



## Summary

This snapshot examines District Medicaid experience with tobacco cessation intervention services. Given the health benefits of smoking cessation, health care providers and policymakers remain interested in learning more about tobacco cessation intervention services, their utilization, and their impact on smokers' behavior. This study uses Medicaid claims information to identify Medicaid beneficiaries' tobacco dependence and utilization of tobacco cessation services. Key findings include:

- While only 14% of Medicaid beneficiaries were reported to have tobacco dependency, this is a lower rate than publicly reported tobacco dependency rates for all District residents, which may indicate underreporting by either beneficiaries or providers.
- Only 12% of Medicaid-enrolled smokers received tobacco cessation intervention services.
- Developing new strategies to target smokers and help them quit is needed to further lower rates of smoking among Medicaid beneficiaries.

## Background

According to the Centers for Disease Control and Prevention (CDC), more people in the United States are addicted to nicotine than to any other drug. The CDC reports that tobacco cessation interventions that include counseling and pharmacotherapy are proven to be effective in helping smokers quit. Furthermore, using cessation counseling and pharmacotherapy services together is even more effective than using one type of intervention alone.<sup>(1)</sup> District Medicaid covers tobacco cessation services that include cessation counseling and pharmacotherapy, both under Fee for Service and through the District's Managed Care Organizations (MCOs). DHCF is host to the Perinatal Quality Improvement Collaborative and the Pediatric Asthma Collaborative, both of which address smoking prevalence in the District. DHCF also works with the DC Department of Health (DOH) by promoting their tobacco cessation programs among beneficiaries and sharing data analyses to aid in their design of evidence-based targeted approaches. Lastly, MCOs offer a wide range of support services to help members quit smoking that include community outreach, free monthly cessation classes, and case management. Those interested in quitting smoking can call **1(800) QUIT NOW (784-8669)** to be linked to free cessation counseling, nicotine patches, lozenges, and one-on-one coaching.

## Methodology

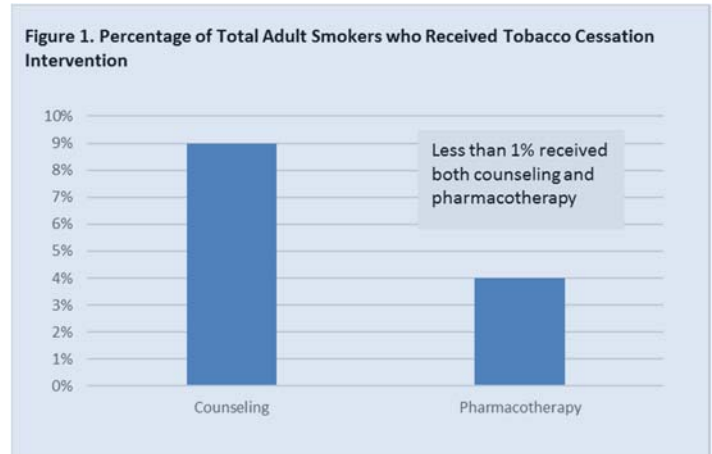
Claims data with dates of service in fiscal year 2016 were extracted in March 2017 from the DC Medicaid Management Information System (MMIS). Claims included both Fee for Service and MCO paid claims. ICD-9 and ICD-10 codes were used to identify those with a nicotine dependence diagnosis. The DC Department of Health provided a list of HCPCS/CPT codes and National Drug Codes (NDC) to identify tobacco cessation services from the claims data. These services include counseling and pharmacotherapy products. Prescription cessation medications and nicotine replacement therapies (patch, gums, and lozenges) were the types of pharmacotherapy treatments included in the analysis. Using claims data, DHCF first extracted a list of beneficiaries with a nicotine dependence diagnosis to count the number of smokers. Of those smokers, HCPCS/CPT codes and NDCs were then used to determine their utilization of cessation services.



**Results**

*Underreporting of Nicotine Dependence*

The prevalence rate of smoking among District Medicaid-enrolled adults found in the DC MMIS claims data is less than half the national average for adults on Medicaid, which is 29%.<sup>(2)</sup> Based on this analysis, the prevalence of smoking among Medicaid recipients is lower than the DC Department of Health (DOH) estimate of 16.4% among the entire District adult population.<sup>(3)</sup> Of the estimated 175,601 adults (ages 19+) who were enrolled in Medicaid each month during fiscal year 2016, only 14% of them had any indication of nicotine dependence diagnosis based on data from DC MMIS.



*Tobacco Cessation Intervention Utilization*

In fiscal year 2016, 25,614 adult Medicaid beneficiaries were reported to have a nicotine dependence diagnosis. However, only 12% of these Medicaid-enrolled adults received any type of tobacco cessation intervention. Only 9% received counseling services, 4% received pharmacotherapy intervention, and less than 1% received both (Fig. 1).

DC Medicaid-eligible smokers who did not have a claim during FY2016 were not captured as having nicotine dependence. There were 1,029 adult individuals with either a counseling procedure code or a tobacco cessation drug code that did not have a nicotine dependence diagnosis and were therefore not included in the count of smokers.

**Implications for Medicaid Program**

DHCF provides complete coverage for both counseling and pharmacotherapy for nicotine dependence. However, research has suggested that both providers and beneficiaries may be unaware that Medicaid covers cessation services which contributes to the low utilization rates.<sup>(4)</sup> The same research reported that other reasons for the small number of smokers accessing cessation services could be due to sociocultural factors, as well as Medicaid and public health policies. Further analysis is needed to identify and address the reasons why so few smokers are receiving tobacco cessation intervention treatments.

The Department of Health Care Finance will continue to work with MCOs, providers, and community stakeholders in developing cessation initiatives to target smokers. More specifically, DHCF will continue to assist DOH in promoting their tobacco cessation programs and continue to share data to help inform decisions. Additional monitoring and review of MMIS data may be helpful to determine other improvements in future.

**Conclusion**

DHCF analysis found that the percentage of smokers among DC Medicaid enrollees is lower than estimates of District resident tobacco dependence rates found in other reports. Results from this report suggest that many smokers' nicotine dependence may go unidentified or undocumented in DHCF's claims data. Furthermore, despite evidence-based research that demonstrates the effectiveness of cessation interventions, results from this study show that only a small percentage of District Medicaid smokers are receiving an intervention. Among beneficiaries who received an intervention, most received only one type of intervention even though research supports a combination of both counseling and pharmacotherapy.



---

**Data Notes:** The data shown here are drawn from enrollment and claims data in the District's Medicaid Management Information System (MMIS). The data were compiled by staff in the Division of Analytics and Policy Research, Health Care Policy and Research Administration, DC Department of Health Care Finance. MMIS data were extracted on June 30, 2017. For more information, contact DHCF at 202-442-5988.

---

**References**

1. Center for Disease Control and Prevention, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (2017). *Smoking and Tobacco Use*. Retrieved June 30, 2017 from: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/cessation/quitting/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm)
2. Center for Disease Control and Prevention (2015, Nov 12). *Smoking rates for uninsured and adults on Medicaid more than twice those for adults with private health insurance*. Retrieved June 30, 2017 from: <https://www.cdc.gov/media/releases/2015/p1112-smoking-rates.html>
3. DC Department of Health, Behavioral Risk Factor Surveillance System (2015). *2014 Annual Health Report*. Retrieved July 7, 2017 from: [https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/BRFSS\\_Annual\\_Report\\_2014.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/BRFSS_Annual_Report_2014.pdf)
4. Ku, L., Bruen, B.K., Steinmetz, E., Bysshe, T (2015). Medicaid Tobacco Cessation: Big Gaps Remain in Efforts to get Smokers to Quit. *Health Affairs*. Retrieved September 14, 2017 from: <http://content.healthaffairs.org/content/35/1/62.full>