

IMPROVING MEDICAID TOBACCO CESSATION COVERAGE IN SOUTH CAROLINA: A CASE STUDY IN PARTNERSHIP



INTRODUCTION

Tobacco use is a serious and costly health issue in South Carolina. Over 7,000 South Carolinians die each year from tobacco use and, for every 1 person who dies, another 20 will suffer from at least one serious tobacco-related illness¹. Additionally, each year 6,300 South Carolinians become daily smokers and 240,000 are exposed to secondhand smoke in their homes². The cost of smoking has a tremendous financial impact, costing the state over \$2 billion in annual health care costs each year³. These costs are exacerbated for the Medicaid population, which smoke at much higher rates than the general population (25.3 percent versus 15.5 percent for ages 18-64)⁴. This higher rate of smoking leads to increased rates of chronic disease and cancer, increasing the costs of care for Medicaid enrollees.

Prior to July 2017, coverage for tobacco cessation treatment was inconsistent across the state's five Medicaid managed care organizations (MCOs). These inconsistencies made it difficult for many enrollees to access the resources necessary to assist them in their efforts to quit smoking. Data show that increasing tobacco cessation efforts among Medicaid enrollees is an effective way to reduce the health consequences and medical costs of smoking⁵. This public health issue was a cross-cutting concern for the South Carolina Department of Health and Human Services (SC Medicaid agency) and the Department of Health and Environmental Control (SC public health agency). In 2016, these two agencies joined forces to reduce tobacco use among the state's Medicaid population under a new and innovative technical assistance opportunity offered by the Centers for Disease Control and Prevention (CDC) called the 6|18 Initiative.



The CDC's 6|18 Initiative is an innovative effort bringing together healthcare payers and public health agencies that targets six high-burden and costly health conditions – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies and type 2 diabetes – by promoting the adoption of 18 evidenced-based interventions that can improve health and control costs. Through participation in the 6|18 Initiative, the South Carolina project team was able to successfully:

- Standardize cessation treatment coverage across managed care organizations and modify Medicaid payment policy to provide these services without co-payment or prior authorization to all full-benefit Medicaid enrollees in both fee-for-service and managed care settings and
- Support financial sustainability for the South Carolina Tobacco Quitline by obtaining a 50 percent federal administrative match for the services offered to Medicaid beneficiaries.

This case study tells the story of how the project team, through participation in the 6|18 Initiative, successfully expanded and created consistency for tobacco cessation treatment coverage across the five Medicaid MCO plans in their state. The processes undertaken, resources used, successes and collective impact of the collaborative relationship that contributed to the outcomes achieved will be described. Finally, lessons learned and key elements that facilitated success will be highlighted with the goal of informing, inspiring and scaling evidence-based best practices of similar scope in other states.



BACKGROUND

CDC's 6|18 Initiative seeks to improve high-burden, high-cost health conditions and develop sustainable collaborations between public health and healthcare sectors using a cross-sector approach. The 6|18 Initiative supports the adoption of evidence-based interventions by health care purchasers, payers and providers to improve health and control costs within a short duration of time (<5 years). In February 2016, the CDC launched the first phase of implementation of the 6|18 Initiative by engaging Medicaid and public health teams from seven states – Colorado, Georgia, Louisiana, Massachusetts, Michigan, Minnesota, New York, Rhode Island and South Carolina. As part of the Initiative, state teams were provided rigorous evidence about high-burden health conditions and associated interventions; access to subject matter experts; and technical assistance resources to inform their decisions to have the greatest health and cost impact ⁶.

Prior to participation in the 6|18 Initiative, coverage for tobacco cessation treatment was inconsistent across South Carolina's five Medicaid MCOs, which cover approximately 70 percent of the Medicaid population and have a high proportion of tobacco users (33 - 40 percent)⁷. These inconsistencies included variations in:

- limits on the duration for tobacco cessation treatments;
- coverage for stepped care therapy requirements for tobacco cessation medications;
- limits to the length of treatment for tobacco cessation medications;
- limits to the number of counseling sessions covered;
- prior authorization requirements for tobacco cessation treatments; and
- whether copays are charged and the copay dollar amount for tobacco cessation treatments.

Medicaid enrollees, by definition, have low incomes and are thereby less likely to be able to pay out of pocket for tobacco cessation treatments⁸. As such, these inconsistencies created barriers to access treatment for many beneficiaries, making it harder for those seeking to quit using tobacco to access resources necessary to effectively help them do so.

What is the DHEC?

The South Carolina Department of Health and Environmental Control is the state regulatory agency charged with promoting and protecting the state's public health and its land, air, coastal resources and water quality. The mission of DHEC is to improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.



Coverage for tobacco cessation treatment was a cross-sectoral issue affecting two agencies in the state – South Carolina Department of Health and Environmental Control (SC Medicaid agency) and the South Carolina Department of Health and Human Services (SC public health agency) with both agencies recognizing the costs and health consequences of tobacco use by Medicaid enrollees. Despite tobacco use being an issue of concern for both agencies, limited collaboration had occurred. The collaborative efforts that did occur were centered on the release of Medicaid Bulletins to promote the use of the state Quitline and discussions regarding the administrative match from the Centers for Medicaid and Medicare Services (CMS) for Quitline services to Medicaid members. While discussion about collaborating on future tobacco cessation efforts occurred, individual agency priorities took precedence and no actionable efforts materialized. This changed when an opportunity arose which would serve as a catalyst to turn discussion between the two agencies into action.

In late 2015, SC public health agency was contacted by CDC and informed of the 6|18 Initiative. After learning about the 6|18 Initiative, SC public health agency staff were intrigued and saw this as an opportunity to work collaboratively with SC Medicaid agency on an issue affecting both agencies. After learning about the requirements and expected outcomes, SC public health agency staff presented a case for their involvement to the agency director and received approval to proceed. Since the Director at SC public health agency was acquainted with the Director at SC Medicaid agency, outreach occurred to inform them of the opportunity and secure their consensus to participate as a partner in the project. A small team was put together with staff from each agency and thus the journey began.

What is the DHHS?

The South Carolina Department of Health and Human Services administers the Medicaid program, a joint state-federal program that provides health care for about 1 million low-income, elderly and disabled residents of South Carolina each year. The mission of the DHHS is to purchase the most health coverage for South Carolina’s citizens in need at the least possible cost to the taxpayer.



THE PROCESS

Foundation for a Continued Relationship

In February 2016, the team participated in a kick-off meeting with CDC staff and other stakeholders in Atlanta. The team decided to carpool to Atlanta which coincidentally facilitated an opportunity for the team to get better acquainted. During the long drive to and from Atlanta, staff from both agencies were able to discuss the dynamics of each agency, understand each of their respective agencies better, discuss project priorities and determine how they could best work together. Their time together served to provide the foundation for a sustainable relationship between the two agencies. Upon the return home, the team established a regular meeting schedule to serve as checkpoints to hold each other accountable and ensure the project remained on track.

Determining Goals and Setting Priorities

The project team had to determine which of the six high-burden, high-cost health conditions they would collaborate to address. After talking through the six conditions, the team decided that reduce tobacco use was most appropriate and beneficial for both organizations to address collaboratively. The condition was appealing because of the positive health outcomes and potential cost savings that would derive from working collaboratively on reducing tobacco use in the state. From SC Medicaid agency's perspective, reducing tobacco use had a huge potential yield of cost savings to the state and there were no additional costs associated with implementing the proposed tobacco interventions. After the team decided that reducing tobacco use would be the focus of their project, they next had to decide which of the evidence-based interventions they would employ. The team decided to address the three interventions that pertained to reducing tobacco use:

1. Expand access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications—in accordance with the 2008 Public Health Service Clinical Practice Guidelines.
2. Remove barriers that impede access to treatments, such as cost sharing and prior authorization.
3. Promote increased utilization of covered treatment benefits by tobacco users.

After identifying and achieving consensus on a common goal and interventions, the team developed an action plan that would be used as the roadmap for the duration of the project.



Building the Case

The SC project team knew early on that while they could make policy change, realizing the benefits of the policy change would rely on increased utilization. As such, an important aspect of their success hinged on the ability to engage and gain buy-in from their biggest stakeholders, the state's Medicaid MCOs. To gain support from the Medicaid MCOs, the project team needed to introduce and provide the business case for the policy change they were seeking to implement. As such, the project team's first undertaking was to identify barriers related to prior authorization requirements, co-pays and utilization restrictions for tobacco cessation treatment



coverage as well as determine the variation in tobacco cessation benefits across the state's Medicaid MCOs. To accomplish this task, the two agencies collaborated to develop a survey to determine the scope of variation in coverage for pharmacy, counseling, and other physician-assisted tobacco cessation programs across Medicaid MCOs in the state. SC Medicaid agency developed the assessment tool to learn what level of coverage was provided and associated costs for the various FDA- approved medications and counseling as recommended by the U.S. Public Health Services Clinical Practice Guidelines for Treating Tobacco Use and Dependence. SC Medicaid agency then distributed the survey to the MCOs and all responded. Results highlighted the disparities in coverage across plans and helped the team gain a true understanding of the barriers.

In addition to data obtained through the survey, the project team also utilized the wealth of resources provided through the 6|18 Initiative, including case studies from Massachusetts and New York, which served to highlight the tremendous positive financial impact and health outcomes they could achieve by adopting Medicaid payment policy and tobacco cessation treatment benefits in their state.

MCO Outreach and Communication

Communicating to the MCOs in a language and way they understood would also be imperative to gaining buy-in from that stakeholder group. SC Medicaid agency understood that communicating the fiscal impact and return-on-investment (ROI) would be most important to convey, and critical to gaining their buy-in. As such, SC Medicaid agency engaged its actuaries to analyze the fiscal impact an enhanced cessation benefit on Medicaid capitation payments.

Having the expertise of SC Medicaid agency as a partner ensured that SC public health agency staff knew the right time to introduce the policy change to Medicaid MCOs. In January 2017, SC public health agency staff presented the case for covering all tobacco cessation medications and counseling services without barriers as recommended by the CDC and the American Lung Association to Medicaid MCO medical directors. The presentation included state public health data on tobacco use and results from the policy scan undertaken by the team, and a case study from Massachusetts that highlighted the tremendous health benefits and fiscal impact realized from enhancing tobacco cessation benefit coverage.

The presentation to the medical directors was well-received and resulted in gaining medical directors' support for the policy change. Getting the medical directors on board helped mitigate pushback and was a key strategy to subsequently securing support of the policy change from Medicaid MCO executives. Although the actuarial analysis suggested an increase to Medicaid MCO capitated rates in FY18, SC Medicaid agency and its MCOs deemed those costs reasonable when weighed against the cost of providing health care for tobacco-related illnesses.

Relationships with stakeholders including the South Carolina State Hospital Association and the South Carolina Primary Healthcare Association provided another opportunity to engage and provide outreach to additional MCO providers. Through relationships with South Carolina State Hospital Association and the South Carolina Primary Healthcare Association, the SC Team was able to deliver presentations on the policy change at regularly scheduled meetings for these groups. These relationships also proved helpful in garnering support of and feedback on the policy change.



OUTCOMES

Change Revealed

On July 1, 2017, SC Medicaid agency formally unveiled the policy change which provided a comprehensive tobacco cessation benefit without co-payment or prior authorization to SC Medicaid enrollees in both fee-for-service and managed care settings. Communication around the announcement included the release of a Medicaid Bulletin distributed by SC Medicaid agency to all state Medicaid MCO providers. SC public health agency and SC Medicaid agency also reviewed the policy change with the MCO medical directors and got feedback on initial implementation.

Parallel Quality Improvement Initiatives

MCOs report CAHPS (Consumer Assessment of Healthcare Providers and Systems) data that captures self-reported smoking rates, which can be used to monitor progress in reducing tobacco use. SC public health agency delivered a presentation on the new benefit to SC Medicaid agency' member, provider outreach teams, as well as representatives from Medicaid MCO marketing and outreach teams. The presentation resulted in one of the Medicaid MCO's developing their own promotional materials to increase awareness of the policy change among their providers and beneficiaries.

Promoting Change and Utilization

To ensure the state is able to reap the expected benefits of the policy change over time, work still needs to be done to ensure all stakeholders are aware of and understand the policy change. A communication plan was developed and approved by the two agencies. with activities designed to target outreach to both providers and Medicaid members to bolster the use of the enhanced benefit. The plans also call for the SC public health agency to develop outreach materials including ads and posters and using templates from the 6|18 Initiative resource library to communicate the changes to providers and patients. These materials will be distributed widely to Medicaid MCOs as well as fee-for-service providers who will be encouraged to show the ads and display posters in waiting rooms to increase awareness of the tobacco cessation benefits available and drive patients to the Quitline.



The Power of Partnerships

Another unique approach to the team's communications efforts includes engaging faith-based organizations. The SC public health agency has developed a partnership with Hold Out the Lifeline, a network of faith organizations in South Carolina. Through its partnership with Hold Out the Lifeline, information about the policy change and tobacco cessation resources available will be distributed through church bulletins and via the organization's list-serve to all faith organizations in their network. This communication mechanism has the potential of reaching 786 faith-based organizations and over 39,000 congregational members each month across the state. Additional communications activities being used include:

- creating and disseminating "decision tree" reference cards that walk providers through the process of addressing tobacco use with their patients and
- providing online training to providers on counseling patients using the 2As +R (Ask, Advise, Refer) and technical assistance on implementing electronic referrals (eReferrals) to refer patients to the South Carolina Quitline.

Impact

Through the 6|18 Initiative, the project team was able to successfully standardize tobacco cessation treatment coverage across the five Medicaid MCOs in the state and modify Medicaid payment policy to provide these services without co-payment or prior authorization to all full-benefit Medicaid enrollees in both fee-for-service and managed care settings. Additionally, as a result of the policy change, the SC Medicaid agency worked to ensure financial sustainability for the state's Quitline by obtaining the federal funding match available for Medicaid enrollees using Quitline services. Furthermore, the collaborative effort resulted in strengthened relationships between the Medicaid and public health organizations in the state. The Medicaid MCOs appreciate being kept informed about upcoming policy considerations, setting the stage for continued partnership as future changes come about⁹. To date, feedback from the tobacco cessation policy efforts has been positive.



VALUABLE LESSONS-LEARNED

Through this effort, the South Carolina project team learned to:

- *Gain leadership buy-in and support early on.* Competing priorities will arise; however, having support from leadership will help ensure that, even if delays occur, the project will remain a priority.
- *Leverage resources and strengths.* A great challenge was securing buy-in from the state's Medicaid MCOs for policy change and securing approval for estimated financial impacts. Once implemented, policy effectiveness also depends on dedicating resources to communicating the policy change. This is where the power of partnerships was truly exhibited. SC Medicaid agency's institutional knowledge of how Medicaid operates and understanding of the terminology and language was essential to the effort. Alternatively, SC public health agency's knowledge of effective tobacco policy and its ability to develop marketing and communication materials for various audiences proved helpful especially as efforts are underway to increase uptake and utilization.
- *Do your homework.* Get to know each partner agency's structure and dynamics from the project's onset. Also, stakeholder buy-in can be garnered by building both the health case and financial case for changes seeking to be made prior to unveiling the change.
- *Utilize available resources to your full advantage.* Through the 6|18 Initiative resource library, a wealth of information and resources exist that can be used to trouble shoot issues that arise, help avoid pitfalls and prevent having to "recreate the wheel."

KEY ELEMENTS THAT FACILITATED SUCCESS

For states seeking to implement a similar effort, the South Carolina project team identified the following as key elements that contributed to their success:

- **Early leadership buy-in from both SC public health agency and SC Medicaid agency.** Support from executive level for both agencies is extremely important. Adapting Medicaid policy change is a huge undertaking and support from leadership was key to elevating the issue to the levels needed to make it a priority and facilitate change.
- **Allow time upfront to get acquainted.** Finding time to get acquainted early on is important. A unique key element to the South Carolina project team's success was the time they were able to spend together traveling to and from meetings for the initiative. Prior to embarking on the 6|18 Initiative, staff members from each agency were not acquainted. The drive between South Carolina and Atlanta allowed time for team members to talk about the issue, learn about each agency's structure and work style, and discuss plans to maneuver successfully through appropriate channels with correct messaging¹⁰. As a result, camaraderie developed which established the foundation for commitment to a successful partnership.
- **Access to subject matter experts, technical assistance and proven resources provided by the 6|18 Initiative.** The team used all available 6|18 Initiative resources to its benefit, particularly the access to articles, case studies, and statistics on the effect the policy change has had in states such as Massachusetts. From this information, the team developed PowerPoint slides and materials for presentations to the MCOs and other stakeholders to garner support for their effort.



WHAT'S NEXT?

Coming up on the one-year anniversary of the policy change, the push towards increasing uptake and utilization continues. An action plan was created for 2018 which includes work toward baseline assessments for other health conditions and initial steps toward “easy wins” identified through a policy/program review¹¹. The team also is working to ensure a continuous feedback loop regarding the utilization of the benefits from Medicaid MCOs¹². Initial feedback received has created awareness of modifications that need to be made regarding coding of benefits by pediatric providers, since smoking cessation counseling for parents and caregivers is not covered under current provider codes¹³. SC Medicaid agency is going through a process to recommend an approach for that type of service.

The project team is also working to collaboratively monitor the health and cost outcomes that will result from changes made. SC Medicaid agency will assess the impact of the benefit change by tracking utilization of the Quitline services from SC public health agency reports, physician counseling, and cessation medications, in addition to smoking rates by MCO from CAHPS data. SC public health agency will provide detailed reports on Quitline service utilization, compare smoking rates with surveillance data on smoking rates among those with Medicaid from the SC public health agency, and develop estimates on impacts to smoking attributable mortality, morbidity and economic costs. SC public health agency will also assess the impact of the communication plan and audiences reached. Additionally, an evaluation plan inclusive of all of the components of the policy change is being developed, and the results may be shared with the MCOs as a feedback loop to encourage additional outreach efforts. Significant changes in utilization and smoking rates will prompt further analysis on health outcomes and costs using models suggested by the CDC from other states.

Coming off of a successful collaborative effort, the project team is now seeking to continue their 6|18 efforts by exploring additional opportunities to collaborate on another condition. “Prevent Type 2 Diabetes” is one of the conditions being considered since, like tobacco use, it is a cross-cutting health concern. Exploratory conversations are underway to identify options to increase access to diabetes prevention services.



CONCLUSION

Through the CDC's 6|18 Initiative, the South Carolina project team was able to successfully expand and create consistency for tobacco cessation treatment coverage across the five Medicaid MCO plans in their state. The Initiative provided a robust framework for helping connect the project team with technical assistance from subject matter experts, lessons learned through peer-to-peer calls with other states, and examples and resources from other states in the resource library¹⁴. Having achieved success addressing one of the six high-burden, high-cost health conditions, the project team is now looking to continue their efforts and apply the framework used to address other conditions. The CDC continually checks in to see how they can meet the needs of 6|18 participants and is working toward expanding their reach to new states and bringing in diverse stakeholders like non-profits¹⁵.

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