

# DC HBX Plan Management Advisory Committee: Strategies to Encourage Tobacco Cessation and Other Preventative Benefits

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## April 11 Meeting

The Exchange Board requested that the Plan Management Advisory Committee review options and provide recommendations on approaches for promoting outreach to beneficiaries on tobacco cessation programs and other preventive benefits provided without any cost sharing. The Plan Management Advisory Committee reviewed the availability of tobacco cessation benefits, preventive screenings and other wellness benefits that must be provided at no cost to the enrollees pursuant to the requirements of the ACA.

A question was posed as to what carriers do now to inform members and encourage the use of these services. Carriers commented that they actively encourage members to utilize preventive care. Carriers also have sophisticated data analytics systems that they use to identify high risk beneficiaries through data mining of medical claims and pharmaceutical data and that they use these systems to target beneficiaries who may benefit from receiving information about tobacco cessation programs and other preventive services. There is also general wellness information provided as part of a welcome packet and regular information provided to members throughout the year promoting various preventive care screenings and services (e.g., skin cancer screening in the spring/summer, flu shots in the fall/winter). Carriers stated that their ongoing communication with providers in their networks is used, in part, to encourage physicians to promote these services.

A comment was made that providers may not be aware of the no cost sharing requirement for covered preventive services and that carriers should ensure that their communication with providers emphasize this important new benefit.

In addition to communications targeted at beneficiaries and providers, it was suggested that the Exchange include education about covered preventive services in the training for navigators, certified applications counselors, and Exchange phone operators.

It was also suggested that benefit administrators may be able to identify specific needs of employees and can be an effective mechanism in communicating these preventive benefits to their employees. It was noted that while this can work for larger firms, smaller firms (less than 25 employees) do not usually have staff performing this benefits administration function.

One carrier representative questioned the effectiveness of sending more communications on benefits/wellness since this information is already provided and there are real costs associated with these communications.

It was acknowledged that since this issue just emerged as a high priority for the Exchange that it will be important to better understand how carriers currently communicate with members and

providers about preventive services. The carriers requested that the staff make any information requests on this topic in writing noting that this has become a high priority Board issue. The staff responded that the purpose is not to require burdensome or unnecessary communication but to understand what is now done.

The following additional comments and suggestions were offered during the Committee's discussion about encouraging beneficiaries to utilize preventive and wellness benefits with no cost sharing:

- Adverse tobacco effects are well known to the population
- Since carriers implement preventive services differently, it is hard to generalize about carrier practices
- Educating beneficiaries about how to use insurance is very important for this population since many will be previously uninsured or underinsured and may not understand what services are available
- The Exchange may want to post on its website educational videos and materials about preventive benefits. Some carriers have excellent resources on these benefits which the Exchange might want to use.
- Use In-Person Assistor (IPA) funds to incent pharmacies on outreach and education at point of sale
- The DC Exchange should consider targeting high risk populations for preventive services such as residents with HIV/AIDS and pregnant mothers
- Provide a standard template to small business human resources staff about what services are available
- The Exchange should consider the racial and ethnic components of what constitutes a community when designing outreach efforts on preventive services
- The Exchange should incorporate other DC resources available to direct people to encourage tobacco cessation
- The outreach strategy needs to consider that beneficiaries may be concerned that if they report their tobacco use to providers, the information will be entered into the provider's record which may result in higher premiums if the DC Exchange permits underwriting for tobacco use. Providers depend on their patient's full disclosure in order to get participation in tobacco cessations programs. This may also be a problem for STD testing.
- The Exchange website should provide information on wellness benefits with the caveat that low literacy issues must be considered

Following discussion of current communication practices, the Plan Management Advisory Committee was asked to provide a preliminary assessment of the following strategies to increase and improve communication with beneficiaries about the availability of no cost sharing preventive benefits and tobacco cessation programs:

1. There was no support for the Exchange requiring carriers to notify beneficiaries and providers about the availability of preventive services since carriers already do this.

One plan representative objected to having the Exchange dictate what carriers say to their providers.

2. There was general support for using education provided to navigators, brokers, and the community groups about the availability of preventive services with no cost sharing with the understanding that the Exchange will need to assure the accuracy of information provided and that there are limitations on the number of hours for navigator education.

It was agreed that this Committee should continue to discuss related approaches to increase the use of these preventive services at a future meeting. This discussion should include a review of the following approaches:

1. Quality Improvement Plans
2. Exchange website
3. New education programs targeted at small employers

It was also suggested that this issue might be assigned to the Consumer Assistance and Outreach Advisory Committee or to have a new special working group reassess this issue at a future date.

## April 24 Meeting

David Helms reviewed the summary of the Advisory Committee discussion of this topic from the April 11 meeting. DC HBX staff reiterated that the Exchange Board has initiated this request to explore options for encouraging plan beneficiaries to take advantage of the ACA prevention benefits with no cost sharing, especially related to tobacco cessation.

## Recommendations

**The following recommendations were made by the Advisory Committee to encourage the use of tobacco cessation programs and other preventive benefits by DC HBX enrollees:**

- 1. As part of the general information on the DC HBX website, provide descriptive information on the ACA covered preventive services including tobacco cessation and, when feasible, link to carrier websites which describe the availability of their tobacco cessation/preventive benefits.**
- 2. Recognizing that carriers now communicate with new enrollees, ensure that carriers include information about tobacco cessation and other preventive services in their new member communication.** *Note: this recommendation is not intended to duplicate existing communication or add to costs.*
- 3. Recognizing that carriers now communicate with providers, ensure that carrier communications to their providers include up to date information on the preventive benefits and tobacco cessation programs to be provided with no cost sharing.** *Note: this recommendation is not intended to duplicate existing communication or add to costs.*

- 4. As part of training for navigators, in-person assistors (IPAs), and certified application counselors (CACs), the DC HBX should provide descriptive materials on the availability of no cost preventive services including tobacco cessation for use in enrollment counseling sessions. These counselors should stress the importance of enrollees speaking directly with their carrier to obtain more information on these benefits.**
- 5. Utilize alternative vehicles for communication other than carriers, including providing educational materials to small business owners and benefit administrators on the availability of preventive services including tobacco cessation.**
- 6. Maintain ongoing discussions with key stakeholder groups to identify additional opportunities to increase the use of preventive services including tobacco cessation. Stakeholder groups should include at least carriers, providers, and community organizations.**

**These six recommendations were approved without objection by the Plan Management Advisory Committee.**

These recommendations emphasize the importance of using effective communication approaches which tailor and reinforce the message for different recipients. Although there is no limit on the number of hours of training that assistors working in State-based Exchanges receive, the Committee noted that assistors would face limitations in the amount of time they can devote to explaining the wellness and tobacco cessation benefits. It was also noted that it will be difficult to provide uniform information on these benefits since carriers provide preventive benefits differently. There was also a discussion that information on preventive benefits may be too generic for enrollees to understand how to fully take advantage of their new preventive benefits such as tobacco cessation.