Expanding Medicaid Reimbursement to Support Guidelines-Based Asthma Care

The Vermont Asthma Program's Path to Policy Change

Developed by JSI Research & Training Institute, Inc. on behalf of the Vermont Asthma Program

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Introduction

In 2014, the Vermont Asthma Program embarked on a policy change initiative to expand Medicaid coverage for asthma self-management education. This brief describes the Program's approach, course of action, and next steps to expand the Vermont Medicaid benefit to support guidelines-based asthma services. To date, the Program's path to expanding the Medicaid asthma benefit has involved 1) **Building a Business Case**, 2) **Engaging Stakeholders & Decision-Makers**, and 3) **Defining a Reimbursement Mechanism.**

Background

The Problem: Asthma is a complex chronic disease and many children and adults with asthma do not receive the comprehensive guidelines-based care needed to adequately control their disease. As a result, the rate of uncontrolled asthma is high—about 40% of Vermonters with asthma report that their asthma is uncontrolled. This rate is higher among low income populations, in which 70% of Vermonters with asthma and a household income of less than 125% of the Federal Poverty Level (FPL) report uncontrolled asthma.[1]

A Solution: Provision of asthma self-management education is an effective and well-accepted strategy to help people manage their asthma better. Providing self-management education to asthma patients results in fewer asthma-related emergency department (ED) visits and hospitalizations.[2] In fact, the federal Healthy People program has recognized asthma as a high priority and set specific objectives for asthma health improvement, including increasing patient receipt of asthma education.

Healthy People 2020 Asthma Objectives

- Reduce asthma deaths
- Reduce hospitalizations
- Reduce ED visits
- Reduce asthma-related school and work absenteeism
- Increase receipt of guide-lines-based asthma care
- **Increase receipt of asthma patient education**

To promote widespread delivery of asthma self-management education in Vermont, the Vermont Asthma Program's strategy is to expand the asthma benefit covered by health care payers, starting with Medicaid. Through ongoing collaboration with the Vermont Department of Health Access (DVHA), which administers Medicaid in Vermont, the Program is working to facilitate policy change that expands the Vermont Medicaid asthma benefit to include reimbursement for self-management education delivered by qualified providers and educators within clinic and community settings. This strategy leverages the Centers for Medicare and Medicaid Services (CMS) revision of the preventive services act 42 CFR 440.130(c), which allows state Medicaid programs* to reimburse for preventive services provided by licensed practitioners (e.g., physician) or professionals deemed qualified that fall outside of the state's clinical licensure system (e.g., certified asthma educators).[3]

Expanding the Medicaid benefit has great potential to impact the burden of asthma in Vermont. About half of all Vermonters with asthma are eligible for Medicaid.[4] Thus, comprehensive asthma coverage will promote delivery of asthma self-management education to Medicaid beneficiaries, improve asthma control among Medicaid beneficiaries, and reduce asthma-related morbidity and health care costs.

*As of January 1, 2014, the Centers for Medicare and Medicaid Services (CMS) allows preventive services recommended by physicians or other licensed providers to be provided, at state option, by practitioners other than physicians or other licensed practitioners. It is up to each State to decide whether to pursue this option. States that chose to move forward need to submit a Medicaid State Plan Amendment (SPA) to CMS.

Policy Change Pathway to Reimbursement

The Vermont Asthma Program path to policy change that supports Medicaid reimbursement for asthma self-management education involves the following steps: 1) **Building a Business Case**, 2) **Engaging Stakeholders & Decision-Makers**, and 3) **Defining a Reimbursement Mechanism**.

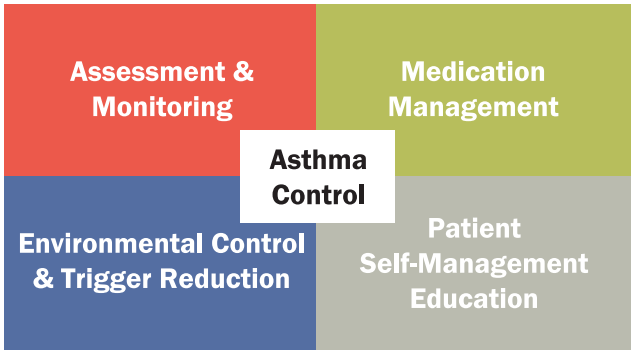
1. Building a Business Case for Reimbursement of Asthma Self-Management Education

By documenting and presenting information on the burden of asthma and the guidelines-based strategies that lend to positive health outcomes and cost savings, the Vermont Asthma Program provided their stakeholders and decision-makers (e.g., DVHA) with the information and justification needed to support and invest in best practice for asthma management and control.

Asthma Burden & Cost: Vermont ranks third in the nation for having one of the highest rates of asthma,[5] affecting about 57,000 adults and 13,000 children in the state.[7] The impact of asthma is significant, posing burden on individuals, families, the state and its health systems. In addition to affecting health and quality of life, asthma is costly. In 2009, asthma led to more than 2,500 ED visits and more than 400 hospitalizations in Vermont, resulting in $7 million in charges to the health care system.[1]

The asthma burden is generally greater among populations with lower income. Vermont adults with a household income less than 125% of the FPL have an asthma prevalence of 22%, which is two times the state average. Furthermore, in 2009 Medicaid beneficiaries accounted for more than 40% of the asthma-related ED visits and more than 40% of the asthma-related hospitalizations among Vermonters less than 65 years of age.[6]

Guidelines-Based Asthma Care & Control: Although asthma cannot be cured, it can be controlled with proper care and management. The National Heart, Lung, and Blood Institute (NHLBI) *Guidelines for the Diagnosis and Management of Asthma* provide evidence-based guidelines for diagnosing, managing, and controlling asthma.[3] Guidelines-based care includes four components to achieve and maintain asthma control: 1) assessment and monitoring of asthma control to adjust therapy accordingly, 2) providing appropriate medication(s), 3) addressing environmental factors that cause worsening symptoms, and 4) providing education to help patients learn self-management skills. Access to all four of these components of asthma care is essential to optimal asthma management.



Barriers to Guidelines-Based Asthma Care

Across the nation, lack of reimbursement has been identified as a primary barrier to delivering asthma self-management education.[8] This holds true in Vermont as well. Evaluation findings from a Vermont Asthma Program quality improvement initiative revealed that ongoing time constraints in combination with our fee-for-service health care system provide little incentive for providers to deliver comprehensive asthma-self management education that is non-reimbursable by health care payers.

Facilitators to Guidelines-Based Asthma Care

Several factors provide cause to expand the Medicaid benefit to reimburse for asthma self-management education, including 1) the CMS revision of the preventive services act 42 CFR 440.130(c), 2) Vermont's certified asthma educator workforce, and 3) data highlighting disparate asthma burden among the Medicaid insured population in Vermont.

- In 2013, CMS updated Medicaid regulations to allow state Medicaid programs to reimburse for preventive services provided by licensed practitioners or professionals deemed qualified that may fall outside of the state's clinical licensure system.[4] The rule change provides states with greater flexibility in defining Medicaid covered services per provider qualifications and the settings in which care is delivered. The updated rule allows state Medicaid programs to reimburse for numerous preventive asthma interventions using non-traditional providers in non-clinical settings. By adopting this rule change, the Vermont Medicaid program would cover community-based asthma services carried out by certified asthma educators, healthy home specialists, and other community health workers deemed qualified according to the state (i.e., DVHA).
- Vermont's cadre of certified asthma educators throughout the state offer a qualified workforce available to deliver comprehensive asthma self-management education beyond the clinic setting. Not only will establishing Medicaid reimbursement for asthma self-management education increase its delivery in the clinic setting, it will expand delivery in the community setting, reinforcing individuals with asthma and their caregivers' knowledge and ability to manage and control asthma.
- To better understand the health care costs associated with asthma and the potential cost savings resulting from increased delivery of asthma self-management education, the Vermont Asthma Program explored their surveillance system for data that would inform their case. The Program used the Behavioral Risk Factor Surveillance System, the Vermont Hospital Utilization Discharge Data, and Vermont's all-payer claims database to analyze asthma burden, asthma-related use of the health system, and asthma-related costs, particularly for individuals eligible or insured by Medicaid. Key findings from these analyses included:
  - Examination of asthma burden within Vermont's Medicaid insured population demonstrated a significant health disparity with greater asthma prevalence, poorer control, and greater use of health services (e.g., ED visits) among Medicaid insured individuals compared to statewide rates inclusive of all payers. The analyses also demonstrated rising health care costs related to poor asthma management among those insured with Medicaid.
  - An exploratory analysis of Vermont's all-payer claims data shed light on existing Current Procedural Terminology (CPT) billing codes for self-management education (98960-62) among private health care payers. The analysis revealed that use of these codes was most often not associated with an asthma diagnosis, suggesting that Vermont providers are not using these codes to support delivery of asthma self-management education. It is not clear whether private payers in Vermont have implemented these CPT codes for asthma. Furthermore, there are no dollars associated with the codes, which may contribute to providers not using these codes to support delivery of asthma self-management education.

Bottom line

Asthma is a significant driver of health care costs, especially among those insured by Medicaid. Prevention strategies and services play an important role in achieving improved health, reduced costs, and improved quality of care. The Medicaid program, the health care system, and Vermonters affected by asthma all stand to benefit from successful prevention strategies, including asthma self-management education.

2. Engaging Key Stakeholders & Decision-Makers

Upon building a business case, the Vermont Asthma Program engaged with key stakeholders and decision-makers critical to implementing Medicaid policy change in Vermont. During several engagements with leadership in DVHA, the Vermont Asthma Program strategically communicated their objective and business case. Regular meetings were established with leadership and staff of the Vermont Asthma Program and DVHA, including DVHA's Deputy Commissioner of Health Services and Managed Care, Clinical Operations Director, and Reimbursement Analysts familiar with Medicaid billing and coding practices. Getting the right mix of people at the table, learning to speak a common language to articulate the objectives of expanding the Medicaid benefit, and demonstrating commitment and perseverance to this initiative were key contributors to sustaining stakeholder and decision-maker engagement, garnering interest, and ultimately, building support to enhance Medicaid reimbursement for asthma preventive services.

3. Defining a Reimbursement Mechanism

The CMS ruling does not specify which CPT billing codes states should use, rather, it is up to each state's Medicaid program to determine which codes are appropriate and to define the requirements for who may be reimbursed for services, the reimbursement rate(s), and the frequency of services. To define these parameters and to inform conversations with DVHA, the Vermont Asthma Program researched other state reimbursement models and approaches to support asthma self-management education. DVHA's Reimbursement Analysts were critical to facilitating this conversation, with their understanding the nuances of the code options identified.

For example, the Program and DVHA discussed the possibility of using CPT codes 96960-62 to support delivery of asthma self-management education, but learned that reimbursement of these codes is bundled with other codes. Both parties agreed a non-bundled reimbursement mechanism would be most effective to increase delivery of asthma self-management education.

With continued engagement, DVHA and the Vermont Asthma Program identified a set of CPT codes (Table 1) and an effective date of January 1, 2016. The CPT codes identified allow for providers to bill for individual and group delivery of asthma self-management education per the time spent providing the counseling, up to 60 minutes. DVHA further defined that all providers must use an asthma diagnosis code when using these CPT codes.

Table 1. Proposed Vermont Medicaid Asthma Self-Management CPT Codes

CPT Code	Definition
99401--99404	Preventive medicine counseling and/or risk factor reduction interventions provided to an individual (e.g., individual asthma self-management education) – 15, 30, 45, or 60 minutes. Must be billed with asthma diagnosis code.
99411 --99412	Preventive medicine counseling and/or risk factor reduction interventions provided in a group setting (e.g., group asthma self-management education) – 30 or 60 minutes. Must be billed with asthma diagnosis code.

4. Next Steps

1. With a billing mechanism determined and an effective date established, the Vermont Asthma Program and DVHA will work together to further define the Medicaid asthma self-management education benefit and submit a state plan amendment to CMS in 2015. This will involve:
   - Defining the asthma self-management education components to be delivered by providers in the individual and group settings, per time-sensitive code (e.g., 15 minutes, 30 minutes).
   - Determining the qualified workforce eligible for reimbursement. This will include defining unlicensed providers and educators, such as certified asthma educators and community health workers, and the training, certification, or competency requirements.
   - Reviewing NHLBI clinical guidelines to determine the appropriate frequency in which providers can deliver and be reimbursed for asthma self-management education (e.g., every 6 months, post-exacerbation, post-hospitalization, etc).
2. The Vermont Asthma Program will continue to promote certified asthma educator training within their programmatic initiatives to ensure a qualified workforce is available to deliver asthma self-management education in the clinical and community settings. For example, the Vermont Asthma Program will promote training among community health workers and home visitors.
3. For the asthma self-management benefit to be effective in improving asthma control and reducing asthma related ED visits and hospitalizations, high utilization of the benefit is essential. Comprehensive asthma coverage will have little impact if individuals with asthma, their caregivers, and providers are not aware of it or don't use it. As a continuation of this benefit expansion initiative, the Vermont Asthma Program will use strategic communications to increase Medicaid provider and beneficiary awareness and use of the benefit (e.g., disseminating information via a direct mailing to Medicaid providers). The Vermont Asthma program will also promote referral processes to qualified workforce for asthma self-management education in the community setting.
4. The Program will also evaluate this initiative to assess outcomes, including cost savings to Medicaid. The evaluation findings will be used to articulate a rationale for educating and encouraging private payers in the state to provide comprehensive asthma benefits to their members as a way to promote guidelines-based care and positive health outcomes.

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