

Promoting Prevention in Medicaid and CHIP

Building partnerships and financing prevention in Medicaid and CHIP

June 13, 2013, 2:00-3:00 p.m.

Webinar Summary

See slide deck for additional details.

Welcome

Anand Parekh, MD, MPH, Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services

ASTHO Projects to Promote Cross-Sector Collaboration and Health in All Policies

Julia Pekarsky Schneider, MPH, Director, Chronic Disease Prevention, Association of State and Territorial Health Officials (ASTHO)

- The [Health In All Policies](#) toolkit identifies several strategies to promote leadership and achieve successful cross-sector collaboration to promote health across state policy arenas. The toolkit includes many case studies.
- This summer, ASTHO will release an online toolkit with over 200 resources for and by states to help implement to strategies in the [National Prevention Strategy](#). This toolkit can be found at: <http://www.astho.org/nps/>
- ASTHO's current President's Challenge is to "Advance the Reintegration of Public Health and Healthcare." To learn more about the Challenge and to explore the strategic map for strengthening and supporting integration, visit: <http://www.astho.org/Programs/Access/Primary-Care-and-Public-Health-Integration/>

Partnerships between Medicaid and Public Health in Oregon

Rhonda Busek, MBA, Deputy Director, Oregon Health Plan, and

Mel Kohn, MD, MPH, Director, Oregon Health Division

- Oregon's health reform is organized around [Coordinated Care Organizations](#) (CCOs). CCOs are locally governed bodies that integrate and coordinate benefits and services, including physical health, behavioral health, and dental care services, to meet the health needs in a defined geographic area.
- CCOs are accountable for budget and health outcomes and are charged not only with treating illness but encouraging wellness through prevention, chronic disease management and community health workers.
- The Oregon legislature established a committee to identify quality metrics for CCOs. 17 metrics were selected in the first year, including several prevention-related metrics.
- CCO-Public Health collaboration in Oregon builds on previous relationships. Current examples include: One health plan is setting aside \$10 per member per year to enable the local health department to hire staff to develop evidence-based tobacco prevention measures; two CCOs are using local health data to set priorities in their transformation plans.

- Oregon's [Tobacco Control Integration Project](#) uses a bottom-up approach to leverage existing human services structures to reach smokers and encourage cessation. Medicaid plans are required to provide evidence-based cessation services.
- References:
 - o CDC Assessment Initiative in Oregon: Howard RN, Marshall LM, Peterson JM, Kohn MA. Tracking Oregon Medicaid patients' enrollment and health utilization patterns. J Public Health Management Practice. 2002;8(4):70–76.
 - o Collaboration between Medicaid and Public Health in Oregon on Quality Improvement: Rebanal RD, Leman R. Collaboration between Oregon's chronic disease programs and Medicaid to decrease smoking among Medicaid-insured Oregonians with asthma. Prev Chronic Dis, 2005 Nov. Available from: <http://www.cdc.gov/pcd/issues/2005/>

Medicaid-Public Health Collaborations in New York

Nirav Shah, MD, MPH, Chief Health Official, New York State Department of Health

- In 2011, New York assembled a Medicaid Redesign Team to find ways to increase quality of care in the Medicaid program and reduce costs. The team was tasked to address four questions: 1) What are we paying for that we shouldn't? 2) What aren't we paying for that we should? 3) What kinds of prevention could we deliver in public health? 4) How do we advance the Triple Aim?
- Prevention and population health improvements included: covering all [USPSTF Grade A and B recommendations](#); lactation counseling for pregnant women; expanded smoking cessation to all Medicaid beneficiaries; and enrollment in Health Homes.
- Payment for unnecessary, costly services was eliminated.
- New public health initiatives save money: The Gold STAMP program to reduce pressure ulcers; providing supportive housing for vulnerable populations; and fluoridated water.
- Since the redesign, the state has made strides in quality rankings and diabetes care, childhood obesity, smoking cessation, and follow-up care for the mentally ill while coming in under its global spending cap and estimates \$4 billion in combined state and federal savings.
- NY Medicaid Redesign Website: http://www.health.ny.gov/health_care/medicaid/redesign/

Financing Preventive Services in Medicaid and CHIP

Elizabeth Garbarczyk, Division of Benefits and Coverage, Center for Medicaid and CHIP Services

- Affordable Care Act (ACA) provisions that impact coverage and financing of preventive services in Medicaid include: ACA Section 4106; the inclusion of Essential Health Benefits in the Alternative Benefit Plans; and statutory and regulatory alignment of preventive services language.
- Section 4106 provides that states who elect to cover all of the United States Preventive Services Task Force (USPSTF) grade A and B recommended preventive services, ACIP recommended vaccines and their administration with no cost-sharing shall receive an increased federal match for such services.
 - o Guidance on this provision can be found here: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-002.pdf>
 - o Qs and As on this provision will be posted shortly at: <http://www.medicaid.gov/AffordableCareAct/Provisions/Prevention.html>
- In 2014, new eligibles receiving 100% FMAP will be enrolled in Alternative Benefit Plans (ABPs). All ABPs (previous and new) will include Essential Health Benefits (EHBs). Preventive services are an EHB.

- Notice of proposed rule to align 42 CFR 440.130 preventive services regulation with statutory provision 1905(a)(13): If finalized, providers other than physicians or other licensed practitioners may be permitted to provide certain preventive services subject to state law and approval of a state plan amendment.
 - o Reference: Notice of Proposed Rule: Medicaid, Children’s Health Insurance Programs, and Exchanges: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, etc. (CMS 2334-P; RIN 0938-AR04).
- Questions regarding coverage of preventive services in Medicaid and CHIP can be sent to: MedicaidCHIPPrevention@cms.hhs.gov

Discussion: Questions and Answers

Q: When can we expect a finalized ABP EHB rule?

A: We hope to have an early summer publication date.

Q: Where can we learn more about New York’s Medicaid Redesign process and what services New York cut?

A: Visit the New York Medicaid Redesign website:

http://www.health.ny.gov/health_care/medicaid/redesign/

Q: Was there any pushback from those who provided the services that were cut?

A: Dr. Shah noted they did get pushback from those providers in New York, but they addressed the cuts in a public forum. All decisions were evidence-based. The combination of the evidence based decision and the fact that the cuts were addressed in a public forum made it hard to justify not cutting those services.