THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☐ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

☒ Molina Medi-Cal Managed Care
☐ Molina Medicare Options Plus
☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

☒ **Medical Group/ IPA/MSO**

Primary Care
☒ IPA/MSO
☒ Directs

Specialists
☐ Directs
☐ IPA

☐ **Hospitals**

Ancillary
☐ CBAS
☐ SNF/LTC
☐ DME
☐ Home Health
☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

Los Angeles/Orange Counties
X111113 X123071
X127657

Riverside/San Bernardino Counties
X127684 X128010
X120618

Sacramento County
X121360 X126232

San Diego County
X121805 X121401
X127709 X121413
X123006 X121599

Imperial County
X125682 X125666

COMPREHENSIVE TOBACCO PREVENTION AND CESSATION SERVICES FOR MEDI-CAL BENEFICIARIES (APL 16-014)

This is a reminder notification to inform our Molina Healthcare of California (MHC) network providers regarding requirements for tobacco prevention and cessation services.

This notification is based on an All Plan Letter (APL) 16-014, which can be found in full on the DHCS website at:
http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

BACKGROUND

Tobacco use is the leading preventable cause of death in the United States and Medi-Cal beneficiaries have a higher prevalence of tobacco use than the general California population. An investment in comprehensive tobacco cessation services may result in substantial savings for Medicaid programs. Tobacco cessation services have been demonstrated to be both clinically and cost effective.

The Department of Health Care Services' (DHCS) Medi-Cal managed care contracts require MCPs to provide all preventive services identified as United States Preventive Services Task Force (USPSTF) grade "A" and "B" recommendations. The USPSTF recommends clinicians ask all adult beneficiaries, including pregnant beneficiaries, about their tobacco use, advise them to stop using tobacco, and provide them with behavioral interventions.

Non-pregnant adults who use tobacco should be prescribed U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation (grade "A").

The USPSTF also recommends that primary care clinicians provide interventions, including education or counseling, to prevent initiation of tobacco use in school-aged children and adolescents (grade "B"). Counseling is recommended for adolescents who smoke, because it has been shown to be effective in treating adolescent smokers. Additionally, since secondhand smoke can be harmful to children, counseling parents who smoke, in a pediatric setting, is also recommended.

The Affordable Care Act (ACA) Section 4107 authorizes coverage of counseling and pharmacotherapy for tobacco cessation for pregnant women. However, there is insufficient evidence to assess potential benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women. As a result, the USPSTF recommends behavioral interventions for the cessation of pregnant women who use tobacco.

REQUIRMENTS

Tobacco Prevention and Cessation Services

All contracted providers are required to identify and track all tobacco use (both initially and annually) by doing the following:

- Complete the Individual Health Assessment, which includes the Individual Health Education Behavioral Assessment (IHEBA), for all new beneficiaries within 120 days of enrollment, per PL 08-003. The Staying Healthy Assessment (SHA) is DHCS's IHEBA, per APL 13-001 (Revised). Each age appropriate SHA questionnaire asks about smoking status and/or exposure to tobacco smoke.
- Annually assess tobacco use status for every beneficiary, (unless an assessment needs to be re-administered), based on the SHA's periodicity schedule. Since the IHEBA must be reviewed or re-administered on an annual basis, smoking status can be re-assessed through the use of the SHA.
- Ask tobacco users about their current tobacco use and document in their medical record at every visit.

PCPs must also institute a tobacco user identification system, per United States Preventive Services Task Force (USPSTF) recommendations. Among other things, a tobacco user identification system may include:

- Adding tobacco use as a vital sign in the chart or Electronic Health Records.
- Using International Classification of Diseases (ICD)-10 codes in the medical record to record tobacco use. ICD-10 codes for tobacco use are:
  - ✓ F17.200 Nicotine dependence, unspecified, uncomplicated.
  - ✓ F17.201 Nicotine dependence, unspecified, in remission.
  - ✓ F17.210 Nicotine dependence, cigarettes, uncomplicated.
  - ✓ F17.211 Nicotine dependence, cigarettes, in remission.
  - ✓ F17.220 Nicotine dependence, chewing tobacco, uncomplicated.
  - ✓ F17.221 Nicotine dependence, chewing tobacco, in remission.
  - ✓ F17.290 Nicotine dependence, other tobacco product, uncomplicated.
  - ✓ F17.291 Nicotine dependence, other tobacco product, in remission.
  - ✓ Z87.891 Personal history of nicotine dependence.
- The full set of ICD-10 codes to record tobacco use can be found at: https://ctri.wiscweb.wisc.edu/wp-content/uploads/sites/240/2017/06/icd10.pdf
- Placing a chart stamp or sticker on the chart when the beneficiary indicates he or she uses tobacco.
- A recording in the SHA or other IHEBA.

It is DHCS's intent that providers not only assess tobacco use, but report it to MHC, in order to fully coordinate the beneficiary's tobacco cessation treatment.

Prevention of tobacco use in children and adolescents

Providers are required to:

- Provide tobacco cessation services to beneficiaries, including counseling and pharmacotherapy, as it is mandatory for children up to age 21 under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The EPSDT benefit includes the provision of anticipatory guidance and risk-reduction counseling regarding tobacco use.

- Provide interventions, including education or counseling, in an attempt to prevent initiation of tobacco use in school-aged children and adolescents. Services shall be provided in accordance with the American Academy of Pediatrics Bright Futures periodicity schedule and anticipatory guidance, as periodically updated.

Services for Pregnant Tobacco Users

Because of the serious risk of smoking to the pregnant smoker and fetus, whenever possible, pregnant beneficiaries should be offered tailored, one-on-one counseling exceeding minimal advice to quit.

Providers are required to:

- Ask all pregnant beneficiaries if they use tobacco or are exposed to tobacco smoke. Pregnant beneficiaries who smoke should obtain assistance with quitting throughout their pregnancies.
- Offer all pregnant beneficiaries who use tobacco at least one face-to-face tobacco cessation counseling session per quit attempt.
- Refer pregnant beneficiaries who use tobacco are referred to a tobacco cessation quit line, such as the Helpline.
- Refer to the tobacco cessation guidelines by the American College of Obstetrics and Gynecology (ACOG) before prescribing tobacco cessation medications during pregnancy.

Provider Training

Providers are strongly encouraged to refer to the "Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update" for provider training on tobacco cessation treatments. This document informs and educates clinicians regarding effective strategies and approaches for providing tobacco cessation treatment for all populations, including specific recommendations for pregnant women. Please refer to the enclosed Attachment A for a summary of these guidelines.

Providers and their office staff are encouraged to utilize the "5 A's" (Ask, Advise, Assess, Assist, and Arrange), the "5 R's" (Relevance, Risks, Rewards, Roadblocks, Repetition), or other validated behavior change models when counseling beneficiaries.

Please refer to the below links for more information on the "5 A's" and "5 R's":
http://www.improvingchroniccare.org/downloads/3.5_5_as_behaviior_change_model.pdf

http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.html

Additional training on the requirements for comprehensive tobacco cessation services included in this APL may be provided by provider service representatives during routine office visits, or as requested.

Further training and resources can be found in the enclosed Attachment B.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrate compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

Attachment A: Summary of 2008 US Public Health Services Guideline: Treating Tobacco Use and Dependence and Additional Background

For the general population (non-pregnant adults):

- Because tobacco dependence is a chronic condition often requiring repeated intervention, multiple attempts to quit may be required. At least two quit attempts per year should be covered;
- While counseling and medication are both effective in treating tobacco use when used alone, they are more effective when used together; and
- While individual, group, and telephone counseling are effective in treating tobacco use, effectiveness increases with treatment intensity.

Note that federal guidance for implementation of the ACA recommends the following coverage for each cessation attempt:

- Four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
- All FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization.

For pregnant women:

- Because of the serious risk of smoking to the pregnant smoker and fetus, whenever possible, pregnant smokers should be offered tailored one-on-one counseling that exceeds minimal advice to quit; and
- The ACA (Section 4107) authorizes the coverage of counseling and pharmacotherapy for tobacco cessation in pregnant beneficiaries. However, pharmacotherapy is not recommended because there is insufficient evidence on its safety and effectiveness on pregnant women.

ACOG recommends clinical interventions and strategies for pregnant women who smoke. (ACOG, "Smoking Cessation During Pregnancy: Committee Opinion")
https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Smoking-Cessation-During-Pregnancy

Attachment B: Provider Trainings and Resources

5 Major Steps to Intervention: https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html

ACA Facts Sheets and Resources (American Lung Association): https://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/aca-factsheets-and-resources.html

Helpline:

https://www.nobutts.org/ (also available in Spanish, Chinese, Korean and Vietnamese)

http://www.nobutts.org/free-training

https://www.nobutts-catalog.org/collections/health-care-provider-resources

Continuing Medical Education California courses offered through UC Schools of

Medicine: https://cmecalifornia.com/Education.aspx

Centers for Disease Control, Coverage for Tobacco Use Cessation Treatments:

https://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/pdfs/coverage_tobacco_508_new.pdf

ICD-10 Codes Tobacco/Nicotine Dependence, and Secondhand Smoke Exposure, Effective October 1, 2015: https://ctri.wiscweb.wisc.edu/wp-content/uploads/sites/240/2017/06/icd10.pdf

Overview of the "Clinical Practice Guideline, Treating Tobacco Use and Dependence:

2008 Update":

https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/correctadd.html

Patients Not Ready to Make a Quit Attempt Now (The "5 R's"): https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.pdf

Smokefree.gov: http://smokefree.gov/health-care-professionals

UC Quits: https://smokingcessationleadership.ucsf.edu/uc-quits

University of California San Francisco's Smoking Cessation Leadership Center's tools and resources: http://smokingcessationleadership.ucsf.edu/resources

USPSTF-Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions: https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1

USPSTF-Tobacco Use in Children and Adolescents: Primary Care Interventions: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-children-and-adolescents-primary-care-interventions