

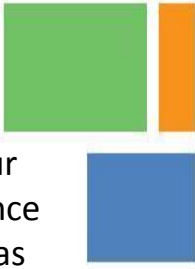



ADVOCATING FOR HEALTH EDUCATION REIMBURSEMENT IN MEDICAID STATE PLANS



2015

Advocacy Toolkit



Dear SOPHE members and partners,

Health education specialists are an integral part of the healthcare team as our efforts help people to manage their health and prevent disease. However, since much of our work is not a distinct clinical service, it is not always recognized as reimbursable by third party payers.

A federal Centers for Medicaid and Medicare Services (CMS) rule was enacted in January 2014, allowing state Medicaid programs to provide reimbursement of community prevention services provided by non-licensed practitioners (e.g., health education specialists). To be implemented, each state must amend its state health plan to incorporate this rule.

The implementation of the new CMS rule provides health education specialists an important opportunity for funding and support. To assist you, SOPHE's Advocacy & Policy Committee has created this toolkit with information and resources that can be used to educate, advocate and/or lobby for reimbursement in your state for reimbursement of health education services.

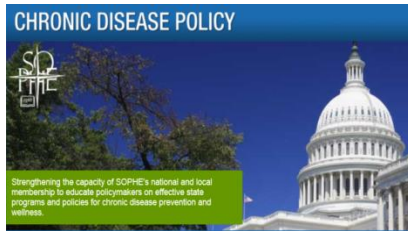
You are encouraged to use this toolkit for planning and conducting meetings with your state Medicaid office. It is designed so that you can select from multiple fact sheets to personalize your kit to your meeting objectives and audiences. Each State Medicaid program will hear from several different groups and have to make difficult decisions within its payment structure. Thus, It is important that health education specialists partner with other practitioners and groups to work toward implementation of this rule on an unified front.

We look forward to receiving your feedback on using the toolkit, including your strategies, barriers and successes, so that we can learn from and build on the efforts of each other. To provide feedback, email info@sophe.org.



SOPHE's Mission

To provide global leadership to the profession of health education and health promotion and to promote the health of society.



Membership Snapshot

- 4,000 Members
 - 2,000 National members in all 50 states and in 25 countries
 - 2,000 local members in 21 chapters in more than 30 states, western Canada and northern Mexico
 - 25% student members
- Employment settings: Federal/state/local health depts., medical care, schools, universities, worksites, community agencies, international groups
- 60% Certified Health Education Specialists (CHES) & Master Certified Health Education Specialists (MCHES)



Value Added of Health Education Specialists:

Individual & Family Level

- Applying theories and models of behavior change to improve health behaviors
- Assisting patients to evaluate and select a health exchange, complete the enrollment process, and navigate the health system
- Serving as a bridge between the hospital/health care setting to other health care and community resources

Community Level

- Develop coalitions and build partnerships to connect individuals to programs and resources
- Direct prevention grants/funding opportunities, e.g. tobacco, chronic disease, breastfeeding
- Identify and build bridges between patients and health/medical care organizations that are required to have patient engagement and feedback
 - Affordable Care Act (ACA) requirement

Systems Level

- Design surveys, collect data, spearhead evaluation of clinical services provided by health care team
- Identify structural barriers to seeking care and design patient-centered programs to improve outcomes
- Plan and organize worksite or community interventions to address major chronic diseases
 - ACA provides strong economic incentives to both employer and employee for wellness
 - CDC National Healthy Worksite Program
<http://www.cdc.gov/nationalhealthyworksite/index.html>



National SOPHE's Role in ACA

Advocacy

- Funding for Prevention and reduction of chronic diseases
- Commenting on federal policies, regulations
- Policy Reform – e.g. American Diabetes Association
- Linkages to public/private partners addressing ACA, such as
 - CMS, OMH, HRSA, CDC
 - Enroll America, Trust for America's Health, Prevention Institute

CMS Essential Benefits Rule (CMS-2334-F) *revised regulatory definition of prevention services at 42 CFR 440.130(c):*

Opportunities for Collaboration

- Medicaid reimbursement for preventive services, recommended by licensed providers, and provided at state option by non-licensed providers.
- A broader array of health professionals could be reimbursed for preventive services for Medicaid recipients, including health education specialists & community health workers.



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 these individuals can practice the healthy behaviors.



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.

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. 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.

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. 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. 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.

In 2011 and 2012, East Stroudsburg 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) .





The Agency for Healthcare Research and Quality's Asthma Return on Investment Calculator concludes that investing in asthma education will result in savings from reduced use of health care services and reduced absenteeism, generating:

1. An ROI of \$9.84 per dollar invested for programs that cost \$85 per participant (low cost program) or;
2. An ROI of \$1.52 per dollar invested in more comprehensive programs (e.g. repeat visits, provision of supplies/materials) with higher costs of \$1559 per participant.

The above ROI calculations are likely higher as work absenteeism is not included. Absenteeism accounts for 72.5 percent of total asthma related costs.

In another example, the Asthma Network of Western Michigan (ANWM) program includes 12 months of asthma case management to allow for adequate follow-up, reinforcement of asthma education and the effects of seasonal changes. The program provides a baseline assessment, goal development, environmental assessment, medical education and care, and psychosocial interventions. ANWM receives reimbursement from five health plans and has shown significant outcomes.

ANWM has shown significant reductions in hospital and facility charges and improved clinical outcomes. In an ANWM case management study, average hospital charges of \$1,625 per patient were reduced for the 24 participants. Total hospital charges decreased by \$55,265 from pre-study year to study year. Highly significant reductions also were observed in the number of emergency department visits, number of hospitalizations and length of hospital stay. ANWM also showed a decrease in facility charges of \$119,816 per 45 children per/year (\$2,663 per child per/year).

What is a Health Education Specialist?

Promoting the health of individuals, families, and communities: Health Education Specialists

What is a Health Education Specialist?

Health education specialists, also called health educators, teach people about behaviors that promote wellness. They develop and implement strategies to improve the health of individuals and communities. At a minimum, they have a bachelor's degree and many have advanced training or certification.



What is a Certified Health Education Specialist?

The Certified Health Education Specialist (CHES) designation signifies that an individual has met eligibility requirements for and has successfully passed a competency-based examination demonstrating skill and knowledge of the [Seven Areas of Responsibility of Health Education Specialists](#), upon which credential is based. MCHES, the master's level of certification, includes a set of advanced eligibility requirements. Certification is provided by the National Commission for Health Education Credentialing, which requires an ongoing commitment to continuing education.

Where do Health Education Specialists Work?

According to the U.S Department of Labor, there were approximately 58,900 health educators in 2012 in the following workforce settings.

- **Health Care Facilities:** Health educators often work with patients and their families, teaching them about their diagnoses and about necessary treatments and procedures. They direct people to outside resources, such as support groups and home health agencies.
- **Colleges and Schools:** Health educators may plan programs, distribute materials, and also provide student trainings that will allow students to become advocates for health amongst their peers.
- **Public Health Departments:** Health educators plan and implement a variety of programs that cover many prevention, detection, and/or treatment of infectious and chronic diseases. They develop materials to be used by other public health officials. During emergencies, these individuals provide safety information to the public and media. They provide guidance to health-related non-profits to obtain funding and other resources.
- **Nonprofit Organizations:** Health educators create programs and materials about health issues for the community that their organizations serves. Many health educators will become advocates for the audience they are working with.
- **Private Businesses:** Health educators identify common health problems among employees and create incentive programs to encourage employees to adopt health behaviors.

What do Health Education Specialists Do?

- Assess the needs of people and communities they serve
- Develop programs and events to teach people about health topics or manage their conditions
- Evaluate the effectiveness of programs and educational materials
- Help people find health services or information
- Provide training programs for other health professionals or community health workers
- Supervise staff who implement health education programs
- Collect and analyze data to learn about their audience and improve programs and services
- Advocate for improved health resources and policies that promote health



Employment of health education specialists is expected to grow by 19% from 2012-2020. Growth will be driven by efforts to improve health outcomes and to reduce healthcare costs by teaching people about healthy habits and behaviors and utilization of available health care services.¹

How are Health Educators Different from Community Health Workers?



Health educators need a bachelor's degree and many employers require the CHES credential. Requirements for community health workers vary, although they typically have at least a high school diploma and must complete a brief period of on-the-job training. Health educators typically supervise community health workers.

Why is Health Education Important?

Health education improves the health status of individuals, communities, states, and the nation; enhances the quality of life for all people; and reduces costly premature deaths and disability.

- By focusing on prevention, health education reduces the costs (both financial and human) spent on medical treatment. Chronic conditions, such as diabetes, heart disease, and cancer, consume more than 75 percent of the \$2.2 trillion spent on health care in the U.S. each year.² Spending as little as \$10 per person on proven preventative interventions could save the country over \$16 billion in just five years.³
- Health education specialists offer knowledge, skills, and training that complement those health care providers, policy makers, human resource personnel, and many other professionals whose work impacts human health.

1. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Health Educators and Community Health Workers, on the Internet at <http://www.bls.gov/ooh/community-and-social-service/health-educators.htm> (visited February 13, 2014).

2. Partnership to Fight Chronic Disease (2009). January 27, 2009 press release. Access on February 13, 2009 at <http://www.fightchronicdisease.org/media/statements/pfcd/Stimuluspackage.cfm>.

3. Trust for America's Health (2008). Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. June, TFAH.

Health Education Specialists in Team-Based Care

Health education specialists (HES) are proving invaluable in the changing environment of primary care practice by enhancing opportunities for a team-based approach to patient care. Hiring a HES rather than other clinical providers (e.g. nurses) to serve as a health coach or quality improvement coordinator takes full advantage of HES' skills/training in behavioral theory and their ability to provide evidence-based interventions on the individual and population levels. HES also frees clinical providers to operate at the top of their license and reimbursement levels. Below is one example of a family practice that added HES to its team and how they benefitted.

Billable Service	Who performs the service	Physician Time	HES Time	Reimbursement Rate*
Initial preventive physical exam	MD plus HES	15 minutes to meet with patient	45 minutes	\$156-165
Initial annual wellness visit	HES	2 minutes to review documentation	1 hour	\$161-170
Subsequent annual wellness visit	HES	2 minutes to review documentation	30 minutes	\$108-114
Health coaching co-visits	MD plus HES	4-8 minutes to meet with patient, complete chronic disease follow-up, HPI, assessment and plan	30 minutes plus weekly phone calls	\$43-107 depending on level of service charged

Based on nongeographically adjusted Medicare rates.

Reprinted with Permission from: Chambliss, ML, Lineberry, SN, Evans WM, Bibeau, DL. Adding Health Education Specialists to Your Practice, Family Practice Management, March/April 2014, pp 10-15.

Health Education Works

For over 40 years, research has shown that HES have the required competencies to work in interdisciplinary settings and provide a focus on health education, care coordination and harm reduction. The Trust for America's Health recommends that Medicaid cover and reimburse services provided by other practitioners, like HES, who can deliver evidence-based programs in the community. Health Education Specialists should be part of the larger health care team as a way to achieve the most significant ROI .

HEALTH EDUCATION SPECIALIST

Definition

Health education specialists, also called health educators, educate people about behaviors that promote wellness. They develop and implement strategies to improve the health of individuals, families and communities.

Education & Training

At a minimum, health educators have a bachelor's degree and many have advanced degrees or certification. The Certified Health Education Specialist (CHES) designation signifies that an individual has met eligibility requirements for and has successfully passed a competency-based examination demonstrating skill and knowledge of the Seven Areas of Responsibility of Health Education Specialists, upon which credential is based. MCHES, the master's level of certification, includes a set of advanced eligibility requirements.

Typical Roles

- Assess health/social service needs of people and communities
- Using evidence-based research, develop policies, programs and materials to improve the health of individuals or populations
- Educate people how to cope with or manage existing health conditions and access services
- Develop and lead grant-funded initiatives
- Deliver training for other professionals and CHWs
- Supervise health promotion staff
- Collect, analyze and report data
- Evaluate programs, services and materials for quality improvement and health care efficiencies
- Lead coalitions and healthcare-community partnerships
- Advocate for improved health resources and policies

Selected Skills

- Evaluation and survey research
- Program design and management
- Coalition building, policy/systems change
- Health literacy, health communications, social media
- Curriculum development and training
- Motivational interviewing, behavior change methods
- Capacity building at institutional or societal levels

COMMUNITY HEALTH WORKER

Definition

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enable the CHW to serve as a liaison/line/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Some other titles may include lay health advisors, community health advocates and promotores de salud.

Education & Training

Requirements for CHWs vary, although they typically have at least a high school diploma and must complete a brief period of on-the-job training. Some states have programs offered through community colleges or have specific certification requirements.

Typical Roles

- Provide outreach and discuss health care concerns with patients or community members
- Educate people about the importance and availability of healthcare services, such as cancer screenings
- Collect information or data needed by health administrators or providers
- Provide informal counseling and social support
- Help people connect with needed community services
- Ensure that people have access to the healthcare services they need
- Advocate for individual and community needs
- Help individuals enroll in or understand their health insurance options
- Serve as a liaison between community members and health/social service providers

Selected Skills

- Cross-cultural communication
- Language translation
- Interpersonal relations
- Service coordination
- Teaching, disseminating information
- Patient advocacy, empowerment
- Capacity building
- Outreach methods and strategies



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 education specialists in every state to work with their respective Medicaid offices to become an authorized Medicaid provider.



CMS Ruling Overview

- The ruling in its entirety can be found on the CMS Center for Consumer Information & Insurance Oversight [Regulations and Guidance](#) page.
- The final version of the rule revised the regulatory definition of “preventive services” to be consistent with the statutory provision of the Affordable Care Act that governs preventive services.
- The final version of the rule also accurately reflects the statutory language that physicians or other licensed practitioners recommend these services but that preventive services may be provided, *at state option*, by practitioners other than physicians or other licensed practitioners.
- Effective since January 1, 2014, the rule applies to preventive services, including preventive services furnished pursuant to section 4106 of the Affordable Care Act.
- Specifically, the rule states:
Preventive services means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—
 - (1) Prevent disease, disability, and other health conditions or their progression;
 - (2) Prolong life; and
 - (3) Promote physical and mental health and efficiency.



Common Misconception

What if I am told my state already reimburses for health educators and other non-clinically licensed professionals?

The new ruling allows for reimbursement based solely on the recommendation of a physician. In practice, this allows for a doctor or physician's assistant to refer someone to a health education specialist, either co-located in the clinic or at an external location without spending the time for direct supervision. Some states already reimburse for health educators if a doctor does direct supervision. Such supervision varies by state but may include the doctor auditing the charts and signing off on each session or regular case conferencing to monitor the health educator. This new ruling will save medical personnel time through reduced administrative burden and allow them to focus exclusively on health outcomes.

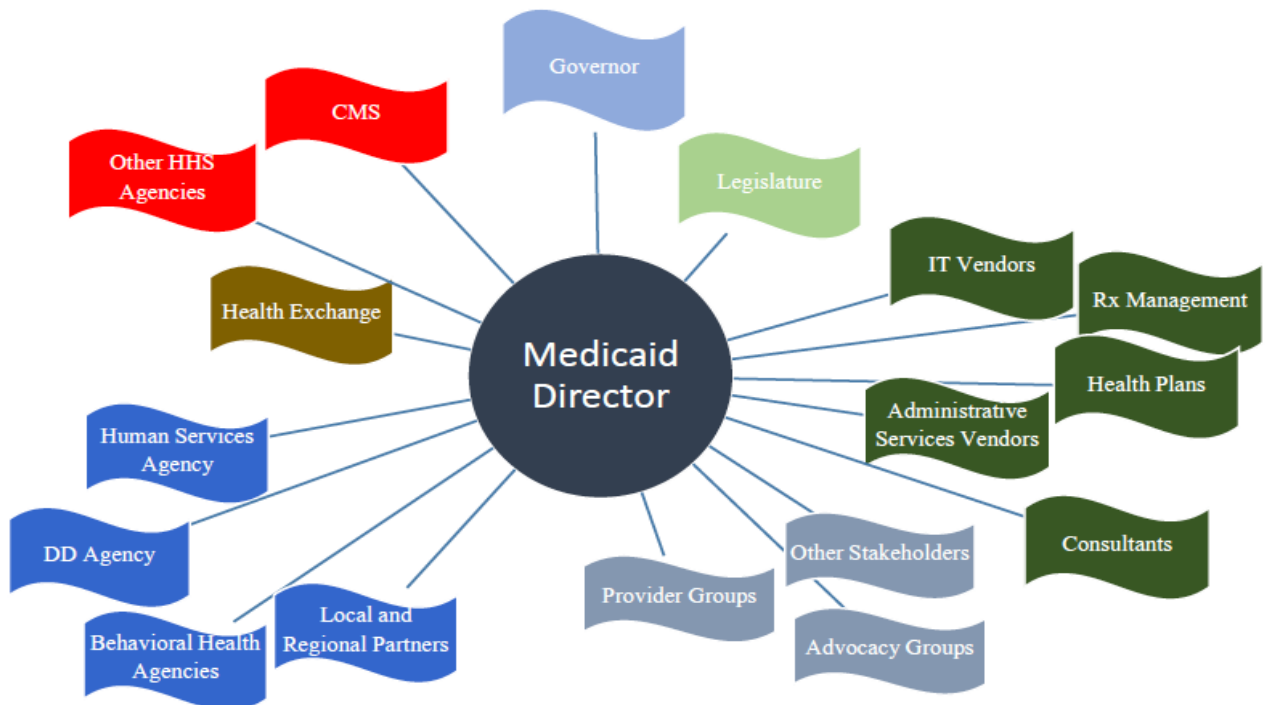
We recommend you find out if your state allows for reimbursement based on supervision so you may educate anyone who counters you with a statement such as "we are already doing this."



Brief Overview of State Government Structure

The states and the federal government jointly finance Medicaid, but it is important to understand the structure of the state government as it pertains to Medicaid as several decisions are made at the state level. Every state designates a single agency to administer Medicaid, and Medicaid directors are the individuals in each state who are responsible for carrying out the program². Most often, they are housed in the executive branch of the government, within the State Department of Health and Human Services³. There is variation across states in terms of who is covered by Medicaid, what services are provided and how those services are delivered and paid for.

To accomplish this, state Medicaid directors must manage a complex set of internal and external relationships.



Steps to Seeking Medicaid Plan Amendment

Outline Goals of Campaign

- Define goals
- Gather needed information/needs assessment
- Meet with State Medicaid Agency to submit state Medicaid Plan Amendment (SPA)
- Meet with Managed Care Organizations (MCOs) to explore workforce innovation partnerships

Describe Issue & Solution

- Explain issue and describe Intervention
- Provide evidence of effectiveness, and if available, return on investment
- What provider(s) do you propose?
- What services will they provide?
- Which beneficiaries will be eligible for services?



Steps to Seeking Medicaid Plan Amendment (Con't.)

Outline Provider Qualifications

- Educational background
- Training
- Experience
- Credentialing or Registration
- Employment models

Explain New Service Delivery

- What preventive services
- Evidence of effectiveness
- Referral process (from licensed provider)
- Unit of service
- Limitations of service, if any
- Location limits of service, if any
- Reimbursement level

Partner & Persevere

- Collaborate with State Medicaid Plan & MCOs to plan, implement, monitor, improve based on feedback
- Partner with universities, local plans to conduct research and measure outcomes/savings
- Work with public health agencies to implement and monitor outcomes



Tips for Arranging Meetings with Medicaid Leadership



- **Serve as a SOPHE representative:** Connect with your local SOPHE chapter, if possible, to gather local support. Be sure to identify yourself as a member of the Society for Public Health Education (Medicaid leadership probably won't know what "SOPHE" stands for).
- **Scheduling your visit:** Begin by contacting the office of your state's Medicaid director and request a meeting. (See <http://medicaiddirectors.org/about/state-directors>) Remember that it is acceptable to speak with a staff person who works in the Medicaid director's office.
- **Be timely:** Arrive a few minutes early and wrap up the conversation at the end of your allotted time.
- **Be realistic:** Your goal at the first meeting is to peak their interest and set the stage for future meetings and/or activities. This is the first step toward building the trust and knowledge base necessary to collaborate with your gatekeeper.
- **Know your audience:** Be sure to understand the priorities of your state's Medicaid office and tailor your information to speak to these.
- **Stick to the facts:** Know your core messages *before* going into your meeting. Use the fact sheets in the "leave behind materials" as a template with information tailored to the ways in which health education specialists would benefit the programs, health outcomes and finances of your state.
- **Focus on deliverables:** What do you want to see accomplished? What is the long-range plan and what can be done now?
- **Follow-up:** Be sure to offer yourself as a trusted resource for information and check-in with your gatekeeper periodically to see if they have considered/reconsidered your request or might desire additional information.



Call to Action

- **Learn:** Utilize the other pieces of this toolkit to educate yourself and others about opportunities. Reach out to other states who have successfully secured reimbursement for community based prevention services.
- **Collaborate:** Reach out to your local SOPHE chapter to coordinate a meeting with your state's Medicaid director and other health education specialists in your state. Contact other partners who may be working on this issue to present a unified force (e.g., diabetes educators, asthma educators, community health workers).
- **Partner:** If you have never worked with Medicaid office before, consider reaching out to your state legislator. They might be able to connect you with the right person at your state Medicaid office. Invite your state legislator to become a champion for this issue.
- **Share:** Document all correspondence with your Medicaid office and provide information to your SOPHE chapter and the National SOPHE office.
- **Communicate:** Utilize letters to the editor, local SOPHE chapter newsletters or social media to share your efforts.



Opportunities and Barriers

Opportunities

- This rule could benefit health education specialists, diabetes educators, asthma educators, community health workers, etc.
- This regulation provides state Medicaid programs greater flexibility in defining practice settings and authorized providers, *but each state is responsible for implementation.*
- Many organizations, both state and national, will be working on this issue within their own scope of practice. We would have a stronger voice if we all worked together.



Barriers

- Reimbursement rates will not cover the full cost of a CHES/MCHES.
- New reimbursement requires increased funding and proven return-on-investment (ROI) strategies.
- Acceptance of this rule within a state health plan does not force any entity to actually use health education specialists, but allows for flexibility.

Additional Resources

Guide to Effectively Educating State and Local Policymakers:

http://www.sophe.org/CDP/Ed_Policymakers_Guide.cfm

Trust for America's Health:

<http://www.astho.org/Community-Health-Workers/Medicaid-Reimbursement-for-Community-Based-Prevention/>

List of State Medicaid Directors:

<http://medicaiddirectors.org/about/state-directors>

SOPHE- “What is a Health Education Specialist?”:

<https://www.sophe.org/healthedspecialist.cfm>

Roles and Responsibilities of State Medicaid Directors:

http://medicaiddirectors.org/sites/medicaiddirectors.org/files/public/ops_survey.pdf

State and Local Government Structure:

<http://www.whitehouse.gov/our-government/state-and-local-government>

National Conference of State Legislatures:

<http://www.ncsl.org/aboutus/ncslservice/state-legislative-websites-directory.aspx>

State Billing Codes to Support Primary and Behavioral Health Care Integration

<http://www.integration.samhsa.gov/financing/billing-tools>



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