

**“Asthma Community Network – Conversations for Advancing Action” Podcast Series**

**Episode 8 – Preparing for Reimbursement: A Conversation with Dr. Stephen Cha, Chief Medical Officer, Center for Medicare and Medicaid Services**

**Narrator:** Welcome to “Asthma Community Network – Conversations for Advancing Action” – a podcast series from AsthmaCommunityNetwork.org, an online Network designed for people committed to improving asthma outcomes in their community. This podcast series shares best practices for reducing the impact of asthma through delivery of comprehensive, community-based care, especially in underserved communities. In these podcasts you’ll learn about strategies for managing effective program delivery systems, addressing environmental triggers, and leveraging community assets through partnerships.

Today’s episode features Dr. Stephen Cha, the Chief Medical Officer for the Center for Medicaid and Children’s Health Insurance Program Services at the Centers for Medicare and Medicaid Services.

Dr. Cha discusses changes to our country’s approach to health and preventive care and new opportunities for reimbursement for states and community programs under Medicaid and the Affordable Care Act.

**Dr. Stephen Cha:** I am a primary care doctor. I see patients. I remember a couple weeks ago seeing someone with asthma who we had to send to the ER again. When I see patients like that, I see how we frankly failed that patient in so many respects.

**Narrator:** Dr. Cha is a medical doctor who has treated patients with severe asthma, and he is well aware of the opportunity a preventive approach offers patients.

**Dr. Cha:** Asthma is something that we know we can do a better job if we really take the steps that we need to ensure that asthma’s under proper control. And when we have to send the patient to the ER, there’s almost always something we could’ve done earlier in the game. And I think we’re looking for those areas where we can do something earlier in the game.

Sometimes, that means thinking about delivering better care in terms of how we can improve the medication delivery for that patient.

Sometimes, that means ensuring that we have some sort of case-worker or case-manager to think about making sure that they get their meds. Making sure that they have a stable home environment where they can actually take their meds in peace.

Sometimes, it also means – maybe this is where partnerships come – how can we think about working together to ensure that this patient has the best kind of environment that can support the best asthma care possible?

**Narrator:** And what is your view on the role of the environment in comprehensive asthma care from a treatment, as well as a reimbursement, perspective?

**Dr. Cha:** I certainly see time and time again where this is a key factor in terms of thinking about what's happening in the lives of our patients.

I think that we, again, want to think about how we can link together with other resources, and partner to provide that same set of services to provide everything that beneficiary needs.

And I think that sometimes it does mean we should think about experimenting where we can, pick up some more services that might not be considered traditional, and I think we are exploring some of those.

I think that we are, in fact, trying to lean forward more in terms of thinking about providing more flexibility to our states in terms of thinking more holistically, and more broadly about the kind of services they provide.

**Narrator:** Medicaid is a joint state-federal program. Together, Medicaid and the Children's Health Insurance Program provide health coverage to more than 43 million children, including half of all low-income children in the United States. Medicaid and the Children's Health Insurance Program play a significant role in the improvement of the health of our populations.

Could you describe the Centers for Medicare and Medicaid Services' vision for preventive healthcare services? What is changing about how our country is now approaching health and preventive care?

**Dr. Cha:** Sure. At CMS we have been very focused on trying to think about how we can improve the delivery of healthcare in all respects for our beneficiaries. And, in particular, we're trying to think about how we can work together, across all boundaries to really think about delivering the best services and a seamless set of services for our beneficiaries, wherever they are.

I think we also talk about this better health, better care at lower costs. And I think it's important to remember that, even when we think about this idea of better health, better care at lower costs, it's always about the better health of a population. That's really what we're after, and we need every tool in the toolbox. And we want to think about how we can actually affect true change for the health of our populations in the most efficient way possible.

I think that sometimes means leveraging resources across silos, I think that sometimes it means partnering across silos, and I think we're committed to those collaborations wherever we can find them.

**Narrator:** And can you explain the new ruling that allows for Medicaid reimbursement of nonmedical providers in the delivery of preventive services?

**Dr. Cha:** So, this is a new rule that was issued in July 2013. It's designed to align our regulations at 440.130 with a new statute in the ACA.

And I think the bottom line here is that for a long time we only paid for providers of services if they were licensed by the state. And I think through a series of conversations with stakeholders and a lot of inquiries directly from states, we came to understand that there are a lot of impressive, great programs out there that rely on providers of preventive services who are qualified to provide those services but happen not to have a license.

So the point of this rule is to say that the state can provide evidence of qualifications in other ways; that licensure is not the only bar that determines whether someone is qualified to deliver a preventive service. There still needs to be a preventive service involved. This is not a free-for-all.

And there still needs to be some demonstration of robust qualifications by the state. But I think this is a significant step forward for us to say, state licensure is not the only way that you might demonstrate that someone can provide a particular service.

We have not had a state coming to us to talk about this yet. But we're interested in having those conversations with states, and we want to think about how we can use this in the most productive and most efficient, and most impact-worthy fashion to really expand the scope of how we can support prevention.

**Narrator:** Which components of the Affordable Care Act do you think community asthma programs should know about?

**Dr. Cha:** I think there are multiple. I think that there's specific provisions, like the healthy homes provision, which allows for a nine-ten match for programs that provide enhancement of home services for patients with chronic illnesses.

I think that's an incredibly important one for people to be aware of, but I think even more so there are multiple provisions across the ACA that stitch together to create a sense of directionality for what CMS is trying to do right now and additional actions that CMS is taking post-ACA to really think about how we can support delivering payment reform – how we can transform the health system to make it as effective and efficient as possible.

**Narrator:** With the continuing roll out of the Affordable Care Act, we are currently experiencing an historic transformation of our Medicaid program.

Given how busy many state Medicaid agencies are right now, what do you see as the key pieces of information programs should be equipped to present to Medicaid agencies and/or Medicaid-managed care plans?

**Dr. Cha:** The key pieces would be, number one: evidence of the insights that can impact of problem on how many asthma hospitalizations are there? Some of the data that all of the advocates know so well, and I think localized to that state in an environment is especially key.

The second piece is to pull from the existing literature about the effectiveness of some of these interventions that you all are considering. Think about: what is the affect size that you mentioned? Say that it might be possible in that state given those numbers.

And the final thing I think is key, and that is: what is the potential return on investment for the investment here? What's the potential in terms of thinking about the gains that could be gained by reducing those hospitalizations, as compared to the cost of the program that's being proposed?

I know there are a lot of programs out there, some ranging from enhanced case management all the way up to a full-on environmental home remediation. I think for each of those, it's going to be a slightly different regulatory challenge for us, but I think that at the end of the day, the more that you can build the case for why this is something that the state Medicaid program's going to want to do, I think this is a great time to be building those cases to be able to make that pitch soon.

**Narrator:** Finally, what's the one key message you would like to leave with our community asthma programs listening today?

**Dr. Cha:** This is absolutely a direction that we're committed to. And I think that we should spend this time to think about how we can best use some of these new authorities, new regulations, new flexibilities.

At the same time, I think it is incumbent upon all of us to really be very strict about the evidence that we have, and as strict about the cases that we can build in terms of thinking about how we can best achieve issues we have.

And most importantly, when we're thinking about that, to really think about the partnerships that we can build across the silos to deliver the best care that we can for the beneficiaries that we all share together.

I think it's through those partnerships and through those connections between silos or across silos that we really can think about delivering care in a new way, and delivering care in a different way, and delivering care in a better way.

And I think that's what we're all after at the end of the day.

**Narrator:** Dr. Cha, thank you for joining us today and sharing these insights.

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*Episode Transcript*

*Script: Episode 8 – Preparing for Reimbursement: A Conversation with Dr. Stephen Cha, Chief Medical Officer,  
Center for Medicare and Medicaid Services*

And for our audience, to learn more about describing your return on investment and value proposition, visit [www.asthmacommunitynetwork.org/valueproposition](http://www.asthmacommunitynetwork.org/valueproposition).

Or for additional resources and to hear other podcasts in this series, visit [asthmacommunitynetwork.org/podcasts](http://asthmacommunitynetwork.org/podcasts).

And for more information on asthma management, go to [AsthmaCommunityNetwork.org](http://AsthmaCommunityNetwork.org) – an online Network for people committed to improving asthma outcomes in their community.