

RI Health Plan 2018 Annual Report Form on Tobacco Cessation Benefits

Purpose:

To collect data from each health plans' fully insured accounts for policies issued in RI to insured members regardless of where they reside (which are subject to the state mandate, RI Office of the Health Insurance Commissioner Regulation 14 Tobacco Cessation Treatment Coverage), in order to understand: a) how Rhode Island health plans have implemented Regulation 14, which was promulgated into law on August 14, 2009 and which required health insurers to provide smoking cessation benefits to their members, and b) the details of the health plan products offered, cessation benefit offered and member utilization for the period January 01, 2017 to December 31, 2017.

Optional but not required: Please include information for self-insured groups. If space permits, keep this information separate from the fully insured information.

Question responses: The survey consists of mostly questions with Yes/No response options. In addition, there are several multiple choice selections and opportunities to explain or describe responses further. Insert "999" when the benefit is unlimited. Please leave blank any response options that you do not select.

Answer all of the questions to the best of your ability and email Dana McCants Derisier dana.mccantsderisier@health.ri.gov if you have questions so that we can ensure correct question interpretation.

Reporting Information:

Please **READ THIS DOCUMENT FIRST BEFORE COMPLETING THE ONLINE REPORT FORM.** This document provides guidance to prepare you for completing report form online. You may want to fill in information in this Word version to use when completing the online report form.

Health insurers will complete the report online and responses will be saved in a secure server.

Access to online report to input response is available at <http://www.health.ri.gov/healthrisks/tobacco/for/insuranceproviders/>

Annual Reports are to be completed online by **March 15, 2018.**

Health Plan:

Name of Person Responding:

Title:

Address:

Phone:

E-mail:

Background

Please tell us about your **RI sitused** health plan's tobacco cessation benefit coverage: (RI residents & non-residents)

The # of fully insured members through your health plan: _____

The # of self insured members through your health plan: _____

Do you have the following products/lines of business available?

_____ Individual _____ Group _____ Conversion
 _____ HMO _____ PPO

How many total members (RI residents) does your health plan serve? _____ (From both fully & self-insured sitused plans for those residing in RI only.)

How many members are fully insured? _____ (From the total in the previous question, include only RI residents)

Did your health plan implement Regulation 14 for all fully insured lives effective August 14, 2009?

_____ Yes _____ No (Implementing as groups renew their coverage)

(Optional)

The federal Employee Retirement Income Security Act (ERISA) requires self-insured plans to offer cessation counseling

The # of self insured accounts:

With cessation coverage _____

Without cessation coverage _____

With cessation prescription benefits _____

Without cessation prescription benefits _____

Member Benefits

Do you offer employer "Buy-ups" so that extra benefits are offered to self-insured plans? _____

How many cessation sessions are offered annually to members? _____

Does your member co-pay policy cover quit medications 100%? ____ Yes, ____ No If No, explain:

Does your member co-pay policy cover counseling 100%? ____ Yes, ____ No If No, explain:

Do you have annual lifetime limits for your benefit package? ____yes, ____ No

Please complete the chart for each health plan product that has cessation benefits by answering the following, including the number of members who have filed a claim for the benefit from the time period (January 01, 2017 to December 31, 2017): (Include notes wherever possible to describe the products, i.e. Wellness Plan Pkg, etc.)

Health Plan Cessation Benefit Coverage Chart		# Members Utilizing Benefit
Name of health plan product		
Over-the counter stop-smoking medicines covered		
Benefit information phone line	Insert Tel. # here	
Nicotine Patch	YES/NO	
Nicotine Gum	YES/NO	
Nicotine Lozenge	YES/NO	
Is a prescription required?	YES/NO	
Duration of treatment	Note: Any limitations	
Deductible required?	YES/NO	
Comments	Note: Prescription required to receive medication.	
Prescription stop-smoking medicines covered		
Zyban	YES/NO	
Wellbutrin SR (Brand)	YES/NO	
Bupropion (Generic)	YES/NO	
Chantix	YES/NO	

Nicotine inhaler	YES/NO	
Nicotine nasal spray	YES/NO	
Duration of treatment	Note: Any limitations	
Deductible Required?	YES/NO	
Comments		
Counseling support to stop smoking covered		
Counseling support to stop smoking covered	YES/NO	
What is covered?	Individual counseling, group or telephonic counseling?	
Duration of treatment	# of counseling sessions allowed per year	
How is the counseling benefit administered?	Note: Intervention provided through an in-house quitline, provider network, integrated into a wellness program or case management? Please describe:	
Who provides counseling services?	_____ Physician, _____ Social Worker, _____ Tobacco Treatment Specialist, _____ Other, please describe:	
Co-pay	YES/NO	
Deductible Required?	YES/NO	
Comments		

Communication Strategies

We would like to understand the member experience of your cessation benefit. Can you please describe how members become aware of and access your benefits?

Does your health plan communicate the cessation benefit to members? (check all that apply)

Yes, through the following: Plan Website, Employer Mailing, Health Plan Mailing,
 In-person, Member Services Call-Center, Other

Can you provide (attach) copies of communications?

Yes, Attached

No, not available

When do you provide benefit information? (check all that apply)

during enrollment to member during enrollment to employer
 during renewal to member during renewal to employer

In what format do you provide benefit information? (check all that apply)

sheet of paper/flyer email
 brochure other please specify:

Has the Plan communicated to providers the tobacco cessation benefits that is offered to members?

Yes, Can you provide (attach) a copy of the latest communication?

No

Collaboration Plan

Has the plan referred members to the RI Smokers' Helpline or QuitWorks RI Program to support its members?

_____ Yes - If yes, are samples of referrals or promotion materials available? Please forward copies to

dana.mccantsderisier@health.ri.gov

_____ No

Has the Plan made additional tobacco cessation *counseling* services available to its members beyond that provided by the RI Helpline/QuitWorks? (if yes, check all that apply)

_____ Yes – Has your plan purchased any of the following cessation services from private commercial vendors:

_____ In-person counseling _____ Telephonic counseling via quitline _____ Web-based information site

_____ Web-based interactive cessation service _____ Texting program _____ Self Help materials

_____ Cessation services are provided in RI _____ Cessation services are provided outside of RI

_____ No

Are there restrictions to your medication benefit: _____ Yes, _____ No, Please describe:

Are incentives available to your members for any of the following:

_____ Using services

_____ Completing a cessation program

_____ Quitting tobacco use

Please describe:

Provider Support

Does your Plan reimburse providers for Tobacco use screenings of adults and tobacco cessation interventions and counseling? Please reply "yes" or "no" in each cell for all of your fully insured members (group and individual policies) and include the codes for each cell.

Provider Reimbursement		
Code ___(Tobacco screening - adults)	Code ___(Tobacco cessation interventions - adults)	Code ___ Other – please specify:

Cessation Tracking (measure # of smokers identified compared to the expected rate for the population covered by the Plan)

Does your Plan track quit rates, and if so, how? **(Please include in the space provided the following: the actual quit rate % and indicate whether or not this is under the Wellness Plan or another plan.)**

Does your Plan reimburse providers for tracking tobacco use status?

Cessation Outcomes (measure effectiveness of identification and treatment programs to report to employers)

Does your health plan measure the impact of smoking cessation on your members' use of other benefits? If yes, please explain:

Affirmation

To the best of my knowledge, this information is true and accurate for majority of fully insured Rhode Island members. The plan is willing for its name to be released in association with specific results of this report.

Signature of Project Manager

Date