

1. The Center for Tobacco Use Prevention and Control (CTPC) at the Maryland Department of Health and Mental Hygiene is assessing what tobacco cessation benefits are provided by the state's health plans to determine how to improve access to cessation services for Maryland residents who wish to stop using tobacco products. We appreciate your time and expertise in helping us to acquire this information by completing the following survey.

Please contact Alison Vadnais at alison.vadnais@maryland.gov or 410-767-9792 with any questions.

Name and Title of Person Responding

Company:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

2. How many members does your health plan serve in the state of Maryland?

3. What proportion of your plan's members are fully-insured versus self-insured?

% fully-insured

% self-insured

4. Is the tobacco cessation benefit offered by your health plan standard or is it a buy-up?

The benefit is standard

The benefit is a "buy-up"

Please share comments or additional description

5. What is the prevalence of tobacco use among members of your health plan?

% use tobacco

6. Please describe eligibility requirements for plan members who wish to use tobacco cessation services and medications?

7. What methods does your health plan use to communicate the cessation benefit to members? Check all that apply.

- Plan website
- Employer mailing
- Health Plan mailing
- In-person
- Member Services call center
- The plan does not communicate cessation benefits to members
- Other (please specify)

8. What methods does your plan use to make providers aware of tobacco cessation services and policies? Check all that apply.

- Provider manual
- Provider website/Intranet
- Staff training(s)
- In contract
- The plan does not communicate cessation benefits to providers
- Other (please specify)

9. Does your health plan reimburse providers for tobacco use screenings of adults and/ or youth?

- The plan reimburses providers for tobacco use screenings of adults and youth
- The plan reimburses providers for tobacco use screenings of adults only
- The plan does not reimburse providers for tobacco use screenings of adults or youth

Other (please specify)

10. Does your health plan reimburse providers for cessation treatment and counseling services to adults and/or youth?

- The plan reimburses providers for tobacco use treatment/ counseling of adults and youth
- The plan reimburses providers for tobacco use treatment/ counseling of adults only
- The plan does not reimburse providers for tobacco use treatment/ counseling to of adults or youth

Other (please specify)

11. Are incentives available to your members for any of the following (check all that apply)?

- Using tobacco cessation services
- Completing a cessation program
- Stopping or quitting use of tobacco products
- Other (please specify)

12. What types of counseling services are available to plan members? Please fill out the table below. If your answer to 'is this a covered service?' is 'no' please skip the remaining sections in the row and move on to the next row.

	Covered Service?	Referral Required?	Subject to Co-pay?	Subject to Deductible?	Subject to Coinsurance?	Minimum age of eligibility?	Maximum # quit attempts per year?	Maximum # sessions per year?
A. Individual Counseling by primary care provider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Individual Counseling by other health professional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Group counseling by health professional/organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Telephonic Counseling provided by quit line vendor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Telephonic Counseling provided "in house"	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please share comments or additional description

13. If your health plan covers group counseling for smoking cessation, please list the types of group counseling covered (e.g. is the group counseling part of a wellness or case management program?). As well, please list any relevant details about how these different types of group counseling are billed.

14. Does your health plan regularly refer current members to The Maryland Tobacco Quitline (1-800-QUIT-NOW)?

- No
- I am unaware of services provided by the Maryland Tobacco Quitline
- Yes (please describe how members are referred)

15. If the Maryland Tobacco Quitline was reduced to a service only for the uninsured, how would you provide for your members needs with regard to tobacco cessation?

16. What is the name of the telephonic counseling program or service that you provide? Please provide the telephonic counseling number of this program as advertised to members.

17. What types of over the counter Nicotine Replacement Therapy (NRT) are available to plan members? Please fill out the table below. If your answer to is this a 'covered product?' is 'no' please skip the remaining sections in the row and move on to the next row.

	Covered Product?	Prescription Required?	Prior Auth. Required?	Subject to Co-Pay?	Subject to Deductible?	Subject to Coinsurance?	Quit Date Required?	Maximum # treatment courses per year?
A. Nicotine Gum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Nicotine Patch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Nicotine Lozenge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Nicotine Nasal Spray	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Nicotine Inhaler	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please share comments or additional description

18. What types of cessation medications are available to plan members? Please fill out the table below. If your answer to is this a 'covered product?' is 'no' please skip the remaining sections in the row and move on to the next row.

	Covered Product?	Prescription Required?	Prior Auth. Required?	Subject to Co-pay?	Subject to Deductible?	Subject to Coinsurance?	Quit Date Required?	Maximum courses per year?
A. Varenicline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Clonidine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Nortriptyline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Bupropion SR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please share comments or additional description

19. Does your health plan track quit rates among members who utilize cessation benefits?

- No
- Yes (please describe)

20. Does your health plan measure the outcomes of a member quitting smoking on that member's use of other benefits (e.g. emergency room visits etc.)?

- No
- Yes (please describe)

21. Have any changes been made to plan benefit package to ensure cessation coverage meets the Affordable Care Act recommendations for screening and treatment?

Yes

No

Please share comments or additional description

22. Please provide any additional comments or information that you feel is applicable but was not covered in this survey.

23. To the best of my knowledge, this information is true and accurate. The plan is willing for its name to be released in association with specific results of this survey.

Please provide your electronic signature as well as today's date in the text boxes below.

Signature of Authorized Plan Representative

Today's Date