

North Carolina is Closing the Gap on Preventive Insurance Coverage

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Health insurance coverage changes behavior for two groups: those who are insured and those who deliver care. Insured consumers change behavior because they are offered access to, and encouraged to use, specific evidence-based tests, procedures, guidance for self-care, and treatment. Health care providers and systems change behavior when reimbursement is available—a process or procedure that is covered by health insurance is more likely to be routinely offered.

Historically, health insurance did not address prevention: insurance was initially established for the high cost of hospital care. In the 1990s, when health care financing began rewarding providers for establishing systems for keeping people healthy and value-based purchasing directed employers' health care dollars to priority services, preventive insurance coverage began to expand.

Tobacco and obesity prevention coverage was limited until the first decade of the 21st century despite being the lead driver of chronic conditions and spiraling health care costs. Coverage recommendations for tobacco cessation began to emerge early in the decade: the US Preventive Services Task Force ranked tobacco cessation as the "gold standard" of clinical prevention (2003),¹ and the Task Force on Community Preventive Services recommended reducing client out-of-pocket expenses for cessation therapies (2001).² A major barrier to obesity coverage was removed in July 2004 when the US Department of Health and Human Services eliminated a Medicare policy stating that obesity was not a disease.

While it is now common for large, self-insured employers to cover these key prevention issues, it is still not the national norm for fully-insured plans to cover either condition.

North Carolina Preventive Insurance Coverage Stronger Through Collaboration

In North Carolina, there is significantly stronger preventive coverage among fully-insured plans than in other states, and there is a convenient way to view a summary of covered preventive benefits by plan (discussed below). All of North Carolina's fully-insured plans address tobacco cessation and, notably, the majority have achieved the gold standard benefit. Gold standard tobacco cessation benefits pay primary care providers to offer brief counseling or to refer patients to more intensive counseling; benefits also cover FDA-approved cessation medications. Obesity benefits in North Carolina are also well ahead of national norms, with several plans covering brief counseling by a primary care provider and multiple counseling sessions by a registered dietitian.

North Carolina's strong preventive health insurance benefits are an outgrowth of a unique voluntary initiative called Preventive Benefits, led by NC Prevention Partners (NCPPI), in partnership with the public and private health insurance plans and supported by the North Carolina Division of Public Health. The initiative established shared goals to:

- Move towards evidence-based preventive benefits while keeping costs affordable.

management, physical activity, tobacco cessation, and stress management.^b To date, 425 individual wellness committees across North Carolina, representing 204 state government organizations, have been established and trained on Toolkit implementation.

Prevention Strategy #3: Modifiable Lifestyle Behaviors Related to Tobacco Use and Weight Management

With the passage of legislation by the North Carolina General Assembly (Senate Bill 287) in 2009, the Plan implemented a Comprehensive Wellness Initiative (CWI) for all non-Medicare members. The goals of this initiative are to encourage participating members to quit their use of tobacco products and to better manage their diet and weight. With respect to tobacco use, members will have access to the North Carolina Tobacco Use Quitline (1-800-QuitNow) tobacco cessation coaching program and generic over-the-

counter nicotine replacement patches, at no additional out-of-pocket cost, effective January 2010. These supports were chosen specifically based on research demonstrating that an individual's ability to stop using tobacco is significantly improved when cessation counseling and medication are employed concurrently. To make medications more affordable and, therefore, more accessible, tobacco cessation medication copayments were lowered.

At the same time, in order to provide support to members for weight management, the Plan implemented the same "preferred" status for FDA-approved weight management medications and removed prior authorization requirements for these drugs to reduce access barriers. In addition, the Plan added coverage for four nutrition visits to registered dietitians annually at a primary care copayment. Because lifestyle behaviors are influenced by the opinions of family and friends, clinical advice, community and environment, and public policies,¹ the Plan is supporting the rollout of the

b. The Toolkit and other worksite wellness committee support materials are available for review on the Plan's website at <http://www.shpnc.org/worksites-wellness.html>.

- Create visibility and transparency for what preventive benefits are available.
- Educate employers and legislators about the value of paying for preventive benefits and how to purchase value-based benefits.
- Educate brokers about what preventive benefits are available so they can assist employers in benefit design.
- Educate providers about current preventive reimbursement codes.
- Educate consumers about what their plans offer so that they can use these key services to support health improvement.

At the outset of the initiative, no North Carolina health insurance plan covered tobacco or obesity benefits. Each year, significant growth has been seen. This past year the high risk insurance pool, which was recently created by the North Carolina General Assembly, established gold standard tobacco and obesity benefits as a result of this partnership. The Preventive Benefits partnership has also aligned NCPP's worksite wellness initiatives with the preventive benefits available to public and private workplaces to enhance employee health across North Carolina.

Preventive Benefits Profile

As a result of this collaboration, North Carolina is the only state in the nation where a detailed summary of preventive

benefits offered by each plan is publicly available. NCPP convenes Health Plan Roundtables each year to focus on opportunities to continue to improve population health and also collects and publishes data on the web about available, fully-insured preventive benefits.^a The web profile provides a description of the benefits covered by each health plan and details what is covered for tobacco cessation, nutrition, physical activity, obesity, diabetes, pre-diabetes, cancer, hypertension, and cholesterol.

The data collected by NCPP is useful to many groups. Employers can increase awareness among their employees about their covered benefits if they are fully insured. Self-insured employers can use this as a menu of options that they can consider when they are developing their benefits. Consumers can use it to easily understand their coverage. Policymakers interested in controlling health care costs can identify what North Carolina's public plans cover.

North Carolina health insurers continue to make progress on strengthening preventive coverage in the state. Employers and health care providers have an opportunity to align their prevention strategies to further support healthy behaviors by North Carolinians.

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a. The Preventive Benefits Profile can be accessed online at <http://www.ncpreventionpartners.org/preventivebenefits>.

REFERENCES

- 1 US Preventive Services Task Force. *Counseling to Prevent Tobacco Use and Tobacco-Caused Disease: Recommendation Statement*. Rockville, MD: Agency for Healthcare Research and Quality; 2003.
- 2 Centers for Disease Control and Prevention. *Guide to Community Preventive Services: Tobacco Use*. Atlanta, GA: Centers for Disease Control and Prevention; 2001.

Eat Smart, Move More, Weigh Less (ESMM-WL) program to worksite wellness programs in the five North Carolina counties with the highest concentration of state employees (Guilford, Orange, Mecklenburg, Pitt, and Wake). The remaining 95 counties will be served with existing Division of Public Health and North Carolina Agriculture Extension resources. The ESMM-WL program was piloted in the North Carolina Department of Health and Human Services in 2008, with demonstrated improvement in participant blood pressure, combined with an average reduction in weight of 6.5 pounds per participant following the 15-week program.

Prevention Strategy #4: Address Secondary Prevention Through Improved Drug Adherence

There is evidence to support that decreased member cost sharing improves chronic medication adherence with long-term positive effects. One retrospective study has shown that for diabetes and high cholesterol, increased medication adherence resulted in lower disease-related medical costs.²

In order to decrease the financial barriers to adherence for cholesterol medications, the Plan provided coverage of generic lipid-lowering medications for a \$4 copayment, or a \$10 copayment for a three-month supply, starting on April 1, 2009. This low-cost prescription option, available for members with high cholesterol, is designed to make it easier for members to fill their prescriptions and stay on their medications. The adherence rate for cholesterol-lowering medications will be studied after the 12-month pilot program.

On December 1, 2009, another Medication Adherence Pilot Program (MAPP) was offered to retirees taking diabetes and cardiovascular medications. It is estimated that members with diabetes who take their medications appropriately had a 13% chance of being hospitalized within any year, compared to non-adherent members with diabetes who had a 30% chance. Furthermore, patients with high blood pressure who were adherent to their medications had a 19% risk of hospitalization versus non-