

# Medicaid Tobacco Cessation Policies and Tools

AFMC Provider Relations Outreach Team

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# Eligible Providers

Tobacco cessation counseling and the prescribing of tobacco cessation products can be provided by:

- Dentists
- Physicians
- Physician assistants (practicing under the supervision of a physician)
- Nurse Practitioners

The provider must complete the smoking cessation counseling checklist and place in the client records for audit purposes. A copy of the checklist is available at <https://arkansas.magellanrx.com/provider/docs/rxinfo/guideline.doc>



# Checklist

## Public Health Service (PHS) Guideline Based Check List Check all that apply

Current Dx of Nicotine Dependence

Ask – documented tobacco use status on progress note

- Current
- Former
- Never

Advise – in a clear, strong, and personalized manner, urged tobacco user to quit

Assess – documented willingness to make a quit attempt

- Willing
- Unwilling – if unwilling engage patient in motivational discussion below\*\*

Assist – aided patient in quitting

- Quit plan developed
- Problem solving/skills training provided
- Provide supportive clinical environment
- Importance of social support discussed
- Recommend use of appropriate pharmacotherapy
- Provide supplementary materials

Arrange – scheduled follow-up

- Referred to intensive Tobacco Dependence Treatment program (can use SOSworks Fax-back form)
- Follow-up visit scheduled at this office



# Tobacco Cessation Counseling and Cessation Products for Adults

- Eligible adult clients may receive four (4) units per SFY. These counseling procedures do not count against the sixteen (16) visits per state fiscal year (SFY).
- Counseling by a dentist to clients age twenty-one (21) and over will count against the \$500 adult dental benefit limit.
- Clients with only pregnancy benefits are also eligible to receive tobacco cessation counseling and tobacco cessation products.
- If the client is in need of intensive tobacco cessation services, the provider may refer the client to an intensive tobacco cessation program offered by Be Well Arkansas.




# Tobacco Cessation Counseling for Children and their Parents


- Child clients (age 20 and under) may receive four (4) units per SFY.
- If the client is under the age of eighteen (18), and the parent/legal guardian smokes, he or she can be counseled as well, and the visit billed under the child client's Medicaid number. The provider cannot prescribe smoking cessation medications for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling units allowed in a SFY.
- If the client or their parents are in need of intensive tobacco cessation services, the provider may refer the client or their parents to an intensive tobacco cessation program offered by Be Well Arkansas.



# Be Well Arkansas Referral Form



Be Well Arkansas  
Fax Referral Form  
Fax Number: 1-888-827-7057



Fax Sent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinic/Employer /Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Referring Organization's Fax: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Health Care Provider Information:** Be Well Arkansas is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). Be Well will only be able to share service outcome information with you as the provider if you verify that your organization is a HIPAA-covered entity and that the use of information is for treatment purposes as permitted by HIPAA.

Please indicate whether your organization is a HIPAA covered entity:  
My organization is a HIPAA Covered Entity: Yes / No

Name of Physician or Health Care Provider: \_\_\_\_\_

Participant Information: Gender: Male / Female Pregnant? Yes / No

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, AR Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_ TYPE: Home / Work / Cell / Other

Secondary Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_ TYPE: Home / Work / Cell / Other

Language Preference (check one): English / Spanish / Other:

Tobacco Type (check ALL that apply): Cigarettes / Smokeless / Cigars / Pipe E-Cig/ESDs

\_\_\_\_\_ I am ready to quit tobacco and request that Be Well Arkansas contact me to develop my quit plan.  
(initial)

\_\_\_\_\_ give my permission to Be Well Arkansas to leave a message when contacting me.  
(initial)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Obtained by: \_\_\_\_\_

Be Well Arkansas will call you. Please check the BEST time frame for Be Well to reach you.  
 8am - 9am     9am - 12 Noon     12 Noon - 3pm     3pm - 4pm  
 Within the above time frame, please contact me at (check one): Primary Phone / Secondary Phone

NOTE: Be Well Arkansas operates Monday through Friday from 8:00am – 4pm.

Confidentiality Notice: This facsimile contains confidential information.  
If you have received this facsimile in error, please notify the sender immediately by calling the contact person listed at the top of this form and confidentially dispose of the material.  
Do not review, disclose, copy, or distribute.

**The 2 A's and R for Health Care Providers**

- ✓ **ASK** what form of tobacco use & frequency.
- ✓ **ADVISE:** to quit and discuss relevance, risks, roadblocks & rewards.
- ✓ **REFER:** to Be Well Arkansas.



# Client Education – ConnectCare Newsletters

*Ready to*  
**QUIT TOBACCO?**

Be Well Arkansas can help.

**WHAT HAPPENS AFTER YOU QUIT USING TOBACCO?**

**WITHIN 20 MINUTES** heart rate and blood pressure drop.

**WITHIN 12 HOURS** the carbon monoxide in your blood drops and your oxygen level increases.

**WITHIN 1 to 9 MONTHS** you will cough less and breathe easier.

**AFTER 1 YEAR** your risk of heart disease is cut in half.

**AFTER 5 YEARS** the risk of stroke is the same as someone who does not smoke.

**AFTER 10 YEARS** risk of death from lung cancer is cut in half and risk of cancer in the kidney, pancreas, and other areas decrease.

833-283-WELL • BEWELLARKANSAS.ORG

*Pick one of these three*  
**SIMPLE STEPS**  
& you're on the way to quitting!

**CALL 833-283-WELL**  
Your call will be answered by someone who can help you enroll for **FREE TOBACCO QUITTING SERVICES**. Your wellness counselor can also help you manage diabetes and high blood pressure.

**GO ONLINE**  
Visit [BeWellArkansas.org](http://BeWellArkansas.org) to chat with a wellness counselor, download the apps, or sign up for free text messaging support.

**VISIT YOUR LOCAL HEALTH UNIT OR MEDICAL CLINIC**  
Your provider will submit a referral and a wellness counselor will call you within 24 hours.

**WHAT IF I'M PREGNANT?**  
Be Well Arkansas can help, whether you are planning to become pregnant, are currently pregnant or breastfeeding your baby.

833-283-WELL • BEWELLARKANSAS.ORG

- Tobacco Cessation article in Spring/Summer 2022 Edition
- Be Well Arkansas





# Magellan Pharmacy Cessation Tools and Covered Cessation Products

Description	File
Coverage of Tobacco Cessation Products as of 1/1/2020	<a href="#">Tobacco_Cessation.pdf</a>
Public Health Service (PHS) Guideline-Based Check List	<a href="#">guideline.doc</a>
Clinical Practice Guideline	<a href="#">ClinicalPracGuide.pdf</a>
Memo to Certified Nurse- Midwife, Child Health Services (EPSDT), Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Pharmacy, Physician, Rural Health Clinic, and Arkansas Division of Health providers regarding Transition of Products for Smoking Cessation from Voice Response System to Electronic Point of Sale (POS) System Modification	<a href="#">MemoSmokCess.doc</a>
Official notice DMS-2004-W-3 Coverage of Tobacco Cessation Products through the Arkansas Medicaid Prescription Drug Program	<a href="#">DMS-04-W-3.doc</a>
Pharmacy Provider Manual Update Transmittal #100 to include coverage of Chantix® (Varenicline) to the tobacco cessation products through the Arkansas Medicaid Prescription Drug Program	<a href="#">PHARMACY_100.pdf</a>





# MMIS Billing Procedure Code Linking Tables

PHYSICIAN & AHECs (Area Health Education Centers)															
 <span style="float: right;"></span>															
Procedure Code Table   Division of Medical Services (DMS) Performing Provider Type 01 & 03   Table Version 1/3/22   Run Date 9/15/21 PROCEDURE CODE TABLE LEGAL DISCLAIMER															
<a href="#">For Provider Resources, Click Here &gt;&gt;&gt;</a>															
Procedure Codes, Descriptions & Modifiers						Procedure Code Information									
Procedure Code	State Descr Flag	Procedure Code Description	M1	M2	M3	PA Required	Med Rev Required	Age Limits	Gender Limits	Dx1	Dx2	Links & Information	Manually Priced	Prov Man Section	Prov Man Sect. Heading/Topic
93406	Δ	Smoking and tobacco use cessation counseling visit, intermediate, 15-minutes	SE									Footnote*: Exempt from PCP referral		292.900	Tobacco Cessation Counseling Services
93406	Δ	Smoking and tobacco use cessation counseling visit, intermediate, 15-minutes provided to parents of children birth through twenty (20) years of age	CG									Footnote*: Exempt from PCP referral		292.900	Tobacco Cessation Counseling Services
93407	Δ	Smoking and tobacco use cessation counseling visit, intensive, 30-minutes	SE									Footnote*: Exempt from PCP referral		292.900	Tobacco Cessation Counseling Services
93407	Δ	Smoking and tobacco use cessation counseling visit, intensive, 30-minutes provided to parents of children birth through twenty (20) years of age	CG									Footnote*: Exempt from PCP referral		292.900	Tobacco Cessation Counseling Services



# Resources

- ARKids manual - Section 222.750 Health Education
- Children Health Services (EPSDT) manual - Section 215.290 Health Education
- Dental manual - Section 214.100 Tobacco Cessation Products and Counseling Services
- Nurse Practitioner manual - Section 252.454 Tobacco Cessation Products and Counseling Services
- Physician manual – Sections 257.000 Tobacco Cessation Products and Counseling Services; 292.900 Tobacco Cessation Counseling Services
- Magellan Pharmacy Tobacco Cessation Tools and covered Cessation products:  
<https://arkansas.magellanrx.com/provider/documents/>
- Be Well Arkansas - <https://www.bewellarkansas.org/health-care-providers/free-resources.html>





# Provider Relations Outreach Specialists Information Sheet

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • Transportation Helpline: 1-888-987-1200

## AFMC OUTREACH SPECIALISTS

Refer to the map and the color key below to find your representative.

### Manager

Tabitha Kinggard ..... 501-804-3277  
tkinggard@afmc.org

### Supervisor, Provider Relations

 Kellie Cornelius ..... 501-804-2501  
kcornelius@afmc.org

### Outreach Specialists

 Emily Alexander ..... 501-804-0184  
ealexander@afmc.org

 Shawna Branscum ..... 501-804-2373  
sbranscum@afmc.org

 Kimberly Breedlove ... 501-553-7642  
kbreedlove@afmc.org

 Jackle Clarkson ..... 501-553-7665  
jclarkson@afmc.org

 Carla Hestlr ..... 501-804-2901  
chestlr@afmc.org

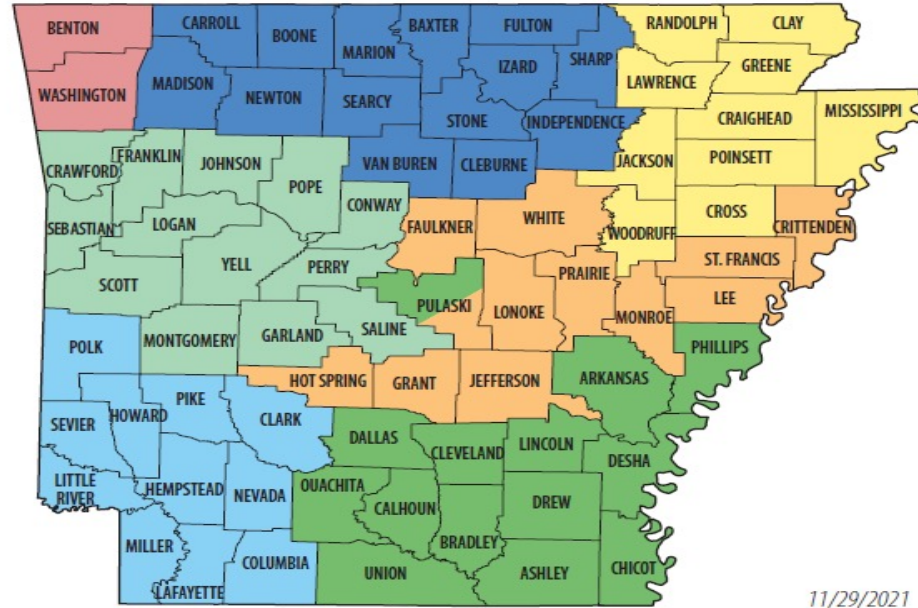
 Connie Riley ..... 501-545-7873  
criley@afmc.org

### Out of State Specialist

Melissa Roberts ..... 501-804-2943  
mroberts@afmc.org

### Supervisor, Outreach Logistics

Tonyla Long ..... 501-212-8686  
tlong@afmc.org



11/29/2021

## GAINWELL TECHNOLOGIES SERVICES (Claims Processing)

500 President Clinton Ave., Suite 400 • Little Rock, AR 72201

- Gainwell Provider Assistance Center
  - In-state toll free ..... 800-457-4454
  - Local / out-of-state... 501-376-2211

- Provider Enrollment
  - Gainwell Technologies Services
  - P.O. Box 8105 • Little Rock, AR 72203-8105
  - Central Arkansas..... 501-376-2211
  - Fax ..... 501-374-0746

## ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES



### ARKIDS FIRST/MEDICAID MEDICAL ASSISTANCE

<https://medicaid.mmis.arkansas.gov>

- ARKids First Enrollment Information ..... 888-474-8275

### CONNECTCARE

- Toll free ..... 800-275-1131

### MEDICAID FRAUD CONTROL UNIT (PROVIDERS)

- Central Arkansas..... 501-682-8349

### VOICE RESPONSE SYSTEM

- Toll free ..... 800-805-1512

### AFMC SERVICE CENTER (CLIENTS)

- Toll free ..... 888-987-1200

### PCMH QUESTIONS ..... PCMH@afmc.org

### MAGELLAN MEDICAID ADMINISTRATION

- Pharmacy Help Desk.. 800-424-7895
- Prescribers, Option 2

### THIRD PARTY LIABILITY

- Local..... 501-537-1070
- Fax ..... 501-682-1644

DHS Division of Medical Services, TPL Unit • P.O. Box 1437, Slot S296 Little Rock, AR 72203-1437



# QUESTIONS

