Freedman HealthCare is conducting a study on behalf of the Massachusetts Department of Public Health, Massachusetts Tobacco Cessation and Prevention (MTCP) Program to assess the status of health plan coverage for smoking cessation interventions in Massachusetts. The MTCP is also interested in learning about health plan awareness, knowledge and views of its QuitLine program which offers hotline direct smoking cessation counseling services.

In its evaluation of employer/purchaser expectations for health plan performance with regard to smoking cessation, the National Business Coalition on Health identifies five key health plan responsibilities: Identification, Counseling, Medication, Tracking and Outcomes. Below the questions are grouped under each of the key areas of responsibility. In addition, we have included specific question regarding coverage detail, benefit administration and the QuitLine.

**Benefit Coverage and Administration:**
- Total members served in state?
- Proportion fully-insured vs. self-insured?
- Are these benefits subject to deductible, coinsurance, annual or lifetime limits, quantity limits, age limits, risk-based limits?
- How is the benefit administered?
- Is it a standard benefit or is it a buy-up benefit?
- Have changes been made to plan offerings since data was submitted to NCQA or NBCH?
- Have any changes been made to plan offerings to ensure cessation coverage meets the ACA recommendations regarding screening and treatment?

**Identification:** creating methods to identify smokers, including working with physicians and offering direct screening through health risk assessments. This key step of identification dramatically increases opportunities to provide smoking cessation treatment.

- Do you promote the cessation benefit to your members?
- Do you encourage and support clinician screening for tobacco use?
- Are you aware of the USPSTF “A” recommendations for tobacco use screening?

**Counseling:** offering programs and services that enable patients to access recommended behavioral therapy through qualified providers and for the effective duration.

- Do you offer individual counseling, group or telephonic counseling?
- Is the intervention provided through an in-house quit line, provider network, integrated into a wellness program or case management? Please describe.

**Medication:** offering key treatments and diverse options “as part of medical or pharmacy benefits,” and ideally, reducing barriers to medications and treatments through payment incentives and other strategies.
- Do you cover all FDA approved pharmacotherapies and OTC medications? Please describe any exceptions or exclusions.
- How many days-supplies are covered?

**Tracking:** measuring the number of smokers identified by the plan compared to the expected rate for the population covered by the plan. Effective tracking approaches also enable the plan to measure the success of identification, referral, and treatment programs.

- Do you track quit rates, and if so, how?
- Do you reimburse providers for tracking tobacco use status?

**Outcomes:** measuring the effectiveness of identification and treatment programs is an essential capability of health plans. Without measurement, plans cannot report to employers on the effectiveness of smoking cessation interventions.

- Do you measure the impact of smoking cessation on your members’ use of other benefits?

**QuitLine specific questions:** QuitLine is hotline service operated by the MA DPH which offers direct counseling smoking cessation services free of charge to participants. Clinicians can use a service called QuitWorks to refer patients to QuitLine services. 95% of the QuitLine clients are referred by their clinician, which make them eligible for certain smoking cessation medications, also free of charge.

- Are you aware of services provided through QuitLine?
- Do you provide coverage for services provided by QuitLine?
- In your view, is QuitLine a valuable resource for your members?
- The QuitLine budget has already been reduced substantially and future cuts are expected. If this service was eliminated, how would you provide for your members needs with regard to tobacco cessation?