

# 3

Steps

# 2

Minutes

# 1

Life Changed  
Forever

## NEBRASKA TOBACCO QUITLINE

# Fax Referral Program

**The time you invest helping patients quit tobacco could add years to their lives.**

The Nebraska Tobacco Quitline offers a Fax Referral program to assist you in supporting tobacco cessation (including quitting e-cigarettes) among your patients. It's easy to get started.

**ASK** patients about their tobacco use status.

**ADVISE** patients to quit. Build their interest in the free and confidential Quitline phone counseling and other resources. Services are available to all Nebraska residents aged 16 and older.

**REFER** patients to the Quitline.

- If they're ready to make a quit attempt, work with them to fill out the Fax Referral form (Medicaid or Non-Medicaid) at **QuitNow.ne.gov**.
  - › Have patients sign the consent section.
  - › Include your name and fax number in the provider section.
  - › Have patients initial and sign the patient section.
- **Fax the completed and signed form to 1-800-483-3114.**
- Let patients know that a Quitline coach will call them within 48 hours to register them in the program.
- Prescribe nicotine replacement therapy (NRT) if appropriate. Medicaid patients are eligible for a reduced-cost NRT benefit when using the Quitline. See the back of this flyer for information about the process.
- Individuals with private insurance are subject to the provisions of his/her individual coverage.

NEBRASKA  
TOBACCO  
QUITLINE

QuitNow.ne.gov | 1-800-QUIT-NOW (784-8669)

[ Quitline services are available 24/7 in 170 languages. ]

## Nicotine Replacement Therapy for Medicaid Patients

Nebraska Medicaid allows one NRT per patient's quit attempt with a maximum of two quit attempts annually. Patients must be 18 years or older and will be charged a co-pay for the NRT (generally \$10 or less).

Three things must happen before Medicaid patients can access pharmacy benefits for prescribed NRTs:

**1.** The Quitline receives a completed and signed Fax Referral form from the health care provider.

**2.** The patient gets a call from the Quitline to register him/her for the program. This happens within 48 hours of receiving the form.

**3.** The patient completes at least one phone counseling session with a Quitline coach.

That's it! Within three days of these completed steps, Nebraska Medicaid will authorize the prescription. The patient will be notified and can pick up the prescription at the pharmacy.

## Following Patient's Progress

The Quitline staff will fax a report back to your office to be placed in the patient's file. The report will tell you whether or not the patient was reached, enrolled in services, and planned to quit.



[QuitNow.ne.gov](http://QuitNow.ne.gov) | 1-800-QUIT-NOW (784-8669)

[ Quitline services are available 24/7 in 170 languages. ]

# FAX REFERRAL FORM



Fax Number: 1-800-483-3114

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

## Provider Information:

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

 YES NO DON'T KNOW

## Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER

 MALE FEMALE

ADDRESS

CITY

ZIP CODE

PHONE NUMBER

HOME WORK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

 ENGLISH SPANISH OTHER

CHECK IF PATIENT IS CURRENTLY PREGNANT

### For Heritage Health (Medicaid) patients only:

PLEASE SELECT HEALTH PLAN:

 MAGELLAN NEBRASKA TOTAL CARE UNITED HEALTH CARE WELLCARE

PATIENT MEDICAID ID # (11 digits):

\_\_\_\_ I am ready to quit tobacco and request the Nebraska Tobacco Quitline contact me to help me with my quit plan.  
INITIAL

\_\_\_\_ I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.  
INITIAL

\_\_\_\_ I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.  
INITIAL

The Nebraska Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

 6AM-9AM 9AM-12PM 12PM-3PM 3PM-6PM 6PM-9PM

**If a prescription has been written for a Medicaid patient, please check the product:**

Nicotine Gum: \_\_\_\_\_

Nicotine Patch: \_\_\_\_\_

Nicotine Lozenge: \_\_\_\_\_

Varenicline: (Chantix) \_\_\_\_\_

Bupropion: (Zyban) \_\_\_\_\_

Nicotine Nasal Spray: \_\_\_\_\_

Nicotine Inhaler: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Confidentiality Notice: This facsimile contains confidential information.**

If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**