

2016

A Promising Practices Report

*Public-Private Partnership Initiative: Working
to Advance Cessation Coverage among
Private and Public Insurers*



INTRODUCTION

Since 2011, the North American Quitline Consortium (NAQC) has worked with nearly a [dozen state tobacco control programs](#) to increase the number of private and public insurers that provide comprehensive tobacco cessation coverage and utilize evidence-based treatment services, including quitlines. In undertaking this work, NAQC and state tobacco control programs have aimed to explore new approaches and strategies for making *more* evidence based cessation services available to tobacco users who want to quit.

This report highlights many of the key successes, opportunities and challenges in working with employers, commercial insurers and local and state governments to improve cessation coverage. Real examples and strategies from states of every size demonstrate that partnering with public and private insurers is doable and can increase access to evidence-based cessation services. By sharing promising approaches to expanding coverage, states can learn from each other and help build a foundation of knowledge nationwide.

The report has four sections. The first section, an overview of partnership development, describes the approach to assessing cessation coverage among insurers, developing and implementing a plan, and building support for coverage. In section two, the states' experiences in engaging purchasers of insurance - both government and commercial - are described. Section three synthesizes barriers and approaches for improving cessation coverage. The report ends with a summary of key elements for success.

SECTION ONE: OVERVIEW OF PARTNERSHIP DEVELOPMENT

Assessing Cessation Coverage

Assessing cessation coverage among the larger purchasers of insurance within a state is where the work begins. Assessing cessation coverage helps to identify gaps in coverage, as well as providing an opportunity for building relationships with key players in the insurance market. First, assess coverage offered by the largest health plans and self-insured employers, including state as an employer and Medicaid, the largest government insurer. Consider quitline utilization by insurance type and plan. This helps prioritize the work with insurers and employers that could have a significant impact on improving access to comprehensive cessation coverage and increasing quitline reach. To learn more about existing resources, including an assessment tool and multiple surveying instruments, visit [Phase I: Cessation Coverage Assessment](#).

Developing and Implementing a Partnership Plan

After assessing cessation coverage, the next step is to develop a plan for addressing the gaps in cessation coverage. Each state will have a unique approach to developing and implementing a partnership plan. Some states take a collaborative approach engaging key stakeholders in the process and others engage key decision makers within the health department. Some states have contracted with a consultant to develop a formal written plan while other states developed a more informal plan. And, some states partner with or fund existing coalitions to advance the work. To learn more about the planning process, visit [Phase II: Developing and Implementing a Plan](#).

Components of Comprehensive Cessation Coverage¹

- Individual, group and telephone counseling.
- All FDA-approved cessation medications.
- At least two quit attempts per year.
- At least four counseling sessions of at least 10 minutes per attempt.

Building Support for Tobacco Cessation Coverage – Promotion, Education, and Return-on-Investment (ROI)

The next step is promoting comprehensive evidence-based cessation services, educating employers and insurers on the availability of quitline services and demonstrating the cost-benefit of providing cessation services. Some states have held stakeholder summits, some met one-on-one with various insurers and brokers and others trained tobacco program staff at the community level to educate employers about cessation coverage and smokefree environments. Educating health plans, large employers, purchasing groups and brokers on the importance of evidence-based cessation services and demonstrating the ROI is essential to building support for coverage and the purchase of quitline services. To learn about the process and existing resources, visit [Phase III: Building Support for Tobacco Cessation](#).

SECTION TWO: STATE’S EXPERIENCES ENGAGING PURCHASERS OF INSURANCE

Government Purchasers

Local, state and federal agencies purchase health benefits for government employees as well as those who receive their health benefits through Medicare, Medicaid and the Veterans Administration. As demonstrated by many of the states engaged in this initiative, substantial gains can be made by engaging government purchasers in providing comprehensive cessation services.

The following sections describe states’ experiences in expanding cessation coverage with:

- State as an Employer
- State Universities and City and County Municipalities
- Medicaid

Government Purchaser: State as an Employer

The state government is typically one of the largest self-insured employers within any state. Therefore, states can make substantial gains towards increasing the number of tobacco users that have access to cessation treatment by working with the state’s health benefits director to ensure state employees have comprehensive coverage for cessation.

Utah’s Experience: Building on existing relationships

For over a dozen years, Utah’s Public Employee Health Plan (PEHP) has had a contract in place to purchase quitline services for state employees. Initially, the contract was held by the Utah Department of Health. However, after encouragement from Sandra Schulthies, the state cessation services coordinator, PEHP decided to contract directly with the state quitline service provider in 2014.

The PEHP cessation services were modeled after the state quitline offerings and remained the same despite the change in contracting parties. By contracting directly with the quitline service provider, PEHP created two benefits for the state health department: 1) the partnership serves as a model for other health plans and employers; and 2) it streamlined the contracting and payment process.

Key to Success: Staff’s ongoing commitment, after the initial contract, to meeting regularly with PEHP staff to discuss quitline utilization and promotion opportunities built a strong working relationship.

Massachusetts's Experience: *Educating stakeholders and leveraging discrepancies between state employee cessation benefits*

In Massachusetts, [assessment of cessation coverage](#) revealed that state employees' cessation benefits were not comprehensive and varied considerably between health plans. The findings were shared with state employees, the state's benefit director, key stakeholders and members of the legislature to elevate awareness of the inequity and the need for comprehensive coverage.

For over 12 months, Anna Landau, director of tobacco cessation programs worked to educate the Group Insurance Commission (GIC), the agency for state employee health benefits, about comprehensive cessation benefits, the research supporting coverage, the Medicaid benefit ROI, as well as being available to promptly respond to their questions. Anna also provided cessation benefit language for inclusion in the procurement process.

These efforts resulted in two improvements to state employee cessation benefits, including: coverage of all FDA-approved prescription medications and individual counseling.

Key to Success:

- *Timing: Employee health benefits were up for procurement*
- *Research: The state's Medicaid cessation benefit had been proven cost-beneficial and it had been well publicized. It served as a model for the state employee benefit.*
- *Assessment: A benefit matrix demonstrated significant disparities among employee cessation benefits.*
- *Education: Heightened awareness of the inequity in coverage among key political figures supported change.*

North Carolina's Experience: *Building on ACA requirements and opportunities*

In North Carolina, a statute introduced by the General Assembly charging the State Health Plan for Teachers and State Employees to implement a premium differential for tobacco users was the initial motivator for a change in state employee cessation benefits. Joyce Swetlick, director of tobacco cessation seized the opportunity to promote the quitline to the State Employee Wellness Director. Joyce emphasized the quitline's evidence-based programming, excellent quit rate and ROI. As a result, the state partnered with the tobacco program to pay for quitline coaching services, a quit kit including eight weeks of patches for all state employees, and outcome evaluation.

The evaluation demonstrated that participants reporting mental health illness and high addiction rates had lower quit rates. The state again stepped up to cover the cost of all over-the-counter NRT and for combination therapy for those participants.

When the U.S. Department of Health and Human Services, Treasury and Labor provided guidance on the ACA requirements for tobacco treatment¹, North Carolina increased the quitline offerings to include multiple telephone coaching calls, texting services, quit kit, 12 weeks of NRT, as well as combination therapy and outcome evaluation. The cessation benefits for state employees were also enhanced to include individual face-to-face counseling by a physician or a behavioral therapist and FDA-approved cessation medications.

Key to Success: *Promptly responding to opportunities to educate decision makers about the quitline's effectiveness and helping to craft a solution to an important issue.*

Arizona's Experience: *Supporting state employee wellness and productivity*

Spearheaded by Wayne Tormala, chief of the Bureau of Chronic Diseases, the Arizona Department of Administration (ADOA) Benefit Services Division has established a cost sharing partnership with the state quitline (ASHLine) for state employees. ADOA recognized the benefit of supporting employee wellness and productivity, given the employment longevity of state employees. ADOA offers a benefit program for state employees which provides employees with access to phone-based behavioral health counseling and tobacco cessation pharmacotherapy. ADOA covers all 7 FDA-approved medications and coaching for 12 weeks every 6 months or 2 times per year. ADOA has a cost-reimbursement contract with ASHLine.

Key to Success: *Support from upper management is instrumental to partnership development.*

Government Purchasers: *State Universities and City and County Municipalities*

Similar to working with the state as an employer, state universities and city and county governments purchase health benefits for their employees. Smaller counties and municipalities may form a regional purchasing group or co-op to purchase benefits. State and local tobacco program staff can play an important role in educating their county and city governments on the Affordable Care Act (ACA) requirements and the importance of including comprehensive cessation treatment as part of employee benefits. State governments that are in support of ACA are more likely to respond positively to improving employee benefits. In states where ACA has less support, promoting comprehensive coverage and the return-on-investment can be a more effective approach. To learn more about the ACA, go to: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers>

Kentucky's Experience: *Limiting eligibility for NRT to high risk populations prompts insurers to purchase NRT*

Kentucky residents are eligible to receive 4 coaching calls, web-based programs and texting services from the state quitline. Due to budget constraints, only uninsured callers and patients receiving services at the state mental health facility and a facility for abused women are eligible to receive NRT.

In August 2013, Northern Kentucky University decided to go tobacco-free. To show their support of faculty and staff, the university wanted to provide something for free. Building on an already established relationship, Bobbye Gray, the state tobacco cessation program administrator, successfully encouraged the University's benefit director to contract with the quitline to make NRT available for faculty and staff. As a result of this decision, an alumnus of the university offered to pay for NRT for students as well!

Northern Kentucky Health Department was so impressed with the University's action that they also contracted with the quitline to provide NRT to health department employees and residents of their 4 counties. And, there is more...as a result of the Northern Kentucky Health Department counties contracting for NRT for their employees and the governor signing a tobacco-free campuses into law, Campbell County Fiscal Court decided to contract for NRT for their employees.

Key to Success: *Building a strong relationship with employers through on-going communication about the benefits of the quitline's evidence-based services can lead to cost-sharing partnerships in a time of need. Furthermore, publicizing the success of employer partnerships can encourage other employers to partner. Kentucky's long-term strategy is to have employers cover the cost of counseling as well as NRT.*

North Carolina's Experience: *Smokefree Public Places Ordinance and Infant Mortality prompt the purchase of NRT*

When Orange County passed an ordinance on smokefree public places they decided to provide free NRT to residents who attend a tobacco cessation program. Through on-going communication with Joyce Swetlick, the state's tobacco cessation director the county agreed to contract with the quitline to purchase 8 weeks of NRT, including patches, gum, lozenge, and combination therapy for all residents that call the quitline .

Since then, North Carolina has built an infrastructure to include ten regional tobacco control managers using core tobacco control funding from CDC. As part of regional contracts with the Tobacco Prevention and Control Branch, the managers received training on outreaching to employers to discuss cessation coverage and to seek payers to partner with the QuitlineNC.

As a result of the training, one of the regional managers initiated a partnership with the Appalachian Health District. The District had received a grant to decrease infant mortality, improve birth outcomes and improve health outcomes of children 0-5 years. To support the effort, the District decided to purchase 8 weeks of NRT (patches, gum and lozenge) for residents of Alleghany, Ashe, and Watauga Counties who called the quitline.

Keys to Success: *Building an infrastructure of trained regional managers who outreach to employers at the local level increases access to NRT.*

Massachusetts's Experience: *Purchasing group contracts with the quitline service provider to improve cessation benefits*

In 2015, a regional purchasing group for 400 city and county municipalities serving 25,000 members was interested in contracting for quitline services. The group contracts with Blue Cross/Blue Shield for health benefits utilizing the state 'group insurance' benefit. However, the state plan does not offer telephonic coaching or NRT. The group believed they might do better with cessation services via the state quitline rather than other wellness programs. To expedite the contracting process and to ensure the partnership came to fruition, Anna Landau, director of tobacco cessation services, recommended that the purchasing group contract directly with the service provider. The contract was promptly executed. Previously, quitline service contracts had been between the health department and the employer which often required months to finalize.

Key to Success: *Encouraging insurers to contract directly with the quitline service provider can ensure timely cessation coverage for employees and eliminates the need for fiscal management by the state tobacco control program.*

Government Purchaser: Medicaid

The ACA improved coverage of cessation treatment for Medicaid recipients; however, requirements are less than comprehensive than for non-Medicaid tobacco users. Requirements include coverage for prescription and over-the-counter tobacco cessation medications for all Medicaid fee-for-service and managed care plan recipients. Pregnant enrollees now have coverage for cessation counseling. Additionally, states that choose to expand Medicaid eligibility must also provide cessation coverage to new recipients through a benchmark plan.

States can play an important role in ensuring Medicaid programs implement the ACA provisions, as well as exploring opportunities for providing comprehensive coverage without barriers. To learn more about the ACA provisions for Medicaid, visit: <http://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/tobacco-cessation-treatment-what-is-covered.html>

Washington’s Experience: *State legislation requires Medicaid to provide cessation coverage.*

Washington state legislators rely on the Washington State Institute for Public Policy report to make funding and legislative decisions. The annual report summarizes whether a program’s benefits exceed its cost. The report (<http://www.wsipp.wa.gov/BenefitCost/Program/421>) is updated every few years.

The report’s analysis of the quitline program calculated a 95% chance that the benefits are greater than costs. As a result, legislation was passed in 2008 requiring cessation coverage for Medicaid enrollees. Until that time, only pregnant women had coverage, and the coverage was limited to face-to-face counseling.

In Washington, the Health Care Authority (HCA) oversees the Medicaid program which is branded as *Apple Health*. Medicaid has one fee-for-service plan and 5 Managed Care plans (MCO). As a result of the legislative mandate, Medicaid fee-for-service began contracting with Alere (now Optum) to provide 4 counseling sessions and NRT (5 types offered) for 2 quit attempts per year for all fee-for-service enrollees. Optum bills Medicaid for counseling. As of 2015, NRT is available through an in-network pharmacy. In an effort to minimize barriers, the quitline faxes a prescription request to the participant’s physician.

When Medicaid expanded into managed care, HCA included terms in the contract requiring that MCOs must cover telephone-based cessation services. The MCOs may use any evidence-based telephone-based wellness plan or quitline. One MCO uses the *Nurtur* program instead of Alere’s *Quit for Life*®, thus DOH does not receive all the call data. Medicaid bundles in-office counseling and a referral to the quitline in the office visit code. Health care providers may bill code T1016 (approximately \$16.00) if no other services are provided or billed. Pregnant women are eligible for intensive in-office counseling (code 99407).

Joella Pyatt, cessation services consultant, meets with HCA on a regular basis to discuss how best to reach the Medicaid population who smoke and how to reduce smoking rates among adults and pregnant women.

Key to Success: *Demonstrating the cost benefit of the state quitline program can prompt legislators to mandate cessation coverage.*

Kentucky’s Experience: *Including cessation coverage requirements in the Medicaid MCO Request for Proposal (RFP)*

Kentucky’s Tobacco Cessation Administrator, Bobbye Gray, found that her partnership work advanced at a much faster pace when Kentucky was invited to participate on the Substance Abuse and Mental Health Administration (SAMHSA) Initiative workgroup. As part of the SAMHSA Initiative, Kentucky was asked to develop a plan collaboratively with Medicaid and other key stakeholders to address tobacco cessation among the substance abuse and mental health populations. The Initiative brought folks together who typically did not work together. The collaboration led to the inclusion of cessation coverage language in the MCO health benefit RFP. The language includes group, individual and telephonic coaching, all 7 FDA-approved medications with 2 quit attempts a year. Language was included that requires approval of the quitline provider by the Department of Health.

Similar to Kentucky’s experience with the SAMHSA initiative, Rhode Island has found the CDC 6|18 initiative to be a catalyst in bringing Medicaid and the health department together to address cessation treatment.

Key to Success: *Participating on other Initiatives and workgroups can lead to new partnerships that may assist in advancing cessation coverage.*

Commercial Purchasers

Employers of all sizes provide health benefits for their employees. Large employers are most often self-insured, design their health benefits and manage their own risks. A self-insured employer often contracts with a health plan to administer and manage the benefit plan. Smaller employers are often fully-insured, purchasing a package of services from a health plan, which in-turn carries the risk. Some employers or other groups may work with an insurance broker or underwriter who may sell and service contracts for multiple health plans.

Kentucky's Experience: *Educating brokers and underwriters gains employer contracts for NRT*

Bobbye Gray, Kentucky's tobacco cessation administrator, capitalizes on every opportunity to educate insurers, brokers and other key stakeholders about tobacco cessation coverage and the state quitline as a cost-effective cessation resource. As Bobbye puts it, she has her "elevator speech" in her back pocket and when the opportunity arises she is not afraid to share it. Through her on-going efforts, she has built relationships with many of the state's insurance brokers, Medicaid MCOs and other key figures within the health plan industry. One of her successes in the commercial sector was the result of outreach to Kentucky Northwestern Mutual Insurance Company, an insurance underwriter. The Company decided to contract with the quitline service provider for NRT for its employees, as well as promoting quitline services to employers they insure.

Key to Success: *Promoting quitline services at every opportunity can garner far-reaching partnerships.*

North Carolina's Experience: *Hosting stakeholder summit wins large health plan contracts for quitline services*

In 2014, North Carolina hosted a very well attended summit, in collaboration with ASTHO, to explore strategies for reaching 8% of North Carolina's tobacco users with evidence-based cessation treatment. The importance of the conference was elevated by promoting the Summit as "invitation only." Representatives from the state's universities, health plans, health systems, hospitals, state and local health departments, foundations, Medicaid, physician groups and nonprofits attended the half day Summit. Dr. Ruth Petersen, chief of the state Chronic Disease and Injury Section, gave an excellent presentation summarizing North Carolina's tobacco problem. The presentation set the stage for a facilitated discussion about increasing access to evidence-based cessation treatment.

Empowered with information provided at the summit, on-going discussions with Joyce Swetlick, director of tobacco cessation, and later the issuance of the guidance document for the ACA tobacco treatment requirements, Blue Cross Blue Shield of North Carolina, the state's largest insurer with more than 200,000 tobacco users, agreed to contract for quitline services for their members. Services include all counseling calls, Quit Kits, web programs and text services.

Another result of the summit and Joyce's efforts was a decision by the North Carolina Medical Society Health Plan (27,000 covered lives) to contract for 8 weeks of NRT for their members. Additionally, the State Health Plan for Teachers and State Employees is enhancing its tobacco treatment services from 4 calls and 8 weeks of nicotine replacement therapy for 2 cycles a year, to include 12 weeks of nicotine replacement therapy. There is no co-pay or prior authorization needed if services are provided by the state quitline.

Key to Success: *Hosting a summit with key stakeholders can help establish the relationships and provide an opportunity for on-going communication – an essential element of partnership development.*

Florida's Experience: *Utilizing both community and state-level strategies to educate employers on comprehensive cessation benefits increases cessation coverage*

Florida has been implementing strategies at both the community and state level to increase coverage and utilization of proven tobacco cessation treatments. Florida's community level strategy includes funding 67 county grantees to educate local employers and insurers about the importance of providing employees with comprehensive tobacco cessation coverage. The local engagement strategy includes targeted outreach, the completion of a standardized worksite assessment, dissemination of worksite toolkits and ongoing technical assistance. Grantees encourage employers to adopt 100% tobacco free worksite policy and to support the policy by providing employees with evidence-based tobacco cessation benefits. Jennifer Harris, the statewide tobacco policy manager, provides strategic direction and training to support grantees as well as the educational resources. To date, over 1,800 employers across Florida have completed assessments through the work of local grantees.

At the state level, Florida provides financial support to the American Lung Association of the Southeast, to help with on-going support of the Florida Tobacco Cessation Alliance (FTCA). The FTCA's goal is to advance coverage and utilization of proven tobacco cessation treatments. This statewide stakeholder group has been responsible for engaging large employers and health plans through one-on-one meetings and annual sponsorship of meetings such as the Association of Health Plans Annual Conference and Human Resources Florida Conference. The FTCA maintains a website devoted to educating employers about the benefits of addressing tobacco use in the work place, as well as an array of success stories and resources.

The FTCA also hosts an employer recognition program for employers that offer comprehensive tobacco cessation benefit to their employees. Florida community grantees actively refer eligible employers to apply for the award. The award program has given momentum to the grantee efforts locally, providing an incentive for employers to assess their coverage and be recognized. To date, eleven employers have received recognition awards for their coverage of tobacco cessation benefits and it is anticipated that 30-50 employers will receive awards in the coming year.

Key to Success: *Utilizing local grantees and a statewide coalition increases the number of employers and insurers that are knowledgeable about comprehensive cessation benefits and offer cessation benefits to their employees.*

Rhode Island's Experience: *State legislation requires health plan coverage of cessation treatment and annual reporting*

Health insurers in Rhode Island are mandated by state legislation to provide cessation benefits and report annually to the Rhode Island Department of Health on members' utilization of the benefit. Dana McCants-Derisier, cessation coordinator, has fostered strong relationships with the largest health plans and other key stakeholders by spearheading a statewide tobacco cessation committee. The committee meets quarterly with the goals of ensuring that all Rhode Islanders have access to and utilize cessation services, reimbursing all evidence-based tobacco cessation services that are delivered by qualified providers, integrating cessation treatment and referral into health systems and having insurers share the cost of cessation services. A survey to better understand each of the health plans cessation benefits was developed and implemented by the committee. The survey tool is now used annually to help insurers meet the mandated reporting requirement.

Key to Success: *Participation of insurers and key stakeholders on a statewide committee can foster collaboration to ensure compliance with state legislation.*

Utah's Experience: *Business Summit educates a multitude of key stakeholders*

Utah hosted a very well attended business Summit with over 100 participants representing 23 different industries. A well recognized business leader from the community opened the summit with a presentation about the implications of the Affordable Care Act. The keynote presentation was followed by a presentation about cessation treatment, the state quitline services and opportunities to help expand cessation coverage in Utah. Additionally, various employers shared their experience with implementing smokefree policies and providing cessation coverage to their employees.

Sandra Schulthies, cessation services coordinator, credits the high attendance of health plan representatives to a one-page assessment that was sent to health plans prior to the Summit. Plans were told that by completing the assessment, the insurer's cessation benefits would be promoted to employers at the Summit. Seven health plans completed the assessment and many had representatives in attendance. A resource table was also made available to health plans to share resources and materials with employers.

Following the Summit a number of meetings were held with key participants to further explore partnering opportunities. Additionally, health plan medical directors were invited to a luncheon to further discuss the implications of the ACA and partnering opportunities. Employers who expressed an interest in receiving more information about tobacco worksite policies and cessation benefits received a follow-up contact by local health department staff.

Key to Success: *Leveraging the name recognition of business leader can encourage employer attendance at an educational summit. Furthermore, tying an assessment of cessation benefits to promotional efforts increases the completion rate and partnering opportunities.*

New Hampshire's Experience: *Building support for the tobacco helpline*

New Hampshire hosted a tobacco helpline partnership summit in 2015 to explore opportunities to increase access to evidence-based tobacco treatment. An overview of the tobacco problem in New Hampshire, services offered by the NH tobacco helpline, the benefits of partnering with the helpline, and the helpline's return-on-investment were presented to key stakeholders. Stakeholders included the Office of Medicaid Business and Policy, the State Wellness Program, Anthem, Harvard Pilgrim Insurance, Medicaid Managed Care Organizations, the Department's Acting Director, the Division's Bureau Chief, National Jewish Health and tobacco control program staff.

The overarching message of the presentations was that the helpline could not be sustained as a "free service" for all residents and partnerships formed now would prevent a gap in services to insured members. Although the state has decided to continue to serve insured callers at this time, the summit raised awareness about the helpline services and the relationships formed will be instrumental to future partnerships. According to Teresa Brown, tobacco treatment specialist, she will be working to increase the demand for services by encouraging health plans and employers to promote the NH tobacco helpline on their websites and in print materials. The state will consider restricting services to the highest risk populations at a future time.

Key to Success: *Convening stakeholders to collaboratively explore opportunities to increase access to cessation treatment services can set the stage for future partnerships. As learned by many states, insurers are less likely to purchase quitline services when the state provides free services to all callers.*

SECTION THREE: BARRIERS AND APPROACHES FOR IMPROVING CESSATION COVERAGE

Barrier: Partnership Development Takes Time and Staff Expertise

Building relationships with key contacts in the insurance industry takes time, staff commitment and expertise. States have succeeded by dedicating staff to the effort and ensuring that staff receives adequate training. Furthermore, the administration's support of staff throughout the process ensures staff longevity which is paramount to maintaining strong relationships and the history of the process. NAQC has supported staff training through a series of webinars, on-going technical assistance and facilitated monthly discussion groups.

State Approaches to Ensure Trained and Dedicated Staff:

- Use NAQC's [Orientation checklist](#) as a training guide for staff interested in pursuing public-private partnerships to increase access to quitline services.
- To ensure continuity, states such as Maryland have dedicated management level staff to partnership development and hired additional staff to assist with lower level duties.
- Massachusetts contracted with an outside entity to conduct the state's cessation assessment and assist with strategic plan development.
- Utah contracted with an expert in the field to provide strategic direction and present a number of educational webinars for health plans and insurers. Utah also hired staff to lead the state's partnership development work.
- Florida contracted with an organization to complete a state assessment and train community grantees on outreach to local employers on tobacco free workplaces and providing comprehensive cessation coverage for employees.
- Arizona hired a dedicated staff to educate employers about quitline services. Recently, the ASHLine hired an additional staff person to assist with the strategic plan development and implementation of their partnership efforts.
- North Carolina has a dedicated tobacco treatment specialist whose primary focus is promotion of health system and health care provider referrals. Dedicating an FTE to other responsibilities allows the quitline director to focus more time on public-private partnerships.
- New Hampshire contracted with a quitline service provider to conduct a statewide cessation assessment and lead the partnership effort in collaboration with the university.
- Some states have added language to the quitline RFP requesting that the service provider actively pursue contracts with employers and health plans to purchase quitline services.

Barrier: Assessing and Ensuring Comprehensive Cessation Coverage is Complex

Despite the Affordable Care Act requirements to provide cessation coverage and the May 2014 guidance document issued by the U.S. Departments of Health and Human Services, Labor and Treasury² clarifying coverage requirements, insurers continue to provide inadequate coverage and often times require co-pays to access benefits. Assessing cessation coverage is often complicated by the number of plans offered by an insurer, as well as many insurers believing they are offering comprehensive coverage when they do not. States have found success in assessing and ensuring coverage through various strategies, as described below.

State Approaches to Assessing and Ensuring Cessation Coverage:

- Rhode Island state legislation requires health plans to provide cessation treatment and report on those benefits annually to the state health department.
- Utah prompted health plans to complete a cessation benefit assessment by offering to promote the benefits to employers at their statewide Summit.

- Massachusetts contracted with a consulting group, experienced in working with the insurance industry, to meet with health plans and assess benefit coverage.
- Kentucky tobacco cessation administrator met with plans individually to assess coverage and used the opportunity to build relationships and educate them on the state's quitline services.
- A number of states collaborated with their Departments of Insurance to issue bulletins clarifying the cessation benefits requirements. For examples of state letters and a template letter, visit [Phase III Resources](#).
- In Colorado, the executive director of the health plan association and the medical director of the state health department requested health plans complete a cessation assessment survey and later attend a summit to hear more about opportunities to provide comprehensive cessation treatment.

To learn more about state's experiences assessing coverage and to access a number of survey instruments, visit [Phase I Resources](#).

Barrier: Why Pay When it's FREE?

One of the biggest barriers in partnering with insurers is that insurers do not want to pay for something they can get for "FREE." States that have changed their quitline eligibility requirements to serve only the highest risk populations with coaching and NRT have prompted some employers and health plans to purchase quitline services for their employees and members. However, states often choose to reduce the package of services for all callers (i.e., cutting the number of coaching calls and no NRT) to ensure callers, regardless of insurance status, receive some level of treatment. This approach can be counterproductive -- decreasing quit rates and limiting potential cost-sharing partnerships.

So why don't states change their eligibility criteria to limit services to the highest risk populations and refer insured callers to their health plans for services? There are a number of concerns and issues that states face when considering this question:

- Some states fear they will not expend their quitline budget if they do not serve all callers and will face budget reductions in future years.
- When the primary source of quitline funding comes from state taxes or the Master Settlement Agreement, the administration often believes those dollars should be spent on all residents.
- Some states question whether it is the role of public health to address lack of coverage among insurers when the state can provide quitline services.
- Other states believe that the state quitline should serve all callers and referring callers back to their insurer is a lost opportunity to support someone in a quit attempt.

State's Approaches to Engage Insurers in Paying for Quitline Services:

- As demonstrated by Kentucky, when a state quitline restricts the provision of NRT to only high risk populations, insurers often step up to pay for those services for their members.
- Washington State only serves the uninsured and underinsured (commercial plans without telephone counseling) and three groups of Medicaid enrollees who do not receive full benefits. To increase access to cessation treatment throughout the state, the quitline service provider contracts directly with employers, health plans, Medicaid MCOs and two public employee plans.
- Due to a high demand for services and funding limitations, North Carolina recently was forced to reserve services for the uninsured and Medicaid callers. In an effort to continue services to the insured population they are asking health plans and employers to contract with the quitline for services.
- Colorado's restrictions on quitline services have yielded success in partnering with employers and health plans to pay for quitline services. The change in eligibility criteria was the result of a budget shortfall. At the same time the state capitalized on legislation that was passed requiring fully-insured plans to provide cessation coverage for their members. To learn more see the [Colorado case study](#).

- State service providers, as directed by the state program, can triage insured callers to cessation services provided by their employers or insurance plans. And, some health plans cover the cost of warm transfers of their members to their cessation services.

Barrier: Potential Loss of Data

States struggle to measure quitline reach and fear losing data when plans and employers contract directly with quitline service providers. Some states have data use agreements with the health plans and employers to facilitate data sharing while others have set up separate foundations to manage contracts and data use agreements. States may also consider statewide data sources for tracking cessation behaviors including use of quitlines.

State's Approaches to Measuring Reach and Capturing Data:

- In an effort to provide partners with quitline services at the same quality and cost level as the state quitline services and maintain participant data, North Carolina executed a Memorandum of Understanding (MOU) with a not-for-profit foundation, the North Carolina Public Health Foundation. The foundation serves as the fiscal agent between the employer or health plan and the state quitline service provider. As part of the contracting process, a data use agreement is executed, ensuring that quitline data is available to the state tobacco program.
- Washington has collaborated with their state's service provider to gain a better understanding of the quitline's reach through private contracts. The service provider contracts with Washington employers, health plans, Medicaid managed care organizations and public employee plans. It is estimated that quitline services purchased by employers account for 11% of quitline calls in Washington.

SECTION FOUR: IN SUMMARY – KEY ELEMENTS FOR SUCCESS

From 2011 through 2016, there have been many successes and many lessons learned about advancing cessation coverage among private and public insurers. Some of the key elements of success are listed below.

- Educating insurers and employers about the benefits of cessation coverage, the ROI, and the cost-effectiveness of the quitline can be an effective strategy for gaining coverage for members/employees.
- State legislation is an effective strategy for ensuring that Medicaid and private insurers provide comprehensive cessation coverage.
- Inserting requirements for cessation coverage (including quitline services) in the RFP for state employee health benefits and the RFP for Medicaid MCOs can lead to improved coverage for these populations.
- State agencies responsible for Medicaid programs and state employee health benefits are often open to partnering with another state agency.
- Success in building a partnership with the agency responsible for state employee health benefits can build staff confidence in working with other insurers and employers.
- When comprehensive, the Medicaid or state employee cessation benefit can serve as a model to commercial insurers and employers.
- Conducting an assessment of cessation coverage can help identify gaps in services and priority areas.
- Relationships developed with key contacts through the assessment process can be instrumental to advancing coverage. [See *State Cessation Coverage Assessment Worksheet*](#).
- ACA requirements and the May 2014 guidance document issued by the U.S. Department of Health and Human Services, Treasury and Labor can be leveraged to support improvements in cessation coverage.
- Limiting quitline services and NRT to the highest risk populations can motivate county and city municipalities, insurers and employers of various sizes to purchase services for their employees and residents.

- Support at the highest levels of the state health department is critical to advancing quitline coverage among insurers and employers.
- Partnering with other initiatives, such as SAMHSA and CDC's 6|18 Initiative can bring new partners to the table and advance the work more quickly.

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For more information about the NAQC Public-Private Partnership Initiative, contact: **Deb Osborne** at dosborne@naquitline.org.

REFERENCES

¹ Guidance based on the Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update, available at <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>.

² Affordable Care Act Implementation FAQs, Part XIX, Q5, available at <http://www.dol.gov/ebsa/faqs/faq-aca19.html>.