

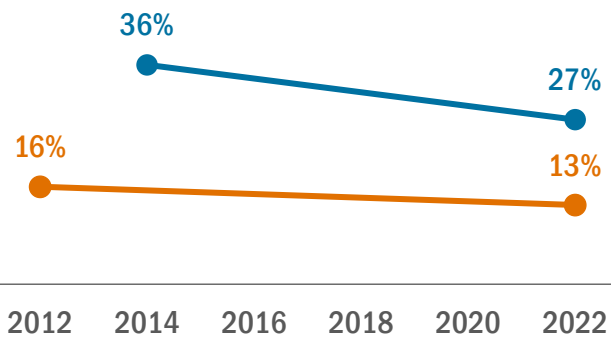
A Decade of Progress on Tobacco Treatment for Medicaid Members

Reaching Vermont Medicaid Members to Support Tobacco Treatment

Background

Smoking is the leading cause of preventable disease in the United States and places a particularly heavy burden on Medicaid, the nation's largest health insurance program. While prevalence of smoking has decreased over time, Medicaid enrollees in Vermont are about twice as likely to be current smokers (27%) as the general Vermont population (13%). Vermont adults with Medicaid are also **twice as likely to use e-cigarettes** (12%) as compared to the general population of Vermont adults (6%).

Medicaid members smoke at a higher prevalence than the statewide population in Vermont.



Data source: VT BRFSS 2012-2022

The annual cost of tobacco-related health care in Vermont is \$404 million, and **the cost for Medicaid tobacco-related expenses is \$93.7 million**. A [2024 cost savings](#) analysis estimated that Vermont saved \$19.5 million in Medicaid spending, based on \$1.9 billion of spending in 2022 and a 2.4% decrease in prevalence among Vermont adults with Medicaid between 2021 and 2022.

About this Report

The Vermont Department of Health's Tobacco Control Program (VTCP) and Department of Vermont Health Access (DVHA) have been working together since 2012 to increase quit behavior and reduce illness among Vermont adults with Medicaid. The purpose of this report is to provide an overview of this collaboration and the Vermont data around efforts to increase cessation activity among Vermont's Medicaid members. This document highlights history, progress and future opportunities of this longstanding initiative in the following areas:

Strong state agency partnerships are critical to strengthen and promote the benefit.

Screening and advising adults to quit tobacco has fluctuated over time; the goal is to consistently increase this with providers.

Counseling and medication Medicaid claims trends over time vary, with medications increasing over time.

802Quits services reach Vermont Medicaid populations well.

Health care providers are critical partners in promotion of this benefit.

Promotion of Medicaid benefits is consistent over the past decade.



Vermont has strengthened its Medicaid tobacco cessation benefit and promotion efforts over time.

Collaboration is essential to advance tobacco treatment and to improve health outcomes.

VTCP and DVHA meet quarterly to examine how to remove obstacles for accessing and using the Medicaid benefit. The **goal** of the cross-agency Tobacco Benefit and Promotion Initiative is to increase awareness and use of evidence-based treatment, and ultimately, to reduce smoking prevalence of Vermont Medicaid-insured adults.

VTCP and DVHA's collaboration has furthered this goal by:

- Increasing awareness and use of the tobacco cessation counseling and medication codes.
- Increasing quit attempts.
- Decreasing tobacco use prevalence.
- Increasing budget savings.

Vermonters have options for evidence-based tobacco treatment.

In Vermont there are multiple, evidence-based treatment modalities per the United States Preventive Services Taskforce Tobacco Cessation Recommendations.³

Treatment options include group and individual counseling, by phone or telemedicine as well as Nicotine Replacement Therapy (NRT). Medicaid members, specifically, have several options to find treatment for tobacco use and dependence.

- **Provider care.** All providers can bill for brief or intermediate time-based counseling through the codes 99406 and 99407. Dental providers can code D1320 for brief tobacco intervention (between three and 10 minutes).
- **Medication.** All seven of the FDA-approved cessation medications are available to Vermonters who are Medicaid members.
- **802Quits.** Telephone and web-based cessation counseling is paired with free, home-delivered NRT. Vermont Medicaid members are also offered cash-value incentives for completing counseling calls.

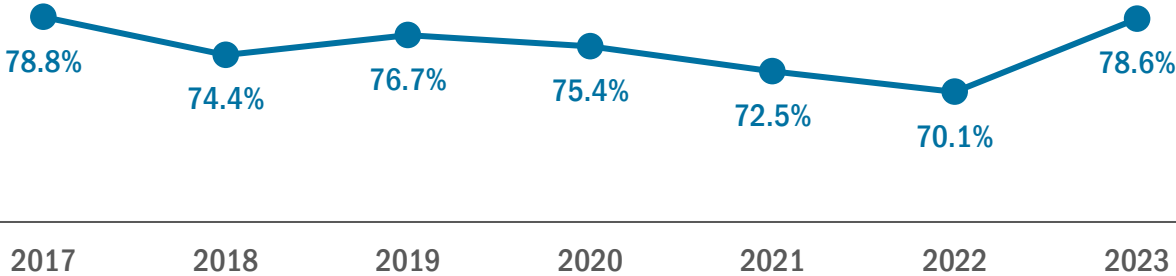
Key achievements

- **2012**
Creation of the **Medicaid Benefit and Promotion Initiative**.
- **2013**
Expansion of tobacco benefit from pregnant people only to youth and adults through the State Plan Amendment (SPA).
- **2014**
Activation of CPT codes for tobacco cessation counseling (**99406, 99407**).
- **2015**
Notification of tobacco benefit to all Medicaid members; added dentists as providers.
- **2018**
Recognition of **pharmacists as providers** (no mechanism in place to reimburse).
- **2020**
Signing of S.220, granting **pharmacists to prescribe** tobacco cessation medication.
- **2021**
Offering of **Medicaid incentive protocol**, allowing Vermonters who want to quit to receive up to \$250 for completing up to five counseling calls.
- **2023**
The Medicaid advisory was promoted for a second time (the first advisory was in 2021).
- **2024**
Training is currently being planned for clinicians on treating youth who are addicted to tobacco products.

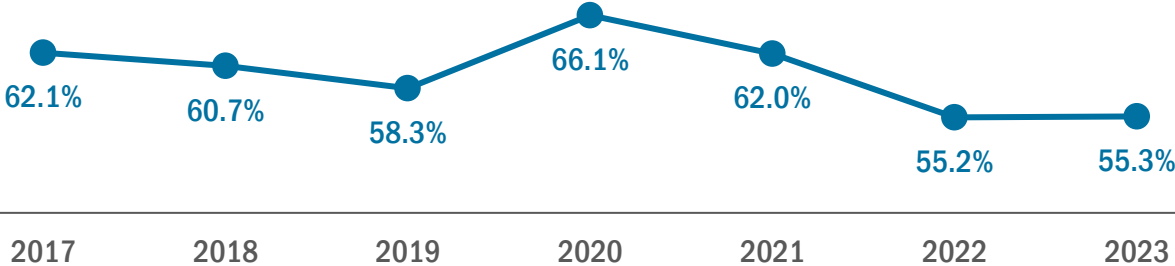
Tracking progress on screening and advising adults to quit tobacco (CAHPS data)

In Vermont, VTCP and DVHA partners annually track a Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. This survey informs health care performance from a patient perspective. Four items are asked annually; all patients are asked about tobacco use. Those who are currently using tobacco products are asked the remaining three questions: whether the provider **advised** patients who used tobacco to quit, whether the provider **discussed medications** and whether the provider **discussed methods** to quit. For each figure below, the percentage in each figure represents respondents who answered “sometimes,” “usually” or “always.”

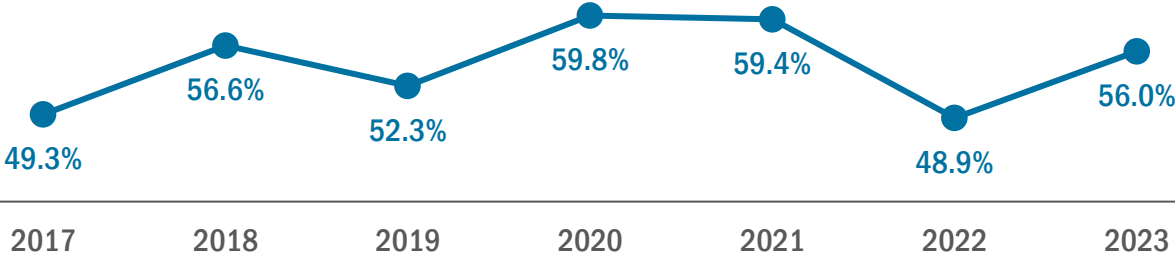
Since 2017, the percentage of respondents who were **advised** to quit smoking or using tobacco has remained consistent, except for a decrease from 2020 to 2022, which was restored in 2023.



From 2017 to 2023, the percentage of respondents whose **provider discussed medications** to help quit smoking or using tobacco has decreased overall.



Between 2017 and 2023, the percentage of respondents whose **provider discussed methods** to quit smoking or using tobacco has fluctuated, with 2020 and 2021 having the highest percentages.



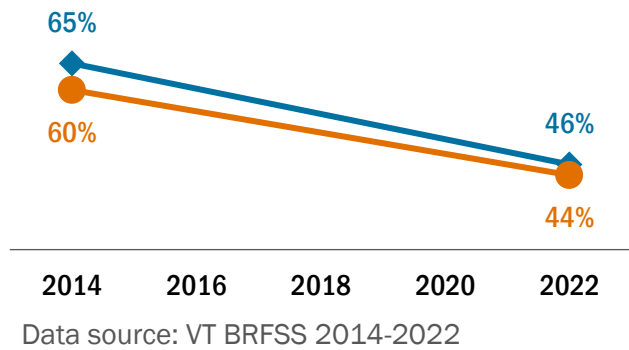
Tracking progress on use of paid **counseling** Medicaid claims in Vermont



Quit attempts have declined over time.

Tobacco products can be difficult to quit, and for many individuals it can take 30 or more quit attempts before successfully quitting. Although smoking prevalence has declined among Vermonters (including Medicaid users), so have quit attempts. A major effort of the Medicaid Benefit and Promotion Initiative is to increase evidence-based treatment (counseling and/or medications) for Medicaid users in VT.

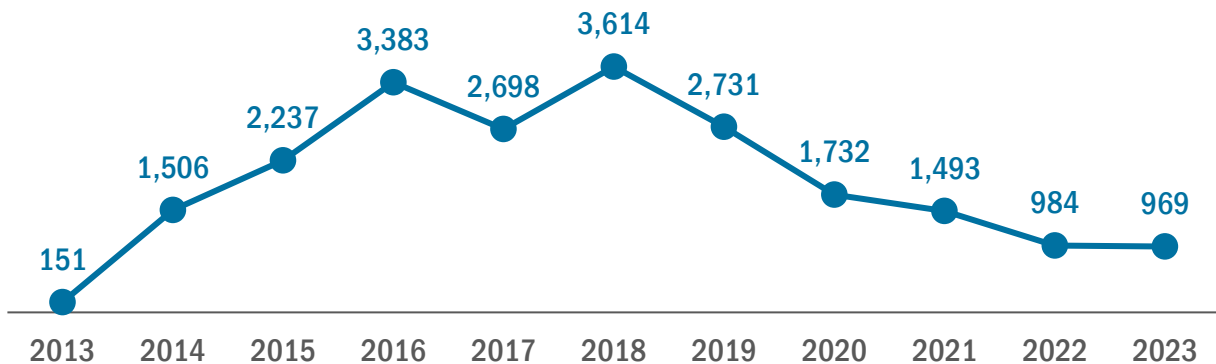
Vermont adult quit attempts have declined overall, for both Medicaid users and statewide populations.



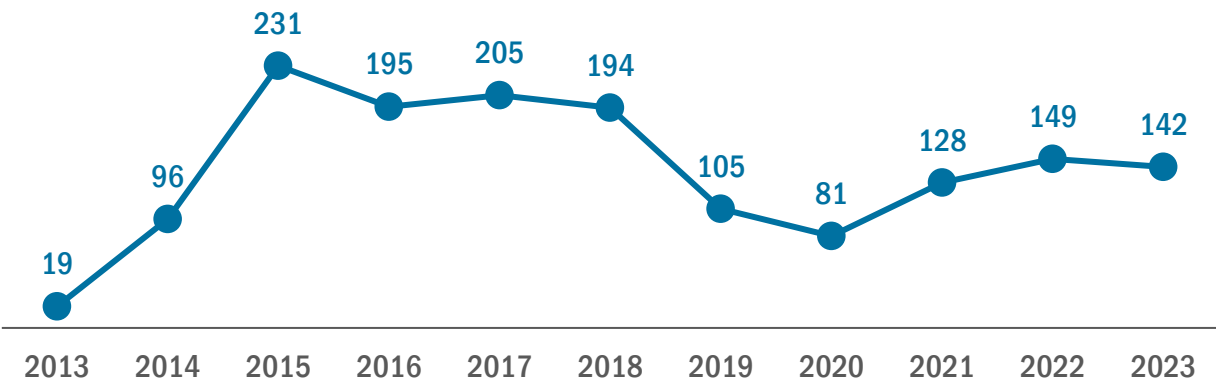
Opportunities remain for increasing cessation counseling.

Cessation counseling is tracked annually through paid Medicaid claims for brief and intensive interventions.

The number of **brief intervention Medicaid claims** (99406) increased from 2013 to around 2016-2018 and began declining after 2018.



The number of **intensive intervention Medicaid claims** (99407) has been variable over time.



Tracking progress on use of paid medication

Medicaid claims in Vermont

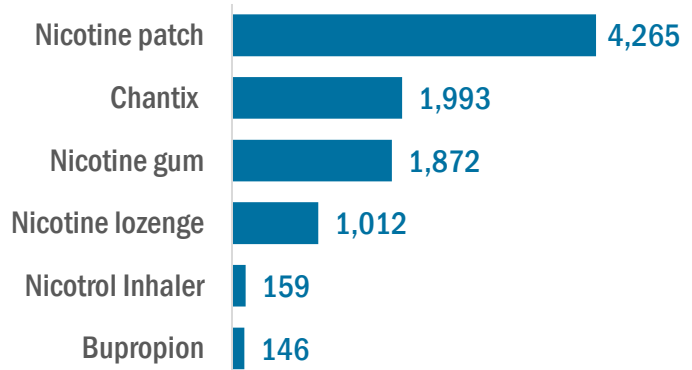


Seven types of cessation medication are available.

The nicotine patch has consistently been the most frequent type of medication over the past decade, with an average of 4,265 claims paid annually. Chantix is the second most frequent prescription, though claims have declined in recent years.

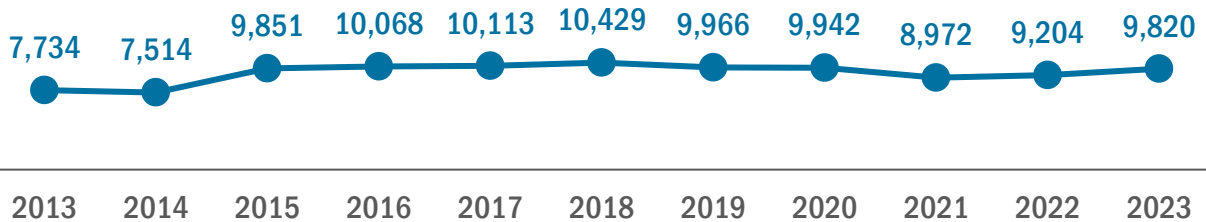
The total number of unique users has ranged from a high of 4,876 in 2015 to a low of 3,690 in 2022. The average prescription per recipient is approximately two (not included in figures).

Nicotine patches remain as the most frequently provided medication annually from 2013-2023, on average.

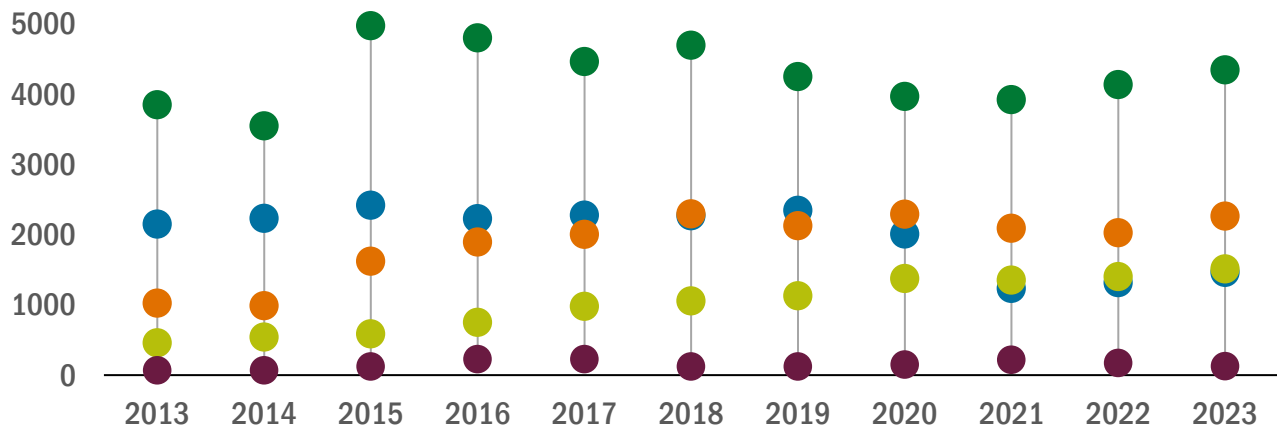


Note: Nicotrol Nasal Spray is not included in the figure due to low utilization (average is 6)

Overall pharmacotherapy claims have increased between 2013 to 2023, with a peak number of claims in 2018.



Pharmacotherapy claims for nicotine patches and bupropion have remained stable over time, while claims for nicotine gum and nicotine lozenges have increased and Chantix has decreased.



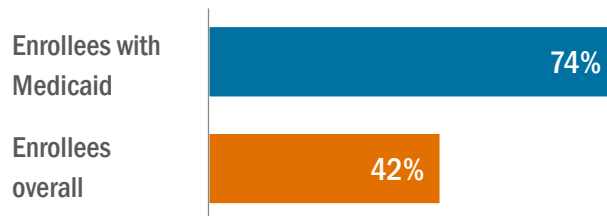
Tracking progress on use of 802Quits quitline services in Vermont by Medicaid insured

The state quitline reaches Medicaid insured Vermonters.

One in three Vermonters who enroll in 802Quits are a Medicaid member.

Among the 716 enrollees with Medicaid, 74% received at least one form of NRT (nicotine patch, gum, lozenge). This is a higher percentage than the overall 802Quits enrollees (42%, FY23).

In Fiscal Year (FY) 2023, a larger percentage of 802Quits enrollees with Medicaid received NRT, compared to enrollees overall.



802Quits has a tailored program for adults with Medicaid.

The 802Quits program provides a tailored, incentivized protocol for enrollees with Medicaid insurance. Since March 1, 2021 Vermonters who are Medicaid insured can opt in to receive up to \$250 in cash-value incentives, intended to further motivate individuals to engage in more counseling calls.

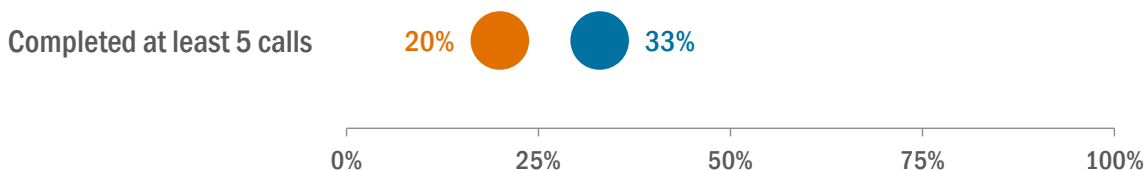


In the first two years since the Medicaid incentives started, **significantly more 802Quits phone enrollees had Medicaid** (447, 41%) as compared to the two years before the incentive was offered (418, 35%).

802Quits enrollees who opt-in to Medicaid incentives more frequently engage in more intensive treatment.

Since the Medicaid incentives were launched, there was a higher percentage of Medicaid phone enrollees who completed five calls compared to that of 802Quits enrollees overall. This difference was not seen in the percentage completing at least one call.

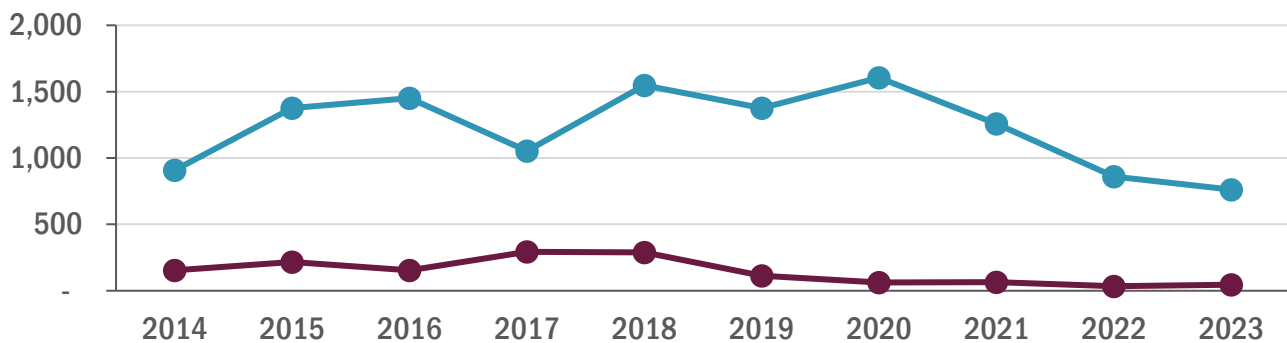
Individuals receiving the **Medicaid incentive** completed 5+ calls more often than **individuals using Medicaid who do not receive the incentive**. (2021 - 2024)



Engaging health care providers can bolster tobacco cessation efforts.

The VTCP prioritizes collaborating with clinicians to increase engagement around tobacco cessation. This includes primary care physicians, as well as: pharmacists, dentists and Ob/Gyn and Midwives. There was a steady increase in the number of claims from family and general practice clinicians until 2020, with a decline in claims over the past few years.

Tobacco counseling claims by **Ob-gyn and Midwife providers** have decreased slightly since 2018, and claims made by **family and general practice providers** decreased since 2020.



Data source: Medicaid claims data

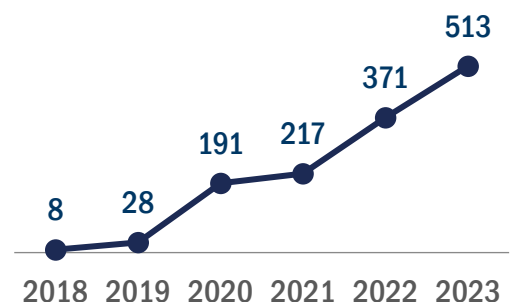


Increasing brief intervention among oral health providers.

From 2021 to 2023, VTCP and Oral Health, both CDC funded programs, utilized CDC grant funding to engage in educational activities, training, marketing and communications campaigns for the promotion of cessation services. The Medicaid billing code for dental providers (D1320) was promoted.

From 2018 to 2020, there were an average of 76 claims per year from one dental provider for brief tobacco cessation counseling. In 2023, there were 17 dental providers that used this code.

The number of brief tobacco intervention claims by dental providers has increased over the past few years (D1320).



Creating policy change to increase pharmacists' role in cessation.

In 2020, legislation was signed allowing pharmacists to prescribe FDA-approved tobacco cessation medications. Through 2021, DVHA, VTCP, and the Vermont Board of Pharmacy collaborated to obtain Medicaid reimbursement to receive tobacco cessation counseling (March 2021) and to publish **Vermont Pharmacist Prescribing Protocol – Tobacco Cessation Products** (October 2021). Claims data is being monitored to track paid claims.

The promotion of Medicaid benefits is critical to optimizing cessation and treatment.

Since 2013, DVHA and VTCP have prioritized promoting Medicaid benefits for tobacco cessation and treatment. Promotion strategies are uniquely tailored to **providers** and **members**.

Key messaging to target providers:

- Education about extra benefits for Medicaid members
- No copay or prior authorization of Medicaid members
- Supporting a patient’s decision to quit
- Giving patients the confidence to quit
- Connecting patients to 802Quits

Key messaging to target members:

- No-cost benefits to Medicaid members
- No copay or prior authorization for preferred treatments
- Quit, and stay quit
- Earn cash rewards for quitting
- Free patches, gum and lozenges

Providers and **members** receive Medicaid promotions through:



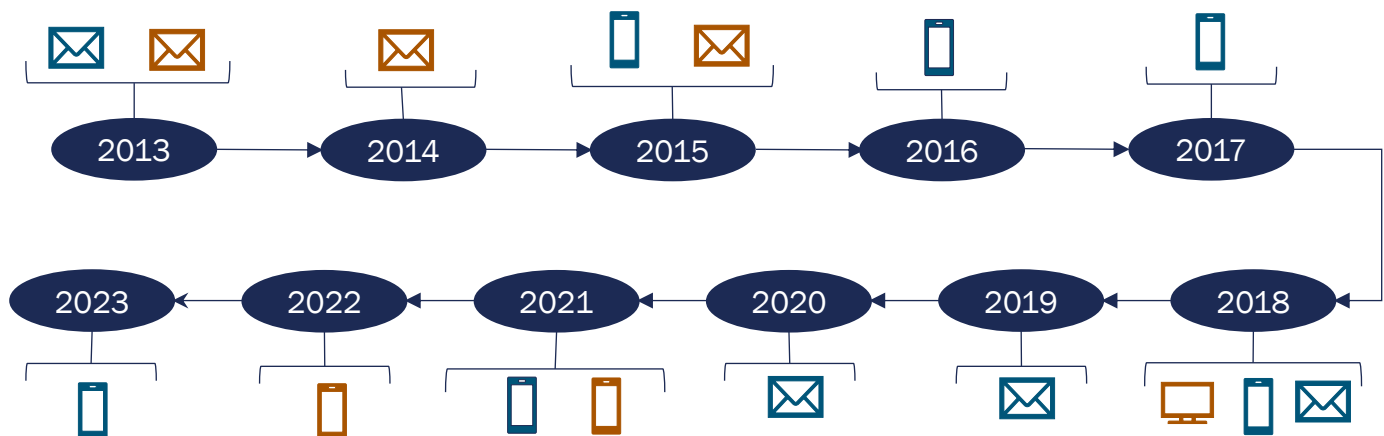
Written communication (email, newsletters)



Traditional media (TV, cable)



New media (social media or websites)



Progress and opportunities with Medicaid promotion to pharmacists

- **Education to pharmacists on the cost savings analysis** of providing tobacco cessation **and how to leverage the Medicaid reimbursement** for cessation counseling.
- **Education to other health care providers** about pharmacists’ prescribing authority.
- **Renewed communication about the protocol** and policy change to pharmacists who may have been unaware due to the protocol’s launch during COVID-19.



Part of [providing tobacco cessation] is making sure you have good, open communication with patients, and they feel comfortable talking with you about that or requesting it. ”

– Vermont pharmacist

Opportunities for continued progress on tobacco treatment for Medicaid members.

Tobacco use is a substance use disorder that may include repeated interventions because of the high risk of relapse. Over the past decade the Medicaid Benefit and Promotion Collaboration between VTCP and DVHA has resulted in reduced prevalence of cigarette smoking among Medicaid users and elimination of co-payments and prior authorization requirements for cessation medications.

Additional opportunities to eliminate barriers to cessation treatment

(= eliminated, current barriers)

- Required Co-payments
- Prior Authorization Requirements
- Counseling required for quit Medications

- Limits on Treatment Duration
- Yearly or Lifetime Limits
- Stepped-Care Therapy
- Prescription Requirements for OTC NRT

Notable successes over the past decade

- Reduction of cigarette smoking of Vermont adults with Medicaid from 36% to 27%.
- Broadening provider types who can bill for cessation counseling to pharmacists.
- Incentivizing the 802Quits cessation counseling for Medicaid insured, leading to significantly more Vermonters with Medicaid engaging in five or more counseling calls.
- Promotion of the Medicaid benefit has continued in collaboration with partners such as the Vermont Medical Society, the Vermont Dental Association and others.
- Paid counseling claims have increased for oral health providers. There are opportunities for increased use of paid claims by family and general practice providers, Ob-gyn and pharmacists.
- Prescription of nicotine gum and the nicotine lozenge have increased. Prescription of the nicotine patch has remained steady over time.

Future Considerations

1. Re-assess remaining obstacles to tobacco cessation support and seek additional resources to promote the Medicaid benefit.
2. Examine how to address the reduction in quit attempts over the past few years, perhaps in partnership with increasing provider interaction (Ask, Advise, Refer).
3. Re-assess reimbursement levels tied to billing codes.
4. Re-assess and broaden those who can be reimbursed for services to address tobacco-associated health inequities among behavioral health. This may not be needed if “all licensed provider types” include behavioral health professionals.
5. Examine use of e-cigarettes among Medicaid-insured Vermonters and assess how Medicaid benefits may support treatment for those who vape.

This report was created in February 2025 by Professional Data Analysts. Questions can be directed to the Vermont Tobacco Control Program, tobacco@vermont.gov.



AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS
DEPARTMENT OF HEALTH