

Colorado: Increasing Use of Medicaid Tobacco Cessation Benefits

Colorado's Departments of Public Health and Environment (CDPHE) and Health Care Policy and Financing (Medicaid) partnered under the Centers for Disease Control and Prevention's (CDC) [6|18 Initiative](#) to enhance Medicaid enrollees' access to and use of covered tobacco cessation benefits. The state's efforts resulted in notable achievements, including Medicaid policy changes to expand access to tobacco cessation medications and services, and communications efforts to increase provider and consumer use of benefits.

COLORADO KEY FACTS

- State population: [5.6 million](#)
- Medicaid population: [1.3 million](#)
- Medicaid enrollees in managed care: [10.5 percent](#)
- Medicaid enrollees who smoke: [30.1 percent](#)



Colorado's participation in the [6|18 Initiative](#) also strengthened ongoing collaboration between its Medicaid and public health departments through the development of two new staff positions to serve as interagency liaisons.

Colorado's 6 | 18 Accomplishments

- ✓ **Removed Medicaid copays** for all Food and Drug Administration (FDA)-approved tobacco cessation medications.
- ✓ **Enacted regulatory changes** to allow pharmacists and home visiting nurses to deliver and bill for cessation services.
- ✓ **Educated providers** about how to support Medicaid patients' cessation efforts.
- ✓ **Conducted consumer awareness media campaign** about covered Medicaid benefits.

6 | 18 Project Activities

In 2016 and 2017, Colorado's Medicaid and public health agencies partnered under CDC's 6|18 initiative to improve access to and use of Medicaid-covered cessation treatments through the following activities:

1. Removing Copays for Medicaid Tobacco Cessation Benefits

Reducing out-of-pocket costs for evidence-based cessation treatments has been [demonstrated](#) to increase the number of individuals who quit tobacco. In response, in 2015, Colorado removed prior authorization for initial prescription fills of short-acting nicotine replacement therapies (NRT), but Medicaid enrollees still faced copays and prior authorization for NRT refills and other FDA-approved cessation medications. In November 2017, the state eliminated copays for all seven FDA-approved cessation medications. After removing these copays, Colorado was able to cover all preventive services recommended by the U.S. Preventive Services Task Force without cost sharing, qualifying the state for a one percentage point increase in its Federal Medical Assistance Percentage. Medicaid and public health officials will build on this success to remove prior authorization requirements for additional tobacco cessation medications.



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2. Educating and Engaging Providers

CDPHE provided training, education, and resources to providers to engage Medicaid patients about tobacco cessation, including:

- Developing a toolkit for use in clinical settings with information about covered cessation benefits.
- Hosting regular online provider training webinars.
- Working with local public health agencies to identify and address gaps in providers' cessation approaches.



3. Raising Consumer Awareness

Colorado worked to increase consumer awareness of Medicaid-covered tobacco cessation services through a three-year media campaign focused on specific Medicaid subpopulations. This campaign was funded by Colorado Amendment 35 state tobacco tax revenue. Strategies included:

- **Print materials:** Developing print media to highlight Colorado's Medicaid cessation benefit and encourage consumers to talk with their providers about quitting. CDPHE made the materials available to providers and community-based organizations that serve Medicaid enrollees identified as tobacco users.
- **Online and mobile outreach:** Running statewide online and mobile ads in English and Spanish. Ads, including on Facebook and Google, targeted consumers likely to be tobacco users. This strategy resulted in 9.9 million impressions and above-average click rates.
- **Radio ads:** Creating regional and internet radio ads featuring testimonials from Medicaid providers. This strategy was based on research suggesting that ads featuring trusted community members are especially effective.



4. Expanding Provider Types Eligible to Deliver Cessation Services

Colorado worked to expand its list of providers who could offer cessation services. Using multi-disciplinary providers increases access to cessation services and creates meaningful linkages on the effects of tobacco use in all areas of patients' lives. Activities focused on two main provider types:

- **Pharmacists:** Colorado's governor signed a collaborative pharmacy agreement bill ([Rule 17](#)) giving pharmacists the authority to screen and assess patients' tobacco dependence, dispense cessation medication, and provide counseling on medications and cessation strategies. Following the bill's passage, state agencies and other stakeholders developed a medication protocol and accreditation program for pharmacists.
- **Home visiting nurses:** Colorado expanded billable services under its Nurse Home Visiting Program, enabling nurses to bill medical services, such as tobacco cessation counseling for new mothers, separately from case management.



5. Enhancing Collaboration between Public Health and Medicaid

Colorado created and funded two new positions to function as liaisons between the state's Medicaid and public health agencies. Liaisons are responsible for interagency collaboration and strategy alignment, serving as points of contact to strengthen Medicaid-public health communication. Working together, liaisons led the agencies in developing a new data-sharing agreement for program evaluation.



STATE SPOTLIGHTS: MEDICAID-PUBLIC HEALTH COLLABORATION IN CDC'S 6 | 18 INITIATIVE

This series of profiles, developed by the Center for Health Care Strategies and made possible by the Robert Wood Johnson Foundation, showcases how state Medicaid and public health departments are using the [Centers for Disease Control and Prevention's \(CDC\) 6 | 18 Initiative](#) to accelerate the adoption of evidence-based prevention efforts focused on improving health outcomes and controlling health care costs. The CDC's 6 | 18 Initiative links proven prevention activities to health coverage and delivery for six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and diabetes. For more information, visit www.618resources.chcs.org.