# **Provider Bulletin**

#### Molina Healthcare of California

molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

October 10, 2025

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- ⊠ Riverside

- oxtimes Orange

# **Smoking and Vaping Cessation Services**

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

### What you need to know:

As part of our ongoing commitment to improving the health and well-being of our members, we ask for your assistance in assessing and encouraging our members (adults, youth, young adults and pregnant women) who smoke or use tobacco products, including e-cigarettes, to quit to protect their health and the health of others who may be exposed to secondhand smoke.

We encourage our providers and provider office staff to use the validated behavior change models, the "5 A's" (Ask, Advise, Assess, Assist, and Arrange), and the "5 R's" (Relevance, Risks, Rewards, Roadblocks, Repetition) when counseling Molina members.

- 5 A's: ahrq.gov/prevention/guidelines/tobacco/5steps.html
- 5 R's: ahrq.gov/prevention/guidelines/tobacco/5rs.html

MHC collaborates with **Kick It CA** to offer tobacco/nicotine counseling services. Counseling services are available for smokers, vape users, tobacco chewers, pregnant women, and teens 13 and older (no parent or guardian permission is needed).

# When this is happening:

As an incentive to quit, MHC and Kick It California (KIC) are offering qualifying members a **14-day supply of nicotine patches** while they ask their provider for more cessation medications. Nicotine Replacement Therapy is a covered benefit for all MHC members.

Please screen and code for smoking and vaping. The ICD-10 code for Smoking is F17.21, and for vaping-related disorders is U07.0. Molina is working diligently to identify members with a diagnosis related to smoking and vaping so that we may reach out to them and offer services to quit.

#### **Provider Action**

MHC collaborates with KIC to offer smoking cessation counseling services in multiple languages. Providers can directly refer members through the methods below:

• English: (800) 300-8086

Spanish: (800) 600-8191

Asian Smokers' Quitline

 Chinese (Cantonese and Mandarin): (800) 838-8917

o Korean: (800) 556-5564

o Vietnamese: (800) 778-8440

Web-based referral system: kickitca.org/patient-referral

You will receive immediate confirmation that your referral has been received.



# What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Velma Castillo	562-233-1753 562-723-9760 626-721-3089	Clemente.Arias@molinahealthcare.com  Elias.Gomez@molinahealthcare.com  Velma.Castillo@MolinaHealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@MolinaHealthcare.com
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@MolinaHealthcare.com
Imperial, San Diego & Sacramento	MiMi Howard Laura Gonzalez, Manager	562-455-3754 562-325-0368	Smimi.Howard@molinahealthcare.com  Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email <a href="mailto:mhcproviderbulletin@molinahealthcare.com">mhcproviderbulletin@molinahealthcare.com</a>.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.