

Questions & Answers on ACA Section 4004(i) Requirements Related to Preventive Services and Obesity-Related Services

What is required under section 4004(i) of the Affordable Care Act?

Section 4004(i) requires the Department of Health and Human Services (HHS) to provide guidance to states and health care providers regarding preventive and obesity-related services that are available to Medicaid enrollees, including obesity screening and counseling for children and adults.

It also requires states to design public awareness campaigns to educate Medicaid enrollees regarding the availability and coverage of preventive and obesity-related services, with the goal of reducing incidences of obesity.

Lastly, it requires HHS to submit a Report to Congress every three years, beginning on January 1, 2011, which addresses the status and effectiveness of the activities above, including summaries of State efforts to increase awareness of coverage of obesity-related services. The 2011 report can be found at: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/RTC_PreventiveandObesityRelatedServices.pdf

How will CMS assist states to meet these requirements?

- CMS will host a series of calls and webinars to support state efforts to inform Medicaid enrollees regarding coverage of preventive services. These calls will provide an opportunity for states to share and learn about best practices for education and outreach campaigns, obesity-prevention initiatives, and other Medicaid and CHIP disease prevention activities.
- CMS plans to develop fact sheets that address Medicaid coverage of preventive and obesity-related services, which states can personalize and share with providers and other stakeholders.
- CMS will collect and disseminate examples of state Medicaid program efforts to increase awareness of preventive services.
- Additional written resources will be published on the Prevention page on the Medicaid.gov website: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html>
- Technical assistance questions can be sent to: MedicaidCHIPPrevention@cms.hhs.gov

What are preventive services and obesity-related services?

Preventive services include immunizations, screenings for common chronic and infectious diseases and cancers, clinical and behavioral interventions to manage chronic disease and reduce associated risks, and counseling to support healthy living and self-management of chronic conditions, such as those associated with obesity. A list of preventive health care services recommended as Grade A or B by the U.S. Preventive Services Task Force can be found at: <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>.

Through Medicaid's children's benefit--Early and Periodic Screening, Diagnostic and Treatment (EPSDT) -- children under age 21 enrolled in Medicaid are assured coverage for preventive and comprehensive health services. States cover adult preventive services within Medicaid through both mandatory and optional benefit categories. Some preventive services (such as those related to family planning) may be defined in a State's mandatory set of benefits while others may be included in the optional benefit category. As a result, Medicaid programs differ from state to state on the coverage of preventive services for adults.

Obesity-related services are those services that help prevent and manage unhealthy weight. Medicaid and CHIP programs can cover a range of services to prevent and reduce obesity including Body Mass Index (BMI) screening, education and counseling on nutrition and physical activity, prescription drugs that promote weight loss, and, as appropriate, bariatric surgery.

Are there guidelines for the state public awareness campaigns?

Affordable Care Act Section 4004(i)(2) calls for "state public awareness campaigns to educate Medicaid enrollees regarding availability and coverage of preventive and obesity related services with the goal of reducing incidences of obesity." The statute tasks states with designing the public awareness campaign because states have a better understanding of what outreach efforts will best meet the needs of their state Medicaid and CHIP population. Activities that provide information to beneficiaries about the preventive and obesity-related services covered in the state's Medicaid and CHIP programs will satisfy the requirement. Federal funding would be available for such activities as administrative costs of the Medicaid and CHIP programs.

Some resources that states may want to consider as they move forward with their activities include: the "Healthy Weight, Healthy People, Healthy Communities" page on the Health Resources and Services Administration's website (<http://www.hrsa.gov/healthyweight/>); the Centers for Disease Control and Prevention's Nutrition, Physical Activity and Obesity website (<http://www.cdc.gov/nccdphp/dnpao/index.html>); and the report, "F as in Fat: How Obesity Threatens America's Future 2012," issued by the Trust for America's Health and the Robert Wood Johnson Foundation (Available at: <http://healthyamericans.org/report/100/>).

Are funds available for this provision?

States can receive the 50 percent Medicaid administrative matching rate for public awareness campaign activities, and will receive their existing Federal Medical Assistance Percentage (FMAP) rate for preventive services.

The Affordable Care Act includes additional funding for states that cover Grade A and B recommended services of the US Preventive Services Task Force (USPSTF) and all Advisory Committee on Immunization Practices (ACIP) recommended adult vaccines and their administration without cost sharing. CMS has released separate guidance on that provision which can be found at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf>.

In addition, CMS can provide technical assistance to states with reporting and interventions that they have in place to improve performance on the prevention core measures.

Would a state that has already shared information about Medicaid coverage of preventive services with enrollees or providers be considered to have satisfied this requirement?

Yes, if a state has undertaken an initiative to provide information on Medicaid coverage of preventive services since the passage of the Affordable Care Act in March 2010 then they have met this requirement.

Is there a deadline for states to create a public awareness campaign?

While there is no deadline given in the provision for states to create public awareness campaigns to inform Medicaid beneficiaries of the preventive services covered in their state, CMS looks forward to partnering with states to develop innovative approaches. CMS is required to prepare a periodic Report to Congress including “summaries of the States’ efforts to increase awareness of coverage of obesity-related services,” and the next report will be submitted by January 1, 2014. As such, CMS is gathering information about states’ efforts to inform the 2014 report. States may email MedicaidCHIPPrevention@cms.hhs.gov to submit information about preventive and obesity-related services public awareness efforts in their communities.

We hope this information will be helpful.

Technical assistance questions, as well as information about state Medicaid prevention efforts, can be directed to: MedicaidCHIPPrevention@cms.hhs.gov and/or Deirdra Stockmann, 410-786-2433.