American Heart Association | American Stroke Association

FACTS

Investing In Prevention

Covering Preventive Services in the Medicaid Program

OVERVIEW

The 2010 Patient Protection and Affordable Care Act ("health reform") emphasizes the importance of prevention as a means to improve the quality of life of Americans and increase the value of health services. One health reform provision emphasizes preventive services for the Medicaid population specifically by giving states an incentive to provide U.S. Preventive Services Task Force (USPSTF) Level A and B recommended services as well as vaccines recommended by the Advisory Committee on Immunization Practices to Medicaid enrollees. Effective January 1, 2013, states that provide all of these preventive services without cost-sharing are eligible for a 1% increase in the Federal Medical Assistance Percentage (FMAP).[1,2] Additionally, as of January 1, 2014, Medicaid programs can reimburse for preventive services, including those pursuant to health reform, provided by health professionals other than physicians or other licensed practitioners.

USPSTF - A & B RECOMMENDATIONS

The USPSTF is an independent panel of experts with staff support from the U.S. Department of Health and Human Services that systematically reviews scientific evidence in prevention and evidence-based medicine. The panel is comprised of primary care providers such as internists, pediatricians, family physicians, gynecologists/ obstetricians, nurses, and health behavior specialists. The panel conducts reviews of a broad range of clinical preventive health care services, such as screening, counseling, and preventive medications, and develops recommendations for primary care clinicians and health systems. The USPSTF assigns one of five letter grades to each of its recommendations. A and B recommendations are those that have the greatest amount of quality scientific evidence behind them with significant certainty that the net benefit to patients is moderate or substantial. Examples of such services for cardiovascular disease and stroke include blood pressure monitoring, cholesterol testing and drug therapy, behavioral counseling for a healthy diet, obesity screening, and tobacco cessation programs. The comprehensive list for all A & B preventive services is wide-ranging.[3]

FMAP PAYMENTS

Medicaid is a federal/state partnership program that provides health benefits to certain low-income Americans, including children, their parents, pregnant women, the elderly and people with disabilities. Because Medicaid is a partnership, states and the federal government each have a role paying for the program. The federal government matches the dollars contributed by each state to assist them with Medicaid program expenditures. These matching dollars are referred to as FMAP payments, and the percentage of FMAP a state receives is based upon the state's relative wealth (e.g., lower per capita income states receive higher FMAPs). By law, the federal FMAP payment is set at a minimum of 50 percent of Medicaid costs to a maximum of 83%.[4]

REIMBURSING HEALTH PROFESSIONALS

As of January 1, 2014, the Centers for Medicare and Medicaid Services (CMS) allows state Medicaid agencies to reimburse for preventive services provided by professionals that 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. According to CMS, this reimbursement authority is "another tool for states to leverage in ensuring robust provision of services designed to assist beneficiaries in maintaining a healthy lifestyle and avoiding unnecessary health care costs."[5]

THE IMPORTANCE OF PREVENTION

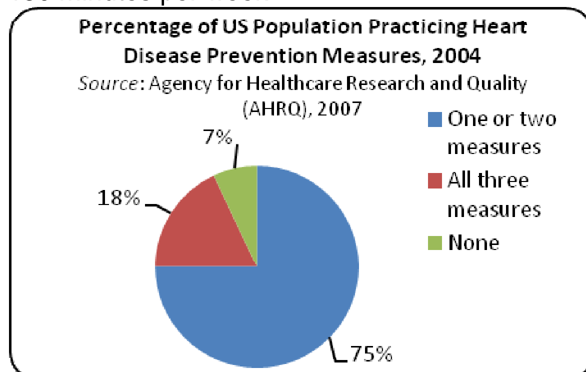
Cardiovascular disease (CVD), including heart diseases and stroke, is the leading cause of death and disability in the U.S.[6] Unfortunately, the disease process can start early in life and is influenced over time by lifestyle behaviors, the environments where people live, work and play, and modifiable risk factors, including smoking, overweight and obesity, unhealthy diet, physical inactivity, high blood pressure, elevated blood cholesterol, and Type 2 diabetes. Several studies support the link between minimizing these risk factors and reducing chronic disease. Highlights of that research include:

- Men and women who lower their risk factors may have 79-82% fewer heart attacks and strokes than those who do not.[7, 8]
- A recent review by USPSTF showed that counseling to improve diet or increase physical activity changed health behaviors and was associated with small improvements in weight, blood pressure, and cholesterol levels.[9]

- A 2010 study showed that comprehensive coverage of tobacco cessation services in the Massachusetts Medicaid program led to reduced hospitalizations for heart attacks and a net savings of $10.5 million or a $3.07 return on investment for every dollar spent in the first two years; it also indicated savings would likely continue to increase as time goes on and the impact of quitting increases. [10]
- As chronic disease risk factors are becoming more common in young adults, there is inadequate assessment, screening and management for cardiovascular disease among this population.[11]

HOW ARE WE DOING?

Although we are placing a greater emphasis on prevention, the U.S. population still has a long way to go to "walk the talk." Only 18% of U.S. adults follow three important recommendedations by the American Heart Association for optimal health: not smoking, maintaining a healthy body weight, and exercising at moderate-vigorous intensity for at least 150 minutes per week. [13]



Additionally:

- In 2009, adult obesity rates rose in 28 states, and in more than two thirds of states, obesity rates exceed 25% of all adults.[14]
- The number of obese preschoolers jumped from 5% to 10% between the late 1970s and 2008.[15] Sadly, research has shown that obese children's arteries resemble those of a middle-aged adult.[16] We are making some progress, however, as recent studies have shown the progression of childhood obesity is slowing in a few major metropolitan areas.[17]
- After years of steady progress, declines in the use of tobacco by youth have slowed, and each day over 3,800 young people under 18 years of age smoke their first cigarette.[18] An estimated 6.4 million of these children can be expected to die prematurely as a result. [19]
- One in three U.S. adults has high blood pressure, but 48% do not have it under control.[6]
- A sedentary lifestyle contributes to coronary heart disease (CHD) but about 50% of U.S. adults do not get the recommended amout of physical activity every week.[6]
- At least 65% of people with Type 2 diabetes die from some form of heart disease or stroke.[6] Unfortunately, diabetes prevalence increased 90% from 1995-1997 to 2005-2007.[20]
- Over 43% of U.S. adults have unhealthy total cholesterol levels of 200 mg/dL or higher.[6]

THE ASSOCIATION ADVOCATES

The American Heart Association supports coverage of preventive benefits in private and public health insurance plans. The AHA encourages states to cover CVD-related USPSTF A and B benefits under Medicaid* without cost sharing and achieve the 1% federal payment increase. A and B-level USPSTF CVD services are listed at: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm The Association also encourages states to expand access to preventive services by utilizing non-licensed providers where appropriate and monitor which types have proven most effective.

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[1] Public Laws 111-148 & 111-152. Patient Protection and Affordable Care Act. Section 4106.
2 CMS Letter to State Medicaid Directors., February 1, 2013. Available at: http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf
[3] *See* USPSTF A and B Recommendations. August 2010. U.S. Preventive Services Task Force. http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
[4] Section 1905(b) of the Social Security Act.
[5]Office of the Secretary, Health and Human Services Department, Centers for Medicare & Medicaid Services (2013). *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, Final Rule;* vol 78 (#135).
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18 U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.
[19] Healthy Youth! Health Topics: Tobacco Use. Available at www.cdc.gov/HealthyYouth/tobacco/. Last reviewed November 7, 2007
[20] CDC. State-specific incidence of diabetes among adults – participating states. 1995-1997 and 2005-2007. *MMWR.* October 31, 2008; 57(43).