Medicaid Preventive Services: Regulatory Change

Division of Benefits and Coverage
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
April 2014
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
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.
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
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)
• 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

• Informational Bulletin issued on November 27, 2013

• Questions can be sent to CMS Preventive Mailbox
  MedicaidCHIPPrevention@cms.hhs.gov