

Promoting Medicaid Benefits

Making the Case

In 2004, an estimated 29% of adult Medicaid recipients were current smokers¹. Approximately 41 million people in the United States in 2005 had health insurance coverage through Medicaid¹. Not only are Medicaid recipients disproportionately affected by tobacco-related diseases and disabilities, the number of smokers in the Medicaid population is 39% greater than the number of the general population¹. As the rates go down in the general population, the disparities increase. In Massachusetts, 39% of the Medicaid population smokes compared to 18% statewide². In Wisconsin, adult smoking among Medicaid recipients is 50% higher than the adult population as a whole³.

The cost savings for providing cessation coverage to this population has been well established. Each year, more states have realized the importance of covering cessation services and have adopted a cessation benefit for their Medicaid population. In 2005, a total of 38 (75%) state Medicaid programs reported offering coverage for at least one form of tobacco-dependence treatment (i.e., medication or counseling) for all Medicaid beneficiaries¹, but data show that few enrollees are aware of available treatment or use this benefit⁴. A significant number of healthcare providers are also unaware of available treatment options for their Medicaid patients⁴. Massachusetts and Wisconsin are examples of two states with a benefit for smoking cessation that implemented promotion strategies to increase utilization of covered cessation services.

Wisconsin Case Study

- Adult smoking among Medicaid recipients is 50% higher than the adult population as a whole.
- Few Medicaid enrollees have used the benefit in the past (less than 2% in 2001).
- Medicaid enrollees are often not aware of treatments and coverage available to them.
- Wisconsin provides a comprehensive benefit and outreach to providers, but many clinicians and even large health plans unclear about benefits.
- Wisconsin decided to tackle this issue by developing a campaign strategy.

Campaign Strategy

Goals

- Increase awareness and dispel myths among selected healthcare providers, healthcare personnel and professional health organizations/associations that Medicaid covers tobacco dependence treatments
- Increase consumer demand for treatment
- Increase use of these treatments by Medicaid enrollees
- More productive relationship with Medicaid Office and HMOs contracted to serve enrollees.

Steps

- **Development:** Gather information, identify target audiences, interview key informants, and collaborate on messages and materials development. Settled on message: *You Can Afford to Quit: Medicaid Covers It*.
- **Message testing:** Test the messages and approach with stakeholders, including insurers, clinicians, administrative staff, Medicaid enrollees, Spanish speakers, etc.
- **Materials development**⁵
 - *In Briefs:* Individual, targeted pieces for healthcare providers, pharmacists, mental health and substance abuse counselors and staff (purpose: to dispel myths, provide new information).
 - Laminated reminder sheet for healthcare providers.
 - PowerPoint slides (sets for primary and mental health/substance abuse counselors).
 - Articles for newsletters.
 - Brochures and posters for patients in English and Spanish (You Can Afford to Quit!).
- **Distribution**
 - UW-CTRI Outreach Specialists.
 - Teleconferences, training events, conferences.
 - Ongoing local training and technical assistance.
 - Health Plans and Insurers: print and distribute to staff, clinicians and patients.
 - Tobacco control partners and coalitions.
 - Professional organizations: print and distribute.
 - Medicaid enrollment specialists: print and distribute.
- **Evaluation**
 - Medicaid claims data
 - Wisconsin Tobacco Quit Line calls
 - Health plans and other partners printing and distributing materials
 - Medicaid-contracted HMOs have medications on their formulary
 - Further collaborations with Medicaid

Lessons

- You need to get their attention!
- Good materials are necessary.
- Collaboration is sometimes difficult and time-consuming, but essential.
- Find ways to share the problem (e.g. costs of tobacco use) and work together toward solutions.
- Don't give up! Institutions are hard to move but they **will** make changes! It takes interventions on all levels.

Massachusetts Case Study

Background

- Medicaid benefit first partially mandated by the Legislature in 2005.
- With health care reform in April 2005, full coverage was mandated.
- Legislative mandate includes a two-year smoking cessation pilot and \$7 million per year in funding.
- Each year, MassHealth, the Medicaid agency, reports to the Legislature on benefit utilization, clinical outcomes (quit rates) and cost savings.

- Tobacco Control Program and Department of Public Health collaborated with MassHealth for over a year to develop the Medicaid benefit.
- Partnership continues today with promotion and evaluation of the benefit.

Benefit Design

Counseling

- Two courses of treatment / quit attempts per year.
- Up to 16 counseling sessions per year, any combination of group or individual.
 - o 45-minute intake/assessment sessions.
 - o 30-minute individual counseling session.
 - o 60-minute group session.

Pharmacotherapy

- 90-day supply per 1 treatment attempt, maximum of 2 treatments per 12-month cycle
- All FDA approved OTC and prescription medications are covered: nicotine patches, gum, lozenge, nasal spray and inhaler; bupropion (Zyban™); and varenicline (Chantix™).
- Physician can prescribe additional counseling and/or medications with prior authorization.
- Nasal spray, inhaler and Zyban™ require pre-authorization because they are infrequently used and some patients have difficulty using these products.

Provider Eligibility for Reimbursement

- MassHealth physicians, NPs, PAs, Nurse-Midwives and RNs are eligible to provide counseling without additional training
- Tobacco Cessation Counselors are also eligible if they meet training requirements
- All non-physician providers must be under the supervision of a MD.
- Counselor qualifications: supervising physician ensures that counselors have completed a training course of at least 8 hours of instruction in tobacco cessation from an accredited institution of higher learning.

Reimbursement structure

- There are different rates of reimbursement for mid-level practitioner and physicians. (See chart on following page.)

Provisions

- Accessible to members; no barriers.
- Encourage quit attempts. Reduce barriers for providers.
- Medication not linked to counseling.
- Billing for smoking cessation counseling on same day at medical visit for another purpose was allowed (especially important for providers).
- Pharmacotherapy benefit straightforward and covers standard of practice medications.
- Rx limits set high, reduces access challenges for members filling prescriptions.
- Fits within existing regulations. Challenge for quitlines; don't fit with existing regulations.

MassHealth Counseling Reimbursement Rates

Service code (modifiers)	Mid-Level Practitioner Rate (85%)		Physician Rate	
	NFAC Rate (\$)	FAC Rate (\$)	NFAC Rate (\$)	FAC Rate (\$)
G0376 (SA,SB,HN,TD,U1) Individual counseling 30 minutes	42.10	41.39	49.53	48.69
G0376 (TF or US) Individual Counseling Intake	63.20	62.08	74.30	73.04
G0376 (HQ or U3) Group Counseling 60 to 90 minutes	25.26	24.83	29.72	29.21

Outreach to Providers

- Developed dissemination package for providers⁶
 - Provider and consumer one-page fact sheets
 - Provider detailed FAS with rates, billing codes
 - Pharmacotherapy dosing pocket guide
 - New intake and Assessment protocol, sample completed protocol and training guide
 - New online CEU program on intake and assessment
- Dissemination through multiple channels
 - Materials distributed by MTCP, MassHealth, Tobacco Free Massachusetts
 - Collaboration with Medicaid MCO's
 - Presentations across state by MassHealth, UMass Medical, MTCP
 - Conference calls with health care facilities
 - Consultations with healthcare systems (e.g. partners, substance abuse)
 - Other channels
 - Mass League of Community health Centers
 - Provider societies, Hospital house organs (mass Medical society Newsletters 8000 providers)
 - Community based programs
 - Other MDPH programs

Evaluation

- MassHealth evaluation: Utilization, clinic outcomes, and cost effectiveness (ROI)
- Pilot project with 8 community health centers
 - Systems improvement, new benefit, and QuitWorks.

Promotion to Consumers

- MassHealth: Mailing to consumers
- Department of Public Health: Mass Media campaign “What’s Your Story?”
 - Phase I: Women’s Recruitment, August – September 2006
 - Women 25-49.
 - Metro newspaper ads.
 - Posters distributed through local programs.

- Phase 2: Radio/Transit Ads
 - Real women, real stories.
 - Unscripted, in their own voices.
 - Why they quit, how they quit, life after cigarettes.
 - Message is cessation with MassHealth tag and graphic of MassHealth card.
 - 8 weeks radio and transit in six markets across Massachusetts.
- Phase 2: Brochures / posters
 - Target audience: adults 25 – 54.
 - Compliments radio/transit, uses some of same photos.
 - Message is cessation with MassHealth tag.
 - Uses graphic of MassHealth card.
 - Offers detailed info on HOW to quit.
 - Distributed through local programs, Clearinghouse, Cancer Coalition, other groups.
- Coming Next: Men's/ Women's Campaign, January – March, 2007
 - New target is men 25 – 54
 - More in-depth research – manliness, asking for help, willingness to talk with quit coach, self-efficacy, etc.
 - Media will be radio and Internet.
 - Reinforce women's ads 2:1 ratio on women's radio stations.
 - Men's 2:1 ratio on men's stations.

References

1. Centers for Disease Control and Prevention. State Medicaid Coverage for Tobacco-Dependence Treatments --- United States, 2005. *Morbidity and Mortality Weekly Report* 2006; 55(44); 1194-1197.
2. Warner, Donna; Corcoran, Cathy. *Massachusetts Medicaid Smoking Cessation Program*. TCLN Roundtable Discussion: Increasing Medicaid Benefits: Strategies for States. January 16, 2007. Available at www.tcln.org
3. Redmond, Lezli; Meyer, Gloria. *You Can Afford to Quit: Medicaid Covers It: A Campaign to Promote Medicaid Tobacco Dependence Treatment Benefits in Wisconsin*. TCLN Roundtable Discussion: Increasing Medicaid Benefits: Strategies for States. January 16, 2007. Available at www.tcln.org
4. McMenamin, S., Halpin, H., et al. Physician and enrollee knowledge of Medicaid coverage for tobacco dependence treatments. *AJPM* 2004;26(2):99-104.
5. To view and download Wisconsin's promotional materials go to www.ctri.wisc.edu and click on "Medicaid covers tobacco cessation" under "Latest News" (on the left of the screen) or go directly to http://www.ctri.wisc.edu/HC.Providers/healthcare_medicaid.htm.
6. To view and download Massachusetts' Medicaid promotional materials go to www.trytostop.org and click on "See our ads" to see print and radio pieces. Provider materials can be found on www.quitworks.org and are accessible with one click (featured on front page of website).

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