

Understanding the Coverage Landscape:

A Case Study in Assessing Cessation Coverage



Introduction

Smoking is the leading cause of preventable death and disease in the United States. The U.S. Surgeon General has concluded in the 2020 report, *Smoking Cessation: A Report of the Surgeon General*, that:

“Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.”¹

Unfortunately, comprehensive cessation coverage is not consistent across health plans. It can be challenging to know what benefits are actually covered by health plans, as this information is not readily available to the public, including public health professionals and state Tobacco Control Programs. To improve cessation coverage across the country, it is necessary to understand the coverage landscape in both commercial and Medicaid health plans.

Commercial health plans insure the largest number of people in the United States, through both employer-sponsored coverage (56% of the population²) and the individual marketplace. Additionally, over the last ten years, commercial health plans’ role in public health coverage has grown significantly. Currently, more than a third of Medicare enrollees are enrolled in a Medicare Advantage plan and the Congressional Budget Office projects that to increase to about 51% by 2030.³ Across the country, 69% of Medicaid members are enrolled in a Medicaid managed care plan.⁴ Each of these commercial-based managed care plans can have some variation in coverage or barriers to accessing that coverage, creating confusion for patients, providers and public health professionals in regard to determining cessation coverage.

Please note for the duration of the document, we will be using the term “health plan” to refer to private health insurance plans, Medicare plans and Medicaid plans.



The Guide to Assessing Tobacco Cessation Coverage in Health Plans

State Tobacco Control Programs aim to reduce the burden of tobacco on their states and residents by promoting tobacco cessation. Learning more about cessation coverage in health plans can be integral to the state Tobacco Control Programs' goals and the work they do as part of their [CDC National and State Tobacco Control Program grant](#). To help state tobacco cessation programs assess current coverage, the American Lung Association released a user-friendly tool, [Guide to Assessing Tobacco Cessation Coverage in Health Plans](#), in July 2020.

This guide describes:

- *What* health questions should be asked of health plans to achieve state tobacco program goals?
- *Who* is the audience for the questions (assessment)?
- *How* to send the assessment (electronic or paper, and from whom)?
- *Why* to include certain types of questions?

The answer to “What health plan questions to ask?” includes five topic areas:

1. Health plan coverage for tobacco cessation	Counseling, medication, access requirements
2. Health plan support of providers to promote tobacco cessation	Screening recommendations and monitoring, education, member materials, reimbursement and claims
3. Metrics the health plan uses to identify, incent, track and monitor tobacco cessation services	Identification approaches and rates, participation rates, HEDIS results, quit rates, plan financial incentives and quality initiatives
4. Determining how the health plan identifies, reaches out to, and supports members who use tobacco	Increasing awareness and utilization of tobacco cessation services
5. Integration and alignment of tobacco cessation with other health plan priorities	Cessation strategies for disparate populations, integration with chronic disease, behavioral health and substance use and infant mortality and birth outcomes

The Guide is very comprehensive in nature, but state tobacco control staff and other public health professionals using the assessment tool can pick and choose the questions most relevant to attain the information they are seeking. To help select the questions, they are divided into two tiers. Tier 1 assessment questions are



baseline questions, relevant to any state. Tier 2 questions are more detailed, designed for states that want to dig deeper into their coverage assessment.

There is also an extensive “How to Use this Document” section which emphasizes the importance of selecting the right subset of health plans or health plan products (Medicaid, Medicare Advantage, Exchange, Self-funded or Fully insured). These plan types can differ widely in their consumers, regulators and regulations, benefit coverage and reimbursement mechanisms.

Instructions embedded in the “How to Use this Document” section help determine what questions should be asked of health plans during an assessment. Each state Tobacco Control Program or public health professional using this tool, should customize the questions to best fit their needs. It is not advisable to use the entire set of questions. Some questions are repeated across sections because they are relevant to more than one topic. **State Tobacco Control Programs will increase their chances of successfully determining health plan coverage if they thoughtfully decide *which* plans to assess and *what* questions to ask.**

States that haven’t embraced the decision to narrow their assessment to a single focus area should understand that each different focus area is likely overseen by a different department or division within a health plan. The more areas that are included, the more subject matter experts a health plan would need to call upon to provide responses, which increases the burden to the health plan. States might overcome this if the assessment is mandatory, (according to a regulator like the Division of Insurance or Department of Medicaid) but to the extent that responses are voluntary, a higher burden (more questions) means a lower response rate.

Purpose

This case study describes how two states, Kansas and Missouri, piloted use of the American Lung Association’s *Guide to Assessing Tobacco Cessation Coverage in Health Plans* and received preliminary results. Their experiences can inform other states looking to assess cessation coverage and how to use the Guide to identify what health plans to engage and what questions to ask accordingly.



State Overview: Kansas

In 2019, a Collaborative was formed to work on several issues related to tobacco cessation in Kansas. This group consisted of the following individuals:

- Dr. Elizabeth Ablah, Professor of Population Health at the University of Kansas School of Medicine;
- Rick Cagan, the Director of the Behavioral Health Tobacco Project at National Alliance on Mental Illness (NAMI) Kansas; and
- Dr. Kimber Richter, Professor of Population Health at the University of Kansas School of Medicine and Director of UKanQuit at University of Kansas.

The Collaborative became aware of the *Guide to Assessing Tobacco Cessation Coverage in Health Plans* through participation in an American Lung Association stakeholder cohort group. The Kansas Collaborative had already started to create an assessment of their own. But once they learned that the Lung Association already had created a comprehensive tool that could be adapted to effectively and efficiently serve their purposes, they changed course and throughout 2020 worked with the American Lung Association to develop their assessment instrument.

The Collaborative hoped to expand the state's 2018 success in expanding cessation benefits in KanCare (Kansas Medicaid) to other populations. The Collaborative quickly realized how complicated it would be to ask commercial insurers about how they cover tobacco cessation services. However, they also understood that to expand benefits, the group needed to first identify gaps in coverage and barriers to patients accessing cessation treatment. The group also understood that to make the case to improve benefits, you first have to clearly document the gaps in existing benefits. Knowing this created a sense of urgency and priority for the Collaborative.

The Collaborative was willing to invest time and resources to develop a health plan assessment for Kansas and made the commitment to do so. The Collaborative also had the advantage of access to annual utilization data from the *Kansas Health Insurance Information Service*, which showed dismal utilization of tobacco cessation benefits through various Kansas payers. They found this to be especially true for the State Employee Health Plan (SEHP).

The Collaborative used the American Lung Association's *Guide to Assessing Tobacco Cessation Coverage in Health Plans* as their starting point for developing their coverage assessment to field in Kansas. The group identified the types of data they wanted to glean from their assessment and identified which questions from the full guide would assist in these efforts. The Kansas Assessment, created by the Collaborative, focused solely on questions about assessing Health Plan Coverage including premium surcharges, wellness incentives, quit attempts allowed per year, coverage for the seven FDA-approved pharmacotherapies, coverage for individual, group, and phone counseling and barriers to accessing these treatments. They also included questions regarding which CPT codes are reimbursed and which providers are reimbursed for them. The end result was an 84-item assessment which they submitted as a pilot via email to the Kansas State Employees Health Plan (SEHP) in October 2020.

The Collaborative has received preliminary assessment results and followed up to clarify initial responses prior to interpreting findings.



After reviewing the responses from the SEHP and determining how easy it was for SEHP to complete the assessment, the Collaborative is working to send the assessment to additional health plans. The Collaboration Group would ultimately like to assess coverage of the top eight to ten insurers (in terms of covered lives) and use the data to inform decision makers on why there is a need to expand access to barrier-free cessation benefits. The Collaborative plans to leverage relationships with the Kansas Business Group on Health to get the assessment to the right respondents at Blue Cross Blue Shield of Kansas, the largest insurer in the state, as well as the other large health insurers.

Additional lessons include the importance of forming a team to work on the assessment. The teams should include people with the knowledge, connections and time to dedicate to the process. In Kansas, getting the assessment through this pilot phase has included monthly 90-minute meetings over the last year. The Kansas Collaborative advises taking time upfront to determine what you want to accomplish, so you can use that to determine which questions and which plans to include in your state's assessment. The Kansas Collaborative recognizes that insurance benefits are just a piece of the puzzle. States must address provider training, provider reimbursement, promotion and quitline integration to make tobacco cessation treatment available, accessible, successful and sustainable statewide.

State Overview: Missouri

All state Medicaid programs cover some cessation treatments for all state Medicaid enrollees. Missouri however, is one of only four states without any barriers in place for MO HealthNet (Missouri Medicaid Program) members' accessing comprehensive tobacco cessation treatment. However, as of 2017, only 1.57% of members accessed these services, with smoking prevalence among this population at 40.8% (2019 BRFSS) which is much higher than the national tobacco use prevalence in the Medicaid program (30%).

To help reduce the high prevalence of tobacco use among MO HealthNet members and reduce smoking-related disease expenditures, the MO HealthNet Division and the Missouri Department of Health and Senior Services' Tobacco Prevention and Control Program staff are working together through the 6|18 initiative to increase the utilization of the tobacco cessation benefit among members and providers. Missouri is one of 40 public health and Medicaid teams within states and territories that have come together to address six common and costly health conditions. Together, they implement one or more of 18 evidence-based interventions aimed to improve health outcomes and control preventable health care costs, with reducing tobacco use as one of them.

An important step in the 6|18 partnership was establishing a baseline of the MO HealthNet managed care organizations' current policies and practices for screening and treating tobacco use and dependence among their members. The Missouri 6|18 team had been trying to develop their own health plan assessment tool, using examples from other states, but after learning of the American Lung Association assessment tool, they chose to tailor it to fit their needs. The Missouri 6|18 team selected a subset of questions that addressed additional tobacco cessation benefit topics including provider support, reimbursement, tobacco-user identification and participation, and quality measurement.

*The Missouri Medicaid program provides a comprehensive cessation benefit without barriers.



The 6|18 team converted the selected questions from the *Guide to Assessing Tobacco Cessation Coverage in Health Plans* to the Qualtrics online survey platform and drafted a cover email that MO HealthNet sent to the three managed care organizations requesting their responses to the survey. MO HealthNet sent a follow-up email to the managed care organizations a week before the deadline reminding them to respond to the survey, which resulted in 100% response rate.

The Missouri 6|18 team worked to develop their health plan assessment at standing monthly meetings from March 2020 until they administered it in November 2020. As with Kansas, the total process took several months and considerable people-hours. The 6|18 team is using the survey responses to develop a plan with the managed care organizations to increase the utilization of the tobacco cessation benefit.

For other state Tobacco Control Programs considering the *Guide to Assessing Tobacco Cessation Coverage in Health Plans*, Missouri 6|18 team believes that it is critical to identify the questions to be included in your health plan assessment based on the information that you really plan to use. Keeping the length of the survey relatively short is important if you want a good response rate. The 6|18 team recognizes that preventing and reducing tobacco use and exposure are the sole focus of the state tobacco control program while only one of many risk factors for health plans, with health consequences that do not seem immediate for patients. This year tobacco use competes with COVID-19 for attention, so it is critical to make the case of why it remains a priority to address.

As the 6|18 team's colleagues in Kansas have acknowledged, the role of health plan benefit coverage is just one piece of the cessation puzzle. Provider training and quitline funding remain critical priorities in Missouri.

Success Factors

Both Kansas' and Missouri's experiences highlight several important factors for success in using the *Guide to Assessing Tobacco Cessation Coverage in Health Plans*.

- Kansas assessed the State Employees Health Plan.
- Missouri assessed MO HealthNet managed care organizations.
- 2. Each partnered with another agency that had improved access with the plans.
 - The Kansas Collaborative worked with the State Employees Health Plan for the pilot. In the future, they plan to partner with the Business Group on Health to reach commercial insurers.
 - Missouri partnered with MO HealthNet (the state Medicaid agency).
- 3. Each had a clear goal for use of the data which allowed them to narrow the list of questions to a manageable size. The narrowing in on the list of questions improved the likelihood of having the assessment completed.
- 4. Both states made an investment of time upfront to ensure all partners agreed on a focused assessment. This led to actionable information that was tied to their departmental goals and objectives.

These factors influenced the states' successes in obtaining information that will enable them to meet their individual goals.



Conclusion

In support of their work on the [CDC National and State Tobacco Control Program](#) cooperative agreement, many state tobacco programs find themselves needing a clearer understanding of available private and public insurance benefit coverage for tobacco cessation counseling and pharmacotherapies. The Guide to [Assessing Tobacco Cessation Coverage in Health Plans](#) provides a valuable tool that frames questions in “health plan speak.” When customized by each state to a tailored and reasonable number of questions, it can provide critical information to support states’ goals and priorities for educating and collaborating with payers to ensure tobacco cessation treatment is available, accessible, successful and sustainable. For technical assistance from the American Lung Association on using the Guide, email CessationTA@lung.org.

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⁴ Hinton, E. et al, 10 Things to Know about Medicaid Managed Care. October 29, 2020. Accessed at: <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/>

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