State of California—Health and Human Services Agency
Department of Health Care Services

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DATE: November 30, 2016

ALL PLAN LETTER 16-014
SUPERSEDES POLICY LETTER 14-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: COMPREHENSIVE TOBACCO PREVENTION AND CESSATION SERVICES FOR MEDI-CAL BENEFICIARIES

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with additional information and explanation regarding requirements for comprehensive tobacco cessation services. This letter supersedes Policy Letter (PL) 14-006 and extends the implementation date for MCPs to develop a system to identify tobacco users and track utilization data of tobacco cessation interventions until December 15, 2016**.** All other requirements in PL 14-006 were to have been implemented by November 14, 2014.

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.[1,2] Tobacco cessation services have been demonstrated to be both clinically and cost effective.[3] An investment in comprehensive tobacco cessation services may result in substantial savings for Medicaid programs. In one state, each dollar spent on tobacco cessation programs for Medicaid smokers resulted in approximately a $3 medical savings, yielding about a $2 return on investment.[4]

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

[1] University of California, Los Angeles, Center for Health Policy Research, "California Health Interview Survey, 2011 to 2012," http://healthpolicy.ucla.edu/chis/design/Pages/questionnairesEnglish.aspx
[2] Medi-Cal Managed Care 2013 CAHPS Survey Summary Report: http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/CAHPS_Reports/CA2012-13_CAHPS_Summary_Report_F3.pdf
[3] 2008 US Public Health Service Clinical Practice Guideline, "Treating Tobacco Use and Dependence," http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html
[4] Patrick, R. West K, Ku L, "The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts," PLOS One, January 6, 2012, http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0029665.

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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 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.[5] As a result, the USPSTF recommends behavioral interventions for the cessation of pregnant women who use tobacco.

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").[6] 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.

Additional federal guidance is contained in "Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update," [7] sponsored by the U.S. Department of Health and Human Services, Public Health Service (USPHS). A summary is included in Attachment A.

POLICY REQUIREMENTS:

Tobacco Cessation Services

MCPs are required to implement and cover payment for the following tobacco cessation services:

1. **Initial and annual assessment of tobacco use for each adolescent and adult beneficiary**

[5] Final Update Summary: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. U.S. Preventive Services Task Force. September 2015. http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1

[6] United States Preventive Services Task Force, "Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents," http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac.htm

[7] Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD. U.S. Department of Health and Human Services. Public Health Service. May 2008.

MCPs shall ensure their contracted providers 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, per PL 08-003.[8] The Staying Healthy Assessment (SHA) is DHCS's IHEBA, per APL 13-001 (Revised).[9] Each age-appropriate SHA questionnaire asks about smoking status and/or exposure to tobacco smoke.[10]
- 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 (for non-pregnant adults of any age)

MCPs shall cover all FDA-approved tobacco cessation medications for adults who use tobacco products. This includes over-the-counter medications with a prescription from the provider. See table below. At least one FDA-approved tobacco cessation medication must be available without prior authorization.

Medication	**Prescription Needed**
Bupropion SR (Zyban)	Yes
Varenicline (Chantix)	Yes
nicotine gum	No
nicotine inhaler	Yes

[8] Previous DHCS PLs are available at: http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx.
[9] DHCS Policy Letter 13-001: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2013/PL13-001.pdf
[10] DHCS Staying Healthy Assessment: http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx#.

nicotine lozenge	No
nicotine nasal spray	Yes
nicotine patch	No*

*A prescription generic version is also available

- MCPs shall provide a 90-day treatment regimen of medications without other requirements, restrictions or barriers.
- MCPs shall cover any additional medications once approved by the FDA to treat tobacco use.
- MCPs shall not require beneficiaries to receive a particular form of tobacco cessation service as a condition of receiving any other form of tobacco cessation service.[11]
- MCPs shall not require beneficiaries 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 beneficiaries of any age who use tobacco products

- MCPs are encouraged to collaborate with their county tobacco control program(s) to identify local group tobacco cessation counseling resources.
- MCPs shall ensure that providers review the SHA's questions on tobacco with the beneficiary. This constitutes individual counseling, as long as the conditions are met in PL 13-001.
- MCPs shall ensure that individual, group, and telephone counseling is offered at no cost to beneficiaries who wish to quit smoking, whether or not those beneficiaries opt to use tobacco cessation medications.
- MCPs shall encourage providers or other office staff to use the "5 A's"(**A**sk, **A**dvise, **A**ssess, **A**ssist, and **A**rrange), the "5 R's" (**R**elevance, **R**isks, **R**ewards, **R**oadblocks, **R**epetition), or other validated behavior change models when counseling beneficiaries.[12][13]
- MCPs shall ensure beneficiaries receive a minimum of at least four counseling sessions of at least ten minutes. Beneficiaries shall be given the option of choosing individual or group counseling conducted in person, or by

[11] Welfare and Institutions Code §14134.25(c)
[12] Improving Chronic Illness Care, "5 A's Behavior Change Model, Adapted for Self-Management Support Improvement," http://www.improvingchroniccare.org/downloads/3.5_5_as_behaviior_change_model.pdf
[13] Agency for Healthcare Research and Quality, "Patients not ready to make a quit attempt now (The "5 R's")," http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.html

telephone. MCPs shall cover tobacco cessation counseling for at least two separate quit attempts per year, without prior authorization, and no mandatory breaks between quit attempts.

- MCPs shall ensure providers 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[14] or other comparable quit-line services.
- MCPs shall encourage providers to use the Helpline's web referral, or if available in their area, the Helpline's e-referral systems.
- MCPs are encouraged to provide information to beneficiaries who use tobacco about available tobacco cessation services, and identify those that are provided at no cost. Beneficiaries shall be given the option of choosing which services to use. Additionally, MCPs are encouraged to make an arrangement with the agency providing the tobacco cessation services to pay for the cost of the beneficiary to receive the service.

4. 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 described below.

At a minimum, MCPs shall require providers:

- 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. Refer to Attachment A for more information.
- 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.

[14] The Public Health Service Guidelines recommend the use of tobacco quit lines, in addition to services offered by clinicians and health systems. The Helpline offers self-help materials, and one-on-one telephone counseling to quit tobacco products. The Helpline services have been proven in clinical trials to double a smoker's chances of successfully quitting. Services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available for teens, pregnant women, and tobacco chewers. The Helpline also provides information for friends and family members of tobacco users. Additional information is available at: UC San Diego's Moore's Cancer Center, http://cancer.ucsd.edu/, or by contacting the Communications and Partner Relations Department at California Smokers' Helpline, 9500 Gilman Drive, Mail Code #0905, La Jolla, CA 92093-0905, (858) 300-1010, cshoutreach@ucsd.edu

- 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. MCPs are encouraged to post these guidelines on their websites.

5. Prevention of tobacco use in children and adolescents

- MCPs shall require coverage of medically necessary 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.
- MCPs shall require primary care clinicians 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.[15]

6. Provider training

MCPs shall use the USPHS "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. MCPs shall strongly encourage providers to implement the USPHS' comprehensive tobacco use treatment recommendations.

MCPs shall include tobacco cessation trainings to operate in full compliance with their contracts. These trainings shall include:

- Requirements for comprehensive tobacco cessation services included in this APL.

[15] American Academy of Pediatrics Bright Futures: https://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Anticipatory%20Guidance.PDF

- An overview of the "Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008."
- How to use and adopt the "5 A's," the "5 R's," or other validated model for treating tobacco use and dependence in the provider's clinical practice.
- Special requirements for providing services for pregnant tobacco users.
- Informing providers about available online courses in tobacco cessation. Resources are listed in Attachment B.

Effective December 15, 2016, MCPs shall implement and cover payment for the following tobacco cessation services:

7. Identifying Tobacco Users

MCP providers must ensure their primary care practices institute a tobacco user identification system, per 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: http://www.ctri.wisc.edu/documents/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.
- A recording on the Child Health and Disability Prevention Program Confidential Screening/Billing Report (PM 160).
- Reviewing Nicotine Replacement Therapy (NRT) claims.

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

8. <u>Tracking Treatment Utilization of Tobacco Users</u>

MCPs shall develop a system to track individual utilization data of tobacco cessation interventions. Results are intended to guide MCPs and providers to strengthen tobacco use screening and cessation interventions, and to determine if the prevalence of smoking decreases over time. At a minimum, tracking for adults shall include results from tobacco questions in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Tracking treatment utilization of tobacco use may be implemented using any of the following measures:

- Pharmacy claims data for NRT products.
- Helpline web-based referral system.
- Helpline e-referral program.
- Current Procedure Terminology codes for tobacco use, such as:
  - 99406: symptomatic; smoking and tobacco use cessation counseling visit, greater than 3 minutes, up to 10 minutes.
  - 99407: symptomatic; smoking and tobacco use cessation counseling visit; greater than 10 minutes.
- Individual and group counseling outcomes.

For questions about this APL, contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Sarah Brooks

Sarah Brooks
Deputy Director
Health Care Delivery Systems

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")
http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy

For children and adolescents:

- Counseling is recommended for adolescents who smoke, because it has been shown to be effective in treating adolescent smokers; and
- Counseling of parents who smoke, in a pediatric setting, has also shown to be effective and is recommended for tobacco cessation. Secondhand smoke can be harmful to children.

Note that coverage of medically necessary tobacco cessation services, including both counseling and pharmacotherapy, is mandatory for children up to age 21 years of age under Medicaid's EPSDT benefit. This benefit includes the provision of anticipatory guidance and risk-reduction counseling regarding tobacco use.

Attachment B: Provider Trainings and Resources

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 California courses offered through UC Schools of Medicine https://cmecalifornia.com/Education.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" (State Medicaid Directors Letter # 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 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/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