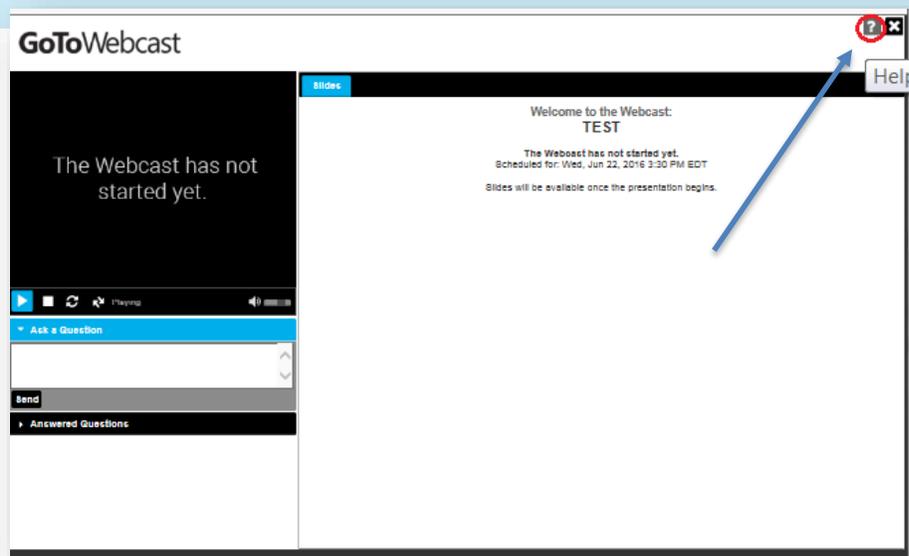


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Slide Display Test	✓ Passed	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64; Trident/7.0; SLCC2; .NET CLR 2.0.50727; .NET CLR 3.5.30729; .NET CLR 3.0.30729; Media Center PC 6.0; .NET4.0C; .NET4.0E; GMDTDFJS; InfoPath 3; GWX-MANAGED; rv:11.0) like Gecko  Tech info: Windows 7   Internet Explorer 11   BW: 10,006 Kbps   ASP: 22.0.0   WMP: Supported   IP: 207.59.85.50   RSA: 173.228.126.162   Screen Resolution: 2233 x 1256   CMode enabled: No   Cookies enabled: Yes   <a href="#">Click here for the advanced system test</a>  Time: Wed Jun 22 19:34:43 GMT 2016	

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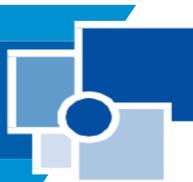
# 'Tis the Season: Leverage Open Enrollment & Maximize Coverage for Tobacco Cessation

Xavior Robinson, MSHA

Michael Petruzzelli, MPA

Dawn Randolph, MPA

Anne Phillips, LICSW



National Behavioral Health Network

*For Tobacco & Cancer Control*

Tuesday, December 13<sup>th</sup>, 2016 | 3:00-4:30 pm EST

NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH  
STATE ASSOCIATIONS OF ADDICTION SERVICES  
*Stronger Together.*

# Welcome!



**Krystle Canare**

- Project Coordinator, Public Policy & Practice Improvement
- National Behavioral Health Network for Tobacco & Cancer Control
- National Council for Behavioral Health
- [KrystleC@thenationalcouncil.org](mailto:KrystleC@thenationalcouncil.org)



**Vrushabh Shah, MPH**

- Project Assistant, Practice Improvement
- National Behavioral Health Network for Tobacco & Cancer Control
- National Council for Behavioral Health
- [vrushabhs@thenationalcouncil.org](mailto:vrushabhs@thenationalcouncil.org)



# National Behavioral Health Network

*For Tobacco & Cancer Control*

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit [www.BHtheChange.org](http://www.BHtheChange.org) and  
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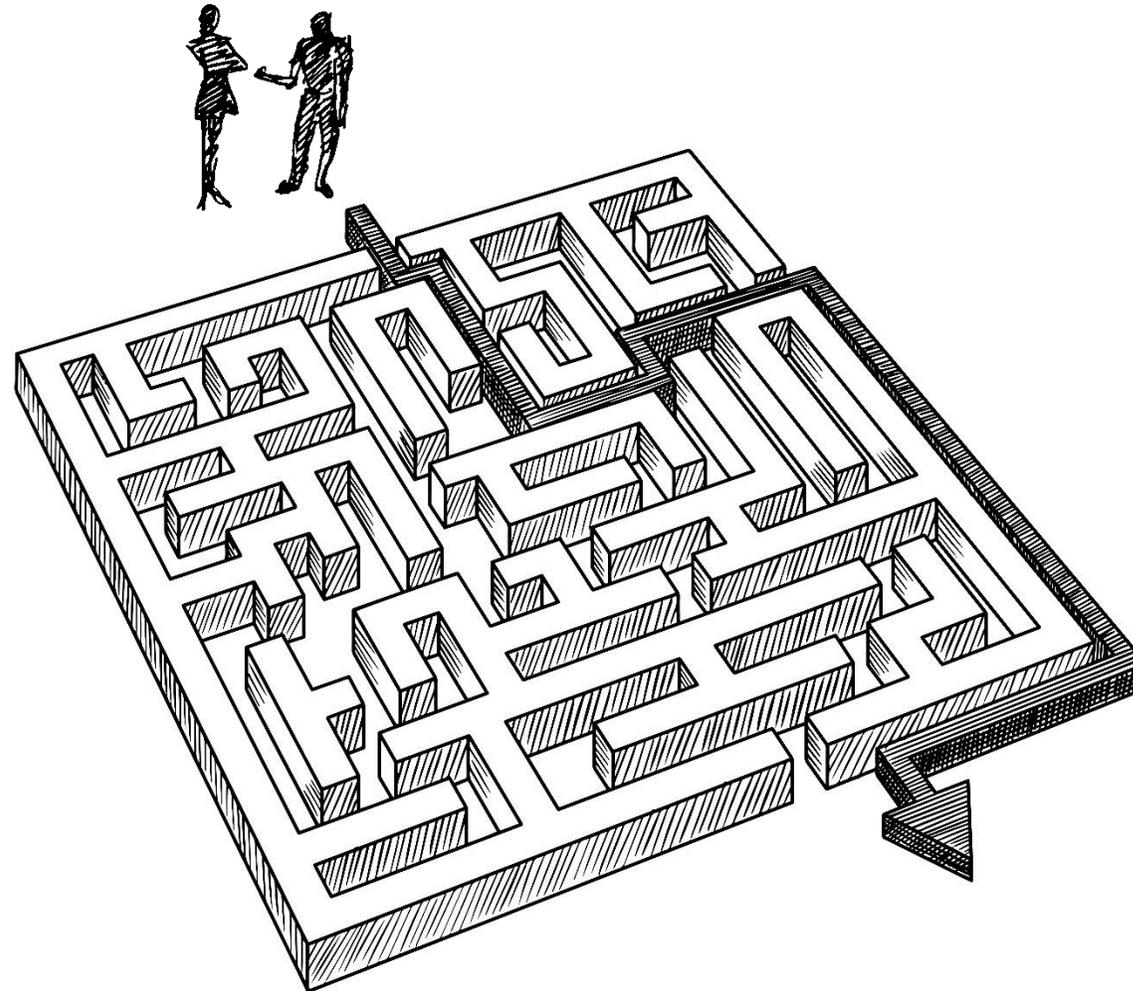


#BHtheChange





# Guide your clients through the Marketplace!

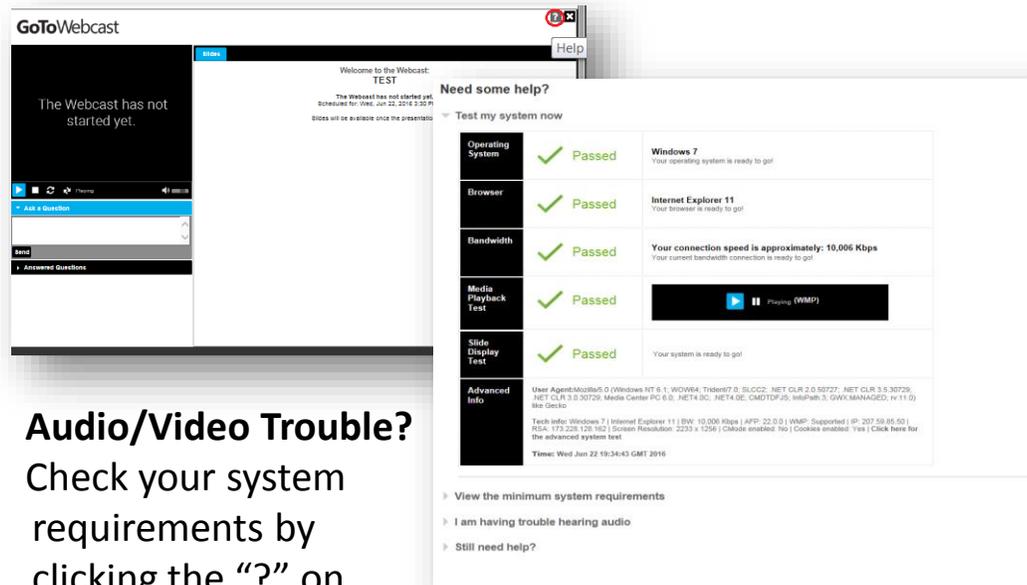




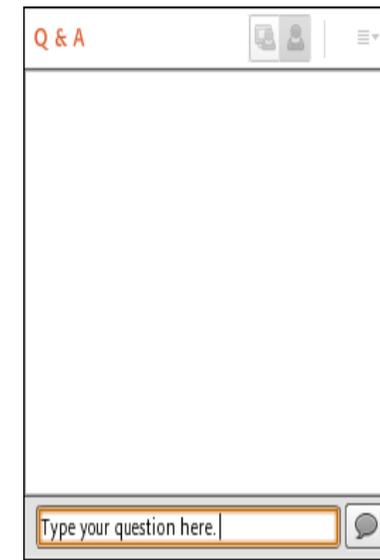
# Housekeeping

Dial-In +1 312-780-0854 Conference Room 24377976#

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# Agenda

- Welcome & Housekeeping
  - Housekeeping items (mute yourself unless speaking)
  - Next steps (regional meetings, national meeting, additional resources)
- Election Implications for Tobacco & Cancer: What now?
- The Basics: Health Insurance Open Enrollment, Medicaid, & Medicare Overview
- Strategies for Maximizing Consumer Engagement and Enrollment
- Lessons from the Field: a Provider Perspective



# Guest Speaker #1



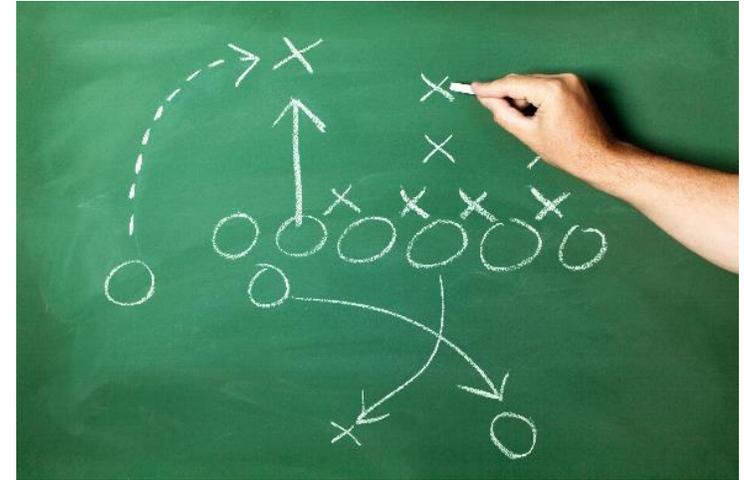
## Michael Petruzzelli, MPA

- Manager, Policy & Advocacy
- Monitors and executes the National Council's public policy and grassroots advocacy initiatives
- Primary author of the *Capitol Connector*, the National Council's public policy newsletter and blog.

# Election Implications

## Keep Perspective

- Election result doesn't change the progress we've made, nor our goal of effective, accessible care.
- **We've been here before.** We know how to play defense, and we can do it well.
- **Don't Panic:** Nothing will change in the next few months, including the CDC.





# Guest Speaker #2



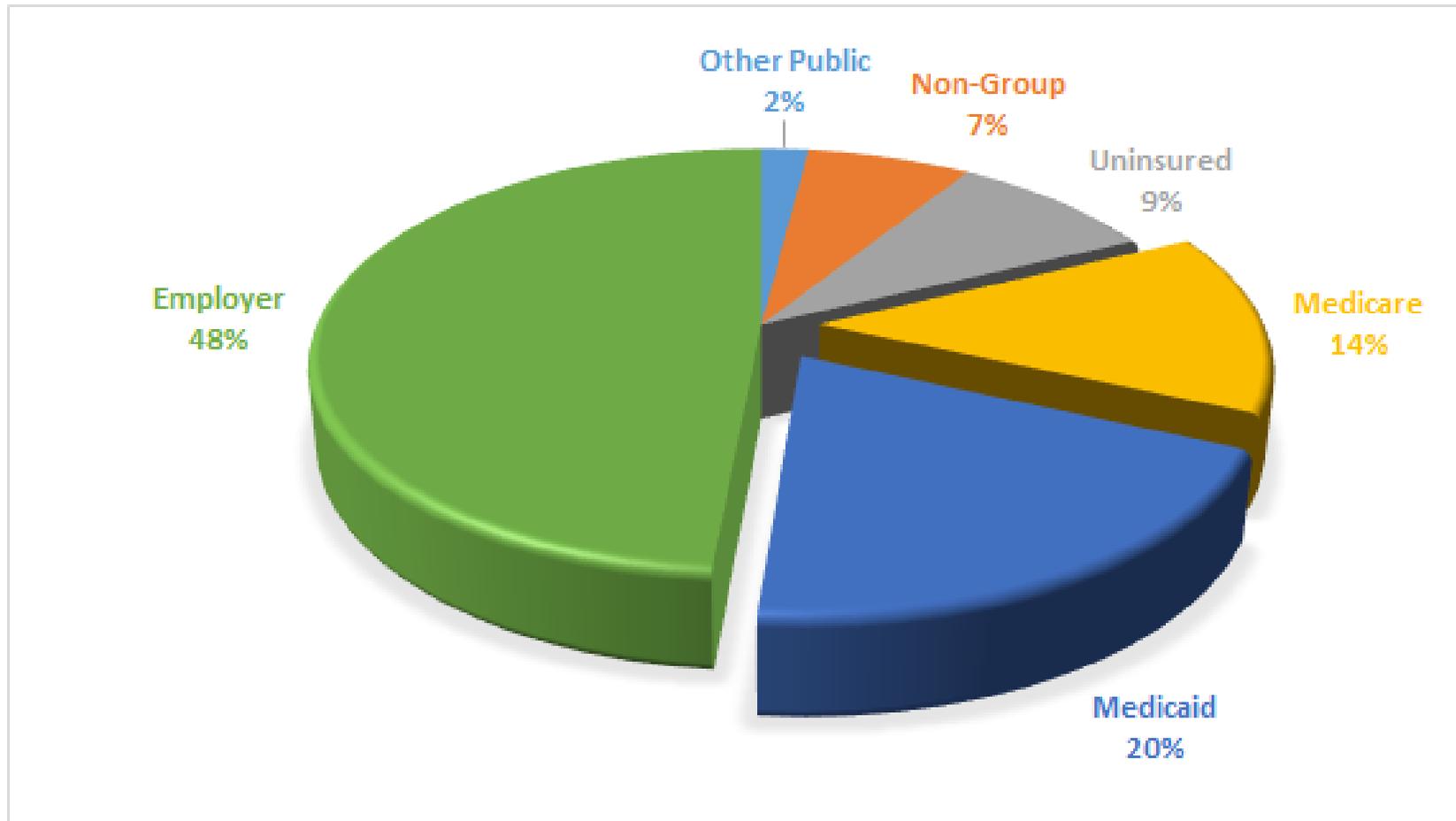
## Xavier Robinson, MHA

- Director of Practice Improvement at the National Council for Behavioral Health
- Project Director, National Behavioral Health Network for Tobacco & Cancer Control
- Subject Matter Expert in Health Insurance Financing

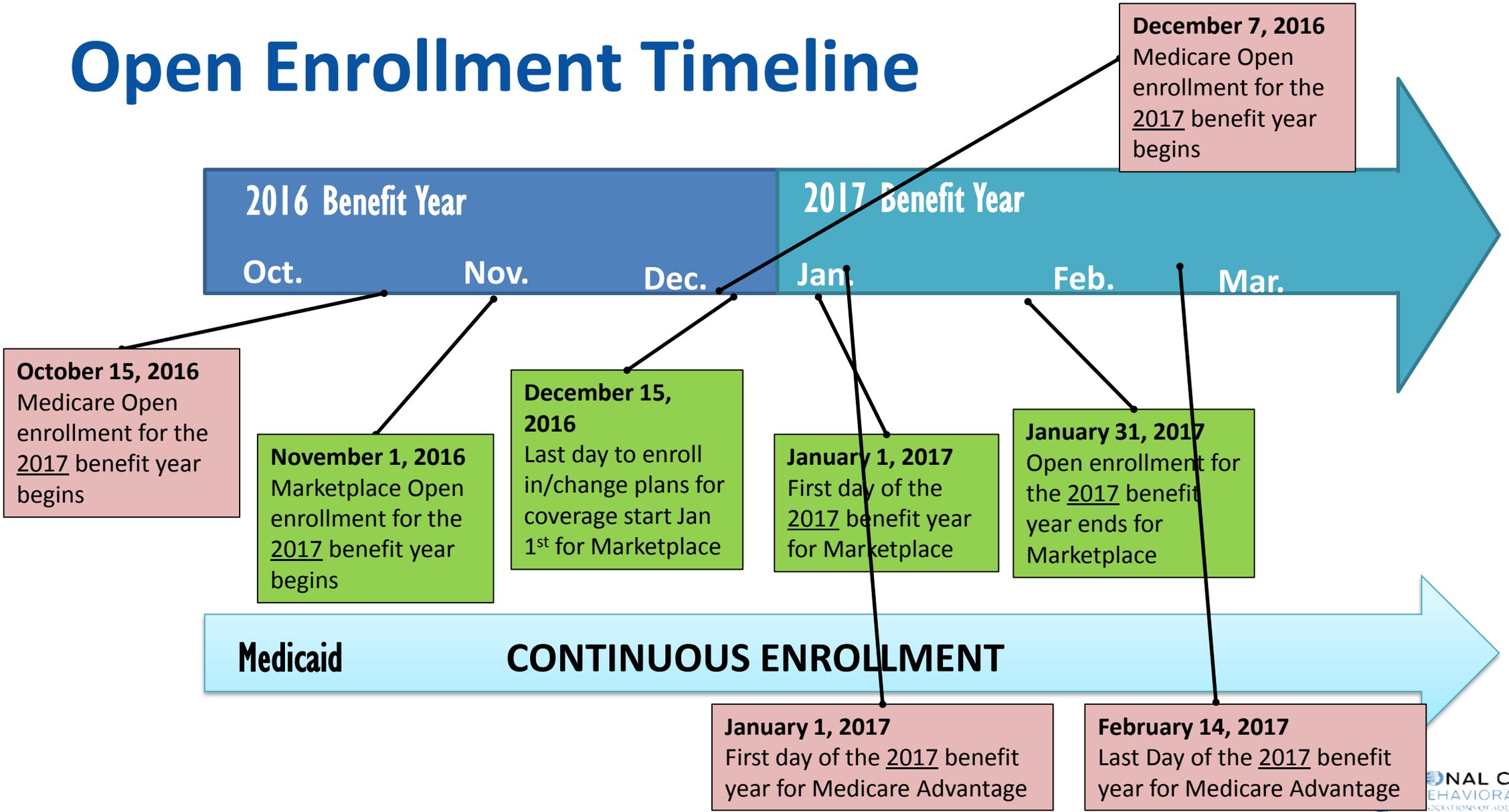
# Coverage Landscape



# National Payer Distribution



# Open Enrollment Timeline





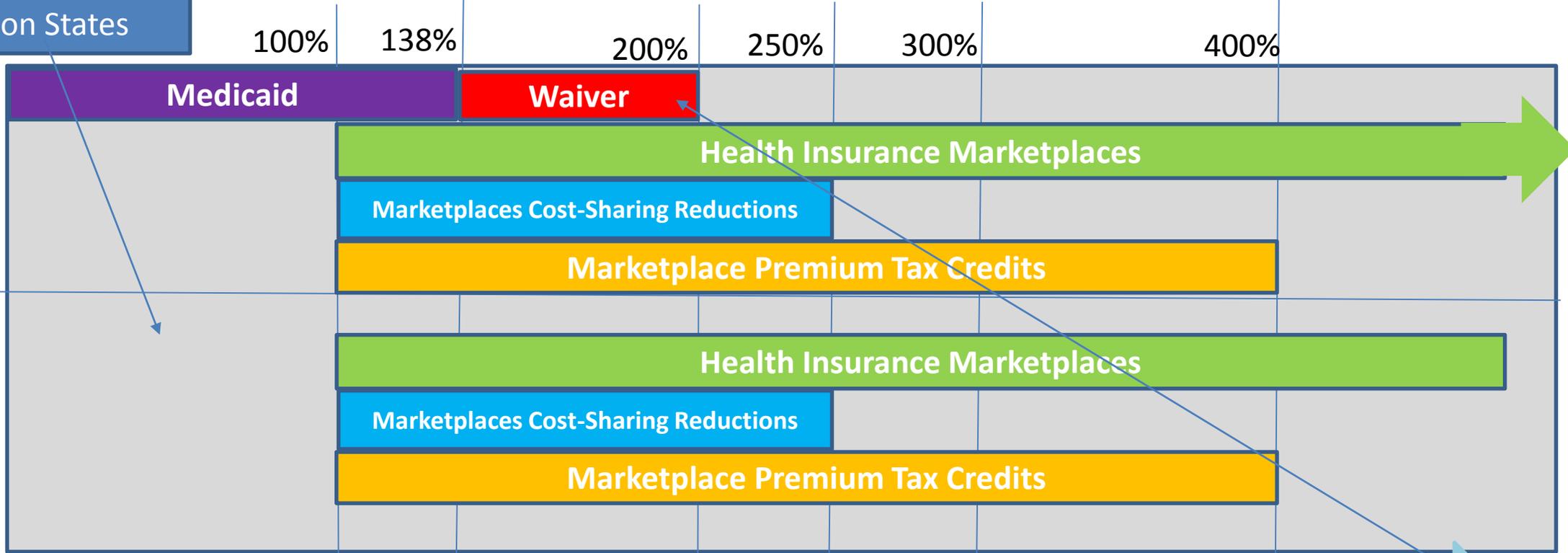
# Medicare Special Enrollment Periods

- Change in Residence
- Loss of Coverage
- Change in Coverage
- Medicare Contract Changes
- Dually-Eligible
- Complete list can be found here:
  - <https://www.medicare.gov/sign-up-change-plans/when-can-i-join-a-health-or-drug-plan/special-circumstances/join-plan-special-circumstances.html>

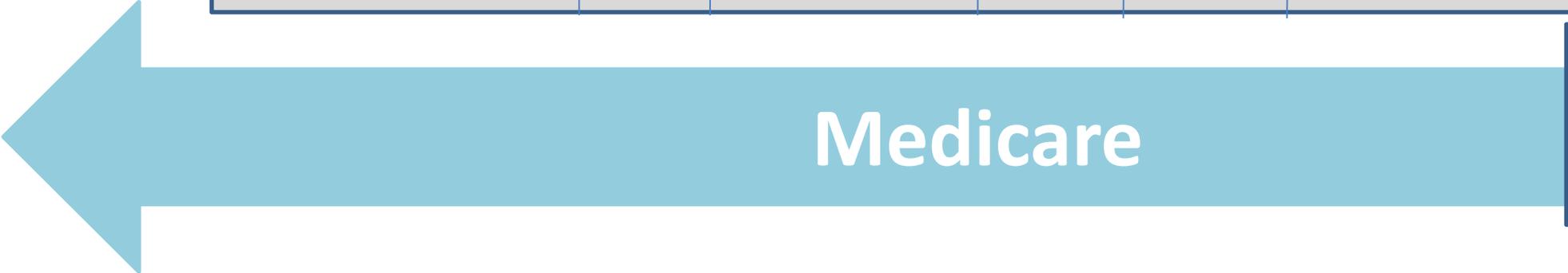


# Translating Eligibility into Coverage

Quick Tip: Medicaid eligibility is typically more stringent and needs based in Non-expansion States



Quick Tip: Some states have extended eligibility beyond 138% of FPL





# Plan Assessment Scenario



# Finding Plan Information

- **Health Insurance Marketplace**
  - Marketplace Plans: <https://www.healthcare.gov/quick-guide/>
- **Medicare**
  - Medicare Plan Finder: <https://www.medicare.gov/find-a-plan/questions/home.aspx>
  - Medicare Advantage Plans: <https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/types-of-medicare-advantage-plans.html>
- **Medicaid**
  - Medicaid State Profiles: <https://www.medicaid.gov/medicaid/by-state/by-state.html>

# Marketplace Plan Assessment Scenario

- Meet Maurice
- Location: New Jersey
- Salary: \$17,235
- Gender: Male
- Age: 58
- Medications: Lexapro, Chantix, Lipitor



# Federal Financial Assistance Subsidies



- **Premium Tax Credits** - Tax credit used to lower monthly insurance payment through HI Marketplace. Tax Credit based off the income estimate and household information you put on your Marketplace application.
- **Cost Sharing Reductions (CSR)**- A discount that lowers the amount payed towards deductibles, copayments, and coinsurance - cost-sharing reductions are often called “extra savings.”
- **Tax Reconciliation** - Compares two amounts: the premium tax credit you used in advance during the year; and the amount of tax credit you qualify for based on your final income.

# Affordability Screenshot

Health plans for one individual, age 30 , living in Camden County, NJ.

[Change](#)

Based on a household size of one and income of \$17,235, you may qualify for a **\$224/month tax credit** you can choose to apply to your premium for these plans. This tax credit has been applied to the premiums below.

You may also qualify for the [reduced out-of-pocket expenses](#) shown in the plans below.

## AmeriHealth NJ Tier 1 Advantage – Bronze EPO H.S.A.

EPO | Bronze

AmeriHealth New Jersey

[Details](#)

[Apply](#)

Monthly premium	Deductible	Out-of-pocket Maximum	Copayments/Coinsurance:
<b>\$25/mo</b>	<b>\$2,350/yr</b>	<b>\$6,350/yr</b>	<b>Primary Doctor:</b> \$50 Copay after deductible
One enrollee	Per individual	Per individual	<b>Specialist Doctor:</b> \$75 Copay after deductible
Premium before tax credit \$249/mo			<b>Generic Prescription:</b> 50% Coinsurance after deductible
			<b>ER Visit:</b> 50% Coinsurance after deductible

# 27 Health Plans

[All plans \(27\)](#)

Bronze Plans (7)

Silver Plans (11)

Gold Plans (7)

Platinum Plans (2)

## INSURANCE COMPANY

[Health Republic Insurance of New Jersey](#)

[AmeriHealth New Jersey](#)

[Horizon Blue Cross Blue Shield of New Jersey](#)

All health plans must offer the same essential health benefits.

These benefits include coverage for things like:

Doctor visits

Prescription drugs

Hospitalization

Maternity and newborn care

Preventive care

Plans can offer other benefits, like vision, dental, or medical management programs for a specific disease or condition. As you compare plans, you'll see what benefits each plan covers.

Health plans for one individual, age 30 , living in Camden County, NJ.

Based on a household size of one and income of \$17,235, you may qualify for a choose to apply to your premium for these plans. This tax credit has been appl

You may also qualify for the [reduced out-of-pocket expenses](#) shown in the plan

# Assessing QHP Metal Tiers and OOP Plan Costs

QHP Metal Tiers	What It Means
Bronze	Plan pays 60% of costs (on average)/enrollee pays 40%
Silver	Plan pays 70% of costs (on average)/enrollee pays 30%
Gold	Plan pays 80% of costs (on average)/enrollee pays 20%
Platinum	Plan pays 90% of costs (on average)/enrollee pays 10%

Lower premiums,  
but less generous



Higher premiums,  
but more generous

# Assessing Affordability: Silver vs. Platinum

## Silver Plan 1

Generic prescription	\$10
Preferred brand prescription	\$40
Non-preferred brand prescription	\$60
Specialty prescription	\$50

## Silver Plan 2

Generic prescription	\$7
Preferred brand prescription	50% Coinsurance after deductible
Non-preferred brand prescription	50% Coinsurance after deductible
Specialty prescription	50% Coinsurance after deductible

# Copayment vs. Coinsurance

- **Copayment**

A copay is a fixed amount you pay whenever you use a particular type of healthcare service or prescription drug.

- **Coinsurance**

The consumer pays a percentage of the cost of a healthcare service or prescription drug.

# Platinum

Monthly premium

**\$294/mo**

One enrollee

Premium before tax credit \$518/mo

Deductible

**\$0/yr**

Per individual

Out-of-pocket  
Maximum

**\$4,500/yr**

Per individual

Copayments/Coinsurance:

Primary Doctor: \$15

Specialist Doctor: \$25

Generic Prescription: \$10

ER Visit: \$75

Premiums

Copayment/Coinsurance

Out-of-pocket-maximums

Copayment/Coinsurance

# Gold

Monthly premium

**\$105/mo**

One enrollee

Premium before tax credit \$329/mo

Deductible

**\$2,000/yr**

Per individual

Out-of-pocket  
Maximum

**\$4,650/yr**

Per individual

Copayments/Coinsurance:

Primary Doctor: \$15

Specialist Doctor: \$30

Generic Prescription: \$10

ER Visit: \$100

# Silver

Monthly premium

**\$50/mo**

One enrollee

Premium before tax credit \$274/mo

Deductible

**\$100/yr**

Per individual

Out-of-pocket  
Maximum

**\$700/yr**

Per individual

Copayments/Coinsurance:

Primary Doctor: \$10

Specialist Doctor: \$30

Generic Prescription: \$7

ER Visit: 20% Coinsurance after deductible

<a href="#">Details</a> <a href="#">Apply</a>			
<h2>Silver Plan 1</h2>			
<p>Monthly premium</p> <p><b>\$50/mo</b></p> <p>One enrollee</p> <p>Premium before tax credit \$274/mo</p>	<p>Deductible</p> <p><b>\$100/yr</b></p> <p>Per individual</p>	<p>Out-of-pocket Maximum</p> <p><b>\$700/yr</b></p> <p>Per individual</p>	<p>Copayments/Coinsurance:</p> <p><b>Primary Doctor:</b> \$10</p> <p><b>Specialist Doctor:</b> \$30</p> <p><b>Generic Prescription:</b> \$7</p> <p><b>ER Visit:</b> 20% Coinsurance after deductible</p>

<a href="#">Details</a> <a href="#">Apply</a>			
<h2>Silver Plan 2</h2>			
<p>AmeriHealth New Jersey</p>			
<p>Monthly premium</p> <p><b>\$59/mo</b></p> <p>One enrollee</p> <p>Premium before tax credit \$283/mo</p>	<p>Deductible</p> <p><b>\$100/yr</b></p> <p>Per individual</p>	<p>Out-of-pocket Maximum</p> <p><b>\$750/yr</b></p> <p>Per individual</p>	<p>Copayments/Coinsurance:</p> <p><b>Primary Doctor:</b> \$15 Copay after deductible</p> <p><b>Specialist Doctor:</b> \$30 Copay after deductible</p> <p><b>Generic Prescription:</b> \$7</p> <p><b>ER Visit:</b> \$65 Copay after deductible</p>

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
Prezista 600 Mg Tablet	Antiretrovirals Hiv Protease Inhibitors	TABLET 600 mg	<b>T2</b> Tier 2	<b>SP</b> Specialty Product

## Definition of Symbols

Status	Definition
<b>T1</b> Tier 1	Formulary Generic. Your cost-share will depend on your enrollment option.
<b>T2</b> Tier 2	Formulary Brand. Your cost-share will depend on your enrollment option.
<b>T3</b> Tier 3	Non-Formulary Brand. Your cost-share will depend on your enrollment option.
Restriction	Definition
<b>AL</b> Age Limit	Age Restriction - Certain medications may not be age appropriate for all members. An age edit may be placed on a medication when safety concerns or inappropriate issues exists for a particular age group.
<b>GR</b> Females Only	Female Only - Certain medications may not be gender appropriate for all members. A gender edit may be placed on a medication when safety concerns or inappropriate issues exists for a particular gender.
<b>G</b>	Generic Indicator
<b>GR</b> Males Only	Male Only - Certain medications may not be gender appropriate for all members. A gender edit may be placed on a medication when safety concerns or inappropriate issues exists for a particular gender.
<b>OTC</b> Over the Counter	Over The Counter
<b>PA</b> Prior Auth	We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
<b>QL</b> Quantity Limit	For certain drugs, we limit the amount of the drug that we will cover. Click on this symbol next to the drug for more information.
<b>SP</b> Specialty Product	Denoted medication is considered a specialty drug as defined by your benefit. Access may be limited to the preferred Specialty Pharmacy.

Utilization Management Techniques

Universal Formulary

# Utilization Management

*Noun.*

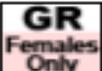
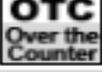
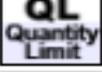
set of techniques used by or on behalf of insurance carriers to manage the cost of health care before its provision by influencing patient-care decision making through case-by-case assessments of the appropriateness and cost of care based on accepted practices

Examples Include:

1. Quantity Limit
2. Prior Authorization
3. Step Therapy
4. Provider Prescribing Limits

Brand Name Generic Name	Therapeutic Class Sub-class	Dose/Strength	Status	Notes & Restrictions
Tivicay 50 Mg Tablet	<a href="#">Antiretrovirals</a> <a href="#">Hiv Integrase Inhibitors</a>	TABLET 50 mg	<b>T3</b> Tier 3	<b>SP</b> Specialty Product

## Definition of Symbols

	Status	Definition
	Formulary Generic	Formulary Generic. Your cost-share will depend on your enrollment option.
	Formulary Brand	Formulary Brand. Your cost-share will depend on your enrollment option.
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	Restriction	Definition
	Age Restriction	Age Restriction - Certain medications may not be age appropriate for all members. An age edit may be placed on a medication when safety concerns or inappropriate issues exists for a particular age group.
	Female Only	Female Only - Certain medications may not be gender appropriate for all members. A gender edit may be placed on a medication when safety concerns or inappropriate issues exists for a particular gender.
	Generic Indicator	Indicates Generic drug.
	Male Only	Male Only - Certain medications may not be gender appropriate for all members. A gender edit may be placed on a medication when safety concerns or inappropriate issues exists for a particular gender.
	Over The Counter	Over The Counter
	Prior Authorization	We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
	Quantity Limit	For certain drugs, we limit the amount of the drug that we will cover. Click on this symbol next to the drug for more information.
	Specialty Pharmacy	Denoted medication is considered a specialty drug as defined by your benefit. Access may be limited to the preferred Specialty Pharmacy.

# So which plans are the best fit for Maurice?



Plan	Monthly Premium	Monthly Prescription Drug Cost	Deductible	Annual Out-of-pocket Maximum	Specialist Doctor Visit
Silver Plan 1	\$50	Lipitor - \$40 Chantix - \$60 Lexapro - \$40	\$100/year	\$700	\$30
Silver Plan 2	\$105	Lipitor - \$30 Chantix - \$40 Lexapro - \$30	\$300/year	\$850	\$40



# Outreach & Enrollment Considerations



Inappropriate Plan Steering – Encouraging clients into plans based solely on provider enrichment.



Advise clients of the insurance networks that you belong to.



Encourage clients to seek coverage opportunities during open enrollment.



Include benefits screening, and outreach and enrollment activities into administrative workflows.



# Marketplace Enrollment: Switching Plans During Open Enrollment

## Four Requirements



Individuals have to switch to a plan offered by the same issuer



The plan has to be offered at the same level and the same cost-sharing reduction level



The change must be because of a limited provider network



Consumers must request the change during the open enrollment period



# Considerations for Clients Living with Mental Health and Substance Use Disorders

1. People living with mental health and substance use disorders may be able to opt out of Medicaid Managed Care Plans
2. People living with mental health substance use disorders deemed to be Medically Frail (defined by states) can opt out of Medicaid Alternative Benefit Plans
  - [https://www.thenationalcouncil.org/wp-content/uploads/2015/07/15\\_Medically-Frail-Issue-Brief-v4.pdf](https://www.thenationalcouncil.org/wp-content/uploads/2015/07/15_Medically-Frail-Issue-Brief-v4.pdf)
3. People who are dually-eligible or Medicare and Medicaid are exempted from Medicaid expansion benefits



# Shortcuts & Resources

## 1. Enroll America Plan Tool

- <https://www.enrollamerica.org/get-covered-america/get-covered-plan-explorer/>
- Some data on provider networks
- Prescription Drug Coverage

## 2. Kaiser Family Foundation Coverage Eligibility Calculator

- <http://kff.org/interactive/subsidy-calculator/>
- Convert income to Modified Adjusted Gross Income

## 3. The National Council's Health Reform Site

- <https://www.thenationalcouncil.org/topics/healthcare-reform/>



## Guest Speaker #3



### **Dawn Randolph, MPA**

- President, DIR Consulting, LLC- a public policy firm
- Previously served as the COO of Georgia Council on Substance Abuse
- Member of the Governors Mental Health Commission
- Advised the Georgia Vocational Rehabilitation Agency



# Improve MH & SUD Outcomes

1. Quitting smoking can decrease depression, anxiety, and stress.
2. Quitting smoking can increase positive mood and quality of life.
3. For persons in treatment for substance use disorders, smoking cessation can increase long-term abstinence from alcohol and other drugs.



# Five A's of Intervention

## SAMHSA - Clinical Practice Guideline

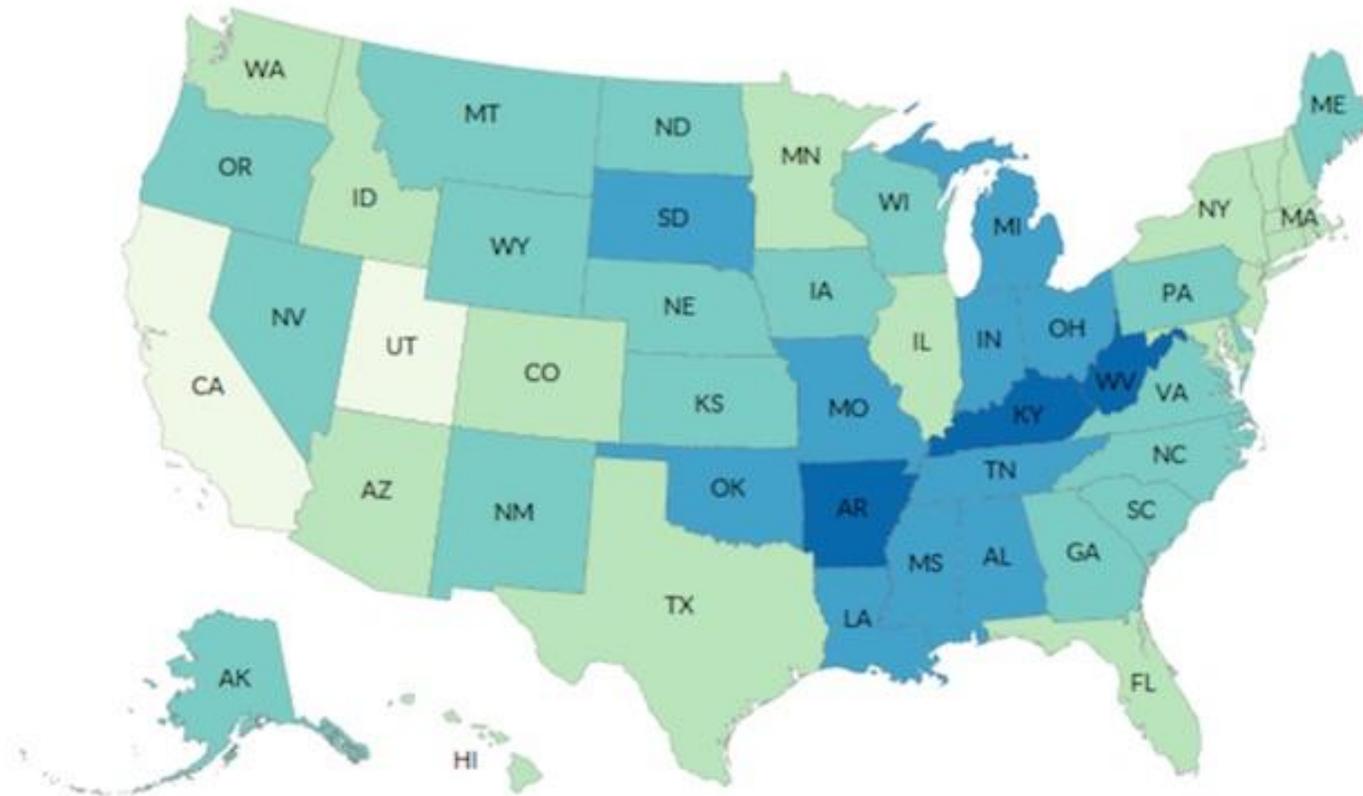
1. Ask about tobacco use
2. Advise to quit
3. Assess willingness to make a quit attempt
- 4. Assist in quit attempt**
5. Arrange follow-up



## Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2015

### About This Map

- 9.1% - <12.8%
- 12.8% - <16.4%
- 16.4% - <20.1%
- 20.1% - <23.7%
- 23.7% - 27.4%



- CT
- DC
- DE
- MD
- NH
- NJ
- RI
- VT

Territories



Guam



Puerto Rico



[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)



# Assist in Quit Attempt

## Willing clients need your support:

- ✓ Setting and keeping a quit date;
- ✓ Identifying a Quitline for daily support;
- ✓ Integrating brief intervention and counseling in their MH and/or SUD treatment plan for tobacco cessation;
- ✓ Identifying a health/medical professional who offer nicotine cessation, medication options and on-going support; and
- ✓ Finding insurance coverage.

# Insurance Coverage

Type	Who	Required Coverage	Cost Sharing
Medicare	65+ and some PWD	Cessation Medication/4 counseling sessions/2 quit attempts per year/Annual Prevention Visit	None for wellness
Medicaid	Low Income or PWD	Pregnant women: counseling sessions/FDA Approved cessation medication	Pregnant women - none
Expansion	Low Income or PWD up to 138% FPL	4 counseling sessions/90 days FDA approved medication/2 quit attempts per year/no prior authorization	None
Market Place	Individuals/buy plan	4 counseling sessions/90 days FDA approved medication/2 quit attempts per year/no prior authorization	None
Employer	Employer-sponsored	4 counseling sessions/90 days FDA approved medication/2 quit attempts per year/no prior authorization	None
Grandfathered	Plans before 3/2010	None	Varies



# Strategies & Tools

- ✓ SBIRT
- ✓ Severity and Co-morbidity
- ✓ Accepted Plans
- ✓ Market Place Access
- ✓ Peer and Recovery Supports
- ✓ Integrated Care



# SBIRT

**Process** → screen for use, assess readiness to change tobacco use, provide brief intervention

**Tool** → The Alcohol, Smoking and Substance Involvement Test (ASSIST) is a useful tool and one that you may already be using.

**Follow Through & Follow Up** → make tobacco cessation part of the treatment plan and you will find that the person feels supported and feels it is part of the wellness approach.





# Severity & Co-Morbidity

- ✓ **Treatment Improvement Protocol 45** has instruments and tools that can measure the severity of nicotine dependence and assess medical conditions that can be complicated or exacerbated by tobacco.
- ✓ **Twenty years of peer reviewed studies** show the detrimental affect of tobacco use for individuals diagnosed with a behavioral health issue.
- ✓ **Ten years of randomized trials** are showing great success in smoking-cessation intervention.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2718730/>



# Plans

## Agency/Organization Accepted Plans

- ✓ Provide consumers with a list of plans accepted by your agency which include tobacco cessation coverage.
- ✓ Approach this as you would your employees in terms of a nice, easy to read, one-pager.



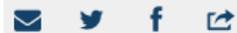
# Market Place

- ✓ **Analyze** – Who needs coverage?
- ✓ **Identify** – Opportunities to discuss coverage
- ✓ **Direct** - Link consumers to the ACA enrollment portal in your state

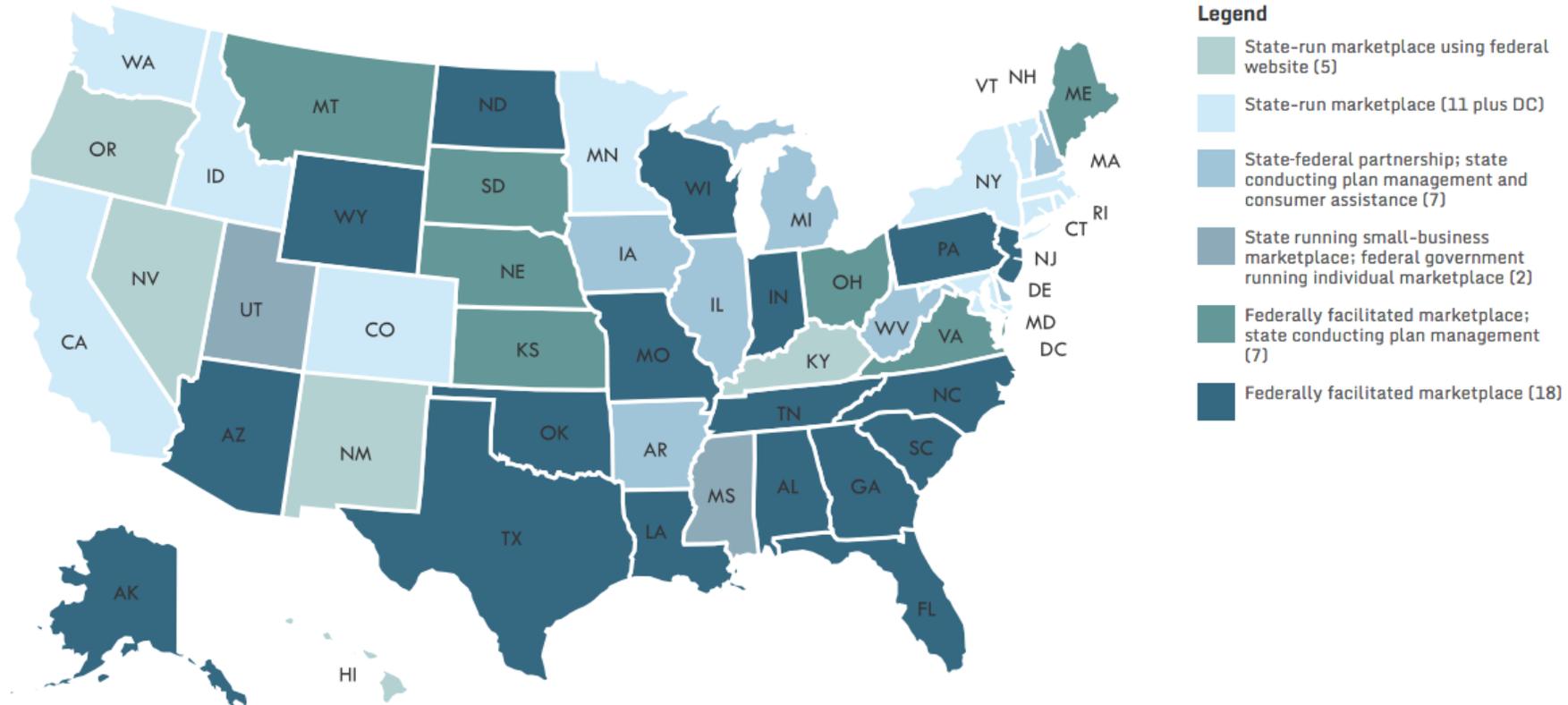
# The Affordable Care Act's Health Insurance Marketplaces by Type

Hover to learn more about each state's ACA marketplace

Use this interactive map to review the status of state action on health insurance marketplaces.



Add to My Library Print





# Peer & Recovery Support

Vital for outreach and  
continual support



# Integrated Care

- ✓ Team up with health providers to ensure strong network of referrals for treatment options utilizing cessation medication.
- ✓ Build in connections to insurance in your process maps/consumer flow of treatment.
- ✓ Providers who have moved to integration of physical and behavioral health explore your process maps to integrate coverage for cessation screening, intervention and treatment.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2718730/>



# Online Resources

- **American Lung Association**
  - *Tobacco Cessation as a Preventive Service: New Guidance Clarifies Affordable Care Act Provision*
  - *Tobacco Cessation Treatment: What is Covered?*
- **FDA Approved: Smoking Cessation Products**
- **North American Quitline Consortium: Quitline Map**
- **SAMHSA**
  - *Tobacco and Behavioral Health: The Issue and Resources*



# Guest Speaker #4



## **Anne Phillips, LICSW**

- Clinical Applications Director at Edinburg Center
- 13 years of experience in adult mental health, including inpatient, outpatient, and outreach
- Team Leader of Community Based Flexible Supports Team at Edinburg Center



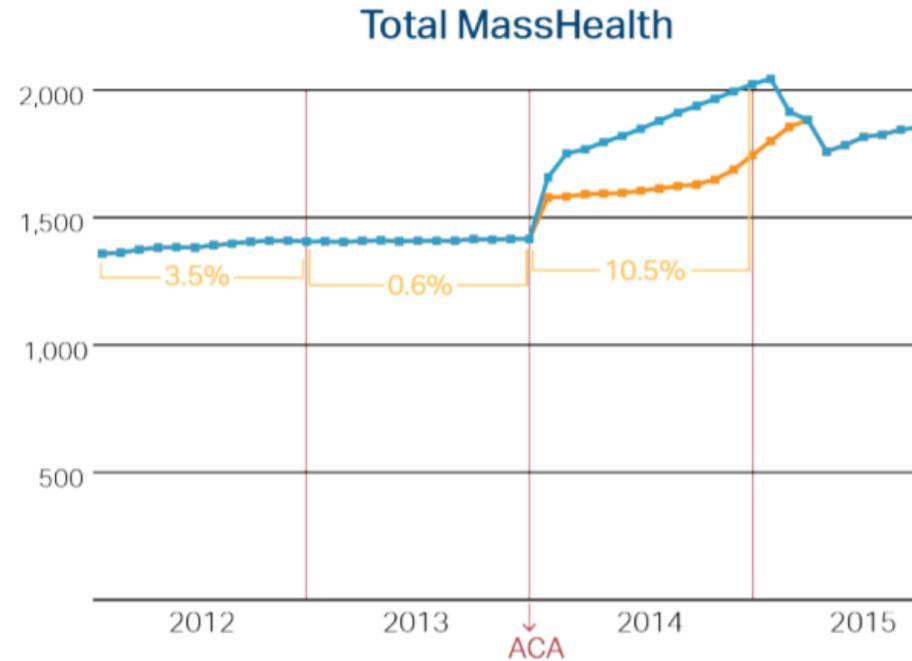
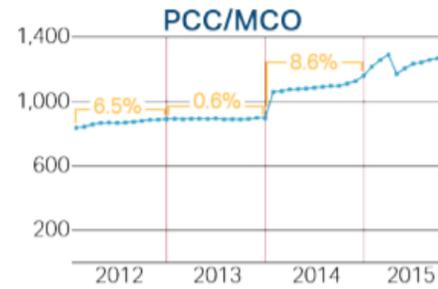
# The Edinburg Center Lexington, Massachusetts

# Massachusetts Health Insurance Statistics

- In 2015, MassHealth had an enrollment 1.85 million members (a 31% increase relative to the fall of 2013)
- In 2014, MassHealth extended eligibility to low-income adults through the ACA and transferred individuals with incomes between 100 and 133 percent of the Federal Poverty Level who had been previously eligible for subsidized insurance via that Massachusetts Health Connector onto MassHealth.
- In 2014, Massachusetts had the highest rate of insurance coverage in the nation.
- Massachusetts has some of the highest costs due to hospitalization in the nation.
- Massachusetts Tobacco Cessation and Prevention Program provides toll-free helpline that provides free referral and counseling to Massachusetts residents who are trying to quite smoking. They also provide two websites [www.TryToStop.org](http://www.TryToStop.org) and [www.quitworks.org](http://www.quitworks.org) which was created as a joint effort with the MTCP and health care insurance companies.
- MassHealth provides coverage for two 90 day treatment regimens per year of FDA approved Nicotine Replacement Therapy with a co-pay of \$0- \$3.65 depending on the medication (higher amounts of medications are available with prior authorization) and/or up to 6 face to face counseling sessions per 12 month cycle (higher amounts available with prior authorization)

## Exhibit 2.8: MassHealth enrollment, January 2012-August 2015

Thousands of enrollees per month

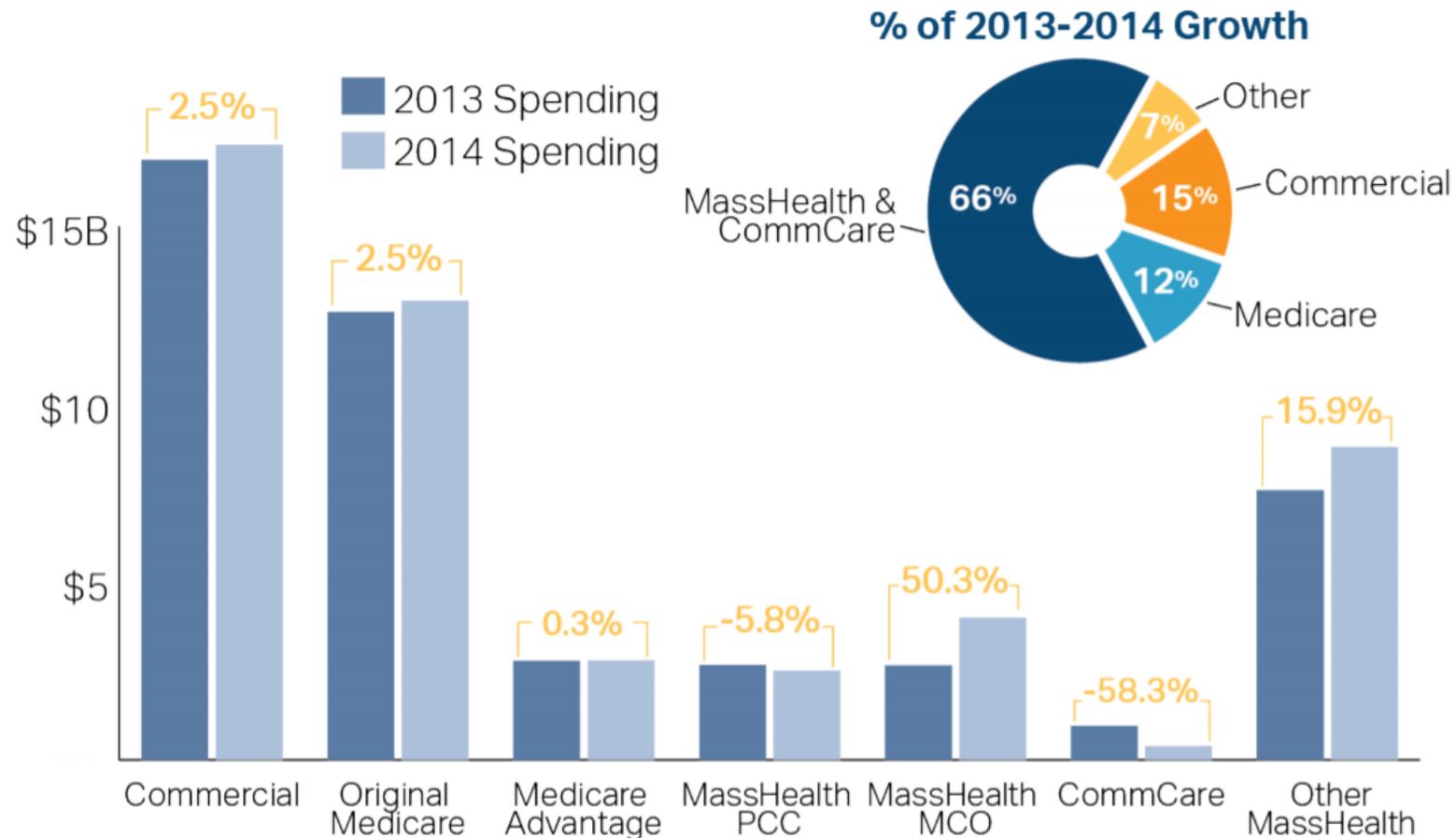


- Total (with Temp)
- Total (without Temp)



## Exhibit 2.2: Massachusetts healthcare spending, by payer type, 2013 and 2014

Spending in billions of dollars





# Health Insurance Evaluation

- Health Insurance information is gathered upon intake
- Many individuals come to the Edinburg Center already having insurance
- If individuals do not have insurance or have inadequate insurance, information about income/expenses is gathered to assist the individual in making a determination about their eligibility.
- Program staff will assist the person in applying for benefits, gathering paperwork necessary, and work with the individual on following up on a submitted application.
- If the person does not qualify for MassHealth or Medicaid, they will assist the individual in exploring options via the state exchanges.



# Smoking/Tobacco/Nicotine Assessment

- Part of the MSDP (Massachusetts Standardized Document Project) assessment, which most of our programs use, focuses on health and a tobacco assessment is completed.
- Based on the person's responses to the questions, the person's stage of change related to smoking/tobacco/nicotine use is determined and follow up is provided based on that stage of change.
- Follow up can include, but is not limited to, referral to an off site tobacco treatment specialist, education around the potential benefits of decreasing smoking, information about Nicotine Anonymous meetings.
- Staff can assist the individual with contacting their insurance to determine what benefits might be available, accompanying an individual to an appointment with the health care provider, and depending on need assistance with taking any prescribed Nicotine Replacement Therapy medications.



# Program Follow-Up

- Smoking goals can be included in a person's treatment plan if they request it
- Smoking/Tobacco/Nicotine assessment is completed every 6 months to determine if the person has made any changes and program support is altered based on changes.
- Coordinate with medical providers, particularly subscribers, in order to determine if changes in medications or other treatment is necessary.



# Helpful Strategies

- Make sure that staff are familiar with the options available within insurance options in your area for smoking cessation and the exchanges in order to be able to assist individuals in making an informed choice.
- Don't duplicate resources, but also tailor information to the people with whom you work.
- Identify what is important to the individuals with whom you work, such as being able to decrease psychotropic medications, in order to assist with motivation.
- Have concrete resources available for staff to use for referrals and education to use.
- Helpful to work with individuals on coping strategies and other skills in order to replace the benefit that individuals received from smoking and also the fill the time that individuals spent smoking.
- Helpful to have “buy-in” by funders, so that you can get reimbursed for connecting individuals with insurance and smoking cessation resources.



# Economic Costs of Smoking

- Massachusetts spends over \$10 million each day in direct medical costs related to smoking
- Each pack of cigarettes sold in Massachusetts costs the state an estimated \$15.33 in direct health care costs and \$6.08 in lost productivity
- Estimated cost of \$6 billion annually
  - \$4.3 billion due to excess health care costs
  - \$1.7 billion from lost productivity

Massachusetts Department of Public Health. Economic Costs of Smoking-Massachusetts Fact Sheet (2008). Accessed on 12/2/16  
<http://www.mass.gov/eohhs/docs/dph/tobacco-control/economic-costs-of-smoking.pdf>.



# Outcomes

- In 2014, 41.2% of individual who identified as having 15+ days of poor mental health in the past month and 53.4% with an identified disability reported successful quitting.
- Every year since 1997, the adult smoking rate in Massachusetts has been lower than the national rate.
- We have found that individuals stage of change progresses through talking about smoking cessation, some are able to quit and others move through the stages towards action/maintenance.



# National Behavioral Health Network

*For Tobacco & Cancer Control*

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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**Questions?** Please contact Krystle Canare at [KrystleC@thenationalcouncil.org](mailto:KrystleC@thenationalcouncil.org).