

## Case Study Series on Changing Quitline Eligibility Criteria

### *What is South Carolina's Quitline eligibility criteria?*

Insured callers are eligible to receive 1 coaching call. Uninsured, Medicaid, and Medicare callers are eligible to receive up to 5 coaching calls. Callers with behavioral health conditions are eligible to receive up to 7 calls while pregnant and postpartum callers can receive up to 10 calls. Up to twelve weeks of NRT, including patch, gum, lozenge or combination NRT therapy is available for all enrolled participants except insured callers, Medicaid callers, callers under age 18, those who are pregnant or breastfeeding, and those who have medical contraindications with no physician override. SC also offers an individual services program which offers a 2-week starter NRT and other services options to enrolled participants based on eligibility. SC enrolls callers at any stage of change and they can re-enroll to gain continued support once their program has been completed.

### *Why change state Quitline eligibility?*

The SC Quitline was originally established in 2006 to serve uninsured tobacco users and those with Medicaid. At that time, SC's state Medicaid program was already covering all 7 FDA approved medications for smoking cessation, but not counseling, as a full-coverage benefit. For this reason, NRT for quitline participants who have Medicaid has been limited since they can get these products with no copayment or out-of-pocket costs under their Medicaid health plan and directly through their Medicaid providers. A few years into operations, the SC Quitline changed eligibility to expand enrollment to individuals considered "underinsured" and those with Medicare. It has always been SC's desire to remove as many barriers as possible, encourage Quitline enrollment and increased quit attempts.

### *What factors were considered in defining South Carolina's Quitline eligibility criteria?*

Initially, the higher rate of smoking prevalence among the uninsured and low income populations was a key consideration, as well as unhealthy tobacco-related outcomes the state was facing at that time, including an elevated infant mortality rate. In the early years, the budget was the determining factor in limiting eligibility in order to serve low income tobacco users who lacked access to evidence-based cessation resources. As time passed and the budget increased, SC had a greater capacity to provide more intensive services to these high risk groups. For example, the state expanded how eligibility was defined to address high rates of tobacco use among specific high risk groups such as tobacco users with mental health and substance use disorders.

### *How was the change implemented?*

Changing eligibility took minimal effort due to having the budget and authority to expand services as needed. SC's quitline manager, quitline vendor, and tobacco division director are the primary decision-makers in any changes to quitline services and eligibility.

While no direct notification is sent to health plans or providers about eligibility changes, regular updates about the quitline are provided consistently through various meetings, conferences, and presentations with these groups. SC has a flexible enrollment policy – basically turning no one away who is ready to quit. SC triages commercially insured callers to their individual health plan, unless they specifically request enrollment. They will then get at least 1 call with a Quit Coach and encouragement to contact their health plan about additional cessation

benefits. The quitline service provider tracks how many commercially insured callers are referred to their health plan for additional services via registration data.

### *Have you experienced any challenges to changing eligibility?*

SC has been fortunate over recent years to have a budget that allows both flexibility and sustainability in offering enhanced quitline services. SC has been able to expand various levels of service without significant challenges other than logistical hurdles. Thus, the state is proud that we do not use the language “no longer served by the Quitline.” SC is committed to enabling as much support as possible to help tobacco users quit and we try to enroll anyone within the state who wants assistance regardless of their insurance status.

### *How has the change in eligibility benefited your state?*

Since enhancing services to provide more intensive counseling, expand the NRT formulary, and offer individual services options, SC has seen our overall quit rate improve significantly (estimated to have increased by 20% at the time of this printing) in the past two years. SC has also established an ROI of approximately \$4.00 saved for every \$1.00 spent on the Quitline – a fourfold return on our investment. This sits well with our policy makers and funders.

### *What do other States considering changing Quitline eligibility criteria need to know?*

Do not let your budget constrain you. No matter what level of funding you have, you need to be able to show results and a return-on-investment for services. No one wants to limit services; however, if faced with this decision, eligibility that is “needs- or outcomes-based” will help you make the case for increased funding to expand services. For example, you might scale back to serve certain high risk populations, such as low income and currently pregnant or soon to be pregnant smokers, based on data-supported need. By concentrating services to those high risk groups and demonstrating increased quit rates, you could see infant mortality rates go down and birth outcomes improve, saving millions in NICU costs. Sometimes it is better to go deep with our services rather than broad in order to yield meaningful outcomes.

#### **For more information, contact:**

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