

Improving Access to Tobacco Cessation Treatment in North Dakota's Medicaid Program:

Efforts to Recognize Certified Tobacco Treatment Specialists



Introduction

Tobacco use¹ is the leading preventable cause of death and disease in the United States.² Tobacco cessation treatment is one of the most cost-effective preventive services, providing a substantial short and long-term return on investment.³ Cessation counseling and medications are effective for treating tobacco dependence when used alone and more effective when combined.⁴ While three out of five U.S. adults who have ever smoked cigarettes have quit, tobacco treatment interventions and cessation medications are severely underutilized.^{5,6} Fewer than one in three adults who smoke use cessation medications approved by the U.S. Food and Drug Administration (FDA) or behavioral counseling when trying to quit.⁷ These data highlight a gap in smokers getting the treatment they need. One way to increase treatment is to increase access to providers.

Certified tobacco treatment specialists* are trained and certified professionals that provide tobacco cessation counseling and other evidence-based interventions for tobacco dependence. Certified tobacco treatment specialists may or may not have other professional affiliations (physician, nurse, respiratory therapist, social worker, addiction counselor, etc.), work in a variety of settings (hospitals, clinics, social service agencies, quitlines, etc.) and serve as a cessation resource to other staff.⁸ Unfortunately, certified tobacco treatment specialists are not typically recognized as a qualified provider type in Medicaid and as such, cannot be reimbursed for tobacco cessation counseling services unless they are a physician or other qualified provider.⁹ However, state Medicaid Programs have the ability to add certified tobacco treatment specialists as qualified providers, which allows them to be reimbursed for tobacco cessation counseling services. Adding certified tobacco treatment specialists as a qualified provider type can increase the delivery of more intensive interventions to more tobacco users.¹⁰

This case study highlights the approach undertaken by the North Dakota project team, through participation in the Center for Disease Control and Prevention's (CDC) 6|18 Initiative[†] to recognize certified tobacco treatment specialists as qualified providers under North Dakota's Medicaid Program. When certified tobacco treatment specialists are designated as qualified providers, it allows them to receive reimbursement for tobacco cessation counseling services, which increases access to more providers available to help people quit. It is important to identify the approach taken, including the groundwork that needed to be laid, as well as the challenges encountered towards achieving outcomes. Highlighting the lessons learned and the opportunities for future impact will hopefully inspire and motivate other states to undertake a similar effort.

*There are various accredited certification programs for tobacco treatment specialists. Once an individual has successfully completed one of these programs, they are a certified tobacco treatment specialist. For the purposes of the North Dakota work and this document, we are referring to certified tobacco treatment specialists.

[†]The 6|18 initiative is a collaboration between CDC and partners that works to improve outcomes related to high-burden, high cost health conditions, including tobacco use, through evidence-based interventions. For more information see: <https://www.cdc.gov/sixteen/>.



Background

The Tobacco Prevention and Control Program operates under the North Dakota Department of Health's Division of Community & Health Systems and includes a staff of four full-time employees and several part-time supporting staff who manage several programs including the NDQuits Cessation Grant Program. The NDQuits Cessation Grant Program was established in 2012 to focus on the advancement of tobacco treatment efforts in health care systems. The program consists of the following:

- Supporting health system grantees with establishing or maintaining a tobacco treatment program. The goal of the tobacco treatment program and its protocols are to become a part of a hospital's standard operations, be self-sustaining, expand current cessation efforts within the health care system, with an emphasis on priority populations.
- Funding to support grantees in making improvements to their electronic health records (EHR). Grantees are encouraged to bill for tobacco cessation counseling services and the funding can be used to address or improve screening, documentation and/or workflow issues in the electronic health records that may be hindering the grantee's ability to properly bill for services.

The North Dakota Tobacco Prevention and Control Program used the 6|18 Initiative to work with their state's Medicaid Program, which operates under the North Dakota Department of Human Services. The goal was to improve access to tobacco cessation treatment for Medicaid enrollees. On January 1, 2020, the Medicaid Program, announced the removal of the prior authorization requirement for the seven cessation medications approved by the Food and Drug Administration (FDA). Before this announcement, Medicaid users seeking to quit faced several barriers to accessing treatment services.

While the North Dakota Medicaid Program covered all seven approved medications, Medicaid enrollees previously needed to enroll in NDQuits, the state's quitline, as part of prior authorization requirements to get the medications. The requirement to enroll in counseling could lead to some patients not making a quit attempt at all. Medicaid enrollees are still strongly encouraged to participate in counseling via NDQuits or with a tobacco treatment specialist, but currently, counseling is no longer a prerequisite to get cessation medications. Counseling and medication are effective when used alone, however, using them together can more than double the chances of quitting. However, enrolling in the counseling can be a barrier for some patients, including those who may lack transportation to a counselor or have limited minutes on their phone.

The Tobacco Prevention and Control Program viewed this expansion of coverage and increased availability of cessation medications as an opportunity to increase the delivery of tobacco cessation counseling services provided by certified tobacco treatment specialists to Medicaid enrollees.



Before participating in the 6|18 Initiative, billing and reimbursement for tobacco cessation counseling through the North Dakota's Medicaid Program were possible; however, there were many barriers to doing so successfully. The North Dakota project team identified barriers related to billing and receiving reimbursement for tobacco cessation counseling, as even those health systems that billed for services did not always get reimbursed. The team identified the following potential systems barriers that could be improved to increase access to treatment:

- The type of professional providing the treatment had to be a qualified physician or another Medicaid-recognized healthcare provider;
- The billing codes used and whether they aligned with the patient's symptoms;
- Documentation in the medical record had to support the billing of the cessation code; and
- The setting in which the services were provided.¹¹

Comprehensive Tobacco Cessation Benefit:

Seven Medications:

- NRT Gum (OTC) • NRT Patch (OTC) • NRT Lozenge (OTC)
- NRT Inhaler • NRT Nasal Spray • Bupropion • Varenicline

Three Forms of Counseling:

- Individual • Group • Phone



Laying the Groundwork for Partnering

For the Tobacco Prevention and Control Program, Medicaid enrollees are one of the six priority population groups targeted due to their high rate of tobacco use, which is double the rate of the general population in North Dakota (39.1% vs. 19.1% respectively).¹² In fiscal year 2019, 19% of the population served by NDQuits were Medicaid-insured.¹³ However, only 16% (n=2,884) had a claim for medication or counseling, leaving an estimated 84% (n=15,133) of Medicaid smokers without any type of tobacco cessation support.¹⁴ Data show that increasing tobacco cessation efforts among Medicaid enrollees is an effective way to reduce the health consequences and medical costs of smoking.¹⁵

Tobacco use is also a significant issue for the Medicaid Program. In North Dakota, \$326 million in healthcare costs are attributable to smoking.¹⁶ The Medicaid Program pays approximately 20% of that total. As a result, the Medicaid Program was “always looking for ways to improve population health and reduce healthcare costs for Medicaid enrollees.”¹⁷ While the North Dakota Medicaid Program does not have any data to directly correlate reduced tobacco use to reduced healthcare expenditures for Medicaid enrollees, there have been several studies that validate the potential return on investment. One study found that reducing total population smoking rate in each state by just 1% would result in \$2.6 billion in total Medicaid savings the following year, with the median state saving at least \$25 million per state.¹⁸ As such, reducing barriers and increasing access to



tobacco cessation counseling for Medicaid enrollees would be a win-win for both Medicaid and the Tobacco Prevention and Control programs.

Strong leadership facilitated the collaboration between the North Dakota Department of Health and the North Dakota Department of Human Services and the two agencies' participation in the 6|18 Initiative. The Department of Human Services Medical Services Division, which administers the state's Medicaid Program, is one floor away in the same building as the North Dakota Department of Health Tobacco Prevention and Control Program. Despite their proximity to each other, before participating in the 6|18 Initiative, the Tobacco Prevention and Control Program had not directly worked with the Medical Services Division. Additionally, the North Dakota State Health Officer and the top official who oversees the Department of Health; the Department of Human Services Executive Director; and the Director of Medicaid worked together often as members of the Governor's cabinet and were meeting regularly. This established relationship among leadership from both agencies facilitated discussing the opportunity to convene a state team under the 6|18 Initiative, and quickly achieving consensus on the two agencies' participation. It was also helpful that Medicaid's Deputy Director of Medical Services, Krista Fremming, is the former Director of the Tobacco Prevention and Control Program, which afforded her intimate knowledge of how the two agencies operated and ideas on how a collaborative relationship could work.

Action Steps

The opportunity to participate in the 6|18 Initiative was well known by staff at the Tobacco Prevention and Control Program as it had been previously shared through various network channels. When Ms. Fremming reached out to Neil Charvat, Tobacco Prevention and Control Program Director, about applying for the opportunity; it was not a novel concept. Mr. Charvat confirmed the Tobacco Prevention and Control Program's interest in participating and subsequently, a meeting was convened to explore how the cross-agency collaboration could work and what the focus of their joint efforts would be. The initial meeting included Mr. Charvat, Ms. Fremming and Jodi Hulm, Administrator for the Medical Services Division, who was brought in by Ms. Fremming due to her role as a liaison to the North Dakota Department of Health and Department of Human Services for all things Medicaid. Once tobacco cessation was identified as the focus, Mr. Charvat brought in Kara Backer, the Tobacco Cessation Coordinator who worked directly with the NDQuits Cessation grantees and certified tobacco treatment specialists in the state, to join the project team.

Initial discussions among the project team¹⁹ led to the decision to focus on reimbursement for tobacco cessation counseling services provided by certified tobacco treatment specialists. This was an idea originally brought to their attention by one of their long-standing grantees, Catholic Health Initiatives St. Alexius Health Bismarck Health System (CHI St. Alexius Health). Having been a grantee since 2012, CHI St. Alexius Health had established a strong Tobacco Treatment Program initiated by Rajeon Backman, a respiratory therapist care manager and tobacco treatment specialist, who had successfully established inpatient treatment protocols for nicotine replacement therapy (NRT) for medically qualified patients, and "incident-to" billing practices for tobacco cessation counseling.²⁰ CHI St. Alexius Health was also able to expand their tobacco treatment specialist program to include outpatient settings and other hospital areas; however, they often encountered challenges and had identified inconsistencies with billing for tobacco cessation counseling services based on the patient's insurance type.²¹



For the inpatient population, all patients identified as tobacco users received tobacco treatment interventions. Reimbursement for the tobacco cessation counseling services is included in the bundled rate received for that patient's hospital stay and cannot be billed separately. However, for outpatients, a referral is required from a Medicaid-recognized provider. Certified tobacco treatment specialists cannot bill Medicaid for cessation treatment. In the fiscal year 2019, CHI St. Alexius Health's certified tobacco treatment specialists provided tobacco cessation counseling to approximately 1,200 inpatients versus only 30 – 40 outpatients.²² Allowing certified tobacco treatment specialists to bill independently would allow CHI St. Alexius Health to reach more Medicaid tobacco users in outpatient settings.

After identifying the focus, the first step for the project team was to look at Medicaid reimbursement data to identify reimbursement inconsistencies, gaps and potential opportunities for certified tobacco treatment specialists to fill. Data revealed that providers that billed for tobacco cessation counseling services were not always being reimbursed and those that were reimbursed varied based on whether the counseling was billed as an inpatient or outpatient service. Data also revealed that there had been numerous reimbursement requests to the Medicaid Program for tobacco cessation counseling; however, there was a lack of consistency with regards to the type of beneficiary being reimbursed. The Medicaid Program was already reimbursing qualified providers²³ such as physicians for cessation counseling for pregnant people; however, the data revealed instances where services were not being reimbursed or they reimbursed for the wrong individuals (i.e., male patients). The review of the data showed that “the system was in need of some tweaking.”²⁴

The following questions needed to be addressed to best understand how certified tobacco treatment specialists are able to appropriately fill the gaps in North Dakota:

- How many tobacco treatment specialists in the state are currently certified?
 - How many certified tobacco treatment specialists could be qualified providers?
 - Of those certified tobacco treatment specialists, how many are licensed in some other discipline?
- This question was important as it could make the process easier.

In addition to reviewing the data, the project team needed to make sure that from the Medicaid Program side, it was feasible to reimburse certified tobacco treatment specialists for tobacco cessation counseling and that once implemented, the reimbursement mechanism would be used by NDQuits Cessation Grant Program grantees. From the Tobacco Prevention and Control Program's side, Mr. Charvat and Ms. Backer first met with Ms. Backman, from CHI St. Alexius Health, and later with other grantees, to determine if the interest in allowing certified tobacco treatment specialists to get reimbursed still existed. They also wanted to confirm that it would be used, to which they received a resounding “yes”. Simultaneously, on the Medicaid Program's side, Ms. Hulm checked to determine the feasibility of adding certified tobacco treatment specialists to the Medicaid billing system as an qualified provider type for cessation counseling.



In January 2020, Mr. Charvat and Ms. Hulm traveled to Atlanta for the 6|18 Initiative grantee kick-off meeting. The team had the shared goal to enable certified tobacco treatment specialists to bill for tobacco cessation counseling services; however, they had not decided which codes to use. They still needed clarity on how they would implement their goal. After listening to the different presentations from former 6|18 Initiative grantees, their plan began to crystallize. From the presentations, they confirmed the two current procedural terminology (CPT) billing codes that they could use, under which certified tobacco treatment specialists would bill for services:

- **99406** – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
- **99407** – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.²⁵

Once the codes were confirmed, their goal was solidified to allow certified tobacco treatment specialists that have received the National Certificate in Tobacco Treatment Practice²⁷ to be recognized as qualified providers under the North Dakota Medicaid Program. Within the last few hours of the meeting before flying back to North Dakota, Ms. Hulm and Mr. Charvat began working on their team's action plan. Upon returning home, Ms. Hulm put together the proposal to add the two codes to the Medicaid Program benefit plan.

Ms. Hulm submitted the proposal to the Medicaid Director for review and approval on March 12, 2020. The following day, March 13, the U.S. declared COVID-19 a national emergency. That same day, the Governor of North Dakota declared a State of Emergency also. As a result, a stay-at-home order was announced to mitigate the spread of COVID-19. Staff at the North Dakota Department of Health and Department of Human Services transitioned from working in the office to working from home and some staff responsibilities shifted to focus on the ensuing issues that came about as a result of the pandemic.

Barriers to Adoption

The COVID-19 pandemic halted the North Dakota project team's progress toward accomplishing their goal. Although the proposal was submitted, it was put on the backburner to deal with the COVID-19 pandemic. The effects of the pandemic were disruptive for both agencies and particularly disastrous for the Medicaid Program. The pandemic led to a significant increase in Medicaid enrollees and a decrease in funding that affected the Medicaid Program's ability to support efforts beyond the scope of the services currently being offered. As such, communication between the two agencies regarding the project became infrequent.

The pandemic created challenges for the Tobacco Prevention and Control Program's NDQuits Cessation Program grantees. Health systems such as CHI St. Alexius Health experienced a rise in hospitalizations, increased hospital staff workloads and provider's efforts were diverted from cessation work to focus on COVID-19 patient care and activities.²⁸ Conversely, other NDQuits Cessation Program grantees experienced a big decrease in the number of inpatients and outpatients causing significant declines in the number of patients tobacco treatment specialists reached.

Ironically, the COVID-19 pandemic underscored the need for tobacco cessation services. Data showed that smokers are more likely to have severe outcomes from the virus that causes COVID-19, making the availability of these services even more critical.²⁹ Smoking cigarettes can cause inflammation and cell damage throughout the body and can weaken the immune system.³⁰ While the COVID-19 pandemic was disruptive in



many ways, the Tobacco Prevention and Control Program was able to adapt its efforts to accommodate the new dynamic with which it had to operate. “We didn’t shut down, we kept doing what we could with what we had.”³¹

The pandemic did not stop the Tobacco Prevention and Control Program or its NDQuits Cessation Grant Program grantees from continuing their work. When possible, the program switched from in-person to a virtual format for conferences, meetings and trainings, hosting two virtual Tobacco Treatment Specialist training sessions in September and December of 2020, an Electronic Nicotine Delivery Systems (ENDS) Summit in December 2020 and two Nicotine Dependence Conferences. All these opportunities provided the continuing education units (CEUs) needed for providers to maintain their tobacco treatment specialist certification. A combined total of 200 providers attended the three conferences in the fiscal year 2021 (July 1, 2020 – June 30, 2021).

The North Dakota Tobacco Prevention and Control Program refers to two weeks of Nicotine Replacement Therapy (NRT) in the grant as **bridge NRT**. The two-week supply bridges the gap of time for a patient to sign up and receive NRT from NDQuits, the quitline. NRT usually arrives within ten business days from when it is ordered. The bridge NRT is especially useful when an inpatient is discharged since they have already been quit while admitted. Since relapse often happens within three days, this NRT can be crucial to the patient maintaining their quit before connecting with the NDQuits. Bridge NRT is also helpful when an outpatient meets with a tobacco treatment specialist and is ready to quit now.

Despite the pandemic, the NDQuits Cessation Grant Program had some of the following successes during the fiscal year 2021:

- Tobacco treatment specialists counseled more than 13,500 patients.
- 125 tobacco treatment specialists were trained and provided services at NDQuits Cessation Grant Program grantees.
- Seven months after enrolling in NDQuits, 30.8% of participants who received treatment had quit tobacco, which is slightly above the national quitline goal of 30%.
- 1,800 patient referrals were made to NDQuits.
- Bridge Nicotine Replacement Therapy (NRT) was distributed to approximately 11.5% of patients counseled by tobacco treatment specialists.³²

The outcomes of the NDQuits Cessation Grant program underscores the important role that certified tobacco treatment specialists can play in providing tobacco cessation treatment. They increase the access to these treatments and are successful in helping tobacco users quit.



Lessons Learned

Through their participation in the 6|18 Initiative, the North Dakota project team learned the following important lessons that states should consider before embarking on a similar effort:

- **Obtain leadership buy-in upfront.** While the Tobacco Prevention and Control Program could have undertaken this project on their own, they knew that collaborating with another agency was beneficial and it required buy-in and dedication from the top to come to fruition. Mr. Charvat firmly believed that without that buy-in, the partnership would have never happened. “Conversations may have been entertained; however, to let the Department of Human Services send Jodi to participate on the team and allow the Tobacco Prevention and Control Program to direct inquiries into their data sets... I don’t think it would have happened without the 6|18 Initiative and we wouldn’t have been where we currently are with them.”³³
- **Establish strong partnerships.** Ms. Backer has been able to work with grantees and forge collaborations across health systems, particularly between some of the larger health systems in the state, to accomplish the shared goal of reaching more tobacco users. Ms. Backer shared that “there is an opportunity to expand cessation efforts if you have the right partners that are dedicated and passionate about the same cause.”
- **Start small, then expand when it works.** Implementation does not have to roll out system wide. If a health system is interested in implementation with inpatients, start with a certain type of patient (an individual with lung cancer, COPD, etc.), make it work and then expand once success has been achieved. For outpatient settings, because there’s a learning curve, start with one site first. “Small steps are still steps.”³⁴
- **Make the value add clear for partners and stakeholders.** It is important for every stakeholder involved to see the value in their involvement. When stakeholders understand the potential benefits of their involvement, they may be more enticed to stay engaged. For example, when health systems get an idea of how many Medicaid patients they have, how many of those patients are tobacco users, what a quit could mean, the fact that they can bill for that service and how the effort can help expand their services, they will understand the value. Once understood, it is important to continue to reiterate the value and benefits especially when/if progress stalls to help maintain focus on the collective goal to be achieved. If you can reiterate that message, you will be able to keep them engaged and moving forward.
- **Use data from electronic health records to inform and guide efforts.** Having a robust electronic health records system is essential. Health systems should extract data from their electronic health records to learn what percentage of their patients are tobacco users and whether proper screening for all types of tobacco use is being performed. This information can be used target users, interventions and feedback reports. The Tobacco Prevention and Control Program found that addressing electronic health records’ issues is a critical component to whether a grantee can successfully bill for tobacco cessation counseling services. That is why some of the funding provided by the NDQuits Cessation Grant Program goes towards supporting electronic health records improvements. Ms. Backer consistently emphasized the importance of documentation to grantees “because if you don’t document and measure, it doesn’t happen” and “what gets measured, gets done.”



- **Have dedicated staff willing to take on the work and see the effort through.** The Tobacco Prevention and Control Program had a dedicated Tobacco Cessation Program Coordinator and other staff committed to the work. The Tobacco Prevention and Control Program also encouraged their grantees to “find the right staff”³⁵ for the role of tobacco treatment specialist “because when you find the right staff, they are the ones that stay and want to do the work.”³⁶
- **Be flexible.** The Tobacco Prevention and Control Program understood that COVID-19 changed everything for everyone and that grantees needed the space to address the pandemic on their own terms. They encouraged grantees to implement and report what they could when it was possible, while reminding them that the program would be there ready to work with them again when they were ready. As a result of this approach, many of their grantees remained highly engaged and continued to attend events held by the Tobacco Prevention and Control Program. For example, when they held a virtual tobacco treatment specialist training in September 2020, despite the number of COVID-19 cases being at an all-time high in the state, the training was very well attended by staff from health systems.

Looking Ahead

The Tobacco Prevention and Control Program refused to use COVID-19 as an excuse to no longer move forward. Having laid the groundwork and done the heavy lifting to establish the relationship, the Tobacco Prevention and Control Program hopes to continue to build on the collaborative work started with the Department of Human Services Medicaid Program even after their engagement with the 6|18 Initiative concludes. More recently, during the 2021 Legislative Session, legislation was passed, HB 1247, to combine the Department of Health and Department of Human Services into one department by September 2022. This will likely help facilitate collaboration and availability of tobacco treatment interventions and resources for Medicaid beneficiaries. However, since the Medicaid Program took a huge hit, both from a capacity and financial perspective, as a result of COVID-19, it will take some time before they are able to pick up where the team left off. The Tobacco Prevention and Control Program remains patient and continues to be the “gnat in the ear” of the Department of Human Services to keep the issue of reimbursement for certified tobacco treatment specialists on their radar. Since some time has passed, the project team will need to first assess what effect the pandemic had on the Department of Human Services’ overall capacity to do this work once efforts are ready to resume.

Moving forward, the Tobacco Prevention and Control Program plans to continue with steps to sustain momentum beyond the 6|18 Initiative. They will keep using evidence-based strategies to engage North Dakota communities and plan to continue providing education, in-state training for tobacco treatment specialists and another ENDS summit. They also plan to continue dispensing more NRT and increase awareness about the importance of tobacco cessation efforts. For the grantees, knowing that the Tobacco Prevention and Control Program is still dedicated to working towards improving the billing and reimbursement process for certified tobacco treatment specialists continues to serve as a motivation for them to get more staff certified.

“Working on Medicaid you don’t give up.”

— Jodi Hulm, Administrator for the Medical Services Division, North Dakota



Conclusion

Despite the challenges faced, participation in the 6|18 Initiative helped forge a formal collaboration between the Department of Health Tobacco Prevention and Control Program and the Department of Human Services Medicaid Program that would not have occurred otherwise. “If this idea had come from the bottom up, from just talking to even the people we know well through the Department of Human Services and attempted to get it moving they wouldn’t have had a lot of motivation to participate. It took that top-level buy-in to make it happen.”³⁷ In addition to the partnership created with the Department of Human Services Medicaid Program, the project team also found the opportunity to interact and collaborate with other 6|18 Initiative grantees through webinars and training, invaluable.

The tenacity of the North Dakota project team is demonstrated through what they were able to accomplish and the optimism they maintained despite being faced with the unknown brought about by a global pandemic. By telling their story, the project team hopes to inspire other states regardless of size and characteristics. “Even if you are a small, rural, low-populated state, there is an opportunity to reach more people if you have the right partners. Having good partners and infrastructure and using the support of national technical assistance activities like the 6|18 Initiative, you have an opportunity to really make a change in your population’s health.”³⁸

Glossary of Terms

Certified Tobacco Treatment Specialists, have undergone this specialized, intensive training program and must also demonstrate a high level of proficiency in the treatment of tobacco dependence by completing coursework, documenting the experience, and passing an examination.

Current Procedural Terminology, or CPT is an expansive, important code set published and maintained by the American Medical Association, that communicates the procedure(s) the healthcare provider is seeking payment for from the payer.

“Incident-to” Services are defined as those services that are furnished by healthcare extender, who is supervised by a physician. Treatment can take place in the physician’s office, whether located in a separate office suite or within an institution, or in a patient’s home. This term is often used in the context of billing, where the healthcare extender often bills under the supervising physician’s name.

NDQuits is North Dakota’s quitline, which is available to all North Dakotans, year-round. They are the leading resource for North Dakotans seeking assistance to quit smoking or using smokeless tobacco products, including vapes or electronic cigarettes.

North Dakota Department of Health is committed to improving the health status of the people of North Dakota, improving access to and delivery of quality health care and wellness services, promoting a state of emergency readiness and response, achieving strategic outcomes using all available resources, strengthening and sustaining stakeholder engagement and collaboration, and managing emerging public health challenges.



North Dakota Department of Human Services provides services that help North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions or an inability to protect themselves. The North Dakota Department of Human Services also helps provide services and care to maximize each person's independence while preserving the dignity of all individuals and respecting their constitutional and civil rights.

Qualified Provider – An individual who can independently bill and be reimbursed by the Medicaid Program for providing treatment and services to Medicaid patients.

Tobacco Prevention and Control Program – The Tobacco Prevention and Control Program's mission is to improve and protect the health of North Dakotans by reducing the negative health and economic consequences of tobacco in the state since it is the number one cause of preventable disease and death.

Tobacco Treatment Program – A tobacco treatment program develops and maintains protocols that determine intervention levels of various patient populations. Tobacco treatment services are provided throughout the health system to inpatients and outpatients who want to quit tobacco, need to stop tobacco use as a pre-surgical requirement and can benefit from chronic disease management.

Tobacco Treatment Specialist is a professional who has the skills, knowledge, and training to provide effective, evidence-based interventions for tobacco dependence across a range of intensities. The Tobacco Treatment Specialists may have various professional affiliations and may work in a variety of settings including but not limited to hospitals, community health centers, Health Maintenance Organizations, medical and dental practices, educational settings, social service agencies, tobacco treatment centers, telephone quitlines, drug abuse treatment programs and mental health centers. The tobacco treatment specialists provide treatment and also educate others (health care professionals, administrators, scientists, smokers, nonsmokers) about tobacco dependence treatments.

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- ¹ All references to “tobacco” and “tobacco products” within this guide and resource collection refer to commercial tobacco and not to the traditional use of tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes.
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- ⁶ Smoking Cessation—The Role of Healthcare Professionals and Health Systems. (2020) https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/fact-sheets/healthcare-professionals-health-systems/index.html
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- ⁸ Professional Data Analysts. (2020, December). *The State of Tobacco Control in North Dakota: 2019–2021*. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/2019-2021_NDDoH_Synthesis_Report.pdf
- ⁹ In addition to licensed physicians, ND Medicaid covers medically necessary services provided by Nurses Practitioners (NP), Certified Nurse Mid-Wives (CNM), Clinical Nurse Specialists (CNS) and Physician Assistants (PA) who are licensed to practice in the state in which the services are provided and enrolled with ND Medicaid. Medicaid billable services consist of services otherwise covered as a physician service that are within the scope of practice of the NP, CNM, CNS or PA license.
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- ¹⁸ Glantz, S. A. (n.d.). Estimation of 1-Year Changes in Medicaid Expenditures Associated With Reducing Cigarette Smoking Prevalence by 1%. *JAMA Network Open*, 2(4). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2730483>.
- ¹⁹ The ND 6118 Initiative team members included Neil Charvat, Jodi Hulm and Kara Backer.
- ²⁰ Richter, S., Chapman Haynes, M., Kidney, R., & Hanson, A. (2020). (rep.). *Tobacco Cessation at CHI St. Alexius Health Bismarck Development & Impact of a Tobacco Treatment Program 2012 – 2020*. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/NDQC_FY20_CHI-St_Alexius_Health_Case_Study.pdf
- ²¹ CHI St. Alexis Health bills all third-party payers (Medicaid, Medicare, BCBS, Sanford, Tricare, etc.)
- ²² Backman, R. (personal communication, May 3, 2021)
- ²³ In addition to licensed physicians, the North Dakota Medicaid Program covers medically necessary services provided by Nurses Practitioners (NP), Certified Nurse Mid-Wives (CNM), Clinical Nurse Specialists (CNS) and Physician Assistants (PA) who are licensed to practice in the state in which the services are provided and enrolled with ND Medicaid. Medicaid billable services consist of services otherwise covered as a physician service that are within the scope of practice of the NP, CNM, CNS or PA license.
- ²⁴ Charvat, N. (personal communication, April 14, 2021)
- ²⁵ Oliverrez, M. (2021, February 28). How to bill for smoking cessation counseling 99406. <https://capturebilling.com/how-bill-smoking-cessation-counseling-99406-99407/>
- ²⁶ Certification may be obtained through the Tobacco Treatment Specialist Program or NAADAC, the Association for Addiction Professionals provides the National Certificate in Tobacco Treatment Practice. This national certificate program was created to standardize and unify tobacco competencies, knowledge, and skills on a national level and provides national, unified recognition of professionals who obtain this prestigious certificate. <https://www.naadac.org/NCTTP>
- ²⁷ COVID-19 Roundup: Coronavirus Now a National Emergency, With Plans to Increase Testing. *AJMC*. (2020, March 13). <https://www.ajmc.com/view/covid19-roundup2>.



²⁸ Richter, S., Chapman Haynes, M., Kidney, R., & Hanson, A. (2020). (rep.). *Tobacco Cessation at CHI St. Alexius Health Bismarck Development & Impact of a Tobacco Treatment Program 2012 – 2020*. https://www.health.nd.gov/sites/www/files/documents/Files/HSC/CHS/Tobacco/Reports/NDQC_FY20_CHI-St_Alexius_Health_Case_Study.pdf

²⁹ Centers for Disease Control and Prevention. (n.d.). *Certain Medical Conditions and Risk for Severe COVID-19 Illness*. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

³⁰ Benjamin R. M. (2011). Exposure to tobacco smoke causes immediate damage: a report of the Surgeon General. *Public health reports (Washington, D.C.: 1974)*, 126(2), 158–159. <https://doi.org/10.1177/003335491112600202>

³¹ Charvat, N. (personal communication, April 14, 2021)

³² The Tobacco Prevention and Control Program refers to two-weeks of NRT in the grant as bridge NRT. The two-week supply bridges the gap of time for a patient to sign up and receive NRT from NDQuits, the quitline. NRT usually arrives within ten business days from when it is ordered. The bridge NRT is especially useful when an inpatient discharge since they have already been quit while admitted. Since relapse often happens within three days, this NRT can be crucial to the patient maintaining their quit before connecting with the NDQuits. Bridge NRT is also helpful when an outpatient meets with a Tobacco Treatment Specialist and is ready to quit now.

³³ Charvat, N. (personal communication, April 14, 2021)

³⁴ Backer, K. (email communication, April 14, 2021)

³⁵ K.Backer (personal communication. April 14, 2021)

³⁶ K.Backer (personal communication. April 14, 2021)

³⁷ Charvat, N. (personal communication, April 14, 2021)

³⁸ Charvat, N. (personal communication, April 14, 2021)





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