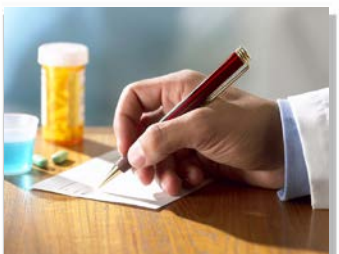




Medicaid Preventive Services: Regulatory Change

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Center for Medicaid and CHIP Services

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Overview

- Preventive Services Landscape
- Medicaid Program Administration
- Medicaid State Plan
- 42 CFR 440.130(c) Preventive Services Rule Change

Preventive Services Landscape

- Preventive services can mean different things
 - community preventive services vs. individual preventive services
- Preventive services are found throughout the Medicaid program (e.g. State plan, waivers, and demonstrations)

Medicaid Program Administration

- Medicaid is a federal and state partnership
- Shared financing
- States have flexibility in the administration of their programs within broad federal guidelines
- Single state agency:
 - Administers program
 - Serves as point of contact for CMS
 - Pays claims
 - Assures funds are available for state share

Medicaid Program Administration

- State/Federal Matching Program
 - Federal share made available based on state payment
 - Matching rate for services in Medicaid is referred to as the Federal Medical Assistance Percentage (FMAP)
 - FMAP varies by state based on state's per capita income
 - Minimum FMAP is 50%; maximum FMAP is 83%

Medicaid State Plan

- Medicaid State Plan
 - State's contract with CMS to administer the Medicaid program
 - Includes mandatory provisions as well as options elected by states (eligibility groups, optional services, etc.)
 - State plan amendments – necessary to make any changes to eligibility, coverage, or reimbursement

Medicaid State Plan

State Plan Requirements

- Amount, duration and scope:
 - Sufficient to reasonably achieve purpose of service
 - Cannot be reduced based on diagnosis, type of illness or condition
- Comparability
- Statewideness
- Any willing and qualified provider
- Beneficiary freedom of choice of qualified provider

42 CFR 440.130 (c)

Rule Change

- The CMS final rule published on July 15, 2013 included a change to the regulatory definition of preventive services at 42 CFR 440.130(c) of the federal Medicaid program.
- Previously, preventive services could only be provided by a physician or other licensed practitioner (OLP) of the healing arts for Medicaid reimbursement
- Now, other practitioners, not just physicians and OLPs, can provide and be reimbursed for furnishing preventive services *recommended by* a physician or other licensed practitioner

42 CFR 440.130 (c)

State Medicaid Responsibilities

- States retain authority to:
 - define practitioner qualifications
 - ensure appropriate services are being provided by qualified practitioners
 - define the preventive services to be provided (within federal requirements at Section 4385 of State Medicaid Manual)
 - describe the reimbursement methodology

42 CFR 440.130 (c)

Expectation of Regulatory Change

If elected by the state:

- Broadens the pool of practitioners available to furnish preventive services
- Increases beneficiary access to preventive services they may not otherwise have been able to receive

42 CFR 440.130 (c)

“WHO” has changed not the “WHAT”

- It is important to remember that only the “WHO” (practitioners) has changed; not the “WHAT” (the services)
- Preventive services (see § 4385 of SMM) must be medical/remedial in nature
- Services must involve direct patient care and be for express purpose of diagnosing, treating or preventing illness, injury or other impairments to an individual’s physical or mental health
- Non-medical preventive services that address broader social or environmental concerns are not covered (e.g., smoke detectors, dust-mite proof bedding, lead abatement activities, community water fluoridation)

42 CFR 440.130 (c)

State Plan Amendment

- CMS does not intend to issue a state plan template
- States must submit a state plan amendment to cover these practitioners
- States will need to provide a summary of the practitioner qualifications, the preventive services, and submit a reimbursement methodology
- States must adhere to all other Medicaid requirements: statewideness, comparability, freedom of choice, etc.

42 CFR 440.130 (c)

Common Questions/Inquiries

- Type of practitioners
- Nature of services (ex. care coordination activities)
- Need to ensure services furnished meet definition of preventive services

Summary

- State option to include additional practitioners – no requirements to amend the state plan
- Only the “who” changed; not the “what”
- Services must meet federal definition of preventive services
- Interested groups/practitioners should work with State Medicaid Agencies to discuss opportunities
- CMS is available for technical assistance

Additional Information

- Preventive Services on Medicaid.gov
- State Medicaid Manual, Chapter 4, Section 4385
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>
- Informational Bulletin issued on November 27, 2013
www.medicaid.gov/federal-policy-guidance/downloads/CIB-11-27-2013-Prevention.pdf
- Questions can be sent to CMS Preventive Mailbox
MedicaidCHIPPrevention@cms.hhs.gov