

You Can Afford to Quit: Medicaid Covers It

A Campaign to Promote Medicaid Tobacco Dependence Treatment Benefits in Wisconsin

January 16, 2007

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uw-ttunc

Transdisciplinary Tobacco Use Research Centers

Medicaid & Tobacco Dependence Treatment

- 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).
- Wisconsin Medicaid enrollees are often not aware of treatments and coverage available to them.
- Many clinicians and even large health plans unclear about benefits.

“Medicaid Covers It”

- 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 usage of these treatments by Medicaid enrollees**
- More productive relationship with Medicaid Office and HMOs contracted to serve enrollees

Process Phase 1: “Medicaid Covers It”

- Identify need (providers not aware of Medicaid benefit, or have misinformation, enrollees not using it)
- Check research base and other states
- Develop proposal and identify funding
- Identify target audiences (primary providers, pharmacists, AODA/mental health providers, billing staff, Medicaid staff) and stakeholders
- Conduct key informant interviews with diverse stakeholders
- Collaborate to identify gaps and create messages and materials (You Can Afford to Quit: Medicaid Covers It)

Process: Messages

- Providers (Health Plans and Clinicians):
Wisconsin Medicaid Changes: Simpler, Better
 - Medicaid covers tobacco dependence treatment medications and counseling (plus detailed information re: writing scripts, coding, etc)
- Consumers: **You can afford to quit**

Process Phase II: “Medicaid Covers It”

- Test the messages and approach with stakeholders, including insurers, clinicians, administrative staff, Medicaid enrollees, Spanish speakers, etc.
- Tweak and test again (repeat)
- Finalize and print
- Create distribution and evaluation plans
- Evaluate, make changes, disseminate, repeat

Materials

- *In Briefs*: Individual, targeted pieces for healthcare providers, pharmacists, mental health and substance abuse counselors and staff (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!)

Medicaid and Tobacco Cessation

Valuable Information about

Wisconsin MEDICAID
and Smoking Cessation

HELPING smokers QUIT

Billing Staff
Patients
Pharmacists
Health Care Providers

Tú puedes lograr dejar de fumar.

Medicaid te ayuda.

Medicaid, BadgerCare y SeniorCare — todos cubren el costo de medicamentos de prescripción para dejar de fumar.

Pregunte a su médico sobre cómo dejar de fumar.

Forward
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ID No. 1234567890
JOHN Q SAMPLE

Medicaid lo cubre.

Patrocinado por el Centro para la Investigación de Tabaco e Intervención de la Universidad de Wisconsin

You can afford to quit smoking.

Medicaid can help.

Medicaid, BadgerCare & SeniorCare — all cover the cost of prescription medicines for quitting smoking.

Ask your doctor about quitting.

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ID No. 1234567890
JOHN Q SAMPLE

Medicaid covers it.

Produced by the University of Wisconsin Center for Tobacco Research and Intervention

Medicaid and Tobacco Cessation

Quitting is hard

If you want to quit smoking, you're not alone.

- Most smokers want to quit, but quitting is hard.
- It's **not** a matter of "will power." And it's not just a bad habit.
- It's an addiction that can be treated.
- What does help is medicine and coaching from someone who knows about quitting.
- But, medicines are expensive.
- The good news is that Medicaid (and BadgerCare and Senior-Care) pays for most medicines.*

Talk with your doctor about quitting and getting medicines to help you quit.

* Some Medicaid waiver programs do not cover smoking dependence treatment.

Coaching helps

What is coaching?

- Coaches can tell you how to avoid the things that make you want to smoke (like your first cup of coffee in the morning).
- Coaches at the Wisconsin Tobacco Quit Line know how to help you be successful in quitting.
- They will call you with support on days that you choose, like the day you quit.
- Or, you can call them when you are stressed out about quitting.
- The Quit Line also has lists of local programs that can help you.

Call the Quit Line at 1-800-QUIT-NOW. It's free and confidential.

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW

You can afford to quit smoking... Medicaid covers it.

Tú puedes lograr dejar de fumar

Línea para dejar de fumar

WISCONSIN TOBACCO QuitLine 800-QUIT-NOW

Números totalmente gratis
 1-877-2NO-FUME (español)
 1-877-777-6534 (TTY para sordos)

Horario de la línea para dejar de fumar
7AM a 11PM todos los días
 Si llama a otras horas, sólo deje un mensaje y nosotros le llamamos en dos días hábiles.

Intérpretes para idiomas además del Español están disponibles, incluyendo Hmong.

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 ID No. 101667030
 JOHN A. DANFELT

Medicaid lo cubre.

Medicaid and Tobacco Cessation

INBrief Information for Pharmacists
Medicaid and Tobacco Dependence Treatment



Wisconsin MEDICAID Changes – Simpler, Better
Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescription medications and “legend nicotine patches.”

Did You Know?

- Patients do **not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication. This means that the physician does not need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment medications are allowed.

Covered Medications
 Medicaid, BadgerCare and SeniorCare cover the following:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray and patch (written as “legend nicotine patch”)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine replacement therapy or bupropion plus a nicotine replacement therapy, for example.

Not normally covered: Nicotine gum, lozenge, OTC nicotine patch. Some HMOs cover additional medications. Questions? Contact the health plan for clarification.

Of Special Note

- Medications for tobacco dependence treatment are diagnosis restricted.
- Pharmacists must include an appropriate diagnostic code – for example, the ICD-9 code (305.1) Tobacco Use Disorder – on the claim they submit to the State of Wisconsin Medicaid program.
- If the medication is prescribed for reasons unrelated to tobacco use, the pharmacist must comply with prior authorization guidelines from the Wisconsin Medicaid program.


Did You Know?

- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line provides free, individualized counseling for patients before, during and after the quit date.
- Patients can call **1-800-QUIT-NOW** toll-free anywhere in Wisconsin.

Questions? Contact: www.dhs.wisconsin.gov/medicaid or call 800-947-9627
 Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health

Pharmacists

INBrief Information for Health Care Providers
Medicaid and Tobacco Dependence Treatment



Wisconsin MEDICAID Changes – Simpler, Better
Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescriptions and office visits for the purpose of tobacco dependence treatment.

This Means . . .

- Patients do **not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication.
- You do **not** need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy for smokers (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment are allowed.

Reimbursement

- Office visits for the sole purpose of tobacco dependence treatment do not require prior authorization for reimbursement.
- Use the ICD-9 code (305.1) plus 99201-99205 for new patients and 99211-99215 for established patients.
- Treatment can be provided by any Medicaid-certified physician, nurse practitioner or physician assistant, or ancillary staff under the direct on-site supervision of a physician and is reimbursed when billed by the supervising physician.
- Group therapy, telephone and web-based counseling are not covered. HMO enrollees may have access to an on-going counseling program through their HMO.

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- Combination therapy (more than one medication at one time): nicotine patch and another nicotine-replacement therapy, for example.
- Enrollment in smoking dependence treatment counseling programs is no longer required.

Did You Know?

- Adult smoking among Wisconsin Medicaid recipients is 50 percent higher than the adult population as a whole.
- Wisconsin Medicaid recipients are often not aware of treatments available to them.
- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line (**1-800-QUIT-NOW**) provides free, individualized counseling for patients before, during and after the quit date.

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Health Care Providers

Medicaid and Tobacco Cessation

Medicaid *and Tobacco Dependence Treatment* AT-A-GLANCE

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Note:

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- Repeated courses of tobacco dependence treatment are allowed.

Remember to:

1. ASK. Identify tobacco users at every visit.
2. ADVISE. Talk with the patients about tobacco use and urge them to quit.
3. ASSESS. Determine if the patient is willing to make a quit attempt at this time.
4. ASSIST. Prescribe a medication unless contraindications exist.
5. ARRANGE. Arrange follow-up including counseling.

Questions? Contact: www.dhs.wisconsin.gov/medicaid or call 800-947-9627

See www.ctri.wisc.edu for more information about helping smokers quit.

Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health

Medicaid and Tobacco Cessation

Medicaid and Tobacco Cessation

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Medicaid and Tobacco Cessation— Mental Health and Substance Abuse

- Adult smoking among Medicaid recipients is 50 percent higher than the adult population as a whole.
- Individuals with a psychiatric diagnosis consume 45 percent of the cigarettes in the U.S.
- 80 percent of alcoholics smoke.

Distribution Plan

- 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

What We've Learned

- 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 (eg. 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)

www.ctril.wisc.edu



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