



Counting Tobacco Cessation Activities as Community Benefit



**Toolkit &
Calculator**

Acknowledgements

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What Are Community Benefits?

Nonprofit hospitals are required by the Internal Revenue Service to complete a Community Health Needs Assessment (CHNA) every three years. Using the CHNA's results, hospitals create a Community Health Improvement Plan (CHIP) to outline how they will address the needs identified in the CHNA. The activities addressing the needs identified in CHNAs and public health data are tracked and reported as community benefits.

Community benefits are programs or activities that provide treatment or promote health and healing as a response to identified community needs and meet at least one of these objectives¹:

- Improve access to health care services.
- Enhance public health.
- Advance increased general knowledge.
- Relieve or reduce the burden of government to improve health.

As a General Rule¹

Count

- Programs that respond to an identified community health need and are designed to accomplish one or more community benefit objectives.
- Programs and activities directed to or including at-risk persons, such as underinsured and uninsured persons.
- Programs offered to the broad community (including at-risk persons) designed to improve community health.

Do not count

- Programs primarily designed for marketing or promotion purposes.
- Time spent by volunteers and employees on their own time.
- Routine or required care and services.

¹ Catholic Health Association. (2015). *Community Benefit Categories and Definitions*.

Tobacco Cessation Treatment and Community Benefits

While rates of tobacco use in Oklahoma have dropped, tobacco use and related disease is still the number one cause of preventable death in Oklahoma and a top priority in the Oklahoma Health Improvement Plan, published by the Oklahoma State Department of Health. Hospitals and clinics play a vital role in helping patients quit and research shows that patients who receive clinical support from their health care provider in their quit attempt are significantly more likely to successfully quit compared to those who do not. Hospitals and clinics address tobacco cessation in a variety of ways by providing group cessation programs, education and screening services at community events, and inpatient and outpatient cessation services.

Summary of Guidelines for Identifying Community Benefit Related to Tobacco Cessation

- Responds to a community health need identified through CHNA, by public health agency, or by a community group, and
- The purpose is to improve community health and not intended for marketing purposes, and
- There is a hospital expense, and
- There is no patient bill generated for this service.

If the conditions above are met, the tobacco cessation activity can be reported under Community Health Improvement Services (Category A).

It is important to clearly distinguish this service in hospital records and in communications with patients from services the patient is paying for and/or which the hospital is receiving reimbursement. If tobacco cessation is being provided as an outpatient subsidized service, count the cost in the total expenses less any reimbursements.

Clinical Tobacco Treatment – Inpatient

It is not possible to bill for tobacco cessation services for inpatients; therefore, these services are done at the cost of the organization. Seeing that these inpatient activities address an identified health need and are not a required service, these in-kind tobacco cessation consults may count as a community benefit.

Clinical Tobacco Treatment – Outpatient

Outpatient providers can bill for tobacco cessation consultations. Even though this is a reimbursable service, many outpatient providers do not bill for this service. If providers are not billing for this service, it may be possible to count this as community benefit.

No-Cost Medications

When hospitals provide FDA-approved cessation medications and nicotine replacement therapy at no cost to patients, the hospital may count the cost of that medication as community benefit. It is important to note that the cost to the hospital should be counted and not the retail cost of the medication.

Please take note: the information provided above does not constitute legal or tax advice. The information is provided for informational/educational purposes only. Please consult with counsel regarding your organization's particular circumstances.

Community Events

Cessation support groups (e.g., Freedom from Smoking) and participation at health events in the community where tobacco education is provided can also be counted in the Community Health Improvement Services (Category A). Employee time (preparing for and attending the event), expenses related to supplies, cost of running the program, and room rental for these endeavors can be counted.

Methods of Calculating Community Benefit from Tobacco Cessation Activities

Determining the best way to calculate the value of the community benefits provided by your health care system is dependent upon the tobacco cessation support services provided by your organization and the systematic processes and structures that are in place to help you gather data around those services. This section will provide guidance on methods available to calculate community benefits.

Pulling Tobacco Cessation Codes

Two primary billing codes are utilized for tobacco treatment services rendered by a health care provider. The codes are time based and vary by length of service rendered. Please note that this method of determining community benefit should only be utilized for inpatient tobacco treatment services. If these codes are submitted in an outpatient setting, then they are reimbursable; if any patient were to receive a bill for those services then the services, could not be counted towards community benefits.

99406 – Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes

99407 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

*Minimal counseling (less than three minutes) is not reimbursable as a separate and distinct service.

The codes' reimbursable rates may vary depending on payer and by fee schedules. To find a specific amount for each code – you can check the [CMS physician fee schedule](#) or ask your billing department.

Query the EMR for Documented Tobacco Treatment Services

Many electronic medical records (EMR) will have functions that allow health care providers to document tobacco treatment services provided and the length of time they spent with the patient providing them. Follow up with your tobacco treatment and informatics teams to identify if this data can be pulled from your EMR. We suggest using the time-based billing codes above as a guide to identify the value of benefit from the services provided in your organization. The length of the tobacco treatment services varies depending on how receptive the patient is to the intervention. If the length of services is documented in your organization's EMR, then use **99406** for all interventions of up to 10 minutes and **99407** for all interventions greater than 10 minutes.

If the length of services provided is not documented in your organization's EMR you can utilize a conservative approach for all services provided to calculate your benefits. When submitting **99406**, use the midpoint of seven minutes (six and a half minutes rounded up) and for **99407**, the low point of 10 minutes can be used. To ensure a more realistic approximation, survey the designated staff who are providing the tobacco cessation consult (respiratory therapy, case managers, hospitalist, etc.). Example question: "On average, how long does one tobacco cessation counseling visit take to complete for 99406 and 99407?"

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Utilizing Helpline Referral Data

For organizations making proactive referrals to the Oklahoma Tobacco Helpline, i.e. referrals made via fax, web portal, or EMR, you can work with your Oklahoma Hospital Association (OHA) Health Improvement Specialist to develop a list of referrals made during the community benefit reporting period. To determine the value of community benefit under this scenario you would utilize the same approach outlined in the paragraph on “Querying the EMR” to tie Helpline referrals to the appropriate billing code for your organization.

If your organization is participating in a community event and would like to track Oklahoma Tobacco Helpline referrals for that specific event, the OHA Health Improvement team can help set that process up for you. The referral information for a special event can be tracked separately from your EMR through reports provided by the OHA team. As mentioned above, the time that staff attend an event focused on tobacco cessation and education can be counted in full, but tracking the number of referrals can help show the impact to the community made through the event.

Cessation Medications Provided at No Charge

Most organizations can pull pharmacy data from their EMR or they can work with their pharmacy team to identify the number and value of cessation medications that are provided pro bono during the community benefit reporting period.

Benefits Calculation

1. Number of times a specific billing code is utilized (this could be derived from the EMR or Helpline referral data) x (\$ amount based on fee schedule).
2. Estimated value of cessation medications provided (where reimbursement is not available) x number of cessation medications provided.

Resources

- [Interactive Calculator Tool](#)
- [Centers for Medicare and Medicaid Services: Physician Fee Schedule Search](#)

Case Studies Utilizing Clinical Tobacco Treatment Services as Community Benefit

Case Study #1 – Rural Hospital of Southeastern Oklahoma (RHSO)

Background on the RHSO Tobacco Treatment Program

RHSO offers an inpatient tobacco treatment program that includes tobacco use screening, medications, counseling and an electronic referral from their EMR to the Oklahoma Tobacco Helpline (OTH) for all patients ready to quit. RHSO also provides all patients who were referred to the OTH with a 10-day supply of nicotine replacement therapy (NRT) when they leave the hospital at no cost. Furthermore, RHSO has a network of six outpatient clinics that provide tobacco treatment services. Since RHSO does not bill for these services, they utilize them as part of their community benefits. Lastly, RHSO hosts a free community health fair in their cafeteria every fall that focuses on promoting tobacco use awareness, education, and cessation to parents and caregivers of children over the age of 12.

Gathering the Data to Determine Community Benefit RHSO

RHSO's inpatient EMR has been updated to include tracking measures for cessation support. RHSO's community benefit team works with their clinical informatics team to pull a report of all documented cessation consults and medications provided at discharge for the community benefit reporting period. RHSO's outpatient EMR has not been updated to track data for cessation support or make electronic referrals to the OTH. In order to track community benefits from their outpatient clinics, the RHSO team works with their designated OHA Health Improvement Specialist to pull a report of all proactive referrals to the OTH from their outpatient clinics for the reporting period. RHSO determines that a majority of tobacco cessation support services they provide require less than 10 minutes of staff time, so they apply the reimbursement rate applicable to the 99406 code and the Oklahoma state Medicare reimbursement rate to calculate community benefit. RHSO utilizes a predetermined rental rate for their cafeteria, supply costs, plus the value of staff time in preparation for and working during the events to determine the community benefit for their annual tobacco cessation and educational events.

Calculating Community Benefits (CB) for RHSO

| CB Input | Data Source | Input Total | Input Value | CB Total |
|--|---|-------------------|--------------------------|------------|
| Inpatient Cessation Consults (99406; Oklahoma Medicare reimbursement rate) | EMR Report | 640 | \$12.17 | \$7,788.80 |
| Inpatient Cessation Consults (99407) | N/A | N/A | N/A | N/A |
| Outpatient Cessation Consults (99406) | OTH Referral Report via HHPQ Team | 560 | \$12.17 | \$6,815.20 |
| Outpatient Cessation Consults (99407) | N/A | N/A | N/A | N/A |
| Cessation Medications Provided at No Charge | Medication Report via EMR or Pharmacy | 96 | \$10 | \$960 |
| Community Tobacco Cessation Support | Cafeteria Rental Rate + Supplies + Staff Time | 1 Room 4 Staff | \$300 + \$100 + \$500 | \$900 |

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