South Carolina's 6 | 18 Initiative Intervention: Medicaid Tobacco Cessation Policy Change Campaign Evaluation Plan

This evaluation plan, developed by South Carolina's tobacco control team, outlines specific measures that assess the impact of their communications campaign, specifically around the uptake of counseling and coverage benefits as well as the use of tobacco in that state.

Medicaid Beneficiaries Receiving Cessation Counseling			
Evaluation Question	Measure	Data Source	
Are Medicaid beneficiaries using the Tobacco Quitline?	Number of Medicaid beneficiaries using Tobacco Quitline	DHEC: Quitline report (registration numbers for all Medicaid enrollees and by health plan) SCDHHS: Cross-match of Quitline users with past or current Medicaid enrollment status Also, providers who use the Quitline referral system will receive referral outcomes reports from the Quitline. These reports will identify what services, if any, the member received so that the provider can have the information for patient follow-up. If noted in the record, this could also be a source of data on member use of the service (NOTE: DHEC now has the capacity to offer provider referral to the Quitline through the electronic health record, or e-referral. This allows a significantly streamlined system to complete the referral, recieve and house the outcomes report, and as a checks and balances for providers receiving reimbursement for these services)	
Do Medicaid beneficiaries who use the Tobacco Quitline receive other tobacco cessation services?	Number/ percentage of Medicaid beneficiaries who used Tobacco Quitline receiving in- person counseling or tobacco cessation medications	SCDHHS: Claims for patients with Tobacco Quitline indicator billed for also using tobacco cessation counseling CPT codes SCDHHS: Claims for patients with Tobacco Quitline indicator billed for also using tobacco cessation medication NDCs	
What proportion of Medicaid beneficiaries who register with the Quitline make a quit attempt and/or sustain long-term quit success?	Number/percentage of Medicaid beneficiaries who used Tobacco Quitline who self-report a quit attempt	DHEC: 7-month follow-up evaluation for Quitline participants on quit success of Medicaid members (census). Note: In the longer run, establishing e-referral would allow us to document and gather this information directly from the providers' EHR. Also, DHEC can also have the Quitline develop a special report to measure this specifically for Medicaid members, either representative sample or census at an additional cost. An additional method of measuing this would be through provider follow-up during subsequent visits or phone follow-up.	
Is participation in the Tobacco Quitline/ self-reported sustained tobacco abstinence associated with improved health outcomes and health care savings?		DHEC: The Division's current ROI metrics can be applied to quit rates when carrying out a census of the Medicaid during the 7-month follow-up.	

Expanded Cessation Medication Coverage Under Medicaid

Evaluation Question	Measure	Data Source
Are health care providers advising smokers to quit and promoting available cessation resources?	Medical assistance with smoking and tobacco cessation	SCDHHS: MSC HEDIS/CAHPS measures by plan: Advising Smokers and Tobacco Users to Quit (ASTQ)Discussing Cessation Medications (DSCM) Discussing Cessation Strategies (DSCS)
After tobacco cessation coverage expands, do more patients use benefits for cessation medications and counseling?	Patient utilization of tobacco cessation medications and counseling services	SCDHHS: Number of units/ percentage of beneficiaries with claims for medication and counseling services before and after benefit expansion implementation date
Are tobacco cessation coverage expansions associated with reduced smoking among Medicaid beneficiaries?	Smoking prevalence among Medicaid beneficiaries	SCDHHS:Percent current smokers by plan from HEDIS/CAHPS data DHEC: Adult Tobacco Survey and BRFSS prevalence data on smoking status and quit attempts among respondents with Medicaid insurance status
Is expanded tobacco cessation coverage associated with improved health outcomes among Medicaid beneficiaries?	Longitudinal analysis of rates of hospitalizations before and after beneficiaries' first use of tobacco cessation pharmacotherapy benefit	SCDHHS: Compare before and after claim for tobacco cessation benefit: 1) All hospitalizations 2) Hospitalizations for specific tobacco-related clinical conditions: • Cardiovascular group codes o Acute myocardial infarction o Nonspecific chest pain o Coronary atherosclerosis and other heart disease o Congestive heart failure • Respiratory group codes o Pneumonia except by TB or STD o COPD and brchiectasis o Asthma o Respiratory failure insufficiency arrest
Is expanded tobacco cessation coverage associated with cost savings for Medicaid?	Cost savings associated with tobacco cessation utilization	SCDHHS: Compare difference between: Average annual cost per user of medication and counseling services Average annual cost per user for hospitalizations due to tobacco-related clinical conditions

Ongoing Surveillance of Tobacco Use				
Measure	Data Source			
Rates of tobacco use among Medicaid beneficiaries	SCDHHS: 1) Percent current smokers by plan from HEDIS/CAHPS data 2) Patients who have a claim with a diagnosis code of symptomatic or asymptomatic tobacco use DHEC: State surveillance data of tobacco users SC Adult and Youth Tobacco Survey – available by insurance source/ Medicaid status Pregnancy Risk Assessment Monitoring System (PRAMS) – Medicaid health insurance indicator Behavioral Risk Factor Surveillance Survey (BRFSS) – available by insurance source/Medicaid status			