

# Turning Challenges into Dollars: Enhancing Tobacco Cessation Billing in your Organization



National Behavioral Health Network  
*For Tobacco & Cancer Control*

Tuesday, June 19th, 2018, 3:00pm EDT

Smoking Cessation  
Leadership Center

UCSF

University of California  
San Francisco



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



# Welcome!



**Dawn A. Randolph, MPA**

DIR Consulting Group, LLC

Health Financing Consultant, National  
Behavioral Health Network for Tobacco &  
Cancer Control



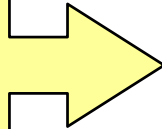
**Lea Simms**

Coordinator, National Behavioral Health Network for Tobacco  
& Cancer Control

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# Housekeeping

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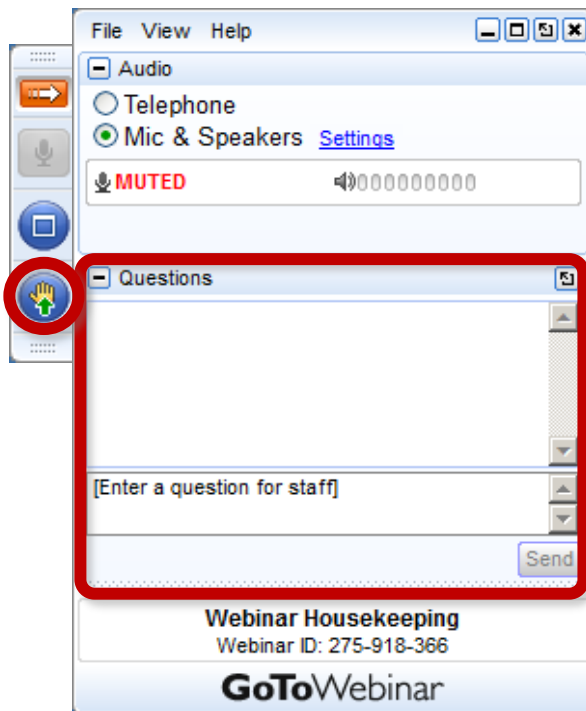
<https://attendee.gotowebinar.com/register/3224800924176959490>

Call in using your telephone: +1 (213) 929-4232

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# 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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# Today's Agenda

- **Why Smoking Cessation Is Important for Persons with Behavioral Health Conditions**— Christine Cheng, *Smoking Cessation Leadership Center*
- **Tobacco Cessation Billing**— Anne Digiulio, *American Lung Association*
- **Successes & Lessons Learned in Kentucky**— Marydale Coleman, *Kentucky Department of Medicaid Services*
- **Overview of Resources**
- **Moderated Q&A**



# Guest Speaker #1



## Christine Cheng

- Partner Relations Director, Smoking Cessation Leadership Center, University of California, San Francisco
- Provides strategic leadership, management, administration, planning and organization for SCLC
- Serves as senior advisor to the deputy director on SCLC's partnerships.
- Family member experienced lung cancer



University of California  
San Francisco

# Why Smoking Cessation Is Important for Persons with Behavioral Health Conditions

*Christine Cheng, Partner Relations Director  
Smoking Cessation Leadership Center/UCSF*

**Tuesday June 19, 2018**

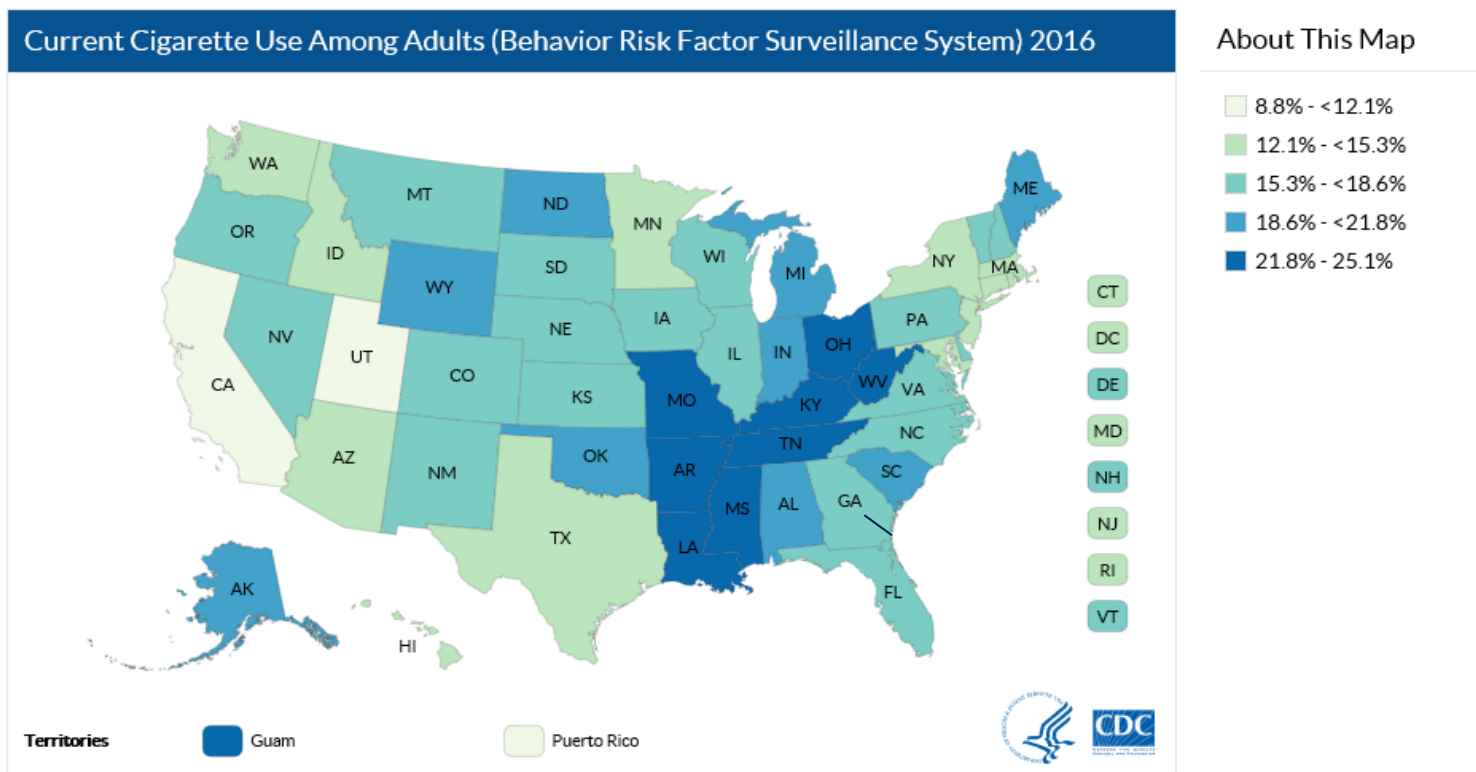


# Tobacco's Deadly Toll

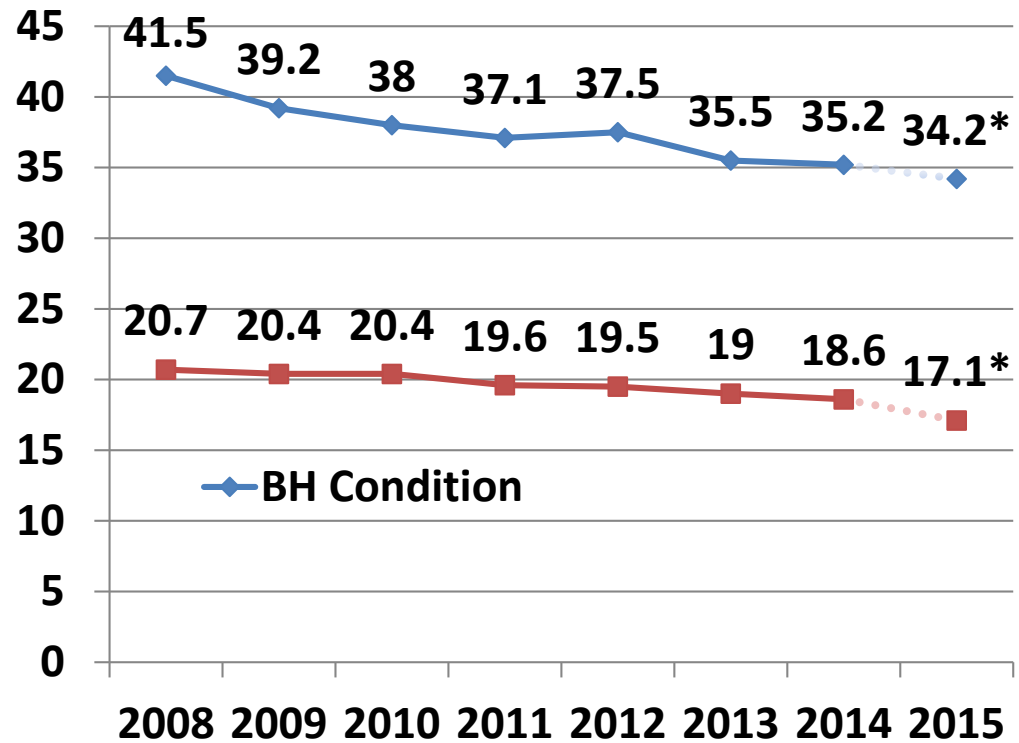
- 480,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
  - Current trends show >8 million deaths annually by 2030
- 42,000 deaths in the U.S. due to second-hand smoke exposure
- >16 million in U.S. with smoking related diseases (60% with COPD)
- 37.8 million smokers in U.S. (76.1% daily smokers, averaging 14.1 cigarettes/day, 2016)

\* Carter et al, NEJM, Feb 12, 2015

# Current Cigarette Use Among Adults, Regional Trends



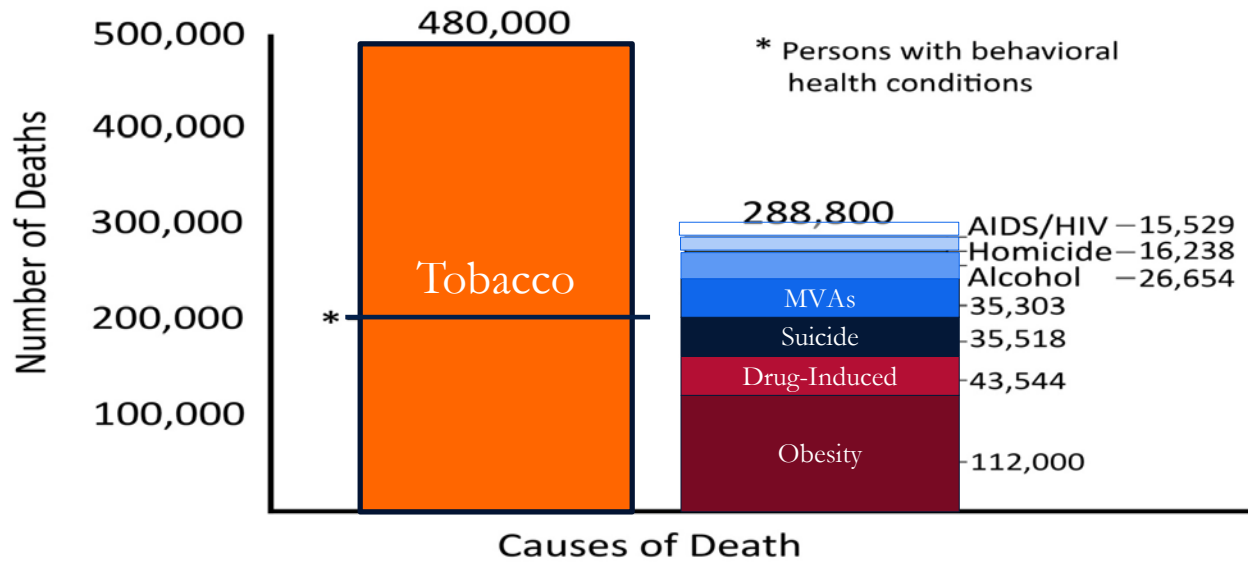
# Current Smoking Among Adults (age $\geq 18$ ) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2015



Behavioral Health Condition includes AMI and/or SUD

\* Due to changes in survey questions regarding substance use disorders in 2015, including new questions on meth and prescription drug misuse, this data is not comparable to prior years

# Behavioral Causes of Death in the U.S.



**Sources:**

U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.

Mokdad et al, JAMA 2004; 291:1238-1245

Mokdad et al; JAMA. 2005; 293:293

# Smoking and Behavioral Health: The Heavy Burden

- 200,000 annual deaths from smoking occur among patients with CMI and/or substance abuse
- The BH population consumes nearly 40% of all cigarettes sold in the United States
  - higher prevalence
  - smoke more
  - more likely to smoke down to the butt
- People with CMI die earlier than others, and smoking is a large contributor to that early mortality
- Greater risk for nicotine withdrawal
- Social isolation from smoking compounds the social stigma

# What Is the Link Between Smoking and ...

## Cancer and Mental Illness? <sup>1</sup>

- More than 50% of patients with terminal cancer have at least one psychiatric disorder
- Individuals with a mental illness may develop cancer at a 2.6 x higher rate on account of late stage diagnosis & inadequate treatment and screenings
- Individuals with a mental illness have a higher rate of fatality due to cancer
- Lung cancer is the #1 cause of cancer death for men and women
- Nearly 9 out of 10 lung cancers are caused by smoking

## Mental Health Conditions? <sup>2</sup>

- Smoking is more common among adults with mental health conditions, such as depression and anxiety, than in the general population<sup>1</sup>
- About 3 out of every 10 cigarettes smoked by adults in the U.S. are smoked by persons with mental health conditions<sup>1</sup>
- Smokers are more likely than nonsmokers to experience depression, anxiety, & other mental health conditions
- Smoking is not a treatment for depression or anxiety
- Getting help for depression and anxiety and quitting smoking are the best way to improve moods

Source:

1. <http://www.cdc.gov/tobacco/campaign/tips/diseases/cancer> & <http://www.thenationalcouncil.org/consulting-best-practices/national-behavioral-health-network-tobacco-cancer-control/>

2. Centers for Disease Control and Prevention. [Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years with Mental Illness—United States, 2009–2011](#). Morbidity and Mortality Weekly Report 2013;62(05):81–7 [accessed 2015 Nov 17].

# Myths About Smoking and Behavioral Health

- Tobacco is necessary self-medication (the tobacco industry has supported this myth)
- They are not interested in quitting (same % wish to quit as general population)
- They can't quit (quit rates same or slightly lower than general population)
- Quitting worsens recovery from the mental illness (not so; and quitting smoking with concurrent treatment for alcohol addiction increases sobriety)
- It is a low priority problem (smoking is the biggest killer for those with mental or addictive disorders)

Source: Prochaska, NEJM, July 21, 2011

**FACT:**  
Smoking Cessation  
Improves Mental Health



**FACT:**  
Smoking Cessation  
Improves Recovery from  
Substance Abuse





Center for Tobacco Control



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# National Partnership on Behavioral Health & Tobacco Use



# Contact Us

- Website: <http://smokingcessationleadership.ucsf.edu/>
- Toll free: 1-877-509-3786
- Christine Cheng, [Christine.Cheng2@ucsf.edu](mailto:Christine.Cheng2@ucsf.edu)



## Guest Speaker #2



### Anne DiGiulio

- Manger of Lung Health Policy at the American Lung Association
- Oversees Tobacco Cessation Policy Project and manages two federal grants related to healthcare issues, including Medicaid expansion and marketplace healthcare.
- BA in Political Science from George Washington University

# Tobacco Cessation Billing

*June 19, 2018*

*Anne DiGiulio*

*National Manager, Lung Health Policy*

*American Lung Association*

# Overview

- Background
- Tobacco Cessation Benefit
- Coverage to Care
- State Actions
- Questions



# Background

# Tobacco's Toll

- 480,000 people die annually due to smoking related illness\*
- Annual Economic Cost: \$289 billion\*
- 5.6 million children under 18 will die prematurely due to smoking related illness\*
- 15.5 percent of adults smoke

\*Source: Surgeon General: The Health Consequences of Smoking – 50 Years of Progress.



# Quitting Tobacco

In 2015:

- 68 percent of smokers wanted to quit
- 55.4 percent had tried to quit
- Half received advice to quit from a provider
- Only 1/3 of smokers who tried to quit used an evidence-based cessation treatment
- Only 1 in 10 smokers had quit successfully





# Making it easier to help smokers quit!



# What is a Comprehensive Cessation Benefit?

### Comprehensive Benefit

- 3 Types of Counseling
  - Individual (face-to-face)
  - Group
  - Phone
- 7 Medications
  - 5 NRTs (Gum, Patch, Lozenge, Nasal Spray, Inhaler)
  - Bupropion
  - Varenicline



### Common Barriers to Access Care

- Cost Sharing
- Prior Authorization
- Duration Limits
- Yearly or Lifetime Limits
- Dollar Limits
- Stepped Care Therapy
- Required Counseling



# Preventive Services Requirement

## Tobacco Cessation Benefit

- Required coverage for preventive services with no cost-sharing or prior authorization
  - Preventive Services receiving ‘A’ or ‘B’ rating from U.S. Preventive Services Task Force
  - Tobacco Cessation given ‘A’ rating
  - Includes all forms of counseling and Food and Drug Administration (FDA)-approved cessation medications
- States are responsible for implementation

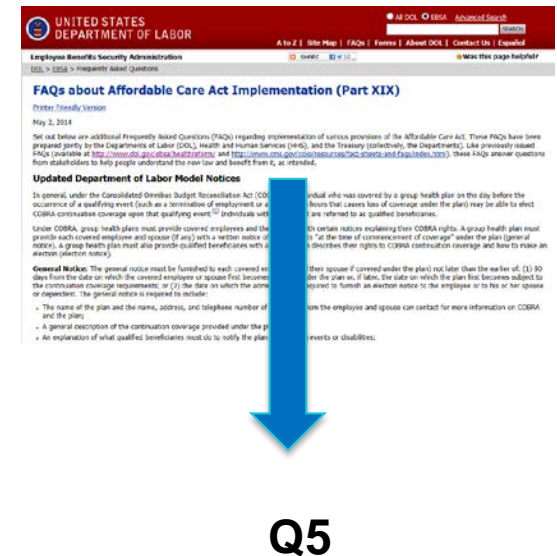
The screenshot displays the U.S. Preventive Services Task Force website. The main heading is "Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions", released in September 2015. A "Recommendation Summary" table is shown with the following data:

Population	Recommendation	Grade (What's This?)
Adults who are not pregnant	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.	A
Pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A
Pregnant women	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.	I
All adults, including pregnant women	The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in	I

Supporting documents include the Final Research Plan, Final Evidence Review (PDF), and Evidence Summary (PDF). A Clinical Summary is also available, noting that it is intended for use by primary care clinicians.

## Cessation Guidance FAQ

- On May 2, 2014 the Departments of Labor, Treasury and Health and Human Services issues a FAQ questions on how the tobacco cessation recommendation should be implemented.
- Tobacco Cessation Guidance
  - At least 4 sessions of individual, group and phone counseling
  - At least 90 days of all FDA-approved smoking cessation medications, when prescribed
  - At least 2 quit attempts per year
  - No cost-sharing
  - No prior authorization



# Tobacco Cessation Coverage to Care

## What does the USPSTF Recommendation mean?

- Screening
  - No unique billing code
- Medications
  - 7 FDA Approved Medications
  - Barriers exist
- Counseling
  - Need both ICD-10 code and a CPT code

The screenshot displays the Annals of Internal Medicine website. The main article is titled "Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement". The author is Albert L. Siu, MD, MSPH, for the U.S. Preventive Services Task Force. The article is dated 20 October 2015. The abstract section is visible, containing a description, methods, and population information. The description states: "Update of the 2009 U.S. Preventive Services Task Force (USPSTF) recommendation on counseling and interventions to prevent tobacco use and tobacco-related disease in adults, including pregnant women." The methods section states: "The USPSTF reviewed the evidence on interventions for tobacco smoking cessation that are relevant to primary care (behavioral interventions, pharmacotherapy, and complementary or alternative therapy) in adults, including pregnant women." The population section states: "This recommendation applies to adults aged 18 years or older, including pregnant women." The website also features a search bar, navigation links, and a sidebar with a "Welcome to the new Annals.org" message.



## Coverage to Care

### Coding

- Diagnostic Codes
  - ICD-10 Codes
  - Clinical vs. Inpatient
- Procedure Codes
  - Category I
  - Category II
  - Category III



Who makes the decisions?  
Who makes the decisions?  
Who makes the decisions?



# How to use the Billing Guide

- Educate providers on how to bill.
- Educate public health on the complexities of billing.
- What should be covered?
- What are the ICD-10 codes and the CPT codes?
- What do the codes mean and when should they be used?



# State Actions

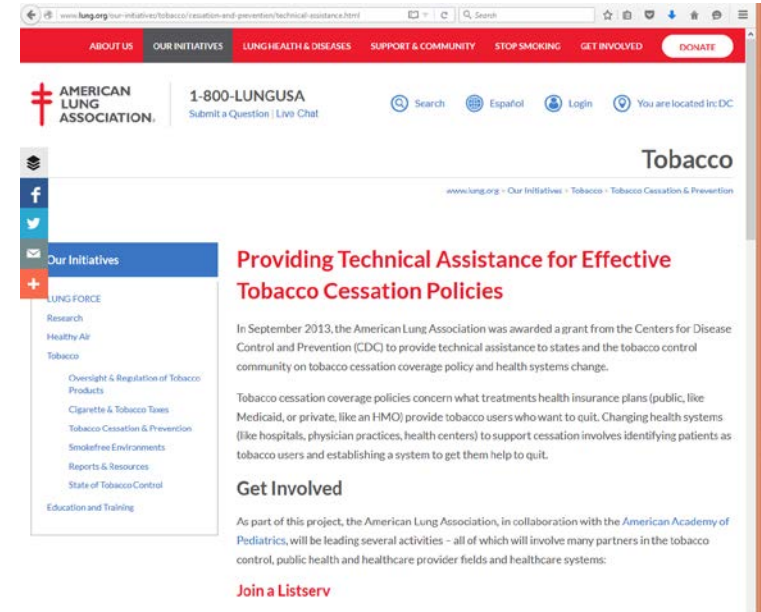
### What can states do?

- Review Coverage
  - What is covered?
  - Who can be reimbursed?
  - Does it align with other state goals?
- State Plan Amendments (SPAs)
- Administrative Changes
- Managed Care Organizations



## Lung.org/CessationTA

- Listservs
- Local Lung Association
- Resource Library:  
[www.lung.org/cessationta](http://www.lung.org/cessationta)
- ACA Toolkit: [www.lung.org/acatoolkit](http://www.lung.org/acatoolkit)
- Community Benefit Toolkit
- Billing Guide
- Technical assistance



The screenshot shows the American Lung Association website page for technical assistance. The page features a red navigation bar with links for 'ABOUT US', 'OUR INITIATIVES', 'LUNG HEALTH & DISEASES', 'SUPPORT & COMMUNITY', 'STOP SMOKING', 'GET INVOLVED', and 'DONATE'. Below the navigation bar is the American Lung Association logo and the phone number '1-800-LUNGUSA'. A search bar and language options (Español, Login) are also visible. The main content area is titled 'Tobacco' and includes a sub-header 'Providing Technical Assistance for Effective Tobacco Cessation Policies'. The text describes a grant awarded in September 2013 from the CDC to provide technical assistance to states and the tobacco control community. It also mentions that tobacco cessation coverage policies concern treatments for health insurance plans. A 'Get Involved' section follows, stating that the American Lung Association, in collaboration with the American Academy of Pediatrics, will be leading several activities. A 'Join a Listserv' link is provided at the bottom of the page.

## Contact:

Anne DiGiulio,  
Manager, Lung Health Policy

[Anne.DiGiulio@Lung.org](mailto:Anne.DiGiulio@Lung.org)

202-719-2814



## Guest Speaker #2



### Marydale Coleman, R.N., BSN

- Nurse Consultant/Inspector for Kentucky Department of Medicaid Services.
- Marydale works in the Cabinet for Health and Family Services in the Division of Program Quality and Outcomes in the Branch Managed Care Oversight-Quality and Outcomes
- Marydale has worked on Smoking Cessation projects since 2014



# The Problem

The NAM CAHPS survey identified **43.73%** of Kentucky adult Medicaid members as tobacco users.

## 2015 RANKINGS

49: Adult Smoking  
48: Child Poverty  
39: Obesity  
47: Mental Distress  
50: Cancer Deaths  
48: Drug Deaths  
43: Cardiovascular Deaths

## 2016 RANKINGS

50: Adult Smoking  
46: Child Poverty  
48: Obesity  
44: Mental Distress  
50: Cancer Deaths  
48: Drug Deaths  
43: Cardiovascular Deaths

## Statewide Collaboration

KY Medicaid collaborated with several federal and state agencies, all five Kentucky Managed Care Organizations, the EQRO, Tobacco Programs and others to increase provider and member education concerning tobacco cessation and access to Nicotine Replacement Therapy.

- **Provided Kentucky Medicaid providers with laminated education material on tobacco cessation benefits, billable tobacco treatment codes and the 5 A's.**
- **Senate Bill 89, signed March 21, 2017, requires insurance coverage for USFDA approved tobacco cessation medicines and services recommended by the United States Preventive Services Task Force.**
- **The Kentucky Tobacco Program/QuitLine provides 8 weeks of NRT upon discharge from treatment facilities including: Eastern, Western, and Central State Mental Hospitals; ARH Psychiatric Center; Chrysalis House; and the Bluegrass and Cumberland Valley substance abuse facilities.**
- **The UK College of Nursing, with funding support from cancer and tobacco partners, developed and piloted an online Certified Tobacco Treatment Specialist training program and submitted the program for national accreditation.**
- **The American Cancer Society and Kentucky Cancer Consortium worked with Dr. Audrey Darville (UK Markey Cancer Center) to train Kentucky Medicaid managed care case managers in Motivational Interviewing for Tobacco Cessation, which reached over 300 case managers in 2016.**

**2008 - Passport Health Care Started the PIP: *Smoking Cessation, Yes You Can* which finalized in September 2012.**

**April 2015 - CMS Tobacco Cessation Affinity Group**

**June 2015 - State Policy Academy on Tobacco Control in Behavioral Health**

**October 2015 - Poster Contest: Data! Fostering Health Innovation in Kentucky and Ohio**

**November 2015 - FRYSC- Tobacco Cessation and E-Cig Presentation**

**June 2016 - State, Tribal and Territorial Agency Tobacco and Cancer Control Community of Practice**

**November 2015 - Kentucky State Leadership Academy for Wellness and Tobacco Cessation**

**June 2016 - Focus Study: Prenatal Smoking**

**August 2016 - mailed out provider education materials and 5 A's magnets**

**September 2016 - Collaborative Smoking PIP**

**October 2016 – FRYSC Tobacco Cessation/E-Cig Presentation**



***DECREASE SMOKING RATES***

## Kentucky Medicaid & MCO Tobacco Cessation Benefits

	Dosage	Fee for Service	Aetna Better Health of KY	Anthem	Humana CareSource	Passport	WellCare
		<b>1-800-635-2570</b>	<b>1-855-300-5528</b>	<b>1-855-661-2028</b>	<b>1-855-743-1242</b>	<b>1-877-903-0082</b>	<b>1-866-635-7045</b>
<b>Nicotine Transdermal Patches</b>	7 mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	14 mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	21 mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
<b>Nicotine Gum</b>		Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
<b>Nicotine Lozenge</b>		Yes w/Rx	Yes w/Rx	Yes w/Rx	Yes w/Rx	Yes w/Rx	Yes w/Rx
<b>Nicotine Inhaler</b>		Yes w/ RX	Yes w/ RX	Yes w/ RX	Yes w/ RX	Yes w/ RX	Yes w/ RX
<b>Nicotrol NS Spray</b>		Yes w/ RX	Yes w/ RX	Yes w/ RX	Yes w/ RX	Yes w/ RX	Yes w/ RX
<b>Bupropion SR</b>	150 mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
<b>Bupropion XL</b>	150 mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	300 mg	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
<b>Chantix</b>	0.5 mg	Yes w/ Rx	Yes w/ RX	Yes w/ RX	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
	1.0 mg	Yes w/ Rx	Yes w/ RX	Yes w/ RX	Yes w/ Rx	Yes w/ Rx	Yes w/ Rx
<b>Providers should review specific Health Plans for quantity limits which vary and are subject to change.</b>							

Ask every patient about tobacco use

Advise patients to quit with tailored, personalized messages

Refer them to Quit Now Kentucky

- To have the quitline contact your patient, go to <https://www.quitnowkentucky.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients> and fill out either the fax referral or provider web referral form at the bottom of the webpage
- For telephone counseling, patients can call **1-800-QUIT NOW**
- For online cessation services or more information about quitting, patients can visit [www.QuitNowKentucky.org](http://www.QuitNowKentucky.org)

**Please note:** All tobacco cessation products require a prescription.

***Quitting smoking is one of the healthiest things  
a smoker can do to improve their health.  
Please do your part to help your patients quit!***



1-800-QUITNOW | 1-855-DéJoloYa | [QuitNowKentucky.org](http://QuitNowKentucky.org)

## Codes Related to Tobacco Cessation and Treatment

In accordance with 907 KAR 3:215 and in accordance with the recommendations set forth by the United States Preventive Task Force, KY Medicaid shall allow tobacco cessation counseling including individual, group, telephonic or any combination thereof and all medications and nicotine replacement therapy approved by the United States Food and Drug Administration for tobacco cessation.

HCPCS/CPT Code	Type of Counseling	Description
HCPCS/CPT Code: <b>99406</b>	<b>Intermediate</b>	<b>Description:</b> Smoking and tobacco use cessation counseling visit greater than 3 minutes up to 10 minutes
HCPCS/CPT Code: <b>99407</b>	<b>Intensive</b>	<b>Description:</b> Smoking and tobacco use cessation counseling visit is greater than ten (10) minutes
HCPCS/CPT Code: <b>99381-99397</b>	<b>Preventive medicine services</b>	<b>Description:</b> Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care.
HCPCS/CPT Code: <b>99078</b>	<b>Physician educational services</b>	<b>Description:</b> Group setting (e.g., prenatal, obesity, diabetes)

Suggested Tobacco-related ICD-10 CM Diagnosis Codes	Description
Suggested Tobacco-related ICD-10 CM Diagnosis Codes: <b>F17.20</b>	<b>Description:</b> Tobacco use disorder
Suggested Tobacco-related ICD-10 CM Diagnosis Codes: <b>099.33</b>	<b>Description:</b> Tobacco use disorder complicating pregnancy, childbirth, or puerperium
Suggested Tobacco-related ICD-10 CM Diagnosis Codes: <b>T65.2</b>	<b>Description:</b> Toxic effect of tobacco and nicotine

Importantly, the former **ICD-9 code 305.1** (tobacco use and dependence) has transitioned to the following **ICD-10 codes**:

- **F17.20** (nicotine dependence),
- **099.33** (smoking complicating pregnancy, childbirth, and the puerperium),
- **P04.2** (newborn affected by maternal use of tobacco),
- **P96.81** (exposure to environmental tobacco smoke in the perinatal period),
- **T65.2** (toxic effect of tobacco and nicotine),
- **Z57.31** (occupational exposure to environmental tobacco smoke),
- **Z71.6** (tobacco use counseling, not elsewhere classified),
- **Z72** (tobacco use not otherwise specified (NOS),
- **Z77.2** (contact with and exposure to environmental tobacco smoke), and
- **Z87.8** (history of nicotine dependence).

- **H0025** Behavioral health prevention education service
- **H2027** Psychoeducational service, per 15 minutes
- **H002** Behavioral health screening. Event Code.

***For specific billing questions, please contact the MCO. Not all insurers may cover all codes. This list of codes is not all-inclusive and there may be additional codes available.***

Information provided by Kentucky Medicaid and KY Managed Care Organizations  
Accurate as of 11/01/2017

# New Challenges

- 1115 Waiver Requirements for My Rewards
- How Health Departments and other Providers will bill for smoking cessation
- Available Financial Resources
- Changing Staff





## Resource list

### ***Resource Library***

[www.lung.org/cessationta](http://www.lung.org/cessationta)

### ***ACA Toolkit***

[www.lung.org/acatoolkit](http://www.lung.org/acatoolkit)

Toolkit published by the American Lung Association

### ***Billing Guide for Tobacco Screening and Cessation***

<https://www.bhthechange.org/resources/billing-guide-for-tobacco-screening-and-cessation/>

### ***CDC Smoking & Tobacco Use***

<http://www.cdc.gov/tobacco/>





# Examples – BH Specific

- **American Academy of Psychiatry** [www.psychiatry.org](http://www.psychiatry.org)
- **Frequently Asked Questions** about Billing Medicare for Behavioral Health Integration (BHI) Services
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf>
- **Medicare Learning Network**
  - MLN Fact Sheet – Behavioral Health Integration Services
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-Fact-Sheet.pdf>
- **A Core Set of Outcome Measures for Behavioral Health Across Service Settings, Issue Brief**
  - [http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC\\_supplement.pdf](http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf)



# Examples – Courses & Workshops



- New Business Planning
- Costing Services
- Improving Billing

[www.bhbusiness.org](http://www.bhbusiness.org)



# Questions?



To ask a question, type it into the Q&A box in your webinar window.



# 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
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# Thank you for joining us!

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**Questions?** Please contact Margaret Maneke at [MargaretM@thenationalcouncil.com](mailto:MargaretM@thenationalcouncil.com)