Medicaid Toolkit Rollout: Securing Reimbursement

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ADVOCATING FOR HEALTH EDUCATION REIMBURSEMENT

2015

Advocacy Toolkit

Guide to Seeking Medicaid Plan Amendment for HES Reimbursement

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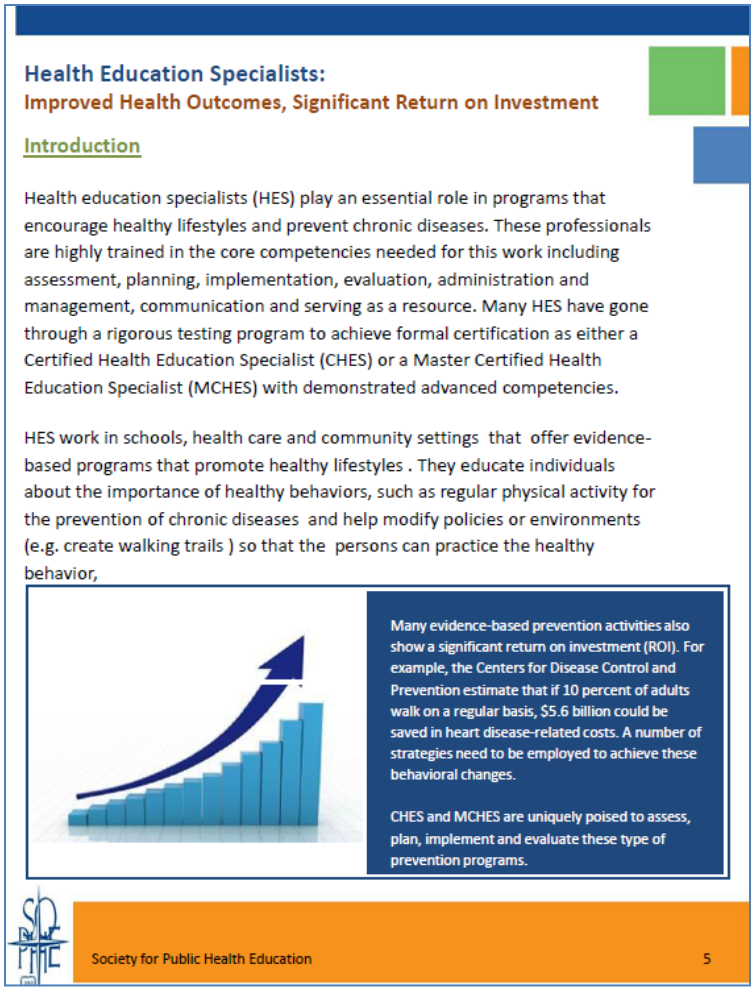

Health Education Specialists:
Improved Health Outcomes, Significant Return on Investment

Introduction

Health education specialists (HES) play an essential role in programs that encourage healthy lifestyles and prevent chronic diseases. These professionals are highly trained in the core competencies needed for this work including assessment, planning, implementation, evaluation, administration and management, communication and serving as a resource. Many HES have gone through a rigorous testing program to achieve formal certification as either a Certified Health Education Specialist (CHES) or a Master Certified Health Education Specialist (MCHES) with demonstrated advanced competencies.

HES work in schools, health care and community settings that offer evidence-based programs that promote healthy lifestyles . They educate individuals about the importance of healthy behaviors, such as regular physical activity for the prevention of chronic diseases and help modify policies or environments (e.g. create walking trails) so that the persons can practice the healthy behavior,

Many evidence-based prevention activities also show a significant return on investment (ROI). For example, the Centers for Disease Control and Prevention estimate that if 10 percent of adults walk on a regular basis, $5.6 billion could be saved in heart disease-related costs. A number of strategies need to be employed to achieve these behavioral changes.

CHES and MCHES are uniquely poised to assess, plan, implement and evaluate these type of prevention programs.

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- Role of health education specialists
- Use as one-pager with decision makers

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Real Life Examples – Real Life Dollars Saved

Interventions that focus on the prevention of chronic diseases can lower costs and improve the health of individuals (Waidmann, Ormond, & Bovbjerg, 2011). The Robert Wood Johnson Foundation states that 75 percent of U.S. health dollars are spent on treating chronic conditions. Investing in prevention at $10 a person per year could save billions (2014).

For example, an asthma program that included education, disease management and home visits showed a return on investment (ROI) of $4.64 saved for each $1 invested in the program (Hoppin, Stillman, & Jacobs, 2010). In a 2008 literature review, the cost analysis of a disease management program that included diabetes education found a ROI of $4.34 savings for each $1 spent (Boren, Fitzner, Panhalker & Specker, 2009). Even more impressive is a study published in the *American Journal of Cardiology*, which found that among participants who underwent a cardiac rehabilitation program using health educators, medical claims dropped 51 percent compared to claims from the previous 12 months. A savings of $6 for every $1 invested in the program was observed (Milani & Lavie, 2009).

In 2011 and 2012, East Stroudsberg University researchers sought to demonstrate how programs using HES have a positive ROI and positive impact on public health. Six counties in Pennsylvania with the highest prevalence rates of diabetes were used to analyze three educational interventions:

1) YMCA/United Healthcare program based on CDC's prevention program;
2) Dining with Diabetes, a program of the Pennsylvania Department of Public Health; and
3) WELLDOCS/WELCOA, private companies specializing in improving disease management outcomes and reducing costs.

In Philadelphia County, an average cumulative savings of $43 million was achieved compared to those not in an intervention. In Lehigh Valley, patients enrolled in a diabetes education intervention had an ROI ranging from 478 percent to 764 percent for each dollar spent depending on the income level of the patient (based on recouping lost days at work) (Cardelle, 2013).

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- Return on investment examples
- Education handout for partners and decision makers

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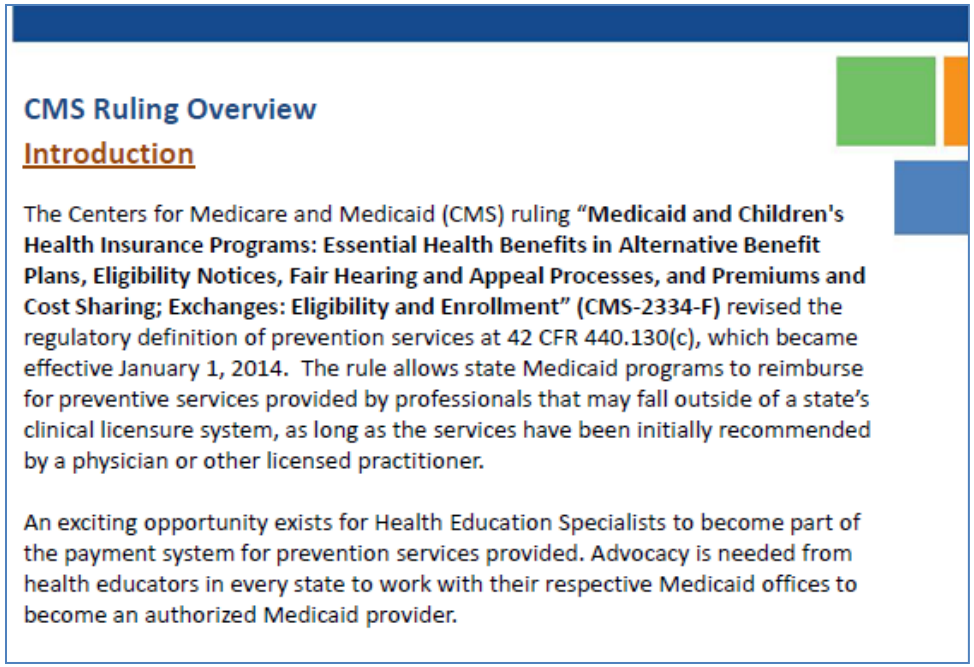

CMS Ruling Overview

Introduction

The Centers for Medicare and Medicaid (CMS) ruling **"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" (CMS-2334-F)** revised the regulatory definition of prevention services at 42 CFR 440.130(c), which became effective January 1, 2014. The rule allows state Medicaid programs to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner.

An exciting opportunity exists for Health Education Specialists to become part of the payment system for prevention services provided. Advocacy is needed from health educators in every state to work with their respective Medicaid offices to become an authorized Medicaid provider.

- Explains the new CMS rule
- Opportunity for health education specialists
- Includes definition of prevention services

Federal CMS ruling

- January 1, 2014
- Changed the definition of preventive services
  - Former: Provided by physician or licensed practitioner
  - New: Recommended by a physician or licensed practitioner
- Services may be provided by practitioners other than physicians or licensed practitioners

Prevention Services Defined

- (1) Prevent disease, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency

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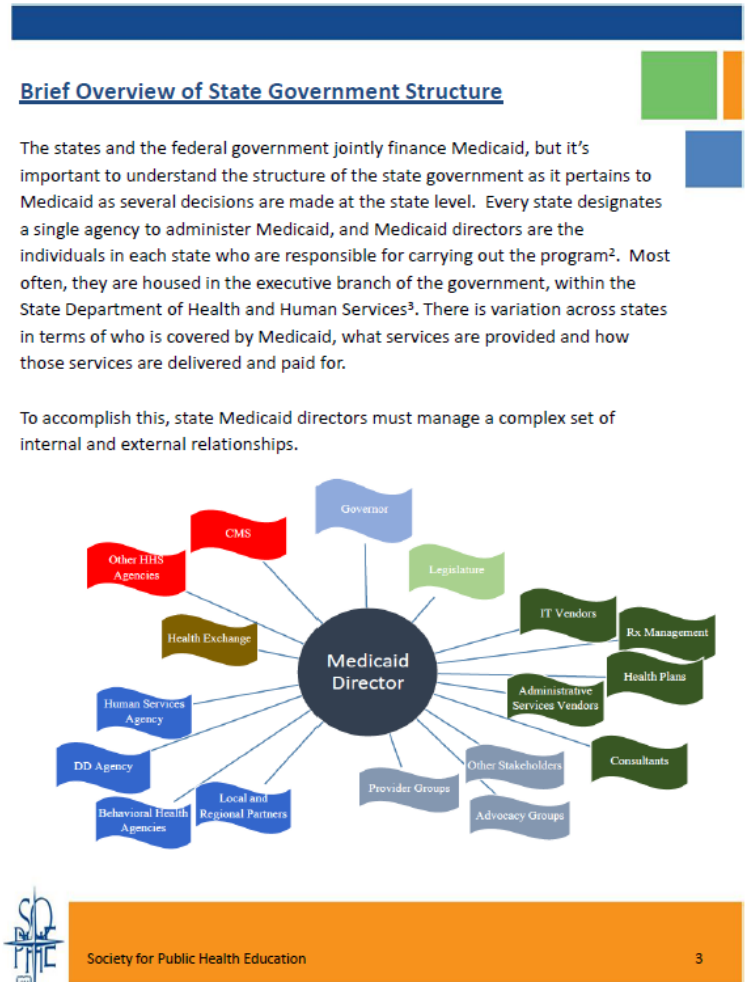

- Overview of government for SOPHE members and partners
- Steps for moving process forward
- Tips for arranging meetings with Medicaid leadership

State level

- Each state must amend the state health plan to adopt the new rule
  - Define the new practitioners
    - Required education, training, experience, credentialing or registration
  - Identify types of services
  - Rate of reimbursement
  - Referral mechanism

Potential Providers

- **Health educators**
- Certified asthma educators
- Certified diabetes educators
- Community health workers
- Dieticians
- Others

Potential Services

- Self management education
- Home visits
- Prevention screening
- Others

Utilize CMS

- Encourage state Medicaid office to connect with CMS
- CMS will assist states in the state health plan amendment process

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- Call to action
  - Learn
  - Collaborate
  - Partner
  - Share
  - Communicate
- Opportunities
- Barriers

Wisconsin Example

- **Barrier:** Many groups working independently for the same goal
  - Wisconsin Asthma Coalition
    - Certified asthma educators
    - Community health workers
  - Local health departments
  - Health educators
  - Certified diabetes educators
  - Others

Wisconsin Example

- **Solution:** Wisconsin Public Health Association (WPHA) and Wisconsin Association of Local Health Departments and Boards (WALHDAB)
  - Mid-term legislative priority: Reimbursement of prevention services under CMS rule
  - Serve as umbrella organization to create a unified voice
  - Led by the Joint WPHA-WALHDAB Public Affairs Committee

Wisconsin Example

- Met with leaders to share opportunity
  - Chronic disease prevention program
  - Governor's Wisconsin Council on Rural Health
  - Governor's Wisconsin Public Health Council
  - Federally Qualified Health Centers (FQHC)
  - Wisconsin Association of School Nurses
  - Wisconsin State Innovation Models (SIM) and State Health Innovation Plan (SHIP)
  - Others

Wisconsin Example

- Partners
  - Asthma educators
  - Community health workers
  - Diabetes educators
  - Dieticians/nutritionists
  - Environmental health
  - **Health educators**
  - Healthy homes
  - Many more

Wisconsin Example

- Currently:
  - Defining services
  - Identifying cross-cutting services
- Next steps:
  - Expand to additional partners
    - Other professional groups
    - Medicaid, HMOs, ACOs
  - Build the business case
  - Work with payers to implement