



Paul R. LePage, Governor

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November 30, 2011

Senator Earle L. McCormick, Co-Chair  
Representative Meredith N. Strang Burgess, Co-Chair  
Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333

Dear Senator McCormick, Representative Strang Burgess, and Members of the Joint Standing Committee on Health and Human Services :

In the 125th legislature, the Committee directed the Department to work to address the high tobacco use rate by MaineCare members. I am pleased to provide you with Mainecare's progress to date.

*Resolve, Regarding MaineCare Tobacco Treatment and Smoking Cessation Benefits*

*Sec. 1 Best practice and model treatment programs. Resolved: That the Department of Health and Human Services, through the Partnership for a Tobacco-Free Maine, the Maine Center for Disease Control and Prevention and the Office of MaineCare Services, shall work to address and reduce tobacco use by MaineCare members. The department shall identify best practice measures for reducing the smoking rate of MaineCare members. The department shall determine ways to increase use of the MaineCare tobacco treatment benefit while working within existing resources to fund projects necessary to reach MaineCare members. The department shall submit a written report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on its progress under this section by November 30th each year through 2014.*

If you have any questions please contact Stefanie Nadeau, Director, MaineCare Services at 207-287-2093 or at [stefanie.nadeau@maine.gov](mailto:stefanie.nadeau@maine.gov).

Sincerely,

Mary C. Mayhew  
Commissioner

MCM/klv

Enclosure

## MaineCare Efforts to Reduce Tobacco Use Dependence

Despite MaineCare efforts to reduce tobacco cessation among MaineCare members, the rate of MaineCare tobacco users continues to be double the statewide average of all Maine Citizens. The current rate of tobacco use as identified through a survey of the Maine Centers for Disease Control and Prevention is at a rate of 41.4%.

The 125<sup>th</sup> legislature directed the Department to work to address this issue.

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### **Problem Statement:**

Although MaineCare does not pay for all services identified in the 2008 Public Health Service Guidelines, *Treating Tobacco Use and Dependence* without limits, the current benefit level is underutilized as identified by MaineCare claims data.

### **Solution:**

In this climate of budget deficits, the addition of new covered services is difficult to achieve. Therefore, the focus is on how to maximize the current benefit level by MaineCare tobacco users through communication with the primary care provider community about the availability of covered services, best practice information about how to talk with members about quitting, media to stress the importance of quitting tobacco use and extensive collaboration with community partners and other state agencies to raise awareness of the problem.

### **Collaboration:**

MaineCare has been working with representatives from the Center for Tobacco Independence, the Maine Center for Disease Control (MeCDC), and the Maine Lung Association, as well as other community partners such as the Maine Medical Association, the Maine Osteopathic Association, the Maine Hospital Association, the MaineCare physician advisory committee and the MaineCare dental advisory committee. Several initiatives have been taken or are planned to make an impact on reducing tobacco dependence for MaineCare tobacco users.

### **Best Practice Standards:**

#### **1) Tobacco Cessation Guidelines:**

The 2008 Public Health Service tobacco guidelines, the most current available, are the evidence based practices that guide us in our work. The Guidelines note that only 25% of Medicaid members reported any practical assistance with quitting or any ensuing follow up. The 2008 Guidelines focus much more heavily on the need for systemic delivery of tobacco dependence treatment (recognizing that physicians and other providers are only one, important part of a larger system), on emerging evidence of the efficacy

of treating special populations and evidence based analyses of the efficacy of new and multiple pharmacotherapies.

## 2) Model Program

The model tobacco dependence treatment program in either the public or private sector includes:

1. Screening, identification and intervention for tobacco use by every practice with referral as necessary for further counseling.
2. Evidence based pharmacotherapy is readily available to all.
3. Pharmacotherapy and counseling are not linked in a payment scheme; one can be reimbursed without the other.
4. Cost sharing and deductibles are minimal; the duration of treatment reimbursed reflects successful quit patterns.
5. Benefits are targeted to those most in need, such as pregnant smokers and those with behavioral health problems such as major depression.
6. Providers are given adequate reimbursement for counseling.
7. Education is conducted about benefits offered and evaluation of the treatment provided is conducted on a regular basis.

### How does MaineCare coverage compare?

#### Tobacco Cessation Coverage:

<p>NRT Gum (P) Limit: up to 3 months duration per year. May be used in combination or with bupropoin tablets for cessation.</p>	<p>Varenicline- chantix (P) Covered with prior authorization</p>
<p>NRT Patch (P) Limit: up to 3 months duration per year. May be used in combination or with bupropoin tablets for cessation.</p>	<p>Bupropoin (P) Bupropoin SR 100 and 150mg - which is the generic form of Zyban.</p>
<p>NRT Nasal Spray Covered with prior authorization, if gum and patch tried and failed or if presence of a condition that prevents usage of preferred drug or interaction with another drug and preferred drug exist.</p>	<p>Tobacco Screening Covered when provided in a physician's office</p>
<p>NRT Inhaler Covered with prior authorization, if gum and patch tried and failed or if presence of a condition that prevents usage of preferred drug or interaction with another drug and preferred drug exist.</p>	<p>Individual Counseling Members are covered for 3 individual counseling appointments per year either in a physician's office or a dentist's office</p>
<p>NRT Lozenge Covered for members not able to tolerate the patch or gum. May be used in combination or with bupropoin tablets for cessation.</p>	<p>Group Counseling (not covered)</p>

All tobacco cessation products require a co-payment be paid by the member of \$3.00 with a prescription from the member's primary care provider. Individual tobacco counseling is a reimbursable service and is also included as an incentive payment measure on the primary care provider incentive payment program for private physicians. In addition, MaineCare provides reporting feedback to all primary care providers including Federally Qualified Health Centers and hospital based providers on their tobacco counseling and medication use through a utilization report sent to all primary care providers once every 6 months.

An analysis of MaineCare's current coverage and interventions for tobacco cessation against the model program (as identified in the *2008 Public Health Service tobacco guidelines*) has yielded the following differences:

- MaineCare covers all FDA approved medications but with step therapy and limits on the number of medications for quit attempts,
- MaineCare covers individual but not group counseling,
- MaineCare continues to charge modest co-pays (mail order scripts have no co-pays, however, the mail order pharmacies often do not carry over the counter medications).
- MaineCare has not expanded the types of providers, such as tobacco treatment specialists who can provide counseling due to fiscal constraints.

### **Moving Forward with Solutions:**

Making a difference at a time of great fiscal shortfalls is challenging but not impossible. Using MaineCare claims data we have found that the current benefit is underutilized and greater awareness of the issue and solutions as well as an understanding of the barriers to tobacco cessation for MaineCare tobacco users is necessary. In addition, there is a new opportunity to match Federal MaineCare funds with the money used to fund the Maine Tobacco Help line. This Federal opportunity will create resources for MaineCare tobacco users by expanding the types of reimbursable practitioners to include tobacco treatment specialists employed by the help line without spending additional state money. Working in partnership with the groups mentioned earlier in this report the following strategies are either in place or are planned in this state fiscal year:

### **Research successful programs:**

- A literature review of other states that have yielded positive results with their Medicaid programs resulted in a closer review of the state of Massachusetts. A comparison of the MaineCare program and the MassHealth program is attached as Appendix A. In summary, the tobacco benefits themselves do not vary greatly with the exception of the limits imposed in Maine but the media campaign, according to MassHealth officials, made the greatest difference. In conjunction with the Massachusetts health care reform law in 2006, MassHealth began covering tobacco cessation medications and counseling. In combination with the new coverage, tobacco cessation was promoted in a number of different ways, including, advertising of the benefit in subway trains as well as other venues, working closely with provider associations to raise awareness of the new cessation coverage benefit, an increase in the state excise tax for cigarettes and the quit line offered nicotine patches to all callers regardless of insurer. Strategies that can be replicated in the State of Maine have been thoroughly discussed and those that can be done for no cost have been incorporated into the strategies below.

### **Raise Awareness of the MaineCare Tobacco Use Rate and Need To Reduce Tobacco Use:**

Discussions with the MaineCare physician and dental advisory committees and various provider associations were beneficial in identifying the needs of providers in helping members to quit. The following strategies have been or will be employed as a result of those discussions:

**Communication to all providers through association newsletters of the seriousness of the issue and the need to screen and counsel MaineCare tobacco users.**

- An informational article was distributed to all of the associations we have partnered with and was inserted in their fall newsletters to association members.
- A tobacco cessation toolkit designed to help providers talk with their patients about the importance of quitting was tailored to the needs of providers in their offices by their peers on the advisory committees. Information in the toolkit included the following;
- A Report of the Surgeon General: "*How Tobacco Smoke Causes Disease*";
- A poster to hang in a provider's waiting room to remind members about the Maine Tobacco Help Line (the Help Line has trained counselors ready to assist patients in their efforts to quit);
- The Maine Tobacco Helpline Fax Referral form, which will result in patients receiving a proactive call from the Tobacco Help Line;
- A one page guide of what is covered through MaineCare for tobacco cessation;
- An article on smoking issues using the 5A's to assist patients in encouraging them to quit.
  - Ask—Systematically identify all tobacco smokers at every visit;
  - Advise—Strongly urge all tobacco users to quit;
  - Assess—Determine the patient's willingness to make a quit attempt;
  - Assist—Aid the patient in quitting by offering counseling, FDA-approved pharmacotherapy, or both;
  - Arrange—Arrange for follow up.

**Getting Feedback from Members on the barriers to Quitting :**

- The MaineCDC, in collaboration with the MaineCare program will conduct a series of focus groups in the coming winter to determine how we can better assist members with tobacco cessation.

**Provider Training to assist tobacco users to quit:**

- Under consideration and planning stages based on discussions with provider associations:
  - MaineCDC Tobacco Control Program and the Center for Tobacco Independence – Provide training at association meetings and statewide events where providers gather, to assist with motivational interviewing and the 5 A's noted above.
  - Provide training opportunities for providers at the annual conference on tobacco, cessation.
    - Offer CME credit to provide incentive for providers to participate in the training.
- Partner with the Maine Quality Counts to conduct a Lunch 'n' Learn for education to provider groups.
- Explore the possibility of partnering with other quality improvement organizations in the state to provide opportunities for provider training through other venues.
- Explore the possibility of an academic detailing program for tobacco cessation.

**Increase the help line staff and provide reimbursement to tobacco cessation specialists to expand the number of practitioners available to provide counseling**

- This past summer Medicaid programs from across the country were notified by the Centers for Medicare and Medicaid Services (CMS) that Medicaid programs could receive an administrative Federal match to expand resources for help lines in providing support to Medicaid tobacco users. As a result of this shift in Federal policy, MaineCare is working with the Maine CDC Tobacco Control Program to take advantage of this opportunity. CMS will match dollars being spent on help lines at 50% based on the percentage of MaineCare members served. This will allow the help line to add qualified staff who can be designated specifically for counseling MaineCare members.

As you can see from the list there are a number of strategies underway, or being explored, to reduce tobacco dependence for MaineCare members. MaineCare has committed to providing the legislature with an annual report for 2 additional years, which will update the Health and Human Services Committee on activities being undertaken and provide information on the efficacy of those activities.