



PROVIDER *bulletin*

July 13, 2017

Dear Provider:

As of November 1, 2014, Kern Health Systems is required to implement and cover payment for tobacco cessation services for Medi-Cal members. This requirement had been added to the health plan by the Department of Health Care Services (DHCS) per guidance as detailed in Policy Letter 14-006. In addition as of December 15, 2016, Kern Health Systems implemented a system to identify tobacco users and track utilization data of tobacco cessation interventions to the health plan by the DHCS per guidance as detailed in ALL Plan Letter 16-014.

Here are the revised requirements:

1. Initial and annual assessment of tobacco use for each adolescent and adult member.
 - Providers need to identify and track all tobacco use (both initially and annually) and do 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. The Staying Healthy Assessment (SHA) is DHCS's IHEBA.
 - 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.
2. FDA-approved tobacco cessation medications (non-pregnant adults of any age).
 - FDA-approved tobacco cessation medications covered including over-the-counter medications with a prescription from the provider
 - Beneficiaries are not require to provide proof of counseling to a pharmacist, or other Medi-Cal provider in order to obtain tobacco cessation medications.
3. Individual, group, and telephone counseling for members of any age who use tobacco products.
 - Providers shall review the SHA's questions on tobacco with the beneficiary.
 - Providers or other office staff to use 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.
 - Providers shall refer beneficiaries who use tobacco to the California Smokers' Helpline (Helpline) (1-800-NO-BUTTS), a free statewide quit smoking service operated by the University of California San Diego Moore Cancer Center or other comparable quit-line services.
 - Providers are encourage to use the Helpline's web referral, or if available in their area, the Helpline's e-referral systems.

4. Services for pregnant tobacco users.

- Providers are required to perform the following:
 - 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. ACOG recommends clinical interventions and strategies for pregnant women who smoke. (ACOG, “Smoking Cessation During Pregnancy: Committee Opinion”) [http://www.acog.org/Resources And Publications/Committee Opinions/Committee on Health Care for Underserved Women/Smoking Cessation During Pregnancy](http://www.acog.org/Resources%20And%20Publications/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/Smoking%20Cessation%20During%20Pregnancy)
 - Offer all pregnant beneficiaries who use tobacco at least one face-to-face tobacco cessation counseling session per quit attempt. Face-to-face tobacco cessation counseling services may be provided by, or under supervision of, a physician legally authorized to furnish such services under state law.
 - Ensure pregnant beneficiaries who use tobacco are referred to a tobacco cessation quit line, such as the Helpline. These tobacco cessation counseling services must be covered for 60 days after delivery, plus any additional days needed to end the respective month.
 - Refer to the tobacco cessation guidelines by the American College of Obstetrics and Gynecology (ACOG) before prescribing tobacco cessation medications during pregnancy.

5. Prevention of tobacco use in children and adolescents.

- Primary care clinicians shall 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.

6. Identifying Tobacco Users

- Providers must ensure their primary care practices institutes a tobacco user identification system, per Unites States Preventive Services Task Force (USPTF) recommendation.

KHS encourages you as Providers to use these DHCS recommended educational resources, which are available via the internet.

- 5 Major Steps to Intervention: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>
- Action to Quit-Behavioral Health: <http://actiontoquit.org/populations/behavioral-health/>
- ACA Facts Sheets and Resources (American Lung Association): <http://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>
<http://www.nobutts-catalog.org/collections/health-care-provider-resources>
- Continuing Medical Education (CME) -accredited training on tobacco cessation and behavioral health: <https://cmecalifornia.com/Activity/1023974/Detail.aspx>.
- Centers for Disease Control Coverage for Tobacco Use Cessation Treatments: http://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: <http://www.ctri.wisc.edu/documents/icd10.pdf>
- Overview of the “Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update” (SDL # 11-007): <http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>.

- Patients Not Ready to Make a Quit Attempt Now (The “5 R’s”): <http://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-modules: <https://cmecalifornia.com/Activity/3439569/Detail.aspx>
- University of California San Francisco’s (UCSF) Smoking Cessation Leader Center’s tools and resources: <http://smokingcessationleadership.ucsf.edu/Resources.htm>.
- USPSTF-Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/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?ds=1&s=adolescentsandsmoking>

Sincerely,

Jake Hall
 Provider Relations Supervisor

