Appendix B

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CMCS Informational Bulletin

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SUBJECT: Update on Preventive Services Initiatives

This informational bulletin highlights exciting opportunities to enhance the provision of preventive services to Medicaid-eligible individuals.

Scope of Providers

On July 15, 2013, the Centers for Medicare & Medicaid Services (CMS) published its final rule (CMS-2334-F) entitled, "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." In this final rule, we revised our regulatory definition of preventive services at 42 CFR 440.130(c) to be consistent with the statutory provision at section 1905(a)(13) of the Act that governs preventive services. In particular, the statute at section 1905(a)(13) indicates that services must be "recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law…" By contrast, our former regulation at 42 CFR 440.130(c) indicated that, "Preventive services means services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice…"

Accordingly, we revised 42 CFR 440.130(c) to accurately reflect 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. This rule change is effective January 1, 2014 and applies to preventive services, including preventive services furnished pursuant to section 4106 of the Affordable Care Act.[1]

[1] Section 4106(b) of the Affordable Care Act established a one percentage point increase in the federal medical assistance percentage (FMAP) effective January 1, 2013, to be applied to expenditures by states that cover, without cost sharing, preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). In addition, effective January 1, 2014, the law requires that Alternative Benefit Plans for beneficiaries, including individuals in the new adult eligibility group, cover preventive services described in section 2713 of the Public Health Service Act (PHSA) as part of the set of Essential Health Benefits. The PHSA preventive services in Section 2713 include the preventive services authorized for increased match under section 4106 of the Affordable Care Act. For more information, see http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf.

Since 42 CFR 430.10 requires state plans to be comprehensive written statements describing the nature and scope of a state's Medicaid program and contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for Federal financial participation (FFP), states must include in their SPA a summary of practitioner qualifications for practitioners who are not physicians or licensed practitioners. The summary should include any required education, training, experience, credentialing or registration. This approach is similar to our long-standing approach for providers and practitioners of state plan rehabilitative services. We are available to provide technical assistance to states.

We see this change to the scope of providers authorized to furnish preventive services as 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.

HIV Screening

On July 15, 2013, President Obama issued an Executive Order creating the HIV Care Continuum Initiative.[2] The Initiative is a response to recent data showing that only 25% of people living with HIV in the United States have the virus under control, and nearly 20% are unaware of their HIV infection.

Medicaid is a key source of care for people with HIV and AIDS, with nearly half of those with HIV in regular care covered by Medicaid.[3] We highlighted the options for coverage of screening for HIV in a June 24, 2009 letter to state Medicaid directors.[4] Currently, according to the Kaiser Commission on Medicaid and the Uninsured, about 30 states cover HIV tests as routine screening, with another 19 states providing coverage as medically necessary.[5]

Consistent with this Executive Order, we wanted to highlight a recent change in recommendations around screening for HIV. The United States Preventive Services Task Force (USPSTF) recently changed their recommendations on routine screening. As of April 2013, the USPSTF recommends that clinicians screen adolescents and adults aged 15 to 65 years at least once for HIV infection.[6] This is a grade "A" recommendation, meaning that there is a "high degree of certainty that the net benefit is substantial."[7]

USPSTF recommendations are cited in multiple Medicaid coverage policies, such as the increased Federal Medical Assistance Percentage (FMAP) for states that provide full coverage to specified preventive services without cost sharing, including all services that are assigned a grade A or grade B recommendation from USPSTF.[8] As highlighted in the letter to State Medicaid Directors issued on February 1, 2013, states claiming this increased FMAP should update their coverage and billing codes to comply with any revisions to USPSTF recommendations over time. While CMS will not

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[2] http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative
[3] http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8218.pdf
[4] http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO062409.pdf
[5] http://kff.org/hivaids/fact-sheet/state-medicaid-coverage-of-routine-hiv-screening-2/
[6] http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm#summary
[7] http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec
[8] SMD #13-002, http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf

alert states to every change in the USPSTF recommendations, we wanted to highlight this change in the context of the Presidential Executive Order.

We urge all states to consider the health impact of the nearly one in five Americans with HIV who have not been diagnosed, and the impact of this unseen part of the epidemic on the health of the American people. As a health program, we know you share our commitment to respond to this ongoing epidemic, and that providing coverage for routine screening of HIV consistent with the new recommendations of USPSTF, is an important step to changing the course of this epidemic. We urge you to consider aligning with the new USPSTF recommendations for routine screening.

Learning Opportunities

This fall, CMCS is kicking off the Medicaid Prevention Learning Network, a new opportunity for enhanced technical assistance from CMS to help states improve access to and quality of preventive services in Medicaid and CHIP. Additional information about the Learning Network is available on the Prevention page of Medicaid.gov.[9] If you have any questions or would like to join the network, please contact Mary Beth Hance at 410-786-4299 or MedicaidCHIPPrevention@cms.hhs.gov.

We hope this information will be helpful. Questions about this bulletin may be directed to Barbara C. Edwards, Director, Disabled and Elderly Health Programs Group at 410-786-7089.

[9] http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html