

**Authored by JSI for the Vermont Tobacco Control Program
Medicaid Tobacco Benefit Expansion and Promotion Initiative
Summary Evaluation Report**

February 1, 2016
Updated July 8, 2016

Background

The VTCP worked with the Department of Vermont Health Access (DVHA) to activate CPT codes that support Medicaid reimbursement to providers for delivering tobacco cessation counseling. The codes were activated on January 1, 2014. High utilization of the benefit is integral to having an impact on tobacco use among Medicaid beneficiaries. To increase use of this benefit, the VTCP is promoting the benefit to Medicaid providers and beneficiaries using strategic communications. Evaluation of the initiative is assessing awareness and utilization of the counseling benefit, and potentially cost-benefit going forward. The initial evaluation is intended to inform barriers to utilization of the benefit, and assess the long-term impacts of the benefit on tobacco use among Medicaid beneficiaries.

This summary evaluation report provides an overview of the evaluation findings to-date. Findings are organized by evaluation question and are intended to inform programmatic activities, including future strategies to promote the benefit.

Evaluation Findings

- I. To what extent are Medicaid members who smoke aware of the cessation counseling benefit and other cessation resources available?

Indicator	Measure
% of Medicaid members who currently smoke and are aware of quitline	74.3%%, ATS 2014
% of Medicaid members who currently smoke and are aware of quit online	55.0%, ATS 2014
% of Medicaid members who currently smoke and are aware of quit in person	56.0%, ATS 2014
% of Medicaid members who currently smoke and are aware of 802Quits	79.7%, ATS 2014
% of respondents who report they are aware of the Medicaid tobacco counseling benefit	To be addressed in a later years by potential Medicaid member survey
% of Medicaid members who currently smoke with knowledge of eligibility for cessation assistance (free or reduced cost NRT from 802Quits, health insurance or both)	47.2%, ATS 2014

- II. To what extent do VTCP promotion efforts articulate the Medicaid cessation counseling benefit?
- III. To what extent do promotion efforts target providers, dentists, and pharmacists?

Indicators:

- List of promotion activities that clearly include information on the Medicaid cessation counseling benefit

- List of counseling benefit promotion activities that are tailored for and target providers, dentists, and/or pharmacists

A review and analysis of the promotion activities conducted from 2014 through quarter 2 of 2015 is documented in **Appendix I**. The review indicates several promotion efforts “directly” related to the counseling benefit by inclusion of messaging on counseling to aid in cessation and / or providers ability to aid in cessation. Indirect promotion efforts included general messaging, such as on the harms of smoking or on 802Quits. Several promotion efforts directly related to the cessation counseling benefit were conducted in 2014 (e.g., Vermont Quit Partner ads, direct mailing to Medicaid beneficiaries, direct mailing to Medicaid providers, and 802Quits provider webinar). These promotion efforts were conducted among a larger series of indirect promotion efforts. The promotion efforts in 2014 targeted the general public and smokers, smokers of low socioeconomic status (e.g., Medicaid), and pregnant smokers. Providers targeted by promotion activities in 2014 included providers in general, dentists, Medicaid providers, and nurses. The CPT code use for 2014 ranged from 344 to 446.

In the first half of 2015, there was an increase in promotion efforts directly related to the Medicaid cessation counseling benefit and of those targeting providers. These included Vermont Quit Partner ads, Medicaid member mailings, Medicaid provider mailings, dental provider mailings, and promotion of the 802Quits provider page. The CPT code use for quarter 1 of 2015 was 587 and for quarter 2 as 614.

- IV. How do promotion activities influence use of the Medicaid counseling benefit?
- VI. To what extent are providers using the Medicaid counseling benefit?
 - a. What provider characteristics are associated with use of the Medicaid counseling benefit?

Indicators:

- # of times CPT codes used by Medicaid providers for tobacco cessation, and by group or individual, and plot of promotion activities
- # of times CPT codes used by Medicaid providers for tobacco cessation, and by group or individual
- # of times CPT codes used by Medicaid providers for tobacco counseling, by provider characteristics (provider location, provider type, provider specialty)

A review of the counseling CPT codes utilization was conducted, with detailed findings in **Appendix II**. Briefly, findings indicate an increasing trend in utilization, from 403 in Q1CY2014 to 614 in Q2CY2015. This increase includes an increase in code 99406 (3 to 10 minute counseling) and an increase in code 99407 (greater than 10 minutes of counseling). The group code was used starting in Q1CY2015 and again in Q2CY2015; use is low and by only one physician in the Rutland area. Physician provider type is the highest utilizer and family practice and general practice are the provider specialties with highest use. General hospitals, psychiatric, and OB/Gyn are increasing their use of the codes. Counties with greater number of providers have higher use; there is high use in Bennington and Chittenden counties, moderate use in Franklin and Orleans counties, low use in Addison, Caledonia, and Windsor, and no use in Grand Isle.

- V. To what extent are providers aware of the Medicaid counseling benefit?
 - a. Do they understand how to use the counseling benefit?
 - b. Are counseling processes integrated into clinical workflow?

The low response rate to the Medicaid Survey limits the extent to which findings can be interpreted and relied upon. In general, the survey findings indicate a good level of awareness among survey participants (19 or 68%) that Vermont Medicaid reimburses providers for delivering tobacco cessation counseling to patients that smoke. However, this does not translate to use of the codes and/or delivery of cessation counseling, as very few of the survey participants reported regular use of the cessation counseling codes. This appears to be due to a general lack of knowledge or understanding of the Medicaid cessation counseling codes that support provider reimbursement for delivering cessation counseling. For example, providers are not clear on whether they are eligible to use the codes and what the codes are. Furthermore, while screening for tobacco use appears to be a standard and consistent practice across survey respondents, consistently advising smokers to quit is not always done and consistently providing cessation counseling even less so; 21% of participants reported providing cessation counseling consistently. Survey participants also indicated use of other cessation supports, such as NRT and the quitline, are not standard or consistent offerings.

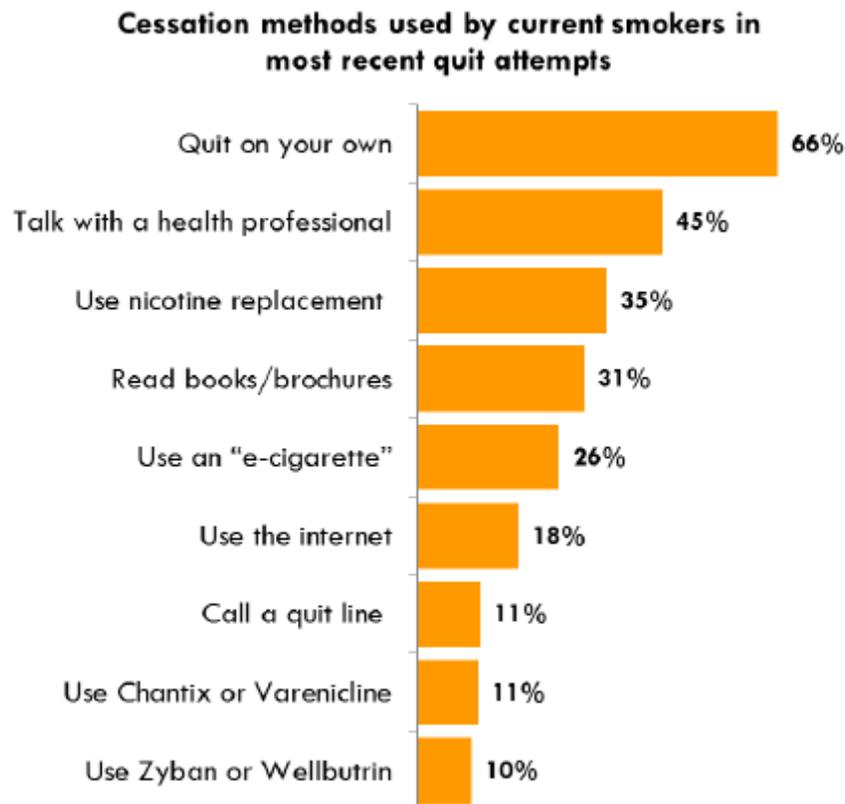
Assessing the data by provider type suggests opportunity for increasing awareness and understanding of the Medicaid cessation counseling benefit and the reimbursement codes, including eligibility among the primary provider types responding to the survey—physicians, physician assistants and particularly licensed psychologists / counselors particularly. Beyond increasing awareness and understanding of the cessation counseling benefit and codes, there appears to be a need for systems within practices to promote and institutionalize cessation counseling in addition to screening for tobacco use and advising to quit.

VII. What is the impact of the Medicaid counseling benefit on tobacco treatment and use in Vermont?

Indicator	Measure	
% of Medicaid members whose health care provider asked if they currently smoke (includes everyone who visited health care provider in past year)	69.3%, ATS 2014	
% of Medicaid members who talked with a health care provider about smoking (includes current smokers and those that quit in past year)	53.6%, ATS 2014	
% of Medicaid members whose health care provider advised cessation (includes current smokers and those that quit in past year)	77.2%, ATS 2014	
% of Medicaid members whose health care provider referred to cessation program or medicine (includes current smokers and those that quit in past year)	47.6%, ATS 2014	
% of adults who received tobacco use screening and received	National	80.0%

cessation intervention within the HRSA funded health centers in VT	Vermont	82.8%
	Battenkill Valley Health Center, Inc.	70.4%
	Community Health Centers of Burlington, Inc.	78.3%
	Community Health Centers of the Rutland Region, Inc	94.3%
	Community Health Services of the Lamoille Valley	48.6%
	Five-Town Health Alliance	85.7%
	Gifford Health Care, Inc.	88.6%
	Little Rivers Health Care, Inc	78.8%
	NE Washington County Community Health, Inc. DBA The Health Center	91.4%
	Northern Counties Health Care, Inc.	92.9%
	Richford Health Center, Inc.	84.8%
	Springfield Medical Care Systems, Inc.	78.1%
% of Medicaid insured adults with a quit attempt	62.1%, BRFSS 2014 59.5%, ATS 2014	
Smoking prevalence among individuals w/<125% FPL	37.2%, BRFSS 2014	
Smoking prevalence among individuals w/<250% FPL	28.8%, BRFSS 2014	
Smoking prevalence among individuals w/ Medicaid	32.3%, BRFSS 2014 25.2%, ATS 2014	

Distribution of cessation method used by current smoker in most recent quit attempts (e.g., counseling, NRT)—ATS 2014



VIII. What are the costs of the expanded benefit to Medicaid and the savings attributable?

To be addressed by future evaluation activities.

Analysis & Recommendations

The VTCP and DVHA have invested significant resources in promoting cessation supports and resources to aid quitting among Vermonters who smoke, particularly among those of low socioeconomic status (e.g., Medicaid beneficiaries). Mass reach media and communication strategies conducted in 2014 and in the first half of 2015 were intended to increase awareness on the harms of smoking and available cessation supports; promotion activities targeted Vermonters who smoke, Medicaid members who smoke, and providers. Select promotion activities included direct messaging on the availability of cessation counseling and other resources. Although there is no increasing trend in use of the CPT counseling codes for 2014, it is noted that there was a greater level of promotion activities in general

in quarter 2 of 2014 along with higher use of the CPT counseling codes (453 compared to 403, 384 and 425 for quarters 1, 3 and 4, respectively). There is a notable increase in use of the CPT counseling codes in quarters 1 and 2 of 2015 (583 and 614, respectively). This includes initiation in use of the group codes and an increase in use of the brief and intensive counseling codes. Provider types that displayed an increase in use of the codes in 2015 included physician and general hospital; provider specialties that displayed an increase in use of the codes in 2015 included family practice, general practice, hematology/oncology, OB/GYN, non-teaching hospital, and cost-based clinics. Despite targeted promotion efforts, dentists have not yet used the CPT counseling codes per the most current Medicaid claims data.

Regions of the state with greater number of providers and population display higher use of the counseling codes, such as in Chittenden counties. Most other counties in the state display moderate to low use. The codes have not yet been utilized by providers in Essex and Grand Isle counties.

Based on the evaluation findings to date, the following are considerations for the VTCP in targeting promotion efforts in the near term (2016) to increase awareness and use of the counseling codes.

Recommendations for 2016

- I. Disseminate information to health care providers on tobacco cessation supports for Vermonters, including Medicaid reimbursement for providing cessation counseling (e.g., 802Quits Provider Page, CPT code information, provider webinar). Leverage professional organizations, practice managers, partners and other networks to identify the right approach and contact to disseminate information.

Activity	Person Responsible	Timeline
1. Coordinate presentation with Vermont Academy of Family Physicians to disseminate information to members of this professional organization.	R. Brookes	In process
2. Contact VDH Vermont Board of Medical Practice to schedule meeting to discuss and coordinate dissemination of information to providers via email. Also identify other relevant professional associations in the state to contact for information dissemination.	R. Williams & R. Brookes	February/March 2016 Disseminate April/May 2016
3. Reach out to Vermont Medical Society to determine the best approach to share information with members (e.g., electronically, presentation, etc.). Disseminate information accordingly.	R. Brookes	February/March 2016 Disseminate April/May 2016
4. Reach out to Vermont Association of Hospitals and Health Systems (e.g., Dr. David Kaminsky) to determine the best approach to share information with members and hospitals (e.g., electronically, presentation, newsletters etc.). <ul style="list-style-type: none"> ▪ Inquire on whether there is a list of hospitals 	R. Williams & R. Brookes	February/March 2016 Disseminate April – June 2016

<p>in the state available and a contact for their staff/provider communications.</p> <ul style="list-style-type: none"> - Contact provider communications to share “press release” of the cessation resources available to providers, highlighting the Medicaid cessation counseling reimbursement and codes. ▪ Inquire on opportunities with hospitals to promote use of the group counseling code, such as by respiratory therapists. 		
5. Include a link to the 802Quits provider page when promoting the Medicaid provider survey on the DVHA banner for the evaluation.	F. Ripley	February – March 2016

- II. Communicate cessation support information and resources, including Medicaid reimbursement for individual and group cessation counseling, to community coalitions Regional Coordinators, and Tobacco Treatment Specialists.

Activity	Person Responsible	Timeline
6. Review most current quarterly reports from coalitions to determine previous activity on information dissemination to providers regarding cessation resources and provider packets.	J. Cassidy & E. Sturges	February – March 2016
7. Determine whether providers/others have ordered resources/provider packets, who and where; monitor ongoing	C. Vallencourt (inquire w/ B. Murry)	February – March 2016; ongoing
8. Remind Regional Coordinators and Tobacco Treatment Specialists to continue promoting provider resources and dissemination information to providers.	J. Cassidy & E. Sturges	March 2016 – March 2017

- III. Disseminate targeted outreach and communication to hospitals to promote use of cessation counseling by respiratory therapists and Tobacco Treatment Specialists, including promotion of cessation counseling in the group setting. Link messaging of tobacco use as a contributor to readmissions.

Activity	Person Responsible	Timeline
9. Contact Rutland/Sarah Cosgrove to understand their use and reimbursement of the group cessation counseling code by TTS and respiratory therapists in Rutland.	R. Williams & R. Brookes	March – April 2016

10. Discuss use and reimbursement of the group cessation counseling code by TTS and respiratory therapists (and others) at next DVHA-VTCP meeting (3/7/16).	R. Williams & R. Brookes	March – April 2016
11. Explore options and costs for digital promotion to respiratory therapists. Implement per budget. <ul style="list-style-type: none"> ▪ Collaborate with Asthma Program to incorporate into HMC budget 	R. Brookes R. Williams	March 2016 – August 2016

IV. Disseminate targeted outreach and communication to hematology/oncology providers, practices, and cancer centers in the state.

Activity	Person Responsible	Timeline
12. Start with the UVM Medical Center / Vermont Cancer Center	R. Brookes	May 2016 – December 2016

V. Identify health centers and providers in rural regions of the state with low use of the codes and disseminate information on tobacco cessation supports for Vermonters, including Medicaid reimbursement for providing cessation counseling.

Activity	Person Responsible	Timeline
13. Outreach and information dissemination on cessation benefit to Island Pond Health and Dental Center in Essex County. <ul style="list-style-type: none"> ▪ Reach out to appropriate regional coordinator to initiate contact and information dissemination. 	R. Rouiller	February – April 2016
14. Outreach and information dissemination on cessation benefit to Northeastern Vermont Regional Hospital in St. Johnsbury. <ul style="list-style-type: none"> ▪ Contact per information obtained in activity 4. 	C. Lafrance	April – June 2016
15. Outreach and information dissemination on cessation benefit to Keeler Bay Health Center in Grand Ilse County (now a part of Community Health Centers of Burlington, an FQHC) pending whether we find FQHCs can receive reimbursement for the cessation counseling.	R. Rouiller	April 2016 – December 2016

- VI. Collaborate with VCCI to develop a 1-page brief on the cessation counseling benefit and other cessation supports for providers.

Activity	Person Responsible	Timeline
16. VTCP to develop 1-page brief highlighting Medicaid reimbursement for cessation counseling, CPT codes, and providers role in promoting cessation. See American Family Physicians fact sheet as a model. Share with VCCI for dissemination among their network.	C. Vallencourt	February – March 2016

- VII. Determine whether FQHCs and RHCs health centers receive bundled payments or whether they can bill and be reimbursed for individual patients receiving cessation counseling.

Activity	Person Responsible	Timeline
17. Contact Bi-State Primary Care Policy Director to schedule a call to discuss reimbursement for FQHCs and RHCs regarding the Medicaid cessation counseling benefit and use of the CPT codes.	R. Rouiller	February – March 2016
18. Per FQHC / RHC ability to obtain reimbursement for Medicaid cessation counseling, disseminate information to FQHC practice managers. Consider electronic dissemination followed with a phone call.	R. Rouiller	April 2016 – December 2016

- VIII. Continue mass media campaigns (e.g., CDC Tips, Vermont Quit Partners), Medicaid member mailing and provider mailings.

Activity	Person Responsible	Timeline
19. Conduct digital promotion targeting providers and linking them to the CPT code information on the 802Quits provider page. <ul style="list-style-type: none"> ▪ Continue monitoring digital data/metrics to inform future media/digital buys and consider targeting provider types. 	R. Brookes	Completed Fall 2015 and Winter 2016 statewide;
20. Add reimbursement rate for each cessation counseling code to provider page.	R. Brookes	February 2016

- IX. Continue monitoring use of CPT code utilization.

- X. Provide education and information dissemination on the Medicaid cessation counseling benefit, reimbursement codes, and other cessation supports.**
- Develop a pocket guide of information on the benefit and codes for providers (1 page or fold, pocket size). Include information on the cessation counseling benefit (and perhaps other benefits, such as NRT), define the specific codes and related cessation services and reimbursement rates (e.g., brief, intensive, group); clarify provider eligibility (e.g., list eligible provider types); include information on other cessation resources such as 802Quits.
 - Broadly disseminate the pocket guide, targeting practice managers and other providers or staff who will most likely promote adoption and use within a practice.
 - Reach out to practice managers of specific provider specialties (e.g., mental health, FQHCs) to coordinate a meeting, ideally with practice providers and/or coders, to share information on the benefit, codes and the pocket guide.
 - Reach out to Bi-State Primary Care Association to discuss information dissemination strategies to FQHC and RHC practice managers and providers. The FQHC Directors meeting coordinated by Bi-State may be an opportunity to disseminate information in person.
 - Discuss with DVHA opportunities or strategies to disseminate information to practice billing coders and promote use by providers and within practices.
 - Discuss the issue of billing/coding within the EMR and identify solutions.
- XI. Determine whether public payers in Vermont cover cessation counseling and disseminate information.**
- Reach out to public insurers, such as BCBS, MVP, and Cigna, to discuss a cessation counseling benefit. Identify if the benefit is available to members of that insurer and if so, what codes support it. Disseminate information to providers.
- XII. Target licensed psychologists/counselors (e.g., mental health counselors) to address tobacco use, resources to do so, and delivering cessation counseling.**
- Identify channels of communication for licensed psychologist / counselors in Vermont, such as email lists, professional associations, coordination with DMH and ADAP, or meetings or conferences. Disseminate information on the Medicaid cessation counseling benefit accordingly (e.g., in-person meeting/presentation, pocket guide, email announcements, newsletters targeting these professionals).
 - Identify opportunities to disseminate information on the Medicaid cessation counseling benefit within the VTCP's MHSAs tobacco-free policy work.
- XIII. Promote practice or systems change to incorporate cessation counseling and referral to supports and resources such as NRT and 802Quits.**
- Identify quality improvement opportunities for practices (e.g., general practice/family practice, dentists, OB/GYN) to integrate systems to support cessation counseling and referral. Explore opportunities with Blueprint, BCBS, etc. to facilitate practice change.
 - Explore opportunity to build tobacco cessation counseling into the existing VDH health system quality improvement initiative with Springfield Medical Center System.

Appendix I: Promotion Activity Analysis

**Medicaid Cessation Benefit – VTCP Promotion Activities
Evaluation Analysis: January 2014 – June 2015**

Evaluation Questions:

- To what extent do VTCP promotion efforts articulate the Medicaid cessation counseling benefit?
- To what extent do promotion efforts target providers, dentists, and pharmacists?
- How do promotion activities influence use of the Medicaid counseling benefit?

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
2014						
1/2014	Launch 802Quits brand and website	Digital	Vermont smokers/tobacco users	Indirect	398 (Q1CY14)	
12/30/2013-2/9/2014	Cessation mass media flight: CDCTIPS	Radio/TV/Digital ads Radio/TV/Digital ads	Vermont smokers/tobacco users	Indirect	398 (Q1CY14)	General messaging on harms of smoking *Included ad during Super Bowl
	VQPs: Rose & Sarah			Direct		Message that counseling can help you quit; contact VQP and provider
	PPC Campaign: 802Quits/NRT	Banner ads		Indirect		PPP click goes to 802Quits free NRT page
2/3/2014	Medicaid mailing - mailing of 802Quits resources to 71,000 Medicaid beneficiaries	Beneficiary mailing	Medicaid members	Direct	398 (Q1CY14)	Content and messaging on 802Quits and free resources (e.g., NRT). Includes mention of provider help “Your

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
						doctor is ready to help, too.”
3/2014-5/2014	PPC Campaign: Pregnancy Protocol	Banner ads	Vermont smokers/tobacco users who are pregnant	Indirect	446 (Q2CY14) Pregnancy CPT Code: 20 (Q2CY14)	PPC click links directly to 802Quits pregnancy page. Collaboration with OLH WIC
4/1/2014 - 4/6/2014	New 802Quits themed materials distributed for 2 month promotion of NJH Incentivized Pregnancy Program through WIC coordinators/OLH	Outreach through WIC/OLH		Indirect		
4/14/2014-5/25/2014	Cessation mass media flight (enhanced): TIPS (Michael & Terri)	Radio/TV/Digital ads	Low SES rural teen smokers Low SES pregnant smokers	Indirect	446 (Q2CY14)	Enhanced = larger buy than usual General messaging on harms of smoking
	Cessation mass media flight: VQP: Rose and Sarah	Radio/TV/Digital ads	Vermont smokers/tobacco users	Direct		Message that counseling can help you quit; contact VQP and provider
4/14/2015 - 6/30/2014	PPC Campaign: 802Quits/NRT	Banner ads	Vermont smokers/tobacco users	Indirect		PPC click linked to 802Quits and free resources (gum, patches, etc.)
5/2014	Dentist mailing - mailing of cessation resources to 490 dentists statewide	Provider mailing	Dentists	Indirect	446 (Q2CY14)	Information on referring patients to 802Quits; cessation resources for patients, including 802Quits, VDH free NRT, and cessation pharmacotherapy

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
						benefits
5/2014	Provider mailing - mailing to general practitioners statewide on cessation resources and info on using CPT codes	Provider mailing	Medicaid Providers: general practitioners	Direct	446 (Q2CY14)	<u>Explicit information on newly available counseling benefit and codes</u> ; 802Quits resource
6/2014	Quitline Video added to 802Quits: Kathryn	Quitline video	Vermont smokers/tobacco users who are pregnant	Indirect	446 (Q2CY14) Pregnancy CPT Code: 20 (Q2CY14)	Kathryn's story on being a smoker and pregnant
9/2014	Nurse Connection Ad	Provider newsletter ad	LPNs, RNs, LNAs, nursing students	Indirect	344 (Q3CY14)	Information on promoting use of Brief Tobacco Cessation Intervention, 802Quits resource and talk to your patient; resources available. Nothing explicit on Medicaid counseling benefit.
8/2014	Insertion in DVHA newsletter to Medicaid beneficiaries	Member newsletter 90,000 members	Medicaid members	Indirect	344 (Q3CY14)	Insert featured VQPs Rose & Sarah on availability of and support for cessation.
9/2014	802Quits Webinar for Providers	Webinar	Providers	Direct	344 (Q3CY14)	Webinar content on CPT codes
9/29/2014 -	Cessation mass media flight:	TV/Digital ads	Low SES smokers	Indirect	415	General messaging on

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
11/23/2014	TIPS (Bill and Terrie)				(Q4CY14)	harms of smoking; Bill's related to diabetes
	Cessation mass media flight: VQP: Rose and Sarah	TV/Digital ads	Vermont smokers/tobacco users	Direct		Message that counseling can help you quit; contact VQP and provider
	PPC Campaign: 802 Quits/NRT	Banner ads		Indirect		PPC click linked to 802Quits and free resources (gum, patches, etc.)
2015						
12/29/2014 - 2/8/2015	Cessation mass media flight: TIPS (Amanda and Shawn)	TV/Digital	Vermont smokers/tobacco users	Indirect	587 (Q1CY15) Pregnancy CPT Code: 20 (Q1CY15)	General messaging on harms of smoking; Amanda related to premature birth/baby *Included ad during Super Bowl
12/29/2014 - 2/2/2015	Cessation mass media flight: VQP: Rose and Sarah	TV/Digital		Direct		Message that counseling can help you quit; contact VQP and provider
12/29/2014 - 2/2/2015	PPC Campaign: 802Quits/NRT	Banner ads		Indirect		PPC click linked to 802Quits and free resources (gum, patches, etc.)
2/2015	Dental provider mailing To about 200 practices in the state	Provider mailing	Dental providers	Direct	587 (Q1CY15)	Content and messaging on referring to 802Quits—provider specific, letter includes

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
						CPT codes
2/2/2015	Medicaid mailing - mailing of 802Quits resources to 98,000 Medicaid beneficiaries	Beneficiary mailing	Medicaid members	Direct	587 (Q1CY15)	Content and messaging on 802Quits. Includes mention of provider help; "Your doctor is ready to help, too."
3/2015	Nurse Connection Ad	Provider newsletter ad	LPNs, RNs, LNAs, nursing students	Indirect	587 (Q1CY15)	Information on promoting use of Brief Tobacco Cessation Intervention, 802Quits resource and talk to your patient; resources available. Nothing explicit on Medicaid counseling benefit.
4/13/2015 - 5/24/2015	Cessation mass media flight: TIPS (Rose, Terri and Amanda)	TV/Digital ads	Vermont smokers/tobacco users	Indirect	614 (Q2CY15) Pregnancy CPT Code: 43 (Q2CY15)	General messaging on harms of smoking; Amanda related to premature birth/baby
	Cessation mass media flight: VQP: Rose and Sarah	TV/Digital ads		Direct		Message that counseling can help you quit; contact VQP and provider
	PPC Campaign: 802Quits/NRT	Banner ads		Indirect		PPC click linked to 802Quits and free resources (gum, patches, etc.)
4/2015 - 6/2015	PPC Campaign: Pregnancy Protocol	Banner ads; Outreach through WIC/OLH	Vermont smokers/tobacco users who are	Indirect	Pregnancy CPT Code: 43	PPC click links directly to 802Quits pregnancy page.

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
			pregnant		(Q2CY15)	Collaboration with OLH WIC
5/2015-5/2015	PPC Campaign: E-Cigarettes: Kristy	Banner ads on Pandora	Vermont smokers/tobacco users	Indirect	614 (Q2CY15)	Kristy's story is using e-cigarettes to quit resulted in addiction to both
6/7/2015 – 8/31/2015	PPC Campaign: 802Quits for Providers	Banner ads	Providers	Direct	614 (Q2CY15) xxx (Q3CY15)	PCC campaign on new resources for providers on 802Quits to help patients quit tobacco and e-cigarettes; links directly to provider page
6/2015	Provider mailing on 802Quits and resources	Provider mailing to 350 practices in VT	Medicaid Providers: general practitioners	Direct	614 (Q2CY15) xxx (Q3CY15)	Explicit information on counseling benefit and codes; 802Quits resource; 2As, 5As, VQP brochures
6/2015	802Quits Provider Page goes live; link from Medicaid	Website	Providers	Direct		Provider Page includes specific content on counseling benefit
7/2015	Mailing of provider posters to 130 dentists	Provider mailing	Dentists, dental patients who smoke/use tobacco	Direct	xxx (Q3CY15)	Mailing of new 802Quits provider posters to dentists for patient rooms; que patient to ask dentist about cessation
9/2015 – 10/2015	Cessation mass media flight: TIPS (Rose, Shawn and Bill)	TV/Digital ads	Vermont smokers/tobacco users	Indirect	xxx (Q3CY15) xxx	General messaging on harms of smoking;

Date	Promotion Activity/Product	Type of Activity	Target Audience	Related to Counseling Benefit	CPT Use Response (Quarter)	Notes
					(Q4CY15)	
9/24/2015	802Quits Provider Webinar—TA to Coalitions	Webinar	Coalitions → Providers	Direct	xxx (Q3CY15) xxx (Q4CY15)	Coalitions will be trained to deliver TA to providers on using Provider page and CPT codes
9/2015	Nurse Connection Ad	Provider newsletter ad	LPNs, RNs, LNAs, nursing students	Indirect	xxx (Q3CY15)	Information on promoting use of Brief Tobacco Cessation Intervention, 802Quits resource and talk to your patient; resources available. Nothing explicit on Medicaid counseling benefit.
10/2015	NP E-Blast	Email blast	Nurse Practitioners	Direct	xxx (Q3CY15) xxx (Q4CY15)	E-blast on provider section of 802Quits; will reach 75-80% of NPs in VT
	Videos for Provider Page					

Appendix II: Medicaid Tobacco Cessation Counseling CPT Utilization Summary

Medicaid Tobacco Cessation CPT Utilization Summary

Data Summary

**Code utilization is estimated by claim dates of service*

	Q1CY14	Q2CY14	Q3CY14	Q4CY14	Q1CY15	Q2CY15
Total Code Utilization	403	453	384	425	583	614
<i>Procedure Code Type</i>						
99406	375	420	366	406	536	533
99407	28	33	17	19	36	68
99407HQ	0	0	0	0	9	13
S9453	0	0	1	0	2	0
Pregnant	28	20	26	29	20	43
Provider Type						
FQHC	11	12	4	4	17	14
General Hospital	17	31	29	14	59	51
Lisc. Psychologist	--	--	--	--	--	1
Naturopathic Physician	1	--	--	2	--	--
Nurse Practitioner	7	12	7	13	4	1
Physician	324	379	322	371	473	500
Podiatrist	--	--	4	5	5	1
RHC	43	19	18	16	25	46
Provider Specialty						
Anesthesiology	21	25	11	17	17	12
Cardiology	1	1	--	2	2	--
Cert. Nurse Midwife	7	12	7	13	4	1
Cost-Based Clinic	54	31	22	20	42	60
Dentists	--	--	--	--	--	0
Family Practice	43	41	51	55	108	135
General Practice	177	204	159	179	218	206
General Surgery	--	--	--	--	--	1
Hematology/Oncology	--	--	--	--	10	11
Hospital	--	--	--	1	4	3
Internal Medicine	40	37	32	50	34	26
LSW/LMHC	--	--	--	--	--	1
Naturopathic Physician	1	--	--	2	--	--
OB/GYN	27	44	36	48	54	71
Ophthalmology	7	12	8	4	--	2
Orthopedic Surgery	2	10	2	2	5	1
Pediatric Medicine	6	1	3	3	10	8
Podiatry	--	--	4	5	5	1
Psychiatric	--	3	20	11	17	27
Pulmonary Disease	--	1	--	--	--	--
Teaching Hospital	17	17	22	8	11	17

	Q1CY14	Q2CY14	Q3CY14	Q4CY14	Q1CY15	Q2CY15
Non-Teaching Hospital	--	14	7	5	44	41
County						
Addison	12	6	3	6	11	11
Bennington	73	88	105	105	117	110
Caledonia	--	4	2	2	2	--
Chittenden	82	102	58	78	133	166
Essex	--	--	--	--	--	--
Franklin	57	85	51	46	93	71
Grand Isle	--	--	--	--	--	--
Lamoille	17	27	25	36	23	28
Orange	5	2	1	--	8	9
Orleans	54	29	30	44	52	70
Rutland	13	17	33	32	32	28
Washington	18	12	15	15	38	38
Windham	14	15	5	17	22	43
Windsor	3	13	8	5	3	8
Out of State	55	53	48	39	49	32

Preliminary Findings from CTP Code Data Summary

**Code utilization is estimated by claim dates of service*

Procedure Code Use & Type

- Range of 384 – 614 from Q1CY14 to Q2CY15
- Increasing trend for utilization, especially in 2015 quarters
- 99406 range = 366 – 536, increasing trend for 2015
- 99407 range = 16 – 68, increasing trend for 2015
- 99407HQ used in Q1 & Q2 2015 by psychiatric physician, Rutland

- 99406 – Smoking and tobacco use cessation counseling visit; immediate greater than 3 minutes up to 10 minutes
- 99407 – Smoking and tobacco use cessation counseling visit, intensive greater than 10 minutes
- HQ modifier = group

Provider Type

- Predominately used by physicians, increasing trend with range of 322 – 500
- FQHCs and RHCs are using, range of 20 – 60. Claims come in at \$0; not clear on whether they are reimbursed by counseling CPT code.

Federally Qualified Health Centers	Rural Health Clinics
Ammonoosuc Community (out of state)	North Country - Newport
Copley	North Country - Barton
Community Health Centers of Rutland	Newport Pediatrics & Adolescent Medicine
Richford Health Center	North Country - Orleans
Springfield Health Center	
Little Rivers Health Care	
Five Town Health Alliance	
Gifford Health Center (*2015)	

- Hospitals using with increasing trend in 2015 quarters (Central Vermont Hospital – Washington & Northwestern Vermont--Franklin; Mary Hitchcock Memorial Hospital, UVM Medical Center, and Porter Hospital have some use)
- Nurse practitioner/midwife in Bennington is the same user of all NP uses

Provider Specialty

- Anesthesiology use-- Same practice, Northwestern Comprehensive Enslave pain
- Family Practice provider user increased largely in 2015 quarters. Winooski Family Health Center and Southwestern VT Medical Center, Northwestern Primary Care majority users for FP
- General practice providers the predominant users
- Hem/Onc started using in 2015—Northeast Kingdom Hematology, Orleans County
- OB/GYN use has increasing trend for 2015. (PPNNE in Windham county using, Northwestern Health Center, Georgia; Affiliates in OB-GYN, Chittenden; Glen McKenzie, Bennington)
- No use by dentists yet

County

- High use in Bennington, Chittenden (high # of providers)
- Moderate use in Franklin and Orleans
- Low use in Addison, Caledonia, and Windsor (compare to # of providers)
- No use in Grand Isle

Considerations for Target Promotion/Outreach on Counseling Benefit and Codes

- Target hospitals to promote use among respiratory therapists and by TTS in the group setting
- Target providers/practices in Grand Ilse, Essex and Caledonia to expand access in these rural areas
- Cancer Centers and hematology/oncology providers
- General practitioners—target per diabetes care
- Planned Parenthood of Northern New England health center sites beyond Windham (may be a reporting measure similar to FQHCs and RHCs)
- FQHCs and RHCs (pending whether they can receive reimbursement)
- Primary Care sites integrating behavioral health

Notes:

- The claims reports are based on paid claims by date of service. It is possible that some paid claims will occur after the report is run and are therefore not captured.