MACPAC

Medicaid and CHIP Payment and Access Commission

Medicaid and Population Health Issues: Next Steps

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Overview of Population Health Presentation

- Define population health
- Describe current Medicaid vehicles for promoting population health
- Describe new ACA provisions
- Present two areas for Commissioner discussion
  - encouraging or mandating coverage of preventive services
  - improving data collection and measure development

Population Health: Definition

- The health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services" (NRC 2003).

Population Health Initiatives for Purposes of the June Report Chapter

- Non treatment-oriented services that Medicaid can provide that promote, improve, and maintain overall health of enrollees, while improving the health of the population overall.

Ways Current Medicaid Programs Can Promote Population Health

- Provide preventive benefits
- Counsel and educate people to maintain healthy lifestyles
- Provide incentives for providers to encourage healthy behaviors and practices
- Improve the built environment to reduce health hazards
- Address social determinants of health, and
- Provide non-medical services or goods by non-traditional or non-medical providers.

Current Medicaid Vehicles for Providing Population Health Benefits

- Mandatory or optional state plan benefits
- EPSDT
- Waivers and demonstration programs
- Use of administrative funds
- Enhanced pregnancy benefits
- Managed care contracts
- Referrals to non-traditional providers for services

ACA Population Health Benefits

- Mandated preventive benefits:
  - immunizations for routine use (ACIP recommended)
  - for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by HRSA
  - For women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA
  - evidenced-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the USPSTF

ACA Population Health Benefits (continued)

- Mandated preventive benefits:
  - public awareness campaigns on the availability and coverage of preventive services
  - incentives to Medicaid beneficiaries to participate in prevention programs and adopt healthy behaviors
  - funding for state-based demonstrations and grants to improve vaccination rates
  - state-level grants for the development and evaluation of Medicaid initiatives promoting behavioral change
  - 1 percent FMAP increase for states that provide all mandated preventive services

Issue 1: Promote Medicaid Preventive Benefits Background

- ACA mandated benefits apply to the new adult group, but not to existing Medicaid programs.
- Current Medicaid preventive benefits are not well defined:
  - lack of detail in Medicaid provider information about which some age groups get some services but not others, e.g., “age appropriate” is not defined
  - confusion about which preventive services are medically necessary

Issue 1: Possible strategies for increasing preventive service use by Medicaid enrollees

- Cover all Medicaid enrollees for all ACA-mandated services (including preventive services)
- Advocate for improving education of beneficiaries about their rights to specific preventive services
- Promote methodologies to make it easier to claim 1 percent FMAP increase
- Ask CMS to provide more detailed guidance on "medically necessary" and relationship to preventive services
- Require reporting of selected preventive services in addition to what is required now

Issue 2: Improve Data and Measures
Background

Data are needed to identify populations with poor health and social determinants of health.

- Need data on overall health status, specific components of health for different groups, social determinants of health, environmental determinants, and health care utilization.

- Currently Medicaid data to do this that allows for state comparisons are not available.

Issue 2: Improve Data and Measures Major Medicaid Datasets

- MSIS/MAX (and soon T-MSIS)
- CMS Form 416 EPSDT Reporting Data
- National health surveys
- Behavioral Risk Factor Surveillance System (BRFSS) (Medicaid indicator coming soon)
- Medicaid Consumer Assessment for Medicaid Health Plans (CAHPS) (coming soon)

Issue 2: Improve Data and Measures Strategies for Improving Collection of Data

- Support work on refining and improving Medicaid administrative data
- Support work on creation of sub-national Medicaid indicators
- Support efforts to improve the quality of CMS Form 416 measures

Issue 2: Improve Data and Measures Strategies for Improving Collection of Data (continued)

- Add more Medicaid-specific questions be added to existing national surveys, particularly those at the sub-national level
- Create a Medicaid Current Beneficiary Survey
- Fund creation of better health status indicator development for Medicaid subpopulations
- Work with state Medicaid programs and stakeholders to promote the importance of collecting population health data and data on determinants of health