Medicaid, Cessation Benefits and Quitlines

November 30, 2017
3:00pm – 4:30pm ET

We will start at 3:00pm ET
To mute your line: *1
To unmute your line: *1
For operator assistance: *0
Please do not put your line on hold
Overview of Technology

- Please keep your phone on mute during the presentation.
  - To mute your line: *1
  - To unmute your line: *1
  - Please do not place your phone on hold

- Please mute the speakers on your computer and webinar portal.
- Note the feedback status button at the top of the portal screen.
- Q&A function
Medicaid, Cessation Benefits and Quitlines – Webinar Agenda

• **Overview of the Medicaid, Cessation Benefits and Quitlines**
  Maria Rudie, NAQC Research Manager

• **Utilizing the RFP Process to Engage Medicaid MCOs**
  Debbie Kawcak and David Olsen, Nevada
  Karen Brown, Michigan

• **Medicaid Cessation Benefit and Billing Fact Sheet**
  Judy Baker, Kentucky
Overview of Medicaid, Cessation Benefits and Quitlines
Cigarette Smoking Prevalence, US Adults by Selected Insurance Status. 2005 & 2014 NHIS*

- 2005 NHIS: 20.9%, 15.1%, 17.3%, 11.1%, 33.3%
- 2014 NHIS: 16.8%, 12.9%, 27.9%, 27.8%
- 2015 NHIS: 15.1%, 11.1%, 27.4%, 29.1%

CDC, Tobacco Product Use Among Adults – United States, 2015. MMWR;66(44):1209-1215.
Medicaid and Cessation Benefits*

**Traditional Medicaid:**
- Low-income or disabled adults (eligibility varies from state to state)
  - For all Traditional Medicaid enrollees:
    - All 7 FDA-approved cessation medications are covered – required a prescription and may include cost-sharing
    - Cessation counseling – not covered
  - For Pregnant Women enrolled in Medicaid:
    - ACA expanded cessation coverage to include individual, group and telephone cessation counseling, all FDA-approved cessation medications with no cost-sharing

**Expanded Medicaid:**
- Low-income or disabled adults whose income are up to 138% FPL
  - For all Medicaid Expansion:
    - Screening for tobacco use at every visit;
    - Minimum of 2 quit attempts per year;
    - 4 cessation counseling sessions of at least 10 minutes in duration provided via either telephone, group or individual counseling – with no prior authorization required;
    - Coverage of all 7 FDA-approved cessation medications for a 90-day treatment supply when prescribed by a health care provider, with no prior authorization required.


### Medicaid and Cessation Benefits

<table>
<thead>
<tr>
<th>Medicaid Spending</th>
<th>OBGYN Providers</th>
<th>Medicaid Use</th>
<th>CMS Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>$40 Billion in 2010 to $75 Billion in 2016 – the estimated annual amount Medicaid spent smoking-related diseases.</td>
<td>80% - the estimated percentage of OBGYN providers who were <strong>unaware</strong> of ACA’s coverage of cessation services for pregnant women enrolled in Medicaid.</td>
<td>10% - estimated percentage of Medicaid enrollees who accessed their Medicaid cessation medications benefit in 2013.</td>
<td>$103 Million – the estimated amount CMS spent on cessation medications in 2013.</td>
</tr>
</tbody>
</table>


**Medicaid Tobacco Cessation: Big Gaps Remain In Efforts To Get Smokers To Quit.** Leighton Ku, Brian K Bruen, Erika Steinmetz and Tyler Bysshe. 1:62-70, s.l. : Health Affairs, 2016.


Cost and ROI of Cessation

$3.12 – ROI in medical expenses for every $1 spent on cessation achieved by Massachusetts when they improved and promoted cessation benefits for Medicaid enrollees.

$0.06 - $0.10 The increase in Per Member Per Month costs for Medicaid and Commercial Plans for providing access to all 7 FDA-approved cessation medications.


Ways Quitlines are Working with Medicaid

• Seeking Medicaid Match/FFP.
• Working to improve cessation benefits, including quitlines, via Medicaid MCO contracts.
• Gathering information on cessation benefits and billing, and promoting to providers.
• Seeking ways for the quitline to provide cessation medications and bill Medicaid.
NAQC Resources on Medicaid and Cessation

- Making Quitlines a Regular Part of Health Care under the Medicaid Program
- Medicaid MCO RFP Toolkit
A MEDICAID PARTNERSHIP FOR TOBACCO CESSATION

Nevada

Nevada Division of Public and Behavioral Health ● Chronic Disease Prevention and Health Promotion Section
Overview

• How Collaboration Began
• The Request For Proposal (RFP) Process
• Opportunities to Create Meaningful Partnerships
• Effective Actions
• Managed Care Organizations (MCOs) Role Today
• What We Learned Along the Way
Where it Started

• Early 2015
• A member from State Tobacco Prevention and Control Program (TPCP) and Medicaid attended same Town Hall Meeting
• Introduction and interest developed
• Invitation: Sustainability Tobacco Planning Session meetings
Request For Proposal Development

- TPCP sought assistance through NAQC, internal and external partners for appropriate language

- Included Centers for Medicaid/Medicare Services (CMS), American Care Act (ACA), American Lung Association (ALA) documentation and tools

- Completed/submitted RFP for approval
Referencing the Request for Proposal

- Contract with a quitline vendor approved by Tobacco Prevention and Control Program (TPCP)
- Use 1-800-QUIT-NOW
- Partner with TPCP to triage Medicaid MCO beneficiaries who call the state-run quitline to MCO quitlines
- Provide aggregate quitline data to state tobacco program
- Work with TPCP on promotional materials provided to Medicaid recipients
Evidence-Based Tobacco Cessation

- Screening for tobacco use at every visit
- Two quit attempts per year:
  - Telephonic counseling
  - Individual counseling
  - Group counseling
- All FDA-approved cessation medications
  - Prescription and OTC
- No stepped-therapy
- No prior authorizations
Establishing Relationships

• Newly hired Section Manager from Medicaid

• Relied upon her experience with Medicaid background

• Knew the appropriate direct contacts

• Advantage to already developed relations

• More doors opened
Provided Education

- Quitline services overview
- Nevada Tobacco Quitline
- Evidence-based tobacco cessation
- Cost/Savings turn around
Items to Keep In Mind…

• **Momentum**: Meetings and follow-up

• **Consistency and Find the Value**: Present data (Medicaid population utilizing quitline, % of smokers statewide)

  Research! Research! Research!

• **Rely on Resources**: (NAQC, other states, staff relations)

• **Open Discussions**: Everybody likes to be heard-listen and understand where they are coming from

• **Goal**: Over time for Nevada, this will free up public health dollars for state tobacco projects and create sustainability in our state
Managed Care Organizations Today

- MCOs responded to RFP
  - Value added vs. required
- Four MCOs down to three
- Two MCOs using same vendor as state quitline
  - Easy access to data sharing
- Exploring with third MCO to triage their recipients through the Nevada Tobacco Quitline
  - Offers in-person cessation classes
- Quarterly meetings
- MCO report outlining cessation coverage
- Phasing out call volume and NRT for MCO recipients
Lessons Learned

• Individual agencies may speak different languages—recognize this and translate accordingly

• Important to include Medicaid, not MCOs separately

• “Value added” versus “Required” benefit

• Conflicting guidance

• Staff changes (however, some worked in Nevada’s favor)
Questions
CONTACT INFORMATION

DEBRA KAWCAK
TOBACCO CESSATION PROGRAM COORDINATOR
CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
DCAWCAK@HEALTH.NV.GOV
(775) 684-4261
Michigan Tobacco Dependence Treatment

Quality Improvement Program
Medicaid and the Michigan Tobacco Quitline -- 2004-2017
Karen S. Brown, Tobacco Dependence Treatment Coordinator
Phase One - October 2004

- Quitline is one year old
- Offered only to uninsured and members of one Medicaid Health Plan that used the same Quitline service
- 16 Managed Care Plans
- 10 provided a telephonic counseling service. Some required physician referral to use.
- Worked with Medicaid Managed Care Bureau of Operations and Quality Assurance and Quitline vendor to develop a cost-sharing partnership for the Quitline.
- The MDHHS Tobacco program covered 50% of set up and $70 (enrollment and one coaching call). Participating plans would cover the remainder.
Pathway to Success

- Champion-Medicaid Managed Care Bureau Director
- Champion-Current Health Plan Partner
- Consumer Assessment on Healthcare Providers and Systems Scores
- Data on Return on Investment
Results

- Half of the Medicaid Managed Care Plans Participated
- Two Commercial Plans Participated
- Call rate in October 2003 was 6.
- Call rate in October 2004 was 886.
  - 22% of callers were insured
  - 63% of insured callers had Medicaid
Phase Two - March 2008

- Quitline had 3 cost-sharing partners, down from a maximum of 8.
- Medicaid Pharmacy Benefits covered: Patch, Gum and Zyban
- Pharmacy benefits required prior authorization, maximum of 3 months per year, combination therapy was allowed but still had a maximum of 3 months of medication.
- Worked with Chief Medical Executive and Medicaid team to change contract language.
  - All plans were required to have an MDHHS-approved proactive quitline.
  - Plans were required to cover NRT--patch and gum or lozenge.
  - Plans were required to offer one non-nicotine medication.
  - 10 of 15 plans participated in Quitline cost sharing by the beginning of 2009.
Pathway to Success

- Champion-MDHHS Chief Medical Executive
- Consumer Assessment on Healthcare Providers and Systems Scores
- Documented Complaints from Providers
- Data on Success Rates with Medication
- Flexibility!
Results

- Medication requirements were increased and some medications became standard across health plans
- Lifetime limits for cessation coverage were eliminated
- All plans were required to have a quitline-in the past it was voluntary
- Paid advertising was run to promote the new benefits.
Phase 3 - January 2015

- 9 of 12 Plans participated in cost-sharing partnership
- Medication coverage continued to be inconsistent. Many plans had step therapy, prior authorization, and quantity limits. Some plans still did not cover all medications.
- Utilized the Affordable Care Act guidelines when meeting with Medicaid Managed Care Bureau.
- Medicaid team agreed to remove all medication barriers. This was written into the Michigan Medicaid RFP released in August 2015 as a requirement for application.
- Standard Medicaid and Medicaid expansion benefits are the same.
Pathway to Success

- Established Relationship with Medicaid
- Opportunity-New RFP Release
- Affordable Care Act guidelines
- USPHSTF guidelines
- Examples from other states
Results

- All but one plan partners with the Quitline
- Tobacco Dependence Treatment has a prominent place throughout the New Medicaid Contract
- All 7 FDA medications are provided without copays, prior authorization, step therapy or quantity limits
- Tobacco Section has assisted with enforcement of medication contract requirements by taking complaints/questions from local health department partners
- Paid advertising was run to promote the new benefits.
- Over 1,900,000 Medicaid and CHIP enrollees have access to tobacco dependence treatment and protection from secondhand smoke
Print Advertising

Team up to quit tobacco.

Ready to quit tobacco? Sometimes, it takes teamwork. Your family and friends can help, but so can the encouragement of a professional Quit Coach. To get your free Quit Coach and a customized quitting strategy, call 1-800-QUIT-NOW. And, if you’re enrolled in Medicaid, prescriptions that could help you quit tobacco once and for all are now available at no cost to you. Talk to your healthcare provider today.

MDHHS
Michigan Department of Health and Human Services
Contractor must promote among primary care providers the Michigan Health and Wellness 4 X 4 Plan including:

- a. Four key healthy behaviors
  - i. Maintain a healthy diet
  - ii. Engage in regular exercise
  - iii. Annual physical exam
  - iv. Avoid all tobacco use
Reporting Requirements for Medicaid Health Plans

- Michigan Medicaid Tobacco Cessation Benefits Grid
- Healthy Michigan Plan (Expansion Population) HRA Tobacco Cessation
  a. MDHHS will use 5708 Health Risk Assessment (HRA) files (Aug 2015-April 2016) to identify Healthy Michigan Plan (HMP) members who chose tobacco cessation as one of their behaviors to address on the HMP HRA. MDHHS will then use encounter data (Aug 2015-July 2016) to track how many of these HMP members received tobacco cessation counseling and/or pharmacotherapy.
  b. MDHHS will use 5699/5700 Health Risk Assessment (HRA) files (Aug 2015-April 2016) to identify Healthy Michigan Plan (HMP) members who self-reported interest in tobacco cessation through their HRA. MDHHS will then use encounter data (Aug 2015-July 2016) to track how many of these HMP members received tobacco cessation counseling and/or pharmacotherapy.

- Tobacco Cessation Encounter Submissions
  a. Timely encounters submission and utilizing appropriate tobacco cessation codes
  b. Minimum volume

- Tobacco Cessation CAHPS Score
  a. Advising smokers and tobacco users to quit
  b. Discussion cessation medications
  c. Discussion cessation strategies
Pay For Performance

- **Tobacco Cessation**

  CONTEXT: Tobacco smoking increases the risk for serious health problems, many diseases, and death. People who stop smoking greatly reduce their risk for these negative outcomes and healthcare delivery systems are critical components of tobacco cessation efforts. In support of these goals, the Healthy Michigan Plan Health Risk Assessment (HRA) includes a set of questions to help identify members that use tobacco and have the desire to quit or reduce tobacco use.

  GOAL: Medicaid health plans will identify tobacco users through the Healthy Michigan Plan HRA, CAHPS survey and other health plan data systems. DHHS will monitor health plan efforts to support tobacco cessation.

  INSTRUCTIONS: Email all documents to Sandra Greyerbiehl at greyerbiehls@michigan.gov. The subject line should be labeled as 2016_P4P_Tobacco
Medicaid Managed Care Contract Language for Medications

- Health plan must submit Medicaid Tobacco Cessation Benefits Grid as provided by MDHHS detailing tobacco cessation treatment that includes, at a minimum, the following services:
  - a. Intensive tobacco cessation treatment through an MDHHS-approved quit-line
  - b. Individual tobacco cessation counseling/coaching in conjunction with tobacco cessation medication or without
  - c. Non-nicotine prescription medications
  - d. Prescription inhalers and nasal sprays
  - e. The following over-the-counter agents: Patch, Gum, Lozenge
  - f. Combination therapy – the use of a combination of medications, including but not limited to the following combinations: Long-term (>14 weeks) nicotine patch and other nicotine replacement therapy (gum or nasal spray); Nicotine patch and inhaler; Nicotine patch and bupropion SR
  - g. Health plan must not place prior authorization requirements on tobacco cessation treatment or limit the type, duration or frequency of tobacco treatments
Contact

Karen S. Brown
Michigan Department of Health and Human Services
517-335-8803
brownk34@michigan.gov

Visit us at www.Michigan.gov/tobacco

NAQNC

November 30, 2017

Judy Baker, MSHRL, LMT
Branch Manager
Cabinet for Health and Family Services
Department for Medicaid Services
Division of Program Quality & Outcomes
KENTUCKY

HISTORY
Tobacco heritage
Poverty
Poor health
Drug use

43.73% of all Kentucky adults
Medicaid beneficiaries use tobacco,
According to the NAM CAHPS data

2014 RANKINGS
1st: Lung cancer
1st: Cancer deaths
1st: Poor mental health
2nd: Tobacco crops
2nd: Adult smoking
3rd: Drug deaths
5th: Poverty
6th: Heart disease
6th: Obesity

2015 RANKINGS
1st: Lung Cancer
1st: Cancer Deaths
5th: Poor Mental Health
2nd: Tobacco crops
3rd: Adult smoking
4th: Drug deaths
3rd: Poverty
5th: Heart disease
13th: Obesity

County Health Rankings.org
KY Medicaid’s Collaboration on Tobacco Cessation

Cabinet for Health and Family Services
Department of Public Health and
Department for Behavioral Health,
Developmental and Intellectual Disabilities
# Kentucky Medicaid Tobacco Cessation

## Kentucky Medicaid & MCO Tobacco Cessation Benefits

<table>
<thead>
<tr>
<th></th>
<th>Dosage</th>
<th>Fee for Service</th>
<th>Aetna Better Health of KY</th>
<th>Anthem</th>
<th>Humana CareSource</th>
<th>Passport</th>
<th>WellCare</th>
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<tbody>
<tr>
<td><strong>Nicotine Transdermal Patches</strong></td>
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<td>7 mg</td>
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<td>Yes w/ Rx</td>
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<td><strong>Nicotine Lozenge</strong></td>
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<td><strong>Nicotine Inhaler</strong></td>
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<td>Yes w/ Rx</td>
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<td>Yes w/ PA</td>
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<td><strong>Nicotrol NS Spray</strong></td>
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<td><strong>Bupropion SR</strong></td>
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<td><strong>Bupropion XL</strong></td>
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<td><strong>Chantix</strong></td>
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<td>Yes w/ PA</td>
<td>Yes w/ PA</td>
<td>Yes w/ PA</td>
<td>Yes w/ RX</td>
<td>Yes w/ RX</td>
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</table>

Providers should review specific Health Plans for quantity limits which vary and are subject to change.

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Ask every patient about tobacco use  
Advise patients to quit with tailored, personalized messages  
Refer them to Quit Now Kentucky

- To have the quitline contact your patient, go to [www.QuitNowKentucky.org/provider_partners/](http://www.QuitNowKentucky.org/provider_partners/) and fill out either the fax referral or provider web referral form at the bottom of the webpage
- For telephone counseling, patients can call 1-800-QUIT NOW
- For online cessation services or more information about quitting, patients can visit [www.QuitNowKentucky.org](http://www.QuitNowKentucky.org)

Please note: All tobacco cessation products require a prescription.

Quitting smoking is one of the healthiest things a smoker can do to improve their health.  
Please do your part to help your patients quit!
Codes allowable for billing

In accordance with Public Health Service 2008 Guidelines, KY Medicaid will allow two (2) individual tobacco cessation counseling attempts per year and each attempt can include up to four (4) intermediate or intensive sessions, for a maximum benefit of eight (8) sessions per year.

<table>
<thead>
<tr>
<th>HCPCS/CPT Code</th>
<th>Type of Counseling</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS/CPT Code: 99407</td>
<td>Intensive</td>
<td>Smoking and tobacco use cessation counseling visit is greater than ten (10) minutes</td>
</tr>
<tr>
<td>HCPCS/CPT Code: 99381-99397</td>
<td>Preventive medicine services</td>
<td>Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care.</td>
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<tr>
<td>HCPCS/CPT Code: 99078</td>
<td>Physician educational services</td>
<td>Group setting (e.g., prenatal, obesity, diabetes)</td>
</tr>
</tbody>
</table>

**Suggested Tobacco-related ICD-10 CM Diagnosis Codes**

<table>
<thead>
<tr>
<th>Suggested Tobacco-related ICD-10 CM Diagnosis Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggested Tobacco-related ICD-10 CM Diagnosis Codes: F17.20</td>
<td>Tobacco use disorder</td>
</tr>
<tr>
<td>Suggested Tobacco-related ICD-10 CM Diagnosis Codes: 099.33</td>
<td>Tobacco use disorder complicating pregnancy, childbirth, or puerperium</td>
</tr>
<tr>
<td>Suggested Tobacco-related ICD-10 CM Diagnosis Codes: T65.2</td>
<td>Toxic effect of tobacco and nicotine</td>
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</tbody>
</table>

Importantly, the former ICD-9 code 305.1 (tobacco use and dependence) has transitioned to the following ICD-10 codes:

- F17.20 (nicotine dependence),
- 099.33 (smoking complicating pregnancy, childbirth, and the puerperium),
- P04.2 (newborn affected by maternal use of tobacco),
- P96.81 (exposure to environmental tobacco smoke in the perinatal period),
- T65.2 (toxic effect of tobacco and nicotine),
- Z57.31 (occupational exposure to environmental tobacco smoke),
- Z71.6 (tobacco use counseling, not elsewhere classified),
- Z72 (tobacco use not otherwise specified (NOS)),
- Z77.2 (contact with and exposure to environmental tobacco smoke), and
- Z87.8 (history of nicotine dependence).

- H0025 Behavioral health prevention education service
- H2027 Psychoeducational service, per 15 minutes

*For specific billing questions, please contact the MCO. This list of codes is not all-inclusive and there may be additional codes available.*

Information provided by Kentucky Medicaid Managed Care Organizations and accurate as of 5/12/2016.

Page 2 of 2
starting a conversation about treating tobacco use

ASK do you currently use tobacco?

YES
1. ADVISE to quit
2. ASSESS are you willing to quit now?

NO

YES

NO

ASSIST provide appropriate tobacco dependence treatment

NO

ASSIST intervene to increase motivation to quit

YES

NO

ASSESS have you recently quit any challenges?

YES

ASSIST encourage continued abstinence

NO

ASSIST provide relapse prevention

ARRANGE I can have the Quitline contact you. Is that okay?

1-800-QUIT-NOW or https://www.quitnowkentucky.org/providers_partners/
Bobbye Gray, RN, TTS
Tobacco Cessation Administrator
Tobacco Prevention and Cessation Program
Phone: 502-564-9358 X 4017
Bobbye.Gray@ky.gov