

CMS Expands Types Of Practitioners Providing Medicaid Preventive Services

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CMS widened the scope of providers under Medicaid that could provide -- and be reimbursed for -- preventive services beyond physicians and other licensed practitioners at a state's discretion, which some stakeholders said could be very beneficial for retail clinics and other non-primary care providers like urgent care clinics.

In a Nov. 27 bulletin, CMS said it revised language in a final rule that addressed, among other things, alternative benefit plans so that "preventive services may be provided, at state option, by practitioners other than physicians or other licensed practitioners" if recommended by a doctor or other licensed practitioner. The rule change is effective Jan. 1, and applies to preventive services, including those preventive services that receive a higher matching rate under the Affordable Care Act.

It's a complicated process to align codes with certain types of providers, one state Medicaid expert said. But that they don't have to be licensed to get the enhanced matching rate is helpful, and these providers are cost-effective for Medicaid programs.

The state Medicaid expert said a handful of states have been looking at this closely, and welcome the opportunity to move forward. The issue is not front-and-center for all states at the moment, but it is something that states are likely to turn back to, the expert said, as it comes into play when states are designing alternative benefit packages.

The CMS bulletin says that states must include in their state plan amendments a summary of qualifications for practitioners who aren't physicians or licensed practitioners. CMS said the summary should include required education, training, experience, credentialing or registration

"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 costs," CMS' bulletin says.

Jamie Ware, policy director at the National Nursing Centers Consortium, said CMS is opening up a new way for certain providers to get reimbursement for work they are already doing, but still leaving the states in control. NNCC CEO Tine Hansen-Turton added that one of the reasons this provision was included in the ACA was to make sure providers were not excluded, and the system will need as many providers as possible once people obtain coverage. This clarification helps get the system ready for the new population who will be seeking services, Hansen-Turton said.

Hansen-Turton said this is very important for retail clinics and other non-primary care providers that do a lot of work with prevention.

CMS released a new report Dec. 3 that says over 1.46 million people have been determined eligible to enroll in Medicaid or CHIP during October through Medicaid and CHIP agencies and the exchanges ([see related story](#)).

CMS' bulletin also announced that CMS is starting a Medicaid Prevention Learning Network this fall. The agency said the network is an opportunity for enhanced technical assistance from CMS to help states improve access and the quality of Medicaid and CHIP preventive services. -- *Michelle M. Stein* (mstein@iwpnews.com)