

**Tobacco Cessation Counseling and Medications:
An Overview of Medicare, Medicaid, and Private Insurance
November 19, 2019**

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>> Welcome to today's Dialogue 4 Health web forum, Tobacco Cessation Counseling and Medications, an overview of Medicare, Medicaid, and Private Insurance Coverage. We thank the partners for this event, the Center for Health Law and Policy Innovation at Harvard Law School, the LuCa National Training Network, and the Bristol-Myers Squibb Foundation. My name is Laura Burr, and I'm running this event with my colleague Kathy Piazza.

I am happy to introduce our moderator today, Celeste Worth. Celeste has over 20 years of experience in cancer control and provider education. She is the Director of the LuCa National Training Network, a national center for provider education based out the University of Louisville, and was previously a co-investigator for the provider education component of a statewide lung cancer research project. Ms. Worth is a Master Certified Health Education specialist, as well as a tobacco education specialist.

Now, over to you, Celeste.

>> CELESTE WORTH: Thank you so much, Laura, for that introduction. Hello, everyone, and welcome to the second webinar in our two-part series addressing lung cancer screening and tobacco cessation coverage.

So with that, I'm going to tell you all a little bit about my organization. Some of you all may have attended our webinar two weeks ago on coverage for lung cancer screening, but for those who were not able to participate, just a brief review of that.

LuCa National Training Network was established following our work with the Louisville Provider education component with leads standing for lung cancer protection, awareness, and survivorship, and due to the success of our efforts with statewide provider education at that time, our funder, Bristol-Myers Squibb Foundation, requested that we provide our training materials and lessons learned and then some on a national scale. So we have been working upwards of the last two years in expanding all of those programs and offerings, so as a result, LuCa National Training Network was formed and focuses on providing training and resources for those who are educating primary care providers about lung cancer care, and including prevention with tobacco cessation, as well as for providers and other health professionals directly.

Examples of our training programs include our comprehensive online course and webinars like the one presented today. We have tools for use by providers, as well as patients, with more we are currently developing. All are or will be available for download from our website, LuCatraining.org. Lastly, we can provide technical assistance for those such as health systems, medical Societies, or professional organizations or coalitions who would like to provide various types of training or education to primary care or other referring providers for lung cancer screening or care. Through our work to date, it's apparent there are many issues and questions surrounding coverage for lung cancer screening, shared decision making, tobacco cessation counseling, and medications. LuCa has been very fortunate to partner with Katie Garfield and the Center for Health Law and Policy Innovation, another Bristol-Myers Squibb Foundation grantee, to produce this very timely set of resources to help answer many coverage questions and help users find the latest information on these topics. Especially as coverage changes occur going forward.

I really am excited to and am pleased to announce Katie is our speaker today. Katie is a Clinical Instructor at the Center for Health Law and Policy Innovation of Harvard Law School. Katie joined the Center in 2014 and currently focuses her work on the Center's whole-person care initiatives, including the Center's food is medicine and specialty care projects. In her work on these initiatives, she has had the opportunity to work with community-based organizations, state agencies, health care providers, and coalitions to develop strategies to increase access to innovative health care services. Prior to joining the Center, Katie was an associate at Ropes and Gray, LLP. She is a licensed member of the Massachusetts Bar. And Katie, I'll turn it

over to you.

>> KATIE GARFIELD: Excellent. Good afternoon, and thank you so much, Celeste, for that introduction. As Celeste mentioned, I'm an attorney and Clinical Instructor for the Center for Health Law and Policy Innovation of Harvard Law School. For those of you who aren't familiar with our work, we are a dual-mission organization, we have focused technical advisers to organizations across the country who are trying to navigate complex health care law and regulatory schemes in order to improve care for vulnerable populations. We are also a clinical program of Harvard Law School, meaning that we act as a training center for future health care lawyers and advocates.

We've had the pleasure of working with Celeste and the LuCa National Training Network as part of our role as a technical assistance provider to grantees of the Bristol-Myers Squibb Foundation's Bridging Cancer Care Initiative. In my part of the presentation today, I'm going to walk you all through the background and content for two new resources that we have developed as part of our work with LuCa. Those two resources are tobacco cessation counseling, understanding Medicaid, Medicare, and private insurance coverage, and tobacco cessation medications, understanding Medicaid, Medicare, and private insurance coverage. And this is a follow-up webinar to our earlier webinar that highlighted the third resource in this series, which really focused on lung cancer screening coverage.

To begin, though, I'd like to just give you a brief overview of the goals of this project. As Celeste mentioned, LuCa often receives questions regarding issues related to coverage, costs, and billing requirements for tobacco cessation services. These questions come from a variety of individuals and institutions, and especially from individual roles like patient navigation. So to help LuCa to answer these questions, we have developed these really three resources, two of which I'll talk about today, to provide basic information regarding coverage, as well as information on how to research potential changes to that coverage.

We see this second component as particularly important. We know that policies related to tobacco cessation services can and do evolve over time. We, therefore, believe it's important to help readers understand where they can go to access up-to-date accurate information as coverage policies change. To the greatest extent possible, we do provide useful hyperlinks and citations throughout the resources to try and make the resource process as easy as possible. And I should note right at the outset that we do hope to update these documents on a basis usually annually moving forward, but we also hope that these research-oriented sections will also empower readers to seek out their own answers when they face uncertainty or change.

And one thing I've noted on the slides here today, as I know there were some questions coming in, in advance of the webinar on this point, I should note at the outset that our two resources, since they were sort of developed within a scope of thinking about individuals potentially at risk for or living with lung cancer, we've really focused on the adult population here, but as I said, we do plan to update these resources over time, and I did see some expressed interest in the pre-submitted questions regarding use and these services, so if that is an interest of yours, I will say it's not really covered in the resources at this point, however, please feel free to reach out about your interests there, as we could consider adding some information there moving forward.

So, as I said, we'll really be focusing on these two resources in today's webinar. Really, first, thinking about tobacco cessation counseling, and then tobacco cessation medications. Each of these two resources is broken down into four parts. Part 1 provides an overview of the current status of current coverage in Medicaid, Medicare, and private insurance plans. Part II is strategies with additional research regarding these programs. Part III explores answers to frequently asked questions often related to billing and coverage. And Part IV provides a list of additional resources that readers can access to learn more about these topics.

So as I said, I'll be providing an overview today of each of these four parts, including examples from both resources. However, I know we've got a lot to cover in just under an hour here, so in the interest of time, I will not be covering the full content of the resources. So to learn more, please do visit the LuCa website to review the full resources.

To begin, let's just briefly review the basics of the tobacco cessation services described in these resources. So if a patient is screened and shares they are currently using tobacco, a health care provider may directly provide or refer a patient to tobacco cessation counseling. They may also provide a subscription for tobacco cessation medications. Tobacco cessation counseling is a blanket term for behavioral interventions to encourage individuals to seek use of cigarettes and other tobacco products -- cease use. Counseling may be provided individually or in a group and may be in-person or over the phone. Tobacco cessation medications

are over the counter and prescription medications used to support patients in their efforts to quit tobacco use. The FDA at this point has approved the seven medications that you see on the slide here today.

So those are the basics of what a patient can expect in their interactions with their health care providers, however, we know there is an important third party in all of this, the patient's health insurance payer. So when receiving tobacco cessation services, a key question for the patient will, of course, be "will my health insurance plan pay for all of this?" This question is the real focus of our resources. We have looked at federal laws, regulations, and guidance documents to try to determine what insurance coverage will look like for patients across a spectrum of health insurance payers. In particular, we have looked at all of the payers described on this slide. We have broken these payers into two broad categories. First, public payers, and then, second, private payers. I'm sure that many of you on the webinar are familiar with these types of payers, but do bear with me as I just give a brief overview of them to ensure that we all have a common understanding of these terms.

On the public payer side, we have our two major public insurance programs, Medicaid and Medicare. Within Medicaid, we really have two important categories of coverage. First, the traditional Medicaid coverage, including low-income families, children, pregnant women, elderly, and people with disabilities. And then we have Medicaid Expansion. Medicaid Expansion is established by the Affordable Care Act. Under this coverage, states can provide Medicaid coverage to all adults with incomes up to 138% of the federal poverty level.

Second, we have Medicare. In Medicare, again, we have multiple categories. First, we have Medicare Parts A and B, also known as Original Medicare. This is our primary public health insurance program for individuals aged 65 and over, some disabled individuals, and individuals living with end-stage renal disease or ALS. We also have Medicare Advantage, also known as Medicare Part C. Eligibility is the same as Medicare original, but it's delivered by private insurance plans rather than directly by the federal government. To give you a sense of it, there's roughly one-third of Medicare participants enrolled in Medicare Advantage plans. And then important for today's webinar, we also have Medicare Part D. So Medicare Part D plans are separate plans that provide coverage for prescription drugs. Original Medicare does not cover most drugs, therefore, to obtain drug coverage, a Medicare enrollee must either have a Part D plan or enroll in a Medicare Advantage plan that happens to also include drug coverage.

Then we have our private payer side. On this side we have group and individual insurance and then short-term health insurance plans. Group insurance is health insurance delivered to members of groups, such as employees of an organization. Individual insurance is purchased directly by an individual, generally, on a state or federal marketplace like [healthcare.gov](https://www.healthcare.gov). Short-term insurance is a form of temporary insurance that is meant to really fill gaps in coverage, such as when someone is perhaps between jobs. We have included this category in our resource, because we are increasingly seeing individuals using short-term insurance as a primary form of coverage, and it is notably not subject to the same requirements and protections as other forms of coverage, so we really wanted to take this opportunity to highlight some of the gaps that occur when somebody tries to use short-term insurance as their primary form of insurance.

So on the next few slides, you will really see the heart of Part I of these resources, which is a very high-level overview for coverage of tobacco cessation counseling and medications in each of these payer categories. I'm going to run through each of these categories just very briefly. Again, there's a lot more detail in the resources themselves, so I don't want to take up a lot of time today going through it in detail. But before I do that, let me just note a few caveats. First, the resource describes general rules for what coverage should look like. We know that gaps in implementation do occur around these services. And some rules allow for some flexibility. So when in doubt, our advice is always to consult with the individual payer or plan documents to confirm the exact scope of coverage for your plan. Additionally, when we discuss cost sharing, we mean cost sharing through the cessation services themselves. In some cases, patients may be subject to additional costs, such as costs for additional services received at the same time as tobacco cessation counseling, office visits costs, if the primary purpose of the visit was not tobacco cessation counseling, or in some cases, facility fees. So it is important to make sure that the patient is fully aware of other costs that could occur, even if there's no cost to them for this specific tobacco cessation service.

So as I said, I'll just give you a brief sense of what coverage looks like, what the landscape is across these payers. And then we're going to go into more detail about how to learn more about coverage in our later slides.

So on this slide, I know it's probably hard to see, because there is a lot of detail in this chart. Just giving you a general overview of what coverage for tobacco cessation counseling looks like. So really starting

at the top, we see Medicaid with Medicaid traditional populations, both thinking about general traditional populations and then pregnant women. As you can see here, coverage of tobacco cessation counseling does vary in the traditional Medicaid population as does cost sharing. However, there are certain requirements related to pregnant women, so they should receive coverage of tobacco cessation counseling without cost sharing.

Then within the Medicaid expansion population, there should be coverage of tobacco cessation counseling in this population without cost sharing. Looking at Medicare in both sort of original Medicare and Medicare Advantage, again, there is coverage of tobacco cessation counseling. On the far side you'll see the details of what that coverage looks like. Specifically, it includes two individual tobacco cessation attempts per 12-month period, with each attempt including a maximum of four or eight intermediate sessions. Again, in Medicare, there should be no cost sharing associated with this counseling.

Then moving towards the bottom of our chart, we have group and individual plan, so from the private side, and we're specifically talking about non-grandfathered plans. Later in the webinar we'll talk about what we mean by that, but this is the vast majority of group and individual plans. Again, there should be coverage without cost sharing. And then, finally, at the bottom of the chart you see short-term health insurance plans. Here you can see coverage is really going to vary, cost sharing is really going to vary. I just want to re-enforce this fact, short-term health insurance plans are not considered individual health insurance plans and not subject to the same requirements under laws such as the Affordable Care Act that require coverage across a lot of these categories. So coverage and cost sharing for tobacco cessation counseling in these plans is going to vary greatly.

Here we can see a similar chart related to tobacco cessation medication coverage. You'll see the coverage is fairly similar, because a lot of the same rules are in play, as we'll discuss later in the webinar. So, for example, you'll see, again, there's special attention in the Medicaid program being given to pregnant women, who should have coverage without cost sharing. And one distinction here in the traditional Medicaid program for tobacco cessation medications, as opposed to counseling, we should see coverage in that population, though there may be some cost sharing.

Then looking down the chart, we have Medicaid Expansion. Again, there should be some coverage of tobacco cessation medications without cost sharing. Then we get into our Medicare plans. Again, on the drug side we're talking about Part D plans and Medicare Advantage plans. In both of those categories, you should see at least some coverage of tobacco cessation medications. Though there's going to be some variation in exactly what's covered and in some cases you may not see coverage of over-the-counter tobacco cessation medications, as Part D plans generally don't cover over-the-counter tobacco cessation medications. Medicare Advantage plans may cover them as supplemental benefits, so you're going to see some variation there.

And then group and individual plans, again, non-grandfathered. We'll talk more about that later. There should be coverage without cost sharing or these medications, and then finally, in the short-term plans, again, varies across the board, because these plans are not subject to the same rules that other sort of group and individual plans are under the ACA.

So I know that was a lot of information, but we're now going to sort of unpack those rules in a bit more detail, really looking at how we would figure out these things based on the resources that are available to us. As I mentioned earlier, we know that over time medical advances and new legal requirements may alter the coverage landscape, so we're going to walk through some key takeaways from Part II of our resources, which provides strategies and resources for conducting your own resource to determine the current status of coverage for tobacco cessation services. In the interest of time, I'm not going to be covering everything that we go over in these sections. Instead, I'll be focusing on one category of services, either counseling or medications, for each payer category, just to give you an example of the types of things that we cover in those sections. Again, to learn more, consult the full resources.

First, both resources look at coverage in Medicaid. As an example, let's take a look at Medicaid coverage for tobacco cessation medications. In Medicaid, coverage and cost sharing for tobacco cessation medications will depend on a couple of factors. First, which Medicaid population your patient falls into, sort of general traditional Medicaid versus pregnant, versus Medicaid Expansion. Second, the Medicaid Section 1927, drug coverage requirements, and third, ratings under the United States Preventive Services Task Force. So for the first section you're going to have to determine whether your state decided to expand Medicaid eligibility to all adults with incomes up to 138% of federal poverty level. On this slide you can see an image from a great source on this issue, the Kaiser Family Foundation. This map, which is regularly updated, shows which states

have expanded Medicaid.

So say that you know you're operating in a state that does have Medicaid expansion population. What does that mean for coverage? Well, first you're then going to have to carefully consider which population, traditional or expansion, your patient comes from to know what coverage is likely to look like. So if your patient is in your traditional Medicaid population or is pregnant, coverage is going to largely be dictated by the requirements outlined in Section of the Social Security Act, which states coverage should provide access to all tobacco cessation that participate in the Medicaid Drug Rebate Program. I should note the vast majority of manufacturers do participate in this program, meaning that states generally provide fairly broad coverage of medications in their traditional Medicaid program. Typically, states can exclude coverage of over-the-counter medications, however, the section exempts tobacco cessation medications for both traditional Medicaid populations and pregnant women, specifically meaning they should actually have to cover over-the-counter medications -- sorry, just to clarify that, I wanted to make clear that so there's an exemption from the general over-the-counter rule, meaning that states really should be covering over-the-counter medications for their traditional Medicaid population, if they are tobacco cessation medications. So coverage should be broad, but as always, we do recommend that you check with the individual payer to confirm coverage, especially since the payer may place additional requirements on coverage, such as prior authorization, even if the medication is covered. So to sort of step back, traditional Medicaid and traditional Medicaid for pregnant individuals should have broad coverage of tobacco cessation medications, based on those rules in Section 1927. However, always confirm coverage with the plan.

In contrast, if your patient is part of the Expansion population, coverage is really going to be dictated by the Essential Health Benefits and rules. As a baseline, states must generally provide coverage for one drug in each class in the U.S. co-pay or a drug in the state's Medicaid chosen Essential Health Benefits Benchmark plan, so there has to be some coverage of tobacco cessation medications based on these Essential Health Benefits rules, but then there's the Preventive Services rules that build upon this baseline, making coverage generally more robust. So under these rules, states must cover all preventive services that service a A or B rating from the Task Force without cost sharing. So that's the other critical piece here for the expansion population, is based on a USPSTF recommendation, receiving an A or B rating, there shouldn't be cost sharing attached. So if we look at the USPSTF ratings, they currently give an A rating to tobacco smoking cessation medications for non-pregnant adults who use tobacco. So if an individual is in the Medicaid Expansion program, currently smokes, and is not pregnant, they should have access to tobacco cessation medications without cost sharing. This recommendation is not explicit about which medications must be covered. However, HHS has issued guidance in the past that really encourages states to provide access to all FDA-approved medications under this recommendation. Thus, this USPSTF rating can play a really important role in re-enforcing coverage and limiting costs for the Expansion population. However, remember USPSTF recommendations can change over time, so when this happens, plans have little over a year to adjust their coverage to meet the new recommendation. And I would note that, in fact, we know that the tobacco smoking cessation recommendation is under review and will likely be updated in the next year or so, so it's important to understand where you can find the current recommendations, so that you know if you're dealing with somebody in your Expansion population, what coverage ought to look like moving forward.

Over the next few slides we'll briefly walk you through the process you'd go through to find the updated recommendations. First, you would visit the USPSTF website. The URL is provided here. On the website, there's a few ways to find recommendations. One easy way is to use the search bar that is available on the right side of the home page.

As of yesterday, if you searched for tobacco, you'd see four recommendations appear. Two of those recommendations focus on children and adolescents. Again, we're not really focusing on that population today. The other two recommendations focus on adults, including the current recommendation from 2015, and the upcoming recommendation that we expect to see some time in the next year or so. The current recommendation is really what matters for coverage right now, so we would click on that, and as you can see, the USPSTF provides an "A" rating for tobacco cessation behavioral and advise them to stop using tobacco and provide behavioral interventions and U.S. Food and Drug Administration FDA-approved therapy for cessation for adults who use tobacco. Again, all Medicaid Expansion enrollees who meet those criteria should be receiving tobacco cessation medications without cost sharing.

So that gives you a sense of the types of things that we cover in the Medicaid section. Again, really walking you through are you thinking about a traditional population, are you thinking about a traditional population with pregnant individuals, or are we thinking about an expansion population. And really thinking

about the different sources of authority that apply to each of those categories.

So now let's take a look at our other major public insurance program, Medicare. Here, for this section, we're going to switch gears and focus on an example of covering tobacco cessation counseling. Again, our resources do cover fully all of these payers with all of these services. I'm just choosing an example for each payer for this webinar.

In the Medicare program, the details of coverage for tobacco cessation counseling will depend primarily on three things. First, the USPSTF rating that we just discussed. Second, the Medicare National Coverage Determination, and, third, Medicare manuals and transmittals.

So the USPSTF recommendation is important to Medicare coverage for counseling, but for slightly different reasons than we talked about for Medicaid. The federal Medicare statute outlines a few preventive services that Medicare must cover. Then the statute gives the Secretary of Health and Human Services the option to cover certain additional preventive services. Specifically, the Secretary may cover preventive services that are reasonable and necessary for the early detection or prevention of an illness or disability, recommended with a grade of A or B by the USPSTF, again, rating playing a key role here, and are appropriate for individuals entitled to benefits under Part A of Medicare or are enrolled under Part B, and where preventive services meets these criteria, the Secretary can issue a National Coverage Determination. By issuing a National Coverage Determination, HHS establishes nationwide coverage for the preventive service in both original Medicare and Medicare Advantage. Neither original Medicare, or Advantage plans may cover cost sharing for preventive services that are covered in this way.

The National Coverage Determination document also contains important details regarding patient eligibility and billing requirements for the service. So we're going to walk through exactly where you would find that.

So how would you determine whether Medicare coverage tobacco cessation counseling? You would go to the National Coverage Determination database on CMS.gov. You can see the URL for this database on the slide. You would then use the search feature to search for coverage determinations for tobacco. When you find the National Coverage Determination, or NCD, you would see that Medicare covers tobacco cessation counseling for individuals who use tobacco, irrespective of disease, are competent and alert when counseling occurs and when counseling is by a qualified physician or other recognized Medicare provider. The NCD also outlines many additional details regarding Medicare coverage of tobacco cessation counseling, including the total number of quit attempts covered per year, so two, and total number of counseling sessions covered per year, which is eight.

Finally, the Centers for Medicare and Medicaid Services provide manuals covering a range of topics, and you can find the manuals on the URL provided on this slide. The manuals perhaps most important to researching coverage of tobacco cessation counseling include things like the Medicare National Coverage Determinations Manual, the Medicare Processing Manual, Chapter 18, Chapter 32, which is billing requirements for special services, and for individuals in the Medicare Advantage program, the Medicare Managed Care Manual, especially Chapter 4 about benefits and beneficiary protections. CMS does periodically make updates to these manuals, issuing a change request transmittal. These transmittals are important documents, because they officially signal change in policy to key actors in the Medicare system, such as Medicare administrative contractors. These contractors are responsible for processing and paying Medicare claims across the country. CMS then keeps an archive of transmittals at the URL provided on this slide. At this point, there are a couple of key transmittals related to tobacco cessation counseling, including transmittals 202 and 348. So, finally, let's just take a quick look at how you would research current coverage in cost sharing in a private insurance plan. For this example, we'll switch focus again and focus on coverage of cessation medications.

So coverage under private plans often depends on a couple of key factors. First in the case of certain private plans, specifically the individual and small group plans, there are essential health benefits requirements that come into play, and second, we would look at the service that's received an A or B rating from the USPSTF. Third, we would with consider whether or not the plan is considered to be a grandfathered plan in the Affordable Care Act, and, fourth, you would also consider whether the plan actually qualifies as individual or group coverage, or if it falls into another category like short-term plans.

As with Medicaid expansion plans, some smaller private plans, so just individual and small group plans, must also abide by the Essential Health Benefit rules, which require coverage of either at least one drug within each drug class, or the same number of drugs in each class in the state's chosen benchmark plan. Again, there's a baseline of coverage required for tobacco cessation medications in a lot of private plans, so

individual and small group plans.

Also, like the Expansion plans, almost all private plans, so this is going even broader, including large group plans, must also meet preventive service requirements, so they must cover USPSTF A and B-rated services without cost sharing.

So, this means that the baseline established by those Essential Health benefits rules is re-enforced and expanded in accordance with the USPSTF recommendation. Again, as we discussed earlier, this recommendation recommends tobacco cessation medications be used by adults who smoke and who are not pregnant. Again, the recommendation doesn't really explicitly state which medications must be covered, but there has been HHS guidance that encourages plans to cover all FDA-approved cessation medications. However, it is important to note in the private plan space that there are some exceptions to these rules. These are some of the things we were gesturing at earlier, so grandfathered plans and short-term plans.

So grandfathered plans are plans that existed at the time the Affordable Care Act was enacted in 2010 and which have not significantly changed since that time. Grandfathered plans are not subject to many of the key requirements of the ACA, including the requirements to cover Essential Health Benefits and the requirement to cover USPSTF A and B-rated preventive services. Many events can cause a plan to lose its grandfathered status, including elimination of all or substantially all other benefits, increase in cost sharing requirements, or increase in annual limits. So the number of grandfathered plans out there should really be diminishing over time as changes occur to these plans. So if you're trying to determine if a plan is considered grandfathered, you could reach out to the individual plan. Plans are required to disclose information related to their grandfathered status.

A second exception to the rule is short-term plans. Again, I made a lot of warnings about this at the outset, I want to return to it now, as well. Increasingly, patients are using short-term plans as their primary source of coverage, because they are often cheaper than normal individual or group plans. This trend is problematic, because these plans are not subject to many of the requirements of the ACA, including that requirement to cover USPSTF A and B-rated services. So because short-term plans are not required to cover preventive services and they are also not required to cover Essential Health Benefits, coverage and cost sharing for tobacco cessation medications and screenings -- sorry, tobacco cessation medications and counseling in these plans is going to vary greatly, and you're going to have to contact the individual plan to learn more.

So that gives you a general sense of how to research the tobacco cessation coverage under public and private insurance plans in your state.

Let's now turn to just a very brief overview of the final section of our resource, our Frequently Asked Questions section, and some of the questions that came up there, I think we know have come up in a pre-submitted question, so I'm going to hurry through this FAQ section, so we make sure we have some time for questions at the end of the webinar.

So on this slide, you can see the range of questions currently addressed in the FAQ section of the resources. They range from broad questions like what if the patient lacks insurance? What if prior authorization? And what if cessation services are delivered by an out-of-network provider? There are also questions regarding Medicare specifically, including what codes do I provide when billing for tobacco cessation counseling?

I'm not going to go through all of these questions right now. I'm going to briefly go through one or two to give you a sense.

So let's just cover one quick example, and this is one of the broader questions included in our FAQs. It's a question that commonly comes up, which is what happens if cessation services are delivered by an out-of-network provider, meaning that the health care provider that is not a part of the network of providers that your plan contracts with to deliver care?

So if tobacco cessation services are delivered outside of the patient's plan network, the patient may very well face additional out of pocket costs. For example, plans that require USPSTF A and B-rated services if they are provided by an out-of-network provider, unless the plan does not have in-network providers that can deliver the same benefit. Additionally, additional cost sharing if they receive tobacco cessation services or medications outside of their network.

Finally, I'm not going to walk you through this in detail, but I just wanted to finish my overview of the FAQ section by highlighting that in our counseling resource in particular, there is a table that goes through some of the key coding requirements for tobacco cessation counseling in the original Medicare program, so Medicare Part A and B. I'd like to note the section also contains live links to CMS resources that provide

additional details on these requirements. So this can also get at a number of common questions that come up around things like codes, the coding required for billing, the scope of the benefit, all of that we really tried to capture in this table here.

Finally, the table with additional resources. We at LuCa recognize we can't fit everything into two ten-page resources. Therefore, the section essentially allows us to point you to additional resources developed by advocacy organizations, health care providers, professional associations, and other experts that can help to build your knowledge of tobacco cessation coverage. This section is the final section of the resource, and so the final piece in my presentation. However, I'd just like to take a moment here at the end to highlight one key point about the resources. As Celeste will explain in just a moment, the resources will be available online and are meant to be living, interactive documents. They are filled with hyperlinks to a lot of the resources I've described here today, and we hope to update them periodically as we move forward. So if there are issues you would like to see addressed in future iterations, outside resources that ought to be added to our additional resources sections, or FAQs that don't currently exist in our FAQs, let us know. We aim to keep this resource short and digestible, but if there are key resources we are missing, we are happy to make note and consider adding them in the next update. I'm going to turn it back to Celeste.

>> CELESTE WORTH: Thank you so much, Katie, for the thorough overview. You've done a lot of work to bring all of this information together into these two resources. The resources you all have heard about today focus on coverage for tobacco cessation counseling and medications are available on the LuCa National Training Network website at LuCatraining.org under "LuCa Tools" and we'll be hosting additional webinars going forward on lung cancer and other tobacco-related issues. Or for those who missed the last webinar, a recording link can be provided. If you'd like to be notified about them, the recording, or future webinars, please either e-mail us at LuCatraining@Louisville.edu or provide your address under "LuCa Updates" on LuCatraining.org. If you'd like additional assistance, please contact us by e-mail again at LuCatraining@Louisville.edu or calling 844-LUCA-NTN.

And with that, I want to make sure you're aware of another tremendous resource, our free online course, "Lung Cancer and the Primary Care Provider." It's the first of its kind, including specific information about tobacco treatment counseling and medications. It's primarily video-based, featuring animated scenarios for provider or clinician discussions with patients about screening and cessation. It does provide free CME, or AANP, or AAFP prescribed credit with three lessons that can be done separately, if desired. Another feature of the course is a comprehensive resource library with many tools and organization contacts for additional assistance and materials for tobacco treatment. Anyone can participate, and we hope you'll share this comprehensive continuing education resource, especially with provider colleagues. It can be found at LuCatraining.org/course, or just as a link on our home page.

So at this time, I want to go forward with giving a chance to answer some questions with the limited time that we have left.

So a first one that came up in multiple ways from several people was regarding how does care reimbursement for either Tobacco Treatment Specialists or those that are not considered clinicians, with medical or nursing degrees?

Katie, I don't know, can you connect back to -- for the Q&A?

>> LAURA BURR: Hi, this is Laura. Looks like Katie lost her audio, and I'm sure she'll rejoin in just a moment here.

>> CELESTE WORTH: Okay, then I can go ahead and field a couple that I think came in, certainly, that I could speak to. I know there's definitely -- are you back?

>> KATIE GARFIELD: Yes, I don't know how my phone suddenly hung up. I am back.

>> CELESTE WORTH: Great, you didn't miss much, that's okay. We're starting in on the first question about securing reimbursement or what's the landscape for reimbursement for Tobacco Treatment Specialists or others who are not providers?

>> KATIE GARFIELD: So this is a great question, and one that comes up often, especially around Tobacco Treatment Specialists. So as you saw, particularly a slide or two ago, where we talked about, for example, tobacco cessation counseling in the Medicare space, currently, tobacco cessation counseling in the Medicare space does have to be provided by a qualified physician or other Medicare-recognized provider. Non-recognized providers, like Tobacco Treatment Specialists are not eligible for Medicare reimbursement at this time, so this is sort of a big barrier to access. And I know the group -- a lot of Treatment Specialists are currently working on this as a priority to try and make a change there. And I know that they are in active talks with CMS and trying to make a change to that policy. But, unfortunately, right now in Medicare, they are not

covered.

I'm -- I believe, from a Medicaid perspective, it depends sort of state-to-state how your state is approaching this. So I'd contact your individual state to see do they recognize Tobacco Treatment Specialists in any way. There were recent regulatory changes a couple years ago that gave more flexibility around who can deliver preventive services, but the states generally have to take action to take advantage of that change. So, again, it's going to depend state-by-state from a Medicaid perspective. We need broader change from a Medicare perspective, and then on the private insurance side, again, it's going to depend plan-to-plan.

So, unfortunately, right now, really not uniform coverage of Tobacco Treatment Specialists, and my understanding is that coverage is fairly limited in that space, but we're hoping for change moving forward.

>> CELESTE WORTH: And, Katie, this is Celeste. I'll just quickly add on there's been great work going on by Dr. Audrey Darrville with the national certification process that will definitely lend itself to the progress in terms of getting coverage for the work that's being done by Tobacco Treatment Specialists, and we hope that can happen soon.

Another question to try to fit in as much as possible, a person asked, "what does Medicare pay for in terms of medications?" And I know you addressed that somewhat, but this person said it's laid out clear what services Medicare Part B covers for counseling, but it's unclear what the benefits are for Medicare in general. Are plans required to be ACA compliant and provide tobacco treatment?

>> KATIE GARFIELD: So as you can see from what we discussed today, this really varies by type of plan. Medicare, versus Medicaid, versus private insurance. In the Medicare space, you're absolutely correct that counseling is very clearly how that's laid out. On the medication side, we're looking at Medicare Advantage plans and Medicare Part D plans, there are sort of baseline requirements for coverage. Again, those plans really should be covering at least two medications within each medication class, so there should be some coverage of tobacco cessation medications, but the exact medications may vary.

And there's definitely going to be more limited coverage of over-the-counter medications. There's some flexibility to cover those as supplemental benefits in Medicare Advantage and some flexibility in Part D plans, but it's going to be more limited.

So, unfortunately, there's not an absolute answer for this, but there should be at least some coverage.

>> CELESTE WORTH: Thank you. That's helpful, too, Katie. And I know we had questions regarding coverage under various insurance entities and key components of coverage on the state level, and so I would definitely direct people -- based in Kentucky, I can say after a lot of work with various agencies and coalitions for a very long time, you know, fairly comprehensive coverage was achieved here with only small exceptions for loopholes and grandfathered plans, but, certainly, you know, it's possible to be done, and we would be happy to provide more information about that after today's webinar.

We have a number of questions, and, unfortunately, we ran out of time to be able to answer, but we definitely will try to follow up with each and every one of those and to give either specific answers or other resources needed.

And with that, I will turn it over back to Laura Burr to wrap things up for us.

>> LAURA BURR: Thank you so much, Celeste and Katie, for this very informative presentation. And also, many thanks to today's partner and sponsor, the Center for Health Law and Policy Innovation of Harvard Law School, the LuCa National Training Network, and the Bristol-Myers Squibb Foundation for sponsoring today's event.

Thanks so much for being with us, and that concludes today's web forum. Have a great day.