What is North Carolina’s quitline eligibility criteria?
As of July 2017, North Carolina changed quitline eligibility limiting services for insured callers to one coaching call and no NRT. Uninsured, Medicaid and Medicare callers are eligible to receive 4 coaching calls and NRT. Uninsured callers can receive up to 8 weeks of combination NRT therapy (i.e., nicotine patches and nicotine gum or lozenges); Medicaid and Medicare callers receive a 2-week starter kit of combination NRT therapy; and Medicaid callers can receive a standing order for an additional 12 weeks of combination NRT therapy fillable at a pharmacy.

NC also has three service protocols that can be used by anyone, regardless of insurance:

- **Pregnancy Protocol**: 10 specialized treatment sessions for tobacco users who are pregnant, planning to become pregnant in next 3 months, breastfeeding, or 12 months postpartum. Pregnant participants can receive 8 weeks of gum or lozenges with a prescription from their physician.
- **Behavioral Health Protocol**: 7 specialized treatment sessions and 12 weeks of combination NRT therapy for tobacco users with one or more behavioral health conditions.
- **Adolescent Protocol**: 5 specialized treatment sessions.

Special Note: Blue Cross Blue Shield NC (BCBSNC), the largest insurance provider in NC, contracts with the quitline to provide its members with 4 coaching calls, 12 weeks of combination NRT therapy and covers the cost of the behavioral health protocol for their members.

Why change state quitline eligibility?
North Carolina does not receive enough funding from the General Assembly to cover the cost of 4 calls and combination therapy for all callers. By reducing services to insured callers, NC is able to provide more intensive services to disparate populations. Additionally, with BCBSNC paying for a package of robust services for their members and 11 counties paying for NRT for their uninsured residents, NC was able to expand the services for uninsured callers and offer a two-week starter kit with combination NRT therapy to Medicare callers. Without these partnerships and the restrictions on eligibility, NC would not be able to provide the increased quantities of NRT to these higher-risk populations.

What factors were considered in defining North Carolina’s eligibility criteria?
The QuitlineNC is a service for all North Carolinians so no caller is turned away without some level of service. This is in keeping with the CDC Best Practice recommendation that all callers who want to talk to a quit coach receive at least one ten-minute reactive call.

Furthermore, by reducing services to insured callers who have coverage for cessation service, state funding may be utilized for serving the...
Moving quitlines forward.

highest need tobacco users and those with little or no access to cessation treatment. Additionally, the passage of the Affordable Care Act (ACA) requires commercial insurers to provide cessation coverage in accordance with the U.S. Preventive Task Force recommendations, reducing the need for the quitline to serve this population. Leveraging the change in eligibility and the ACA requirement, NC’s goal is to have all NC insurers fiscally partner with QuitlineNC for cessation services for their members.

NC Medicaid members have a robust package of services through their health plan, including counseling and all FDA pharmacotherapies. However, given the high rate of tobacco use among this population QuitlineNC decided to provide a two-week NRT starter kit and a referral to the caller’s pharmacy for additional medications. NC Medicaid MCOs are also in the process of contracting for quitline services for their members. Medicare callers are provided with only a two-week NRT starter kit and 4 coaching calls because Medicare members have access to counseling and prescription medications through their health plan.

How was the change implemented?
Since the QuitlineNC is so visible throughout the state, it was important to involve leadership and get there approval of the new eligibility criterion based on insurance status. However, the final decision was up to the State Health Director. Tobacco Program staff were asked to demonstrate the cost implications as well as the reasoning behind what services were to be provided for each type of insurance. Staff also developed a plan for implementing the change, including a date for operationalizing the changes with the quitline service provider.

Insurers were given a little more than a month advanced notice of the change in eligibility and that their members would be limited to one call unless the insurer had a cost-sharing partnership with the quitline. Insurers or third party payors with 500 or more covered lives were offered quitline services at the state rate. Insurers were also notified that QuitlineNC would no longer provide a letter of enrollment or certificate of completion for members needing verification for the plan’s reasonable alternative requirements.

Health care providers were notified of the change via a letter emailed from the NC State Health Director. The letter emphasized that callers would not be turned away without receiving some level of services. Recipients included health care provider organizations such as the NC Medical Society, NC Academy of Family Practitioners, NC Free Clinic Association, NC Community Health Centers Association (FQHCs), NC Community Care (Medicaid clinics), NC Rural Health Clinics and NC Pediatric Society.

Have you experienced any challenges to changing eligibility?
Medicare recipients have called to complain that 2 weeks of NRT was not adequate to help them through their quitting process. Those callers were sent additional NRT.

How has the change in eligibility benefited your state?
One benefit of changing quitline eligibility has been the ability to provide services consistently throughout the year, not having to cut services at the end of the year when the budget was depleted. The change has also driven more cost-sharing partnerships with insurers which has allowed for increasing the amount of NRT available for higher risk callers. BCBSNC who already had a contract for
quitline services decided to add additional services including 12 weeks of combination NRT therapy and the behavioral health protocol to their members. Fourteen counties also contracted with NCQuitline to ensure their uninsured residents would consistently receive NRT therapy. There has been an increase in interest from other plans in contracting for quitline services. Several companies who had premium differentials for tobacco users and needed a reasonable alternative created short-term contracts to receive the needed verification.

What do other states considering changing quitline eligibility criteria need to know?
NC has not seen much of a downside to changing eligibility. Everyone is still served by NCQuitline and the coaches refer insured callers back to their health plans if they want NRT or counseling beyond the one call, texting or the web coach service. It has shown that by limiting services offered to insured callers more insurers will decide to contract for quitline services and ultimately, higher risk callers will have better success quitting with the enhanced NRT packages.

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