives paid on physician office confirmation
- All incentives will be electronically deposited on a reloadable debit card weekly:
  - All participants in Treatment arms will receive a reloadable debit card
  - As incentives are earned, value is loaded onto the debit card, which can be used for purchases (not ATM withdrawals)
  - Loading and other administrative fees associated with the debit card are paid by state.

# Reloadable Rewards to Quit Card

## November 2012



# Rewards to Quit Card Activation Process

**ACTIVATE** YOUR CARD TODAY BY  
**ACTIVE** SU TARJETA HOY



Calling toll free **1-866-898-9795**  
Llamando al número gratuito **1-866-898-9795.**

For card activation, please enter the last 4 digits of your **HUSKY** Member ID Card.  
Para la activación de la tarjeta introduzca los últimos 4 dígitos de su Tarjeta de  
Identificación de Miembro **HUSKY.**

Processes protected under US Patent Nos. 7,174,302, 7,197,468, 6,000,608 and 6,189,787 with additional patents pending. 051701118



# Program Process and Rules

## Incentive Amounts

- Maximum incentive payments per member per activity:
  - Quitline Counseling Calls :
    - \$5/each call with maximum of 10 calls (total incentive payment of \$50)
    - Two bonus payments of \$15 each can be earned, each one for completing a series of five sessions
  - Counseling Sessions:
    - \$5/each session with maximum of 10 sessions (total incentive payment of \$50)
    - Two bonus payments of \$15 each can be earned, each one for completing a series of five sessions.
  - Tobacco-free CO breathalyzer tests:
    - \$15 per negative test with a maximum of 12 tests per member.
    - Four bonus payments of \$10 can be earned, each one for having three consecutive negative tests.
- The maximum potential Rewards to Quit incentive payment per member:
  - \$350.00 per 12-month enrollment period (max two enrollment periods per person), and
  - \$600 per calendar year

NOTE: No financial incentives are provided for NRT or prescription medications



# Program Process and Rules

## Program Enrollment

- Program enrollment completed via clinicians within PCMHs, FQHCs, LMHAs, OB-GYN and Pediatrician offices
  - 365-day program cycle begins the day smokers agree to participate in the program.
- 
1. Clinicians screen for smoking status
  2. Patient eligible for study if:
    - a. Smoked within last 30 days
    - b. At least 18 years old
    - c. Enrolled in HUSKY A, C or D
  3. Clinicians provide information about study and ask to participate.
  4. If patient agrees to participate, initial screening questionnaire and enrollment forms required
  5. If patient declines to participate, they will be asked again at all future visits.

# Provider participation is key to program success

Responsibility	Randomized In (Treatment)	Randomized Out (Control)	Connecticut Quitline
Screen for tobacco use	X	X	
Complete screening, and smoking status and habit assessment forms	X	X	
Complete intake form for program enrollment	X		
Provide smoking cessation services/products	X	X	
Tobacco cessation counseling	X	X	X*
NRT	X	X	
Prescribe medications	X	X	
Provide referrals if necessary	X	X	
Administer CO test, if requested by member	X		
Track and report activities for purposes of incentives	X		X

\* Existing Quitline protocols



# LMHA Role in Rewards to Quit

- The success of the Rewards to Quit program depends on the active and enthusiastic support of providers to encourage clients to quit smoking!
- Participating providers are responsible for:
  - Conducting client screening to determine whether the client smokes **(T, C)**
  - Educating clients about the importance of quitting, and smoking cessation services covered for HUSKY Health A, C, and D members **(T, C)**
  - Educating clients about the Rewards to Quit program and encouraging them to enroll **(T only)**
  - Offering or providing referrals to evidence-based smoking cessation counseling (individual or group; CT Quitline) services and pharmacotherapy (e.g. NRTs such as gum, patches, lozenges, medications such as Chantix and certain antidepressants. **(T, C)**)
  - Upon request of the client, administer Breathalyzer tests to assess success in quitting **(T only)**
  - Track smoking cessation services provided to participant **(T only)**
  - Completing necessary forms and fax to CHCNT in a timely manner
    - Screening **(T, C)**
    - Enrollment **(T)**
    - Smoking Status and Habits **(T, C)**
    - Informed Consent **(T, C)**
    - Service Provision **(T)**

T = Treatment Group (incentives available)

C= Control Group (no incentives available)





# REWARDS FOR QUIT Program Instructions Form

09.28.2012

**Please Type or Print!**

### FAX SUBMISSION

Completed forms should be faxed to 203-774-0542.  
For questions and information, please call 1-800-440-5071.

### INSTRUCTIONS

For each adult (age 18 and over) enrolled in HUSKY A, C, and D, please complete the Registration Forms, as follows:

- **Part A (Basic information):** To be completed by clinical staff within the practice and faxed to CHNCT upon completion 203-774-0542.
- **Part B (Smoking Status, Habits):** To be completed by clinical staff within the practice and faxed to CHNCT upon completion 203-774-0542.
- **Part C (Informed Consent):** To be completed and signed by the patient with assistance from clinical staff within the practice (if requested).

This form is to be retained by the provider and faxed upon completion to CHNCT at 203-774-0542.

### GENERAL INSTRUCTIONS

Please read these instructions carefully before filling in the application.

This form is machine-readable. It will be scanned by Intelligent Character Recognition (ICR) enabled scanners.

Please follow the instructions below when filling in this form.

- Use CAPITAL LETTERS only, throughout this application, as shown below
- Use standard block fonts and avoid stylized writing.
- Use black or blue ball point pen only. Do NOT fill in the application with ink pen or pencil.
- Use a pen with the thinnest possible tip.
- Write as clearly as possible
- Use X's (X) in boxes to indicate selections and leave other boxes blank.

Do NOT use check marks (☑) or circles (●) or squares (■) in the boxes.

3.a	Did the provider counsel patient about the importance of quitting smoking?	X	Yes	No
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- Write clearly in the boxes without touching the edges if possible.
- Do NOT write outside the boxes.
- Do not overwrite in number box fields. In case of a mistake, white out and re-enter a number.





**Please Type or Print!** To be completed by **clinical staff** within the practice and faxed to CHNCT upon completion **203-774-0542**.

Date of Service (mm/dd/yyyy):			/			/			
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**1: PRACTICE INFORMATION**

1.a	Practice Name:								
1.b	Practice CMAP Number:								
1.c	Practice Address Line 1:								
	Practice Address Line 2:								
	Practice City:						Practice State:		
	Zip Code + Four:					+			

**2: PROVIDER INFORMATION**

2.a	Provider First Name:							MI:	
	Provider Last Name:								
2.b	Provider CMAP Number:								

**3: PATIENT INFORMATION**

3.a	Patient First Name:										
	Patient Last Name:										
3.b	Patient 9-Digit HUSKY ID Number:										
3.c	Patient Date of Birth:			/			/				
3.d	Patient Address Line 1:										
	Patient Address Line 2:										
	Patient City:						Patient State:				
	Zip Code + Four:					+					
3.e	Patient Primary Phone Number:	(				) -			-		
			Cell		Home		Other				

**4: SMOKING STATUS**

4.a	Has patient smoked one or more cigarettes in the last 30 days?	Yes	No
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**If the answer to 4.a is NO, please fax this page (Part A) to CHNCT at 203-774-0542.  
 The patient is not eligible for Rewards to Quit. No further action is necessary.  
 If answer to 4.a is YES, please complete Parts B, and C  
 and fax the completed forms to CHNCT at 203-774-0542.**





Please Type or Print! To be completed by clinical staff within the practice and faxed to CHNCT upon completion 203-774-0542.

1: EDUCATION		
1.a	Your highest level of education? (Check only one)	<input type="checkbox"/> Less than 9th grade
	<input type="checkbox"/> Some High School	
	<input type="checkbox"/> GED	
	<input type="checkbox"/> High School Graduate	
	<input type="checkbox"/> Some College	
	<input type="checkbox"/> College Graduate or Higher	

2: YOUR SMOKING HABITS		
2.a	How often do you smoke cigarettes?	I smoke every day. I smoke <input type="text"/> # cigarettes a day.
		I smoke, but not every day. I smoke <input type="text"/> # cigarettes a week.
		I smoke less than a pack per month.
2.b	Do you use any other tobacco products? (Check all that apply)	<input type="checkbox"/> Yes, I also smoke cigars.
		<input type="checkbox"/> Yes, I also use "smokeless tobacco" (e.g. snus, orbs, strips, etc.).
		<input type="checkbox"/> No, I only smoke cigarettes.
2.c	Would you like to quit smoking, or smoke less?	<input type="checkbox"/> Yes, I would like to quit smoking.
		<input type="checkbox"/> Yes, I would like to smoke less than I do now.
		<input type="checkbox"/> No, I don't want to quit smoking or smoke less.
2.d	Have you ever tried to quit smoking before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.e	If you have tried to quit before, when did you last try to quit?	<input type="checkbox"/> I am trying to quit now.
		<input type="checkbox"/> Within the last month.
		<input type="checkbox"/> Within the last 6 months.
		<input type="checkbox"/> Within the last year.
		<input type="checkbox"/> More than a year ago.
2.f	Have you ever used a nicotine replacement therapy (NRT) product to help you quit smoking? (e. g., lozenge, gum, patch, inhaler, nasal spray, Chantix, or Zyban)	<input type="checkbox"/> Yes, I am now using a medication or nicotine replacement therapy (NRT) to help me quit smoking.
		<input type="checkbox"/> Yes, I have used a medication or nicotine replacement therapy (NRT) to help me quit smoking.
2.g	Pregnancy Status (Women Only):	Use 2-digits (EX: March 1, 2013 = 03/01/2013)    m m / d d / y y y y
		am pregnant now, and my baby is due:    / /
		had a baby within the last 6 months, born:    / /
		<input type="checkbox"/> I am not pregnant or have a baby under 6 months of age.

3: SMOKING CESSATION INFORMATION	
3.a	Did the provider counsel patient about the importance of quitting smoking?    Yes <input type="checkbox"/> No <input type="checkbox"/>
3.b	Did the provider give patient general information about available smoking cessation treatment and services?    Yes <input type="checkbox"/> No <input type="checkbox"/>
3.c	Did the provider give patient information about the Reward to Quit program?    Yes <input type="checkbox"/> No <input type="checkbox"/>
3.d	Would the patient like to participate in the Rewards to Quit program?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><i>If the answer to 3.d is YES, please complete and have the patient sign the Informed Consent form, check Option A.</i></p> <p><i>If the answer to 3.d is NO, please complete and have the patient sign the Informed Consent form, check Option B or C.</i></p>	
3.e	If the patient declines to enroll in the Rewards to Quit program, please briefly explain the reason for the refusal:
<input type="text"/> <input type="text"/> <input type="text"/>	





PATIENT INFORMED CONSENT FORM

**The Rewards to Quit Program and Smoking Cessation Services:**

The goal of the HUSKY Health program is to help you and your doctors work together to make sure you get the best care possible.

HUSKY Health provides you with a variety of services to help keep you in good health and improve your well-being. This includes services to help you quit smoking.

As of January 1, 2012, the following smoking cessation services are available to HUSKY Health A, C, and D members age 18 and over:

- Counseling
- Nicotine replacement therapies (gum, patches, lozenges)
- Quitline: A toll-free telephone help-line **1-800-784-8669 (All members who smoke can call Quitline)**
- Medications such as Chantix and certain antidepressants

**You will need a prescription from your provider to get medications to help you quit smoking.**

The **Rewards to Quit** Program is a special program offered to HUSKY Health A, C, and D members age 18 and over. The program is designed to **reward** members who want to quit smoking. If you need help to quit smoking, ask your provider about these services to help you quit smoking and how to participate in the **Rewards to Quit** program.

**REWARDS TO QUIT PROGRAM INFORMED CONSENT**

To be completed and signed by the **patient**. This form is to be retained by the provider and faxed to CHNCT upon completion at **203-774-0542**.

Date of Service (mm/dd/yyyy): 

--	--	--	--	--	--	--	--	--	--

Please check one box  only. Please have Patient sign and enter date below:

**Option A:**  
I am a smoker and I agree to participate in the **Rewards to Quit** smoking cessation treatment program. I consent to information sharing and I consent to follow-up questions as part of my participation in the **Rewards to Quit** program.

**Option B:**  
I am a smoker and I decline to participate in **Rewards to Quit** smoking cessation treatment program.  
**I do consent to baseline information sharing and follow-up questions.**  
I understand that this will not affect my eligibility for HUSKY Health or coverage of the smoking-cessation services listed above.

**Option C:**  
I am a smoker and I decline to participate in **Rewards to Quit** smoking cessation treatment program.  
**I decline to share any information or follow-up questions.**  
I understand that this will not affect my eligibility for HUSKY Health or coverage of the smoking-cessation services listed above.

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Date*





Please Type or Print! To be completed by clinical staff for every smoking cessation-related visit by a Rewards to Quit member.  
When complete, please fax this form to 203-774-0542.

Date of Service (mm/dd/yyyy):				/			/				
<b>1: PRACTICE INFORMATION</b>											
1.a	Practice Name:										
1.b	Practice CMAP Number:										
1.c	Practice Address Line 1:										
	Practice Address Line 2:										
	Practice City:								Practice State:		
	Zip Code + Four:							+			

<b>2: PROVIDER INFORMATION</b>											
2.a	Provider First Name:									MI:	
	Provider Last Name:										
2.b	Provider CMAP Number:										

<b>3: PATIENT INFORMATION</b>											
3.a	Patient First Name:										
	Patient Last Name:										
3.b	Patient 9-Digit HUSKY ID Number:										
3.c	Patient Date of Birth:			/			/				
3.d	Patient Address Line 1:										
	Patient Address Line 2:										
	Patient City:								Patient State:		
	Zip Code + Four:							+			
2.e	Patient Primary Phone Number:	(			)	-			-		
			Cell		Home		Other				
<b>Use 2-digits (Example: March 1, 2013 = 03/01/2013)</b>											
3.f	Patient is pregnant with due date (mm/yyyy):			/			/				
	Patient is post-partum, with baby delivered:			/			/				

<b>4: PATIENT'S SMOKING STATUS</b>											
4.a	Number of cigarettes Patient smoked yesterday:										
4.b	Number of cigarettes Patient smoked last week:										
4.c	When was the patient's last cigarette (mm/dd/yyyy):			/			/				

<b>5: SERVICE INFORMATION</b>											
5.a	Type of visit (check all that apply):	Smoking Cessation Counseling									
		Prescribed OTC Nicotine Replacement Therapy									
		Referral for Counseling									
		Prescribed Medication									
		Exhaled CO test					Negative				
							Positive				
if positive, level of CO:											ppm



# Rewards to Quit

## Project Support to Participating Providers

- Web-based and Telephonic Support for Providers
  - Web-based Provider Training Modules
  - Tobacco Cessation Resources
  - CO Breathalyzer Staff Training
  - Support with Participant Intake Process
  - Support with Documentation Requirements
  - Support with Incentives Structure & Program Rules



# Welcome Card for Members

## Congratulations on enrolling in the *Rewards to Quit* program!

Your new HUSKY Health *Rewards to Quit* MasterCard® card will be sent to you soon.

You can earn up to \$350 on your *Rewards to Quit* card by participating in any of these smoking cessation activities:

- Quitline Counseling Calls:  
\$5 for each call, up to 10 calls, to the Department of Public Health Quitline at 1.800.784.8669.
- Counseling Sessions for Quitting Smoking:  
\$5 for each smoking cessation counseling session, up to 10 sessions.
- Tobacco-Free CO Breathalyzer Tests: \$15 for each negative CO Breathalyzer test, up to 12 negative tests.

You can earn even more money if you stick with your quit smoking activities. You can earn an extra \$15 if you complete 5 counseling sessions (Quitline or in-person), or \$30 if you complete 10 sessions. You can also earn an extra \$10 every time you have 3 tobacco-free Breathalyzer tests in a row, up to \$40.

For each of these activities, your *Rewards to Quit* card will be reloaded with money that you can use as a credit card to make purchases.

Your HUSKY Health Rewards to Quit card does not have a PIN and can't be used at an ATM. Just select "Credit" and sign for your purchase.

Have a question about  
your *Rewards to Quit* MasterCard® balance?  
Visit [www.RewardstoQuit.org](http://www.RewardstoQuit.org).

## REWARDS to QUIT



Rewards to Quit is a HUSKY Health Program initiative.

RQAHE0003.0712



Click <https://rtq.lh1ondemand.com> to access your personal quit smoking activities and reloadable card balance. You can also click the participants "quick-link" button at the top right of any www.rewardstoquit.org webpage. Please have your 9-digit HUSKY Member ID card available before you login.

### Step 1: Username Login (In lowercase)

- Your First Name Initial (example, b for Barbara)
- Your Full Last Name (for example, smith, enter bsmith under Username)

### Step 2: Password:

- All members enter husky (lowercase) for your initial password and then the system will prompt you later to change the husky password to your own personal password after Step 3.

### Step 3 : SSN Is your HUSKY Member ID number

- Your SSN is your 9-digit HUSKY Member ID number (e.g. 009852750) (No dashes)
- Please enter the last 4-digits of your HUSKY Member ID number, not your Social Security number.
- Once you have logged into the system, Evolution 1 will automatically assign you your own personal Identification number. Please write down your login username and password for future reference to check your card balance and quit smoking activities each time you visit the website.



Rewards to Quit is a HUSKY Health Program initiative. To access information on the HUSKY Health Program, please visit: the [HUSKY Health Program](#) home page.



# Rewards to Quit Timeline

## Target Populations

Medicaid  
Smokers

Pregnant and  
Postpartum  
Medicaid  
Smokers

Medicaid  
Smokers with  
Severe Mental  
Illness

## Available Locations

Patient -  
Centered  
Medical Homes

Federally  
Qualified  
Health Centers

Local  
Mental Health  
Authorities

Participating  
OBGYN &  
Pediatrician  
Practices

## Time Period Studied

First providers  
begin  
recruitment in  
Fall 2012

Recruitment  
ends Fall 2015

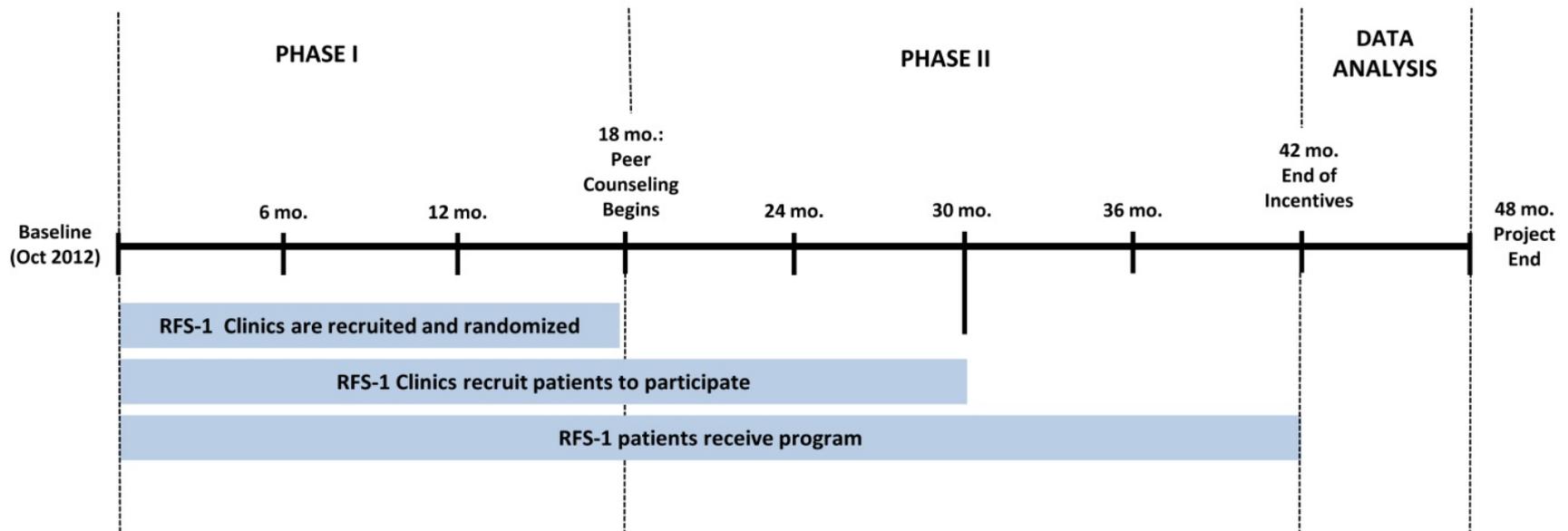
Evaluation  
complete Fall  
2016

# Phased-in Implementation

## Three Research Phases\*:

- 1: No Incentives (Control) vs. Low-level Incentives (Treatment)
- 2: Low-Level Incentives vs. High-Level Incentives
- 3: High-Level Process Incentives vs. High-Level Outcomes Incentives

\* May be limited to two phases, depending on success of Phase 1



# Frequently Asked Questions:

1. Suppose a patient enrolls but doesn't follow through with treatment and services. Is there a time period within which they must begin treatment to qualify for the incentives?
  - A. *The patient is eligible for incentives within one year (365 days) of their enrollment. Even if they don't start treatment right away, they can begin at any point within the year.*
2. If a patient begins treatment, but test positive for tobacco use, can they continue with the program?
  - A. *Yes, patients may continue with the program even if they have a positive CO test for tobacco. To qualify for the bonus they will need three consecutive tobacco-free tests. Encouraging them to continue is important for their own cessation success.*
3. If a patient has completed a full year of the program, can they re-enroll?
  - A. *Yes, the patient may re-enroll if they are still smoking and the 365 day time limit has passed. Most patients make multiple quit attempts before they are successful and encouraging them to try again is important for their cessation success.*

# Frequently Asked Questions (continued):

3. Patients are only eligible for counseling incentives every three days. Are they limited to all counseling services every three days as well?
  - A. *No, patients may participate in more frequent counseling sessions (group or Quitline) if they choose to, though they won't receive incentives for the extra sessions.*
4. How are patients enrolled in a specific study arm (e.g., no, low or high incentive)?
  - A. *Each practice will be randomly assigned to a specific arm of the program, therefore all patients you enroll will be a part of the same study arm.*
5. Many of my patients do not speak English. Will program information, counseling and Quitline services be available in other languages?
  - A. *Yes, the program information, counseling services and Quitline services will be available in English and Spanish. For those in peer counseling study arms, the counseling will be conducted by the Hispanic Health Council and will be available in Spanish.*

# Frequently Asked Questions (continued):

7. What should I tell my patients if they hear about the incentives and they are not eligible?
  - A. *Incentives are available through select providers only. They will become available to all HUSKY Health A, C and D members in the future.*
8. What happens to eligibility if the patients becomes ineligible for Medicaid during the one-year period for R2Q?
  - A. *The enrollment “clock” starts when they first enroll in the program, and stops 365 days later. The clock keeps ticking even if they lose Medicaid eligibility. If the patient regains his or her Medicaid edibility during this enrollment period, he will be eligible for incentives for whatever time is left in that enrollment period. If the enrollment period ends while the patient is not eligible for Medicaid, and the patient subsequently reapplies and is determined to be eligible for Medicaid, he or she can re-enroll in the Rewards to Quit program.*

*MORE FAQs WILL BE DEVELOPED OVER TIME.*

# Questions ?

