Welcome to the Webinar
Effective Strategies for Obtaining Reimbursement

Featuring:

Dr. Floyd Malveaux, Executive Vice President and Executive Director the Merck Childhood Asthma Network, Inc.

Deirdra Stockmann, Presidential Management Fellow and Health Insurance Specialist
Centers for Medicare and Medicaid

Kim Harris Tierney, Asthma Program Manager
Multnomah County Oregon’s Environmental Health Services

Thursday, February 13, 2014
Webinar 2:00 – 3:00 p.m. EST
Live online Q&A 3:00 – 3:30 p.m. EST on AsthmaCommunityNetwork.org
Poll Question

What type of organization do you represent?

- Federal, State or Local Agency: 38%
- Health Insurer: 4%
- University or Research Institute: 10%
- Community Asthma Program: 21%
- Other: 27%
Poll Question

Has your program ever provided or received reimbursement for asthma care services?

- Not Applicable 21%
- No, and we don’t know where to start 31%
- Yes, but it’s new for us 7%
- Yes, we’ve been giving or receiving reimbursement for years 10%
- No, but we’re trying to get this started 31%
Using Evidence to Make the Case for Expanded Reimbursement of Asthma Services

Floyd J. Malveaux, M.D., Ph.D.
Executive Director
Merck Childhood Asthma Network, Inc.
(202) 326-5200
floyd_malveaux@merck.com
The Merck Childhood Asthma Network, Inc. (MCAN) enhances the quality of life for children with asthma and their families, and reduces the burden of the disease on them and society by:

- Improving **access to and the quality of asthma healthcare services** for children, especially those who are vulnerable and medically underserved

- Advocating for **policies** that expedite implementation, dissemination and sustainability of science-based asthma care

- Increasing **awareness and knowledge** of asthma and quality asthma care

MCAN is a nonprofit 501(c)(3) organization established in 2005 and funded by The Merck Foundation
Asthma Highest Among Minority Children, Prevalence Largely Not Improving Over Time

Current Asthma Prevalence, Children Aged <18, by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Prevalence / Percent Change (%)</th>
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</thead>
<tbody>
<tr>
<td>All Children</td>
<td>10.3</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>-1.2</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>49.1</td>
</tr>
<tr>
<td>Other Non-Hispanic</td>
<td>18.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.5</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>-13.3</td>
</tr>
<tr>
<td>Mex./Mex-Am.</td>
<td>29.4</td>
</tr>
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We Know Enough To Do Better: The Childhood Asthma Evidence-Base

- **1990—1997** National Cooperative Inner City Asthma Study (NCICAS) concludes
- **1999** NCICAS Phase II results published
- **1996—2004** Inner City Asthma Study (ICAS) concludes/published
- **2003—Present** Inner City Asthma Consortium (ICAC)
- **2007 – 2010** ARC releases series of reports: business cases and analysis of coverage by insurers
- **2011** CDC releases Community Guide
Evidence-Based Interventions Can Improve Care and Lower Costs

- Potentially be “translated” and successfully integrated into health care systems and multiple communities
- Enhance empowerment to increase knowledge, confidence, and change negative life style behaviors
- Help family members participate in treatment decisions and successfully navigate complex health care system

Evidence-based interventions can:

- Potential clinical outcomes
- Closing gaps in asthma outcome disparities
- Reducing asthma morbidity and enhancing quality of life
Evidence-based interventions (EBI) deemed efficacious within clinical or community-based trials are often multi-level interventions and are not easily translated into routine practice.

Context is important and EBI are rarely transferable without adaptations to specific settings; partnerships and varied approaches are essential.

Implementation research should address the level to which health interventions can be integrated into real-world public health and clinical service delivery systems – *policy changes* may be needed.
Funded by the Merck Childhood Asthma Network and led by The George Washington University School of Public Health and Health Services and First Focus, the Coalition includes a cross-section of experts from a range of fields including housing, environmental health, health care delivery, health economics and public policy.

**Goals of the Coalition include:**

- Ensuring the availability of stable and continuous health insurance for children with asthma
- Developing high-quality clinical care, case management and asthma education for all children
- Reducing asthma triggers in homes and communities
- Creating a nation-wide strategic plan for asthma research to develop new and effective treatments
- Identifying new opportunities to improve asthma care that arise from the implementation of the Affordable Care Act
Significance of CMS Ruling Will Improve Quality of Asthma Care

- CMS ruling which will now pay for healthcare provider-recommended preventive services delivered by qualified individuals is important to sustaining EBI and preventive services

- Qualified asthma educators/counselors, community health workers, and healthy homes specialists can:
  - Educate families to manage better the condition through targeted and preventive service interventions in healthcare and community settings as well as in the home

- CMS ruling will support adherence to asthma guidelines and improve quality of asthma care, especially among high-risk individuals/families

- A business case can be (and has been) made for implementing preventive services
Improving Access to Preventive Services in Medicaid and CHIP

Deirdra Stockmann, Ph.D.
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
Medicaid Overview

• The Center for Medicaid and CHIP Services is the nation’s largest insurer: over 60 million rely on Medicaid and CHIP

• Joint state-federal program

• 40% of births

• One of every four children

• More low-income adults to come
The Center for Medicaid and CHIP Services supports state efforts to improve access to and quality of preventive services

- Medicaid Prevention Learning Network
- Rule regarding providers of preventive services
- Webpage: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html
- TA mailbox: MedicaidCHIPPrevention@cms.hhs.gov
Medicaid/CHIP and Asthma Care for Children

• Early and Periodic Screening, Diagnosis and Treatment (EPSDT) = the Medicaid benefit for children and adolescents
• States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions
• More information: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html
Scope of providers of preventive services

- Final rule 07/15/2013 (CMS-2334-F)
- Revised 42 CFR 440.130(c) to reflect the statutory language that preventive services may be provided, *at state option*, by practitioners other than physicians or other licensed practitioners as long as they are *recommended* by physicians or other licensed practitioners
- States opting to make a change to their state plan will submit a State Plan Amendment (SPA) that includes
  - summary of practitioner qualifications for practitioners who are not physicians or licensed practitioners
Considerations for action

- Build relationships and partnerships
- Understand that State Medicaid Agencies and staff are very busy with many program changes
- Identify evidence-based best practices and data that show the value of asthma home health educators and home visits
Multnomah County Healthy Homes and Families Programs
Investing in Best Practices

Kim Tierney, Program Supervisor, Healthy Homes and Families
Multnomah County Environmental Health, Portland, Oregon
Multnomah County Healthy Homes and Families Programs

- **Location**: Portland, Oregon
- **Type**: County Government
- **Service Area**: 466 sq miles
- **Population Served**: 759,256 people
- **Key Players**: Portland Housing Bureau, Weatherization Program, Lead Hazard Programs, Healthy Homes Coalition, City of Portland, Community Social Service Agencies, Remediation Subcontractors
How Healthy is Your Home?
Is your home making your child sick?
Two Successful Programs

- **Healthy Homes Asthma Program**
  - 6 month nursing case management program serving low income children with asthma
  - Nurse serves as case manager; CHW provides environmental interventions
  - Both refer and link to community services
  - Program is largely funded through Targeted Case Management through Medicaid. *2005 HUD Demonstration Grant*

- **Community Asthma Inspection Referral Program (CAIR)**
  - 6 month multidisciplinary team approach, case manager is a CHW
  - Serving low income children with asthma & other env health conditions
  - Medicaid reimbursement as Targeted Case Management for encounters for the Nurse, CHW and Environmental Health Specialist interventions
  - 2010 HUD Healthy Homes Demonstration Grant
Healthy Homes Program

• Multidisciplinary team with a nurse case manager and CHW

• Provision of supplies including vacuum cleaners, green cleaning kits, encasements

• Environmental education & behavioral intervention

• Linkage and referral to community partners who assist with weatherization or relocation

• Evaluation component that drives quality practice change and defined outcomes
Healthy Home Program Results

Cost Savings ED Utilization for 100 children (80 cases + 20 siblings)
• 1.0 visits reduction per child
• 105 prevented visits
• $760*105 = $79,800 (2009 dollars)
• Adjusted for Oregon medical inflation rate (8%) for four years = $108,567 (2013 dollars)

Cost Savings Hospitalization
• (105 visits x 38%) x $8,970 (2010 hospitalization visit cost) = $941,850 (2010 dollars)
• Adjusted for medical inflation rate = $1,281,377 (2013 dollars)

Parental Lost Wages
• $285 per day in lost wages in 2003 dollars with applied inflation at 3.2% = $390 per day x 2.5 days lost per asthmatic child = $976 (2013 dollars) 976 *100 = $97,600

*65 visits x $760 (Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2009.)
**Hospitalization admissions per emergency department referral for children 0-5 with an asthma diagnosis are 38% from Multnomah County discharge data
CAIR Program

• Multidisciplinary team with a CHW case manager
• Out-stationed staff at Community Agencies
• Web based referral and data system
• Partners to provide home repair
• Partners to provide medical homes
• Broader health issues than just asthma
• Addressed the needs of the whole family
• Expanded interventions – Air Quality, Safety, Hazards
HUD CAIR Program Results – 150 cases

Cost Savings - ED

- 0.50 visits reduction per child
- 76.5 prevented visits
- $760* 76.5 visit = $58,140 (2009 dollars)
- Adjusted for Oregon medical inflation rate (8%) for four years = $79,098 (2013 dollars)

Cost Savings Hospitalization

- (76 visits x 38%**) x $8,970 (2010 hospitalization visit cost) = $260,130 (2010 dollars)
- Adjusted for medical inflation rate = $327,689 (2013 dollars)

Parental Lost Wages

- $285 per day in lost wages in 2003 dollars with applied inflation at 3.2% = $390 per day
  x 2.5 days lost per asthmatic child = $975 (2013 dollars) - 150 X 975 = $146,250

*31 visits x $760 (Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2009.)
**Hospitalization admissions per emergency department referral for children 0-5 with an asthma diagnosis are 38% from Multnomah County discharge data
Physical Remediation

Portland Housing Bureau-
Portland Development Commission Lead Hazard and Abatement Program
Small Rental Rehab Program
Relocation Program
Multnomah County Weatherization
Community Energy Project
Metro – Green Cleaning Kits

HUD – City of Portland
Healthy Homes and Lead Hazard Abatement Grant

Medical Partners
Multnomah County Health Dept.
ICS Clinics
Lead Prevention Program & Immunization Program

Advisory Committee-
Healthy Homes Collaborative

Social Services Partner/Referring Agencies
Human Solutions
Self Enhancement Inc - SEI
Community Alliance of Tenants – CAT
Impact Northwest
Friendly House
IRCO
Metro Multifamily Housing
Housing Authority of Portland

Subcontractors -
Human Solutions
Self Enhancement Inc
Out-stationed Remediation Specialist
**Looking Back: Our Story**

<table>
<thead>
<tr>
<th>Our Goal:</th>
<th>Create Sustainable Funding for Healthy Homes Interventions</th>
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<tr>
<td>Our Approach:</td>
<td>Amend the State Health Plan to provide Targeted Case Management reimbursement for Healthy Homes and opportunities for other Health Departments to provide this service</td>
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Our Steps to Obtain Reimbursement

1. Convened the directors of Managed Care Plans and politicians
2. Communicated our return on investment
3. Identified a champion within Oregon Division of Medical Assistance Programs (DMAP) to help carry our work forward
4. Researched national efforts
5. Adapted core TCM functions to Healthy Homes
6. Identified key steps to implementing a TCM
Our Steps to Obtain Reimbursement

7. Developed a plan and timeline and coordinated monthly meetings with DMAP staff
8. Submitted a State Plan Amendment (SPA) waiver to Center for Medicaid Services
9. Implemented immediate time study
10. Analyzed policy to determine billable activities
11. Negotiated rate with DMAP
12. Began TCM!
Investing in Best Practice for Asthma:
A Business Case for Education and Environmental Interventions

Direct Advocacy

Educating and influencing decision makers on public policy.

Original material written by Polly Hoppin and Molly Jacobs, University of Massachusetts Lowell and Laurie Stillman, Asthma Regional Council of New England. Additions from the Multnomah County Environmental Health Services Healthy Homes Program, Portland, Oregon.
3 Recommended Strategies to Prepare for Reimbursement

✓ Calculate Your Program’s Return on Investment.
  Collect Data
  • Emergency Room Visits
  • Hospitalization
  • Medication Ratio
  • Change in Environmental Scores
  • ACT or TRACK Scores
  • Quality of Life questions
  • Work or School Days lost

✓ Develop your value proposition.
✓ Approach either Medicaid or Managed Care Organizations with a viable business model.
The CAIR Value Proposition

• Participants over 2 ½ times less likely to use ER after the intervention

• Approximately $553,037 is saved annually in hospitalization, ER visits and work days lost as a result of serving 153 children through the $875,000 HUD Healthy Homes grant.

• 68% direct return on the CAIR program investment
Healthy Homes Value Proposition

• Participants were over 5 1/3 times less likely to use ER after intervention

• Savings of approximately $1,389,944 annually in hospitalization and ER visits is estimated for the 100 children served annually

• Savings represents more than a 1 to 1 direct return of the Healthy Homes’ program investment
Our Team

Lila Wickham, RN – Our Leader
  Kim Tierney, Program Supervisor
  Kari Lyons Eubanks, MPH, Policy
  Diane Drum, RN, AAE, Lead Nurse
  Mark Adams, Fiscal
Healthy Homes– Maria Rodas, Helen Rodman, RN
CAIR Staff – Jeff Strang, EHS Susi Cardenas,
  Helen Kidane, Jenny Mosher, Diane Drum
Clyde Dent, PHD, Principle Investigator
City of Portland – Andrea Matthiessen
Questions and feedback:

Kim Harris Tierney

Kim.H.Tierney@multco.us
503 988 3663 x 22850

http://web.multco.us/health/healthy-housing
Poll Question

What actions will you prioritize for your program?

- Connect with a local/state agency to discuss reimbursement: 24%
- Research reimbursement opportunities in my state/county: 35%
- None of the above: 8%
- Contact health plans servicing Medicaid recipients: 14%
- Review value proposition on the AsthmaCommunityNetwork.org: 19%
- None of the above: 8%

39
Continue the Conversation

Podcasts
You are here: Asthma Community Network Home » Podcasts

Podcast Series: Asthma Community Network – Conversations for Advancing Action

Resource Bank
You are here: Asthma Community Network Home » Resource Bank

463 Resources Match Your Request. Showing Resources 1 - 10:

1. Air Cleaners: Filtering Facts
   Allergy & Asthma Network Mothers of Asthmatics
   Article posted in Allergy & Asthma Today Magazine, Winter 2013
   Community Health/Outreach Worker Tool, English, Document (.pdf, Word, Excel)
   Education/Outreach Materials, Housing, Other

2. FlowBrush Asthma Surveillance Telemedicine (FAST)
   The FlowBrush™ is the latest asthma monitoring technology developed to assist asthma
   patients. The FlowBrush Asthma Telemedicine (FAST) is a national program

Value Proposition
You are here: Asthma Community Network Home » Tools » Value Proposition

QUESTION: What’s an effective way of talking about your program’s impact and to obtain funding?

ANSWER: By describing your program’s financial value - using real program costs and health care savings.

Hear a success story to inspire you and show you how it can be done. Steve Conti, Director of Disease Management, Seton Asthma Center.

Value Proposition: Understanding the Key Components

Get Started Now
Create your Value Proposition using [link]
Conclusion of the Webinar

Effective Strategies for Obtaining Reimbursement

**Moderator:** Brenda Doroski, U.S. Environmental Protection Agency

**Presenters:**
- **Dr. Floyd Malveaux,** Executive Vice President and Executive Director the Merck Childhood Asthma Network, Inc.
- **Deirdra Stockmann,** Presidential Management Fellow and Health Insurance Specialist Centers for Medicare and Medicaid
- **Kim Harris Tierney,** Asthma Program Manager, Multnomah County Oregon’s Environmental Health Services

Post your questions now on AsthmaCommunityNetwork.org