

Tobacco Treatment Coverage in Kentucky: Your Questions Answered

Legislation enacted in 2017 greatly reduces your patients' barriers to comprehensive tobacco treatment. The Kentucky Cancer Consortium's Lung Cancer Network answers your questions about 'what it means' for your patients.



Who is COVERED as part of this legislation?

- Kentuckians who have *fully-funded* health benefit plans.
- Kentuckians who have *Medicaid* or who have insurance through one of Kentucky's *contracted Managed Care Organizations to provide Medicaid services*.



Who is NOT covered through this legislation?

- Kentuckians who have *self-funded* health benefit plans governed by ERISA.
 - Specific coverage depends upon health plan. Different health plans will cover different types of tobacco treatment services and medications.
- Kentuckians who are *uninsured*.



What is the difference between a self-funded and a fully-funded health benefit plan?

- Self-funded health benefit plan: Health insurance plan in which the *sponsoring organization (usually the employer) assumes the financial risk* for paying for covered services provided to its enrollees (Examples: Ford or GE).
- Fully-funded health benefit plan: Individual, small and large group health insurance plans in which *the insurer assumes the financial risk of paying for covered services*. The Kentucky Department of Insurance regulates these plans.
 - Not sure if the plan is self-funded or fully funded? Patients can ask their employer or the plan sponsor (ex: Anthem, Humana). Office staff/patient could also call the phone number on the insurance card.



What is covered for those who have fully-funded OR Medicaid/Medicaid MCO health plans?

- All United States Food and Drug Administration-approved *tobacco cessation medications including over-the-counter products*.
- All forms of *tobacco cessation services recommended by the United States Preventive Services Task Force*, including but not limited to:
 - Individual counseling
 - Telephone counseling
 - Group counseling
 - Any combination of counseling

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Does a smoker have to be enrolled in counseling to receive medication (for those who are in eligible health benefit plans)?

- No



Are there limits on how long a patient receives services, such as annual or lifetime limits on how many times a patient tries to quit (for those who have eligible health benefit plans)?

- No -- however a health plan may require prior authorization after two quit attempts per year.



Are there any co-payments or other out-of-pocket costs, such as deductibles (for those who have eligible health benefit plans)?

- No -- unless other billable services not related to tobacco treatment are performed during the same visit.



Does a patient (with an eligible health benefit plan) have to get prior authorization from the insurance company, or step therapy, to receive tobacco treatment benefits?

- No -- unless the following circumstances occur:
 - Treatment exceeds the length of time recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use and dependence.
 - For services related to more than two (2) quit attempts within a twelve (12) month period.



Can an eligible health benefit plan provide MORE coverage than recommended by the USPSTF?

- Yes



Can an eligible health benefit plan refuse to cover services that are NOT recommended by the USPSTF?

- Yes



How can a smoker who wants to quit smoking get access to over-the-counter nicotine replacement therapy (NRT)?

- With a prescription



If a patient's health benefit plan is not covered under this legislation, can a patient buy NRT over-the-counter using their health care Flexible Spending Account (FSA)/Health Savings Account (HSA)?

- Coverage may vary by employer. Call the FSA/HSA to confirm. Some plans allow clients to use their FSA/HSA funds if they have a prescription.
- Also, smoking cessation counseling or classes may also be covered with a prescription. Check with the FSA/HSA to find out specifics.