

How Kentucky's Healthcare Providers Help Medicaid Beneficiaries Quit Using Tobacco

POLICY BRIEF

SUMMARY

Nearly one-fourth (23.4%) of Kentuckians smoke cigarettes, and Kentucky (KY) exceeds the national smoking rate of 14.0%.¹ In 2017, the KY legislature passed a law to address the persistently high rate of tobacco use by requiring insurers, including Medicaid, to cover all seven Food and Drug Administration (FDA) approved tobacco cessation medications, and counseling services recommended by the United States Preventive Services Task Force.²

Kentucky was a national leader in passing KRS 304.17A-168, reducing barriers to tobacco treatment. The state law eliminated: 1) co-pays for medication and counseling; 2) requirements tying medication coverage to counseling; and 3) limits on treatment duration. For KY Medicaid recipients, a prescription for cessation medication is required to receive medication at no cost.

Nationally, comprehensive tobacco treatment coverage for Medicaid recipients, like in KY, has resulted in a 3% increase in past-year quit rates.³ Yet there is concern these evidence-based treatments may be underutilized. A recent study found that expanding Medicaid benefits alone may not be enough to reduce smoking prevalence in this high-risk population.⁴

WHAT WAS THE PURPOSE OF THE PROJECT?

Our aim was to analyze Medicaid claims data to describe how frequently KY healthcare providers use tobacco-related International Classification of Diseases (ICD) diagnosis codes and Current Procedural Terminology (CPT) codes with Medicaid recipients. We examined tobacco use and treatment utilization statewide and regionally by Area Development District (ADD) before and after KRS 304.17A-168 took effect in June 2017. Lastly, we compared findings from our 2019-2020 practice manager survey and Medicaid claims data. *We hypothesized that use of procedural codes for tobacco counseling in the claims data would be associated with higher use of counseling as reported by the practice managers.*

WHAT DID RESEARCHERS DO?

We analyzed the Medicaid claims data from November 2014 to December 2019. We selected these dates based on the: 1) post-Medicaid expansion period in KY (January 2014-present), and 2) period prior to and after implementation of KRS 304.17A-168 in June 2017. For this analysis, the 'Pre' law period runs from November 2014 through May 2017, and the 'Post' period from June 2017 through December 2019.

WHAT DID RESEARCHERS LEARN?

- Even though healthcare providers regularly use tobacco-related diagnosis codes with Medicaid recipients, the frequency of cessation counseling codes is very low.
- Tobacco use prevalence, defined by tobacco use ICD diagnosis codes, demonstrated a slight but significant decline from pre- to post-law (IRR 0.99, $p < .001$).

STUDY GOALS

- 1) Describe tobacco use and cessation utilization statewide and by ADD.
- 2) Compare trends in utilization of evidence-based tobacco cessation counseling pre-and post-law.
- 3) Examine associations between tobacco use and cessation utilization and practice managers' report of counseling for tobacco treatment.

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WHAT DID RESEARCHERS LEARN? (continued)

- The decline in tobacco use from pre- to post-law was not consistent across ADDs. While tobacco use decreased significantly in the Kentucky River District (IRR 0.83), for example, there was a significant increase in the Pennyriple District (IRR 1.22).
- On average, there was a 30% increase in counseling for tobacco use statewide from pre- to post-law. Only one ADD showed a significant decline in use of counseling codes over time (see map).
- The use of procedural codes for tobacco counseling was not associated with self-reported use of the 5 A's (**A**sk, **A**dvice, **A**ssess, **A**ssist, **A**rrange) or the number of providers who provide tobacco counseling, as reported by practice managers.

Use of the Tobacco Counseling Procedure Code with Medicaid Recipients after Implementation of KRS 304.17A-168



Note:
Pre KRS 304.17A-168 (formerly Senate Bill 89), November 2014 - May 2017
Post KRS 304.17A-168 (formerly Senate Bill 89), June 2017 - December 2019

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KEY RECOMMENDATIONS FOR PROVIDERS

To improve documentation and delivery of tobacco treatment with Medicaid beneficiaries, we recommend that Medicaid providers receive:

- ✓ Systematic and standardized training on use of tobacco treatment-related diagnosis, procedural, and billing codes.
- ✓ Training in evidence-based tobacco treatment, particularly targeting ADDs with increasing tobacco use in adults and pregnant women and those with lower incidence of tobacco cessation counseling claims.

KEY RECOMMENDATIONS FOR HEALTHCARE SYSTEMS

- ✓ Monitor tobacco use and treatment-related ICD and CPT coding in the Medicaid claims data annually to identify gaps in treatment delivery to Medicaid beneficiaries.
- ✓ Set benchmarks for tobacco use and treatment-related ICD and CPT coding in the Medicaid claims data.
- ✓ Require that case management optimizes the use of counseling and medication with vulnerable populations who use tobacco.

POLICY IMPLICATIONS

KY Medicaid providers have increased their use of tobacco use diagnosis codes over time since KRS 304.17A-168 took effect, yet few claims are submitted for tobacco counseling. Providers may not be aware they can be reimbursed for tobacco counseling.

As claims data are used to monitor tobacco treatment in Medicaid populations,⁵ regular tracking and monitoring claims data for counseling interventions will ensure Medicaid beneficiaries receive the full scope of evidence-based treatments (i.e., medications plus behavioral support).

REFERENCES

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