

Case Study Series on Changing Quitline Eligibility Criteria

What is Utah's quitline eligibility criteria?

As of July, 2018 quitline services for insured callers were limited to one coaching call and 2 weeks of nicotine replacement therapy (NRT). Medicaid, Medicare and uninsured callers are eligible to receive up to 5 coaching calls and 8 weeks of NRT. Pregnant women can receive up to 9 calls and 8 weeks of NRT.

Why change state quitline eligibility?

Consistent with CDC Best Practices recommendations, Utah changed eligibility to ensure more robust quitline services along with other cessation modalities are available to underserved populations with higher rates of tobacco use. Utah plans to leverage the change in eligibility to encourage more insurers to contract for quitline services for their members.

What factors were considered in defining Utah's quitline eligibility criteria?

A key consideration was that survey findings of major health plans indicated that cessation coverage of NRT was overall very good. Knowing insured callers had access to coverage through their private insurers made it easier to limit services for those callers. Additionally, no one is turned away from the quitline without some level of service as insured callers are eligible to receive 1 call and 2 weeks of NRT.

How was the change implemented?

At the quitline operational level, the process was fairly seamless because language had been included in the quitline service provider contract allowing for changes to the state's eligibility criteria. All callers are screened for insurance

status. Insured callers are offered 1 call and 2 weeks of NRT and referred to their insurance plan for additional services.

Health plans were notified a year in advance of the change in eligibility, in conjunction with the state's 2017 coverage survey results. Insurers were asked at that time to provide a number for their members to call for additional cessation services.

Health care providers were not notified of the change because all callers regardless of insurance status receive some level of services. It is easier for providers to refer all tobacco users and not have to keep track of insurance status of each patient.

Have you experienced any challenges to changing eligibility?

Initially, identifying the right person at the insurance plan can be frustrating and time consuming. It also takes perseverance to build relationships where you are seen as a trusted resource rather than the compliance authority.

How has the change in eligibility benefited your state?

The eligibility change has prompted one health plan to contract for quitline services for their members. Utah will continue to leverage the eligibility change to bring on additional health plans to cover the cost of quitline services for their members. Recent and ongoing strategic planning (which includes health equity) will assist in allocating the quitline budget to better serve high priority populations.

*What do other states considering changing
quitline eligibility criteria need to know?*

Relationship building is key to success. Utah has prioritized building relationships with health plans since initiating its partnership work in 2011. Since that time, there has been a stream of communication about quitline services, ACA requirements for cessation coverage, the quitline return-on-investment and opportunities to partner with the quitline. Over time, cessation coverage has improved among the largest health plans in Utah.

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