

Report to Congress on
Preventive Services and Obesity-related Services Available to Medicaid Enrollees

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Table of Contents

Executive Summary

- I. Preventive Services
 - A. Preventive Services for Children
 - B. Preventive Services for Adults
 - C. Medicaid Prevention Provisions in the Affordable Care Act
 - D. Quality Measures for Prevention and Health Promotion
- II. Guidance and Technical Assistance to State Officials
- III. State Efforts to Improve Medicaid Enrollees' Access to and Knowledge of Preventive Services including Obesity-related Services
 - A. State Spotlight: New York
 - B. State Spotlight: Michigan
 - C. Managed Care Performance Improvement Projects Focused on Prevention
 - D. State Efforts to Inform Beneficiaries about Preventive Services
- IV. Other Federal Prevention and Obesity Initiatives
- V. Conclusion

Appendices

Executive Summary

Preventive health services are critically important for the prevention and early diagnosis of health problems and for promoting healthy behaviors that can reduce the occurrence of chronic conditions. Medicaid and the Children's Health Insurance Program (CHIP), which provide coverage to approximately 63 million children and adults each year, are engaged in a number of efforts to ensure that enrollees have access to these services.

Prevention is a key focus of the Affordable Care Act and preventive health services are one of the ten essential health benefits required for all state Medicaid program expansions beginning in January 2014. Section 4004(i) of the Affordable Care Act requires the Department of Health and Human Services (HHS) to provide guidance to states regarding preventive services and obesity-related services available to individuals enrolled in Medicaid. It also requires states to design public awareness campaigns to educate Medicaid enrollees on the availability and coverage of such services. HHS is required to issue a report to Congress no later than January 1, 2011, and every three years through 2017, addressing the status of these efforts and what states have done to increase awareness of obesity-related services covered by Medicaid. This is the second of the required reports to Congress.¹

Preventive health care is also a key component of Medicaid and CHIP. Over the past year, CMS has initiated several activities to support state efforts to expand access to and improve the quality of preventive health care in Medicaid and CHIP, including:

- Provided general guidance on section 4004(i) by posting a "Questions and Answers" document on Medicaid.gov.
- Developed new pages on the Medicaid.gov website which provide summaries of and links to prevention-related coverage policy and opportunities for technical assistance.
- Held a four-part technical assistance webinar series in spring 2013, Promoting Prevention in Medicaid and CHIP.
- Established the Medicaid Prevention Learning Network, which aims to help states increase access to and use of preventive services and improve reporting and performance on prevention-related quality measures.

To inform Medicaid beneficiaries of the preventive services available to them, state Medicaid programs have engaged in a variety of activities, including direct mail, phone calls to remind enrollees to make appointments for well-visits, and posting information on the program's website. Several states have focused performance improvement efforts on preventive services such as childhood obesity and adolescent well-care. States have also provided information and resources regarding clinical preventive services to physicians and other care providers.

Improving access to preventive services is a priority throughout HHS. CMS will continue to provide technical assistance to states and providers in the future.

¹ The first report is available at: <http://medicaid.gov/Medicaid-CHIP-Program-CHIP-Program-Information/By-Topics/Quality-of-Care/Reducing-Obesity.html>.

I. Preventive Services

Preventive health care services are critically important for the prevention and early diagnosis of health problems and for promoting healthy behaviors that can reduce the occurrence of chronic conditions. Preventive health care is a key component of Medicaid and the Children's Health Insurance Program (CHIP), which provide coverage to approximately 63 million children and adults each year. Prevention is a key focus of the Affordable Care Act and one of the ten essential benefits required for the alternative benefit plans.

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 diseases like obesity. Obesity-related services are those services that help address 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, and surgery.

A. Preventive Services for Children

Through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid-eligible children under the age of 21 are provided coverage for preventive and comprehensive health services. This benefit entitles Medicaid-enrolled children to regular check-ups and all medically necessary health services in order to ensure that their health, developmental and behavioral needs are met.

In 2013, 35 states and the District of Columbia operated all or a portion of their Children's Health Insurance Programs (CHIP) as Medicaid-expansion programs. Children enrolled in these Medicaid-expansion programs are also entitled to receive the EPSDT benefit. States who operate their CHIP programs as a separate program are required to provide the scope of benefits for CHIP as defined in section 2103 of the Social Security Act. States can choose to provide coverage that is as comprehensive as Medicaid, but it is not required.

The EPSDT benefit provides comprehensive and preventive health care services to children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, clinical, dental, mental health and developmental and specialty services. State Medicaid programs are responsible for assuring that children receive periodic comprehensive physical examinations, health and developmental histories, and health education. The measurement of height and weight, calculation of the body mass index (BMI), and assessment of risk for obesity and related health problems based on the BMI percentile are covered under the screening component. The health education component provides an opportunity for the provider to discuss health concerns such as healthy weight and nutrition with the child and/or the child's parent or guardian. Any medical service, treatment, supply or device determined to be medically necessary for the child such as additional nutritional assessments, counseling, or surgery, is available through the EPSDT benefit.

Children enrolled in Medicaid who are under age 19 receive all recommended immunizations through the federally-funded Vaccines for Children (VFC) program. Children ages 19 – 20 also

receive all recommended vaccines under the EPSDT benefit, but their vaccines are paid for through the Medicaid program.

1. CMS Activities

In late 2010, CMS convened a national EPSDT improvement workgroup composed of representatives of states, providers, HHS partner agencies, and other stakeholders to better understand the challenges states face in implementing the EPSDT benefit and the opportunities for improving access to and quality of the benefit. Based on the workgroup's findings, CMS held a series of webinars for states on children's behavioral health care, and developed a set of strategy guides for states and their partners on the EPSDT benefit, children's oral health, adolescent well-child visits, care coordination, and outreach and awareness. The workgroup completed its work in early 2013 and provided options for CMS to consider for future action.

In April 2010, CMS launched an oral health initiative to improve awareness of the importance of and access to children's dental services, which are included as part of the EPSDT benefit. The initiative includes a goal to increase use of preventive dental services in Medicaid/CHIP by 10 percentage points nationwide and in each state and a goal to increase the rate of children, ages 6-9, who receive a dental sealant on a permanent molar. After the launch, CMS encouraged states to submit dental action plans mapping out how they would achieve the Initiative's goals. CMS is providing an array of technical assistance to states to assist in their improvement efforts including webinars, a strategy guide for states and their partners called, "Keep Kids Smiling: Promoting Oral Health through the Medicaid Benefit for Children and Adolescents,"² and oral health education materials. CMS also conducted an analysis of state performance over the previous five year period, FFY 2007 – FFY 2011, to understand trends in children's use of dental care. The analysis revealed that 24 states improved their provision of preventive dental services to Medicaid enrolled children by at least ten percentage points during the study period.³

In late 2012, Federal Agencies, including HHS, CMS and the Department of Education, launched a collaborative workgroup focused on designing a coordinated outreach campaign to promote child developmental and behavioral screening and follow-up. Components of the campaign include:

- a compendium of valid and reliable screening instruments;
- a companion guide for medical homes and early child care and education providers to assist them in selecting and administering appropriate screening instruments and in determining the need for further diagnosis and treatment; and
- a collection of resources to raise awareness among parents and providers about typical and atypical child development, and resources for the medical home provider on locating developmental specialists for further diagnosis and treatment.

CMS has also made improvements to the Form CMS-416, the reporting tool used to assess the effectiveness of Medicaid's EPSDT benefit. In an effort to both improve future reporting and impart greater confidence in the accuracy of the information submitted, CMS developed a set of

² <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Keep-Kids-Smiling.pdf>

³ For more information, see: <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-04-18-13.pdf>

criteria used to flag data that raise concerns about the accuracy of information. Using these criteria, CMS recently completed a state-by-state review of data submitted on the Form CMS-416 report for FFY 2010, and has continued to analyze data submitted on the FFY 2011 Form. States that were identified as having data concerns received a communication from CMS which explained, in detail, the specific issues of concern noted in the data submission. They were given an opportunity to correct and resubmit this information. Feedback from states regarding these reviews will lead to improvements in the Form CMS-416 instructions prior to the next reporting cycle. The audit will be made a permanent part of the Form CMS-416 data-submission process.

B. Preventive Services for Adults

Preventive services for adults are important for maintaining health, preventing disease and detecting health problems before they become more serious. HHS encourages greater focus on the use of preventive services as one strategy for improving the health of the U.S. population. Improving adults' access to preventive services in Medicaid requires increasing awareness of the available services as well as expanding coverage of the services.

States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services within broad federal guidelines. States are required to cover certain "mandatory benefits," such as physician and family planning services. States can choose to provide other "optional benefits" including "diagnostic, screening, and preventive services." While some states include certain preventive services under one of the mandatory benefit categories, many preventive services fall under the optional benefit category. As a result, Medicaid programs differ from state to state on the coverage of preventive services for adults. Some states have chosen to cover all United States Preventive Services Task Force (USPSTF) grade A and B recommended preventive services and Advisory Committee on Immunization Practices (ACIP) recommended vaccines and their administration with no cost-sharing; those states obtain an increased federal match under section 4106 of the Affordable Care Act.

A recent change in the Medicaid regulations removes federal barriers to a state paying for preventive services provided by nontraditional practitioners (e.g., community health workers or health educators). These practitioners are subject to qualifications established by the state. The change, which was included in the final rule, "Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans," published on July 15, 2013 (78 FR 42159), was made to improve consistency between the regulation and Medicaid statute. Previously, Medicaid regulations allowed matching funds to be available only for preventive services provided by a physician or other licensed practitioner of the healing arts. States retain the authority to define provider qualifications to ensure appropriate services are being provided by qualified providers as well as define the preventive services to be provided. This change in the definition of preventive services has the potential to increase access to preventive services by broadening the pool of providers that can qualify for Medicaid reimbursement.

A few recent studies have reviewed Medicaid coverage of preventive services for adults. Two of these studies found that most states cover breast and cervical cancer screenings (mammograms and pap smears) and testing for common sexually transmitted diseases (STDs) and HIV. Coverage of obesity-related preventive services was less widespread. In a 2011 survey of state Medicaid programs, the Kaiser Commission on Medicaid and the Uninsured found that 35 states

cover both obesity screening and healthy diet counseling in their fee-for-service program.⁴ A 2012 review of Medicaid state plans found that only 19 states specified coverage of healthy diet counseling and 17 specified coverage of obesity screening in both managed care and fee-for-service programs.⁵ (While additional states may cover these services as well, it was difficult to ascertain the policies based on state plan review.)

C. Medicaid Prevention Provisions in the Affordable Care Act⁶

There are a number of provisions within the Affordable Care Act related to improving Medicaid beneficiaries' access to preventive services. CMS is working to integrate and align efforts to implement these provisions as we work toward ensuring beneficiaries' access to a seamless set of preventive services.

- **Mandatory preventive services.** The Affordable Care Act expanded health care coverage of preventive services for millions of Americans. Americans in private health care plans that are not grandfathered already receive preventive health services with no cost-sharing under the Affordable Care Act. Americans who receive health care coverage starting on January 1, 2014, through healthcare exchanges or through a Medicaid expansion will receive coverage of “Preventive and Wellness Services and Chronic Disease Management” which is one of the Essential Health Benefits. This benefit includes: Grade A and B services recommended by the USPSTF; ACIP recommended vaccines and their administration; preventive care and screening of infants, children and adolescents recommended by HRSA’s Bright Futures program, and additional preventive services for women recommended by the Institute of Medicine without cost sharing. These services are described in section 1302(b) of the Affordable Care Act.⁷
- **Federal match for preventive services.** Section 4106(b) of the Affordable Care Act serves as an incentive for states to provide coverage of preventive services to those enrolled in traditional Medicaid programs without cost-sharing. States that cover all USPSTF Grade A and B recommended services and all ACIP recommended vaccines and their administration without cost sharing will receive a one percentage point increase in the federal medical assistance percentage (FMAP) applied to expenditures for those services. CMS released a State Medicaid Director letter with guidance on this provision on February 1, 2013.⁸ As of January 30, 2014, ten states (California, Colorado, Hawaii, Kentucky, Nevada, New Jersey, New Hampshire, New York, Ohio, and Wisconsin) and

⁴ “Coverage of Preventive Services for Adults in Medicaid” available at: <http://kff.org/health-reform/issue-brief/coverage-of-preventive-services-for-adults-in/>

⁵ Wilensky, S. and Gray, E., 2012. “Coverage of Medicaid Preventive Services for Adults – A National Review” Prepared for The American Cancer Society, pg. 62. Available at: <http://sphhs.gwu.edu/departments/healthpolicy/publications/coverage.pdf>

⁶ The Affordable Care Act actually refers to two separate pieces of legislation, the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152).

⁷ For more information, see regulations: (1) Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act (February 15, 2012, 77 FR 8725) and (2) Medicaid and Children’s Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans. Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment (July 15, 2013, 78 FR 42159).

⁸ <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf>

the District of Columbia have submitted Medicaid state plan requests to CMS to cover all of these services and eight of those requests have been approved.

- **Tobacco cessation.** Section 2502 of the Affordable Care Act requires State Medicaid programs to cover tobacco cessation medications, such as nicotine replacement therapy (NRT) beginning on January 1, 2014 for all beneficiaries. CMS released a Medicaid Drug Rebate Program Notice including information about this requirement on September 12, 2013.⁹ Pregnant women, as required by Section 4107 of the Affordable Care Act, currently have access to a broader set of tobacco cessation benefits that include counseling and pharmacotherapy as recommended by the Public Health Service (PHS) 2008 Clinical Practice Guidelines. CMS released a State Medicaid Director Letter with guidance on new Medicaid tobacco cessation services on June 24, 2011.¹⁰
- **Incentives for prevention of chronic diseases.** Section 4108 of the Affordable Care Act authorizes grants to States to test the effectiveness of providing incentives to Medicaid beneficiaries of all ages who participate in prevention programs and demonstrate changes in health risk and outcomes, including the adoption of healthy behaviors. In 2011, ten states were awarded grants to address at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.¹¹
- **Health homes.** Section 2703 of the Affordable Care Act provides states the option to create health homes. Such homes coordinate care for enrollees with chronic conditions, including enrollees who are overweight as evidenced by a body-mass-index (BMI) of over 25. This option qualifies a state for an enhanced federal match on these services and provides an opportunity for states to create models of care that better integrate preventive, primary, acute, mental health, and long term services and supports for persons with chronic illness. CMS released a State Health Official letter on November 16, 2010 establishing the parameters of health home coverage.¹² A January 15, 2013 State Medicaid Director Letter included a set of recommended health home quality measures for voluntary use by states.¹³

D. Quality Measures for Prevention and Health Promotion

With new resources from the Children's Health Insurance Program Reauthorization Act (CHIPRA)(P.L. 111-3) and the Affordable Care Act, CMS is engaged in a number of efforts to uniformly measure, report and evaluate the use of preventive services by children and adults enrolled in Medicaid.

⁹ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Downloads/Rx-Releases/MRF-Releases/mrf-rel-088.pdf>

¹⁰ <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>

¹¹ For more information about the Medicaid Incentives for the Prevention of Chronic Disease Model program, visit: <http://innovation.cms.gov/initiatives/MIPCD/>

¹² <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10024.pdf>

¹³ <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-001.pdf>

In January 2010, CMS published an initial core set of children’s health care quality measures for voluntary use by Medicaid/CHIP as required by CHIPRA. An updated child core set was released in 2013. About one third of the 26 measures in the child core set are indicators of use of preventive and health promotion services. (See Appendix Table 1 for a list of these measures.) States began voluntary reporting on the child core set measures in 2010. Information on state performance on these measures can be found in the “2013 Annual Report on the Quality of Care for Children in Medicaid and CHIP.”¹⁴

In January 2012, as required by Section 2701 of the Affordable Care Act (which added section 1139B to the Social Security Act), CMS published an initial core set of health care quality measures for adults in Medicaid. The adult core set includes several measures of preventive health services. (See Appendix Table 2 for a list of these measures.) Voluntary reporting on the adult core set will begin in 2014.

Both of the core sets include a measure to document weight status using Body Mass Index (BMI). The adult core set includes an “Adult BMI Assessment” measure. The child core set includes a “Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index for Children and Adolescents” measure, which requests information on BMI for children ages 2-18. In general, the number of states that report on the children’s health care quality measures has increased every year. For example, in FFY 2012, 27 states reported on the Body Mass Index for Children and Adolescents measure, an increase from 18 states in FFY 2011. Similar measures are included in the Medicare & Medicaid EHR Incentive Program final regulations, “Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 2” (September 4, 2012, 77 FR 53968). Reporting on these measures will help monitor progress in reducing rates of obesity.

II. Guidance and Technical Assistance to State Officials

CMS recently initiated several activities to support state efforts to expand access to and improve the quality of preventive health care in Medicaid and CHIP, pursuant to the Federal requirements of section 4004(i) of the Affordable Care Act. Since the first Report to Congress, CMS:

- Hosted a call in December 2012 with a small group of states that had undertaken activities within their Medicaid programs related to disease prevention and health promotion, especially in the area of obesity. One key purpose of this call was to learn how states disseminated information on coverage of preventive services and other activities related to prevention;
- Provided general guidance on section 4004(i) by posting “Questions & Answers on Affordable Care Act section 4004(i) Requirements Related to Preventive Services and Obesity-Related Services” on Medicaid.gov in early 2013. This document addressed common questions about the provision including the key requirements, definitions of preventive and obesity-related services, availability of funding for preventive services

¹⁴ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept.pdf>

and who states can contact for additional technical assistance related to Medicaid prevention activities;

- Developed new pages on the Medicaid.gov website which provide summaries and links to information on prevention-related coverage policy, prevention provisions in the Affordable Care Act that affect Medicaid and CHIP, and opportunities for additional technical assistance;¹⁵
- Held a technical assistance webinar series in spring 2013, "Promoting Prevention in Medicaid and CHIP." The four-part series featured presentations on the activities of several state Medicaid programs and their collaborations with federal prevention initiatives, managed care organizations, public health departments, and other stakeholders to improve access to preventive care. This series was well attended by states, intergovernmental groups, Federal partners, and other stakeholders; and
- Established the Medicaid Prevention Learning Network which aims to help states to increase access to and use of preventive services and to improve reporting and performance on the prevention-related quality measures. Launched in fall 2013, the Learning Network brings together states, CMS, and experts from partner agencies such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the Administration for Children and Families (ACF) to provide technical assistance to states and facilitate exchange of information about promising practices of high impact, effective preventive care delivery.

CMS plans to release additional guidance and provide additional technical assistance in the future.

III. State Efforts to Improve Medicaid Enrollees' Access to and Knowledge of Preventive Services including Obesity-related Services

State Medicaid programs have engaged in a variety of activities to expand and improve Medicaid beneficiaries' access to preventive services as well as inform Medicaid beneficiaries of the preventive services available to them. States have used direct mail, phone calls to remind enrollees to make appointments for well-visits, and information on the program's website to educate beneficiaries about available services. States have also provided information and resources regarding clinical preventive services to physicians and other care providers.

A. State Spotlight: New York

In 2011, New York undertook an initiative to increase quality and reduce costs in the state's Medicaid program. They reached out to stakeholders who provided over 4,000 suggestions, of which 200 were accepted. The State chose to cover all USPSTF Grade A and B recommendations; lactation counseling for pregnant women; podiatry services for patients with diabetes; expanded smoking cessation to all Medicaid beneficiaries; and enrolled 30,000 in health homes.

New York also implemented goals to reduce spending and improve health care quality. These goals are to: increase the percentage of Medicaid patients in managed care from 77 to 95 percent

¹⁵ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html>

by 2016; and increase the rates of childhood immunizations, controlled blood pressure for people with diabetes, colorectal screening, and smoking cessation. Some early results from these changes include a reduction in emergency room use by patients in health homes; and reduction in rates of diabetes, childhood obesity, and smoking.

B. State Spotlight: Michigan

The Michigan Department of Community Health (MDCH) has taken several steps to reduce childhood obesity. In June 2009, the MDCH sent a letter to Medicaid providers with information regarding billing and reimbursement for obesity-related services for children in Medicaid.¹⁶ The letter encouraged providers to conduct height, weight and nutrition assessments as part of all well-child visits, consistent with the recommendations of the American Academy of Pediatrics.

The state Medicaid program selected childhood obesity as a topic for managed care Performance Improvement Projects (PIPs) in the 2011-2012 and 2012-2013 reporting cycles. Fourteen health plans implemented initiatives to improve rates of BMI screening and documentation and referral for nutrition and physical activity counseling or programs. One plan, Priority Health, partnered with a community-based program to develop FitKids 360, an eight-week class for overweight kids and their families addressing nutrition, physical activity and self-esteem. After the program's initial success at multiple sites in southwestern Michigan, two additional locations – one in Detroit and one in rural Fremont – started the program in 2013.

These efforts align with state-wide priorities. The state's 2012 "Michigan Health and Wellness 4x4 Plan" outlines strategies to promote four healthy behaviors and four key health measures through health and education systems serving all Michigan families. The plan identifies the state Medicaid program as a critical component of the implementation infrastructure. In particular, it emphasizes how Medicaid can support breastfeeding, which has been shown to reduce childhood obesity. Additionally, the State included obesity on the "Michigan Dashboard," the State's public indicator tracking system.

C. Managed Care Performance Improvement Projects Focused on Prevention

States can also work with their managed care plans to promote preventive services through PIPs. Federal regulations require that Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs) conduct PIPs that are designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time. Health plan PIPs should focus on clinical and nonclinical areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. In some cases states select the PIP topics and in others the health plans identify the topics. According to an analysis of External Quality Review technical reports submitted to CMS, several states have chosen to focus on preventive services¹⁷. For instance:

¹⁶ http://www.michigan.gov/documents/mdch/L- Letter_Childhood_Obesity_June_2009_351354_7.pdf

¹⁷ Source: EQR technical reports submitted to CMS for the 2012–2013 reporting cycle as of May 13, 2013. Analysis includes PIPs that were listed in the EQR technical report for each state. For more information, see <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept.pdf>

- **Childhood obesity.** Eleven states reported childhood obesity-related PIPs for one or more health plans during the 2012-2013 reporting cycle. Four states, Georgia, Michigan, New Jersey and Pennsylvania, required managed care organizations to conduct childhood obesity PIPs. The projects typically focused on increasing rates of measurement and documentation of body mass index (BMI) and providing or referring patients to nutrition or physical activity counseling, as appropriate. Interventions included beneficiary outreach and education through community events, visit reminders, incentives and newsletters as well as care delivery changes and provider training.
- **Adolescent well-care.** In the 2012-2013 reporting cycle, six states reported PIPs aimed at improving rates of adolescent well-care visits. Maryland required that all MCOs in the state to conduct PIPs on this topic. Well-visits are an important component of preventive care. Well-care visits for teens often include immunizations, age- and behavior-appropriate screenings, and education to promote healthy habits and reduce risky behaviors. Interventions included outreach and education such as health fairs, reminders to members, and incentives for completing visits. Provider interventions included reports on members behind on well-visits, and incentives to schedule them.

D. State Efforts to Inform Beneficiaries and Providers about Preventive Services

Many states work with their Medicaid managed care plans to inform beneficiaries and providers about preventive services and to encourage behaviors that help maintain good health. For instance, in New Jersey, each of the state's four Medicaid managed care plans created marketing materials promoting preventive services. New Jersey requires that its health plans cover all of the USPSTF recommended preventive services at no cost-sharing to beneficiaries. To ensure that Medicaid recipients were aware of these services, New Jersey's outreach efforts included:

- Member newsletters and webpages with tips for healthy living, such as recipes and resources to help members quit smoking
- Telephone calls to remind members to get an annual wellness check-up
- Educational materials that target people with diabetes with tips for self-management and reminders to get regular preventive tests, such as eye and foot exams and cholesterol and blood pressure checks
- Educational materials focused on child and adolescent health that include well-visit reminders and information about immunization schedules, dental care and how to prevent lead poisoning.

States use their website, member manuals, and member newsletters to communicate to beneficiaries and others about the preventive services available to them. Maine, a state that covers all recommended preventive services, includes a section on those services in the MaineCare Member Handbook.¹⁸ The Oklahoma Health Care Authority provides information about covered services and links to health promotion resources on their "Stay Healthy!" webpage.¹⁹ The Oregon Health Plan (Medicaid) website directs visitors to the state's health department webpages for information on healthy living including a page of resources on obesity

¹⁸ http://www.maine.gov/dhhs/oms/pdfs_doc/member/mainecare_mbr_handbook.pdf

¹⁹ <http://www.okhca.org/individuals.aspx?id=97&menu=48>

prevention.²⁰ This connection reflects the close relationship in Oregon between the Medicaid program and the health department.

In addition to including information on their webpage, the Oklahoma Health Care Authority (OHCA) has used multiple communication strategies to promote preventive services such as tobacco cessation, prenatal care, EPSDT, oral health, and chronic disease management. For example, in 2012 and 2013, the OHCA partnered with the Oklahoma Educational Television Authority and SmartStart Oklahoma to air the “Tell Us Your Story” promotional videos during public television programming. This media campaign promoted the value of having SoonerCare (Medicaid) coverage and raised awareness of the benefits of using preventive health services available to children. The campaign promoted the use of routine wellness doctor visits for children, available through the EPSDT benefit. Additional “Tell Us Your Story” promotional videos were developed and launched throughout 2013 including one that specifically promotes healthy lifestyles.

Informing providers about coverage of recommended preventive services and best practices for improving the quality of those services is another key to improving beneficiary access. Many states have included information about preventive services in their communications with providers. For instance, recent “Nevada Medicaid and Nevada Check Up Newsletters” have highlighted the state’s coverage of USPSTF recommended preventive services²¹ and the importance of well-visits for adolescents.²² To support quality improvement in the area of pediatric obesity diagnosis and care, the Arkansas Medicaid program made patient communication materials available to providers. Providers can download or order the portion control flyers and placemats and the informational brochures including “How to read nutrition facts on a food label” through the program’s website.²³

IV. Other Federal Prevention and Obesity Initiatives

Many other federal initiatives are underway to increase access to preventive services and improve the health of the population. In particular, the following initiatives have made a connection with state Medicaid agencies or include Medicaid beneficiaries among their populations served.

In addition to the Medicaid Incentives for the Prevention of Chronic Disease grant program (section 4108 of the Affordable Care Act which was previously discussed), the Center for Medicare & Medicaid Innovation (the Innovation Center) manages a number of grant programs that include preventive health care and population health components. For instance, 26 of the 81Health Care Innovation Awards (HCIA) Round One awarded projects focus on one or more aspects of disease prevention or health promotion, and 56 of the HCIA projects provide support for chronic disease self-management. Many of these models use community health workers to improve coordination and delivery of preventive care services. The Innovation Center convenes

²⁰ <http://public.health.oregon.gov/PreventionWellness/ObesityPrevention/Pages/index.aspx>

²¹ http://www.medicaid.nv.gov/Downloads/provider/NV_Medicaid_News_2012-0719.pdf

²² http://www.medicaid.nv.gov/Downloads/provider/NV_Medicaid_News_2013-0708.pdf

²³ http://www.afmc.org/HealthCareProfessionals/OrderInterventionTools/tabid/386/CatID/29/Nutrition_Pediatric_O verweight.aspx

HCIA grantee learning collaboratives around three particular areas of interest: pediatric asthma management; community health workers; and population health. Improving population health is one goal of the innovative all-payer payment and delivery systems being developed and tested as part of the State Innovation Models (SIM) grant program.

The National Diabetes Prevention Program (National DPP) led by the Centers for Disease Control and Prevention (CDC) aims to prevent or delay the onset of type 2 diabetes among persons with prediabetes. Through an HCIA award to the Y USA, local Y affiliates and the Diabetes Prevention and Control Alliance (a subsidiary of United Health Group) are delivering the lifestyle change intervention to Medicare beneficiaries in 17 focus communities in 8 states (MN, NY, AZ, OH, TX, FL, IN, DE). This demonstration is expected to reach 10,000 Medicaid beneficiaries with prediabetes and is expected to provide evidence suggesting Medicare coverage of the National DPP lifestyle change intervention is cost effective.

Million Hearts® is a national initiative to prevent 1 million heart attacks and strokes in the U.S. by 2017. Launched by the Department of Health and Human Services (HHS) in September 2011, and co-led by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS), Million Hearts® aligns existing efforts, as well as brings together communities, health systems, nonprofit organizations, federal organizations and private-sector partners from across the country to prevent heart disease and stroke.²⁴ CMS is working with Million Hearts® to encourage and support partnerships between state Medicaid agencies and statewide Million Hearts® activities. Several state Medicaid programs have already begun working with statewide Million Hearts® coalitions. Medicaid contributions to state Million Hearts® efforts include offering input on plans, providing access to data, and aligning quality measurement and quality improvement activities with Million Hearts® aims such as improving blood pressure control and access to smoking cessation services. CMS and Million Hearts® will provide technical assistance to state Medicaid agencies that wish to align forces with Million Hearts® and improve efforts to reduce cardiovascular disease.

The **Childhood Obesity Research Demonstration (CORD)**²⁵ is a four-year funded demonstration project that is led by the CDC. The goal is to improve obesity-related behaviors including diet and physical activity and ultimately reduce childhood obesity among underserved children. The demonstration builds on existing child care, school, healthcare, and community efforts and strategies to prevent and manage childhood obesity. The project is targeted to children ages 2 – 12 in communities with a high percentage of children who are on Medicaid and CHIP and who participate in the National School Lunch Program. The grantees are:

- San Diego State University & Imperial County Health Department
- University of Texas School of Public Health and Children's Nutrition Research Center, Baylor University
- Massachusetts Department of Public Health, Harvard Pilgrim, Harvard University
- University of Houston (Evaluation Center)

The demonstration project is currently at the beginning of the third year and strategy implementation and data collection efforts are underway. After final data collection in Spring

²⁴ http://millionhearts.hhs.gov/Docs/MH_Fact_Sheet.pdf

²⁵ <http://www.cdc.gov/obesity/childhood/researchproject.html>

2015, the independent evaluation center will perform a cross-site evaluation. The demonstration is using a consistent set of core outcomes and process measures in addition to the measures used by each individual site. An evaluation report will be issued in late 2015. This demonstration was established under CHIPRA, and funding was subsequently provided through the Affordable Care Act.

Through the **Community Transformation Grant (CTG)** Program,²⁶ the CDC supports and enables awardees to design and implement community-level programs that prevent chronic diseases such as cancer, diabetes, and heart disease. The program is expected to improve the health of more than 4 out of 10 U.S. citizens—about 130 million Americans. One of the goals of the program is to expand access to clinical and community preventive services (CCPS) and to reduce disparities in access to those services. Several awardees are doing so by collaborating with state Medicaid agencies and organizations to increase access to CCPS for Medicaid beneficiaries. For example, one awardee is working with Medicaid Managed Care Organizations to obtain Medicaid coverage for tobacco cessation therapies and services, and nicotine replacement therapy prescribed through Quitline, a toll-free telephone-based cessation program.

V. Conclusion

The past few years have seen an increased emphasis on improving access to preventive health services among Medicaid and CHIP enrollees. The Affordable Care Act has placed a significant emphasis on prevention and ensured that millions of Americans have or will have access to preventive services without cost sharing regardless of whether they are in private health insurance plans or covered by Medicaid. In addition, States have undertaken a number of initiatives to educate Medicaid beneficiaries about the available services. To support state efforts, CMS has issued guidance, enhanced the resources available to states on Medicaid.gov, and provided technical assistance to states. CMS looks forward to reporting on further progress in improving access to preventive services among Medicaid and CHIP enrollees.

²⁶ <http://www.cdc.gov/communitytransformation/>

Appendices

Table 1: Prevention-related Measures in 2013 Children’s Core Set

NQF #	Measure Steward	Measure Name
1959	NCQA	Human Papillomavirus (HPV) Vaccine for Female Adolescents
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents
0038	NCQA	Childhood Immunization Status
1407	NCQA	Immunization Status for Adolescents
1392	NCQA	Well-Child Visits in the First 15 Months of Life
1516	NCQA	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
NA	NCQA	Adolescent Well-Care Visit
0033	NCQA	Chlamydia Screening in Women
NA	CMS	Percentage of Eligibles That Received Preventive Dental Services

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/ChildCoreMeasures.pdf>

Table 2: Prevention-related Measures in the Initial Adult Core Set

#	NQF #	Measure Steward	Measure Name
1	0039	NCQA	Flu Shots for Adults Ages 50-64 (Collected as part of HEDIS CAHPS Supplemental Survey)
2	NA	NCQA	Adult BMI Assessment
3	0031	NCQA	Breast Cancer Screening
4	0032	NCQA	Cervical Cancer Screening
5	0027	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (Collected as part of HEDIS CAHPS Supplemental Survey)
12	0033	NCQA	Chlamydia Screening in Women Ages 21-24
16	0018	NCQA	Controlling High Blood Pressure

Source: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf>

Additional Resources

Qs and As on Affordable Care Act Section 4004(i):

<http://www.medicaid.gov/AffordableCareAct/Provisions/Downloads/4004i-Qs-and-As-.pdf>

State Medicaid Director Letter: Affordable Care Act Section 4106:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf>

Secretary’s Annual Reports on the Quality of Care for Children in Medicaid and CHIP:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>

U.S. Preventive Services Task Force Grade A and B Recommendations:

<http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm>

Million Hearts: <http://millionhearts.hhs.gov>