

Medicaid & Community-Based Asthma Interventions: Recent Changes & Future Steps



Effective January 1, 2014, the Centers for Medicaid and Medicare Services (CMS) is changing Medicaid regulations regarding which types of providers can be reimbursed for providing preventive services to Medicaid and CHIP beneficiaries. The following Q&A explains how this important Medicaid change will impact coverage of community-based interventions for low-income children with asthma.

Why are community-based interventions important for children with asthma? Treating, managing and reducing the burden of childhood asthma requires coordinated interventions that integrate community-based approaches into patient care and take the management of asthma beyond the doctor's office. While patients receive initial instruction in clinical settings, evidence-based guidelines call for repeated education in homes and community settings to reinforce treatment recommendations. These community-focused interventions help children and their caregivers proactively mitigate asthma triggers and manage asthma symptoms throughout their daily routine. Importantly, community-based asthma interventions show a significant return on investment: the Community Preventive Services Task Force (the Community Guide) documents numerous studies that demonstrate savings ranging from \$5.30-\$14 for every dollar invested in home-based asthma interventions focused on children and adolescents.¹

How do current Medicaid regulations limit access to community-based services? Until this regulation goes into effect, current Medicaid regulations under 42 C.F.R. § 440.130 limit the scope of allowable coverage of preventive services to those that are actually provided by a physician or other licensed practitioner. As a result, most state Medicaid programs have limited coverage of preventive services to those furnished by licensed providers in a clinical setting. These regulations have significantly limited access to evidence-based services and interventions in homes and other community environments for Medicaid beneficiaries.

What does the new rule say? In a final rule released July 15, 2013, CMS is updating Medicaid regulations to allow state Medicaid programs to reimburse for preventive services provided by those professionals that may fall outside of a state's clinical licensure system, so long as the services have been initially recommended by a physician or other licensed practitioner.²

What impact will this change have on coverage for services provided to children with asthma in community settings? Beginning January 1, 2014, Medicaid (either directly or through its managed care contractors) will be able to cover and pay for community-based asthma interventions when carried out by asthma educators, healthy homes specialists, or other community health workers. Although not considered licensed healthcare professionals, these personnel may still have to meet a state's training and/or certification standards.

This rule change adds greater flexibility to federal Medicaid law which already gives states discretion over the settings in which care is furnished. Under current law, Medicaid programs can authorize payment to providers who offer recommended asthma interventions outside of a "traditional" clinical setting, such as in the home, school or other community location. Taken together, the regulatory change announced in the final rule on provider qualifications and the flexibility that current Medicaid law already gives to states to define practice settings would allow state Medicaid programs to reimburse for numerous asthma interventions using non-traditional providers in non-clinical settings.

What steps can advocates take to support community-based asthma interventions within state Medicaid programs?

- ✓ Contact the Medicaid agency in your state to encourage broad coverage and reimbursement for community-based asthma services provided by non-clinical providers, such as asthma educators, healthy homes specialists, or other types of community health workers
- ✓ Promote this new reimbursement flexibility to clinical and community asthma providers
- ✓ Inform clinicians serving Medicaid-enrolled children of the evidence-based asthma interventions available in their communities

¹ Nurmagambetov, et al, "The Economic Value of Home-Based, Multi-Trigger, Multi-Component Interventions with an Environmental Focus for Reducing Asthma Morbidity – A Community Guide Systematic Review," *American Journal of Preventive Medicine*, 2011; 41(2S1): S33-S42.

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; Final Rule. Centers for Medicare & Medicaid Services. 78 Fed. Reg. 42160 (July 15, 2013) (to be codified at 42 C.F.R. § 440.130).