

# Preventive Services in Health Care Reform Opportunities for WIC and Partners

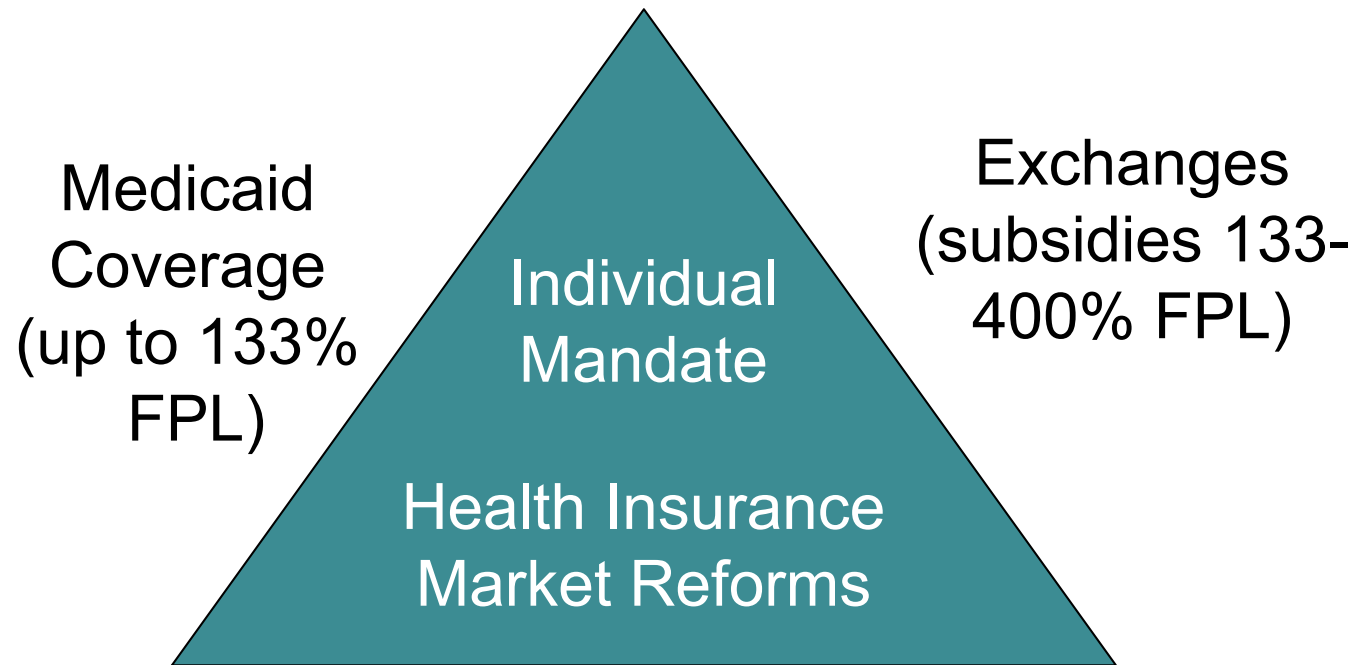
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# Promoting Health Coverage

Universal Coverage



Employer-Sponsored Coverage

# Essential Health Benefits

- Includes:
  - Ambulatory Patient Services
  - Emergency Services
  - Hospitalization
  - Maternity and Newborn Care
  - Mental Health and Substance Use Disorders, including Behavioral Health Treatment
  - Prescription Drugs
  - Rehabilitative and Habilitative Services & Devices
  - Laboratory Services
  - Preventive & Wellness Services & Chronic Disease Management
  - Pediatric Services, including Oral & Vision Care

# Essential Health Benefits

Must be included in:

- Employer Health Plans
- State Exchange Plans
- Basic Health Plan
  - Benchmark Benefits-TBD

# Health Care Reform

- Focus on Prevention and Wellness

**Sec. 2713. Coverage of preventive health services.**

Requires all plans to cover preventive services and immunizations recommended by the U.S. Preventive Services Task Force and the CDC, and certain child preventive services recommended by the Health Resources and Services Administration, without any cost-sharing.

# Timeframe

- **Providing Free Preventive Care.** All new plans must cover certain preventive services such as mammograms and colonoscopies without charging a deductible, co-pay or coinsurance. *Effective for health plan years beginning on or after September 23, 2010*
- **Improving Preventive Health Coverage.** To expand the number of Americans receiving preventive care, the law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost. *Effective January 1, 2013.*

# Clinical Preventive Services

- Determined by the US Preventive Services Task Force (USPSTF)
- Recommendations for screening, counseling and medications
- Grades A-D and I

# Impact of USPSTF Recommendations

- Importance of including prevention in primary health care
- Ensuring insurance coverage for effective preventive services
- Holding providers and health care systems accountable for delivering effective care.
- Narrows gaps in the provision of preventive care in different populations



# Clinical Preventive Services

- Adults
- Women
  - IOM Report, Clinical Preventive Services for Women Closing the Gaps, July 2011
- Children

# Adults

- **Diet** counseling for adults at higher risk for chronic disease
- **Blood Pressure** screening for all adults
- **Depression** screening for adults
- **Immunization** vaccines for adults
- **Obesity** screening and counseling for all adults

# Women

- **Anemia** screening on a routine basis for pregnant women
- **Breastfeeding** comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women

# Women

- **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
- **Domestic and interpersonal violence** screening and counseling for all women
- **Folic Acid** supplements for women who may become pregnant

# Women

- **Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk

# Women

- **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
- **Well-woman visits** to obtain recommended preventive services for women under 65

# Children

- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children

# Children

- **Fluoride Chemoprevention**  
supplements for children without fluoride in their water source
- **Height, Weight and Body Mass Index**  
measurements for children
- **Immunization** vaccines for children from birth to age 18



# Children

- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Vision** screening for all children
- **Medical History** for all children throughout development

# Counseling Opportunities

# Breastfeeding Support, Supplies, and Counseling.

- Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.

Medi-Cal is Improved!

# Who is Covered

- Lactation support services and breast pumps may be billed under mother's or infant's Medi-Cal number.
- Lactation support services and breast pump coverage is available on the infant's card even if the infant is past one year of age.

# Accessing Benefits

- Lactation Support-via Mother's Medi-Cal
  - CPSP, during 60 day post-partum period
  - 'full scope Medi-Cal', after 60 day post-partum period, nutrition counseling benefits, CPT 4 codes. 99201-99205 & 99211-99215
  - ICD-9-CM codes for infant

# Accessing Benefits

- Lactation Support- via Infant's Medi-Cal
  - Nutrition counseling benefit
  - CPT 4 codes 99201-99205 & 99211-99215
  - ICD-9-CM codes for infant

# TARs for Lactation Consultation?

- Treatment Authorizations Requests (TARs) are generally not required under fee-for-service or managed care.



# Breast Pumps

Are a benefit when prescribed by a licensed health care provider.

# Manual and Personal Pumps

- E0602
  - Breast pump, manual, any style, purchase only, maximum reimbursement for purchase \$23.62
- E0603
  - Breast pump, electric (AC and/or DC), any type known as personal grade electric breast pump, maximum reimbursement for purchase only, \$93.15

# Hospital Grade Pumps

- E0604
  - Breast pump, heavy duty, hospital grade, rental only, maximum reimbursement \$2.72/day
  - TARs are required when the rental cost for a hospital grade breast pump reaches \$164, approx. 60 days

# Durable Medical Equipment Provider Moratorium

- Breast pumps are durable medical equipment (DME)
- 2008 moratorium lifted on new DME providers except for counties of Orange, Los Angeles, Riverside, San Bernardino, San Diego, or for the specific provision of lactation aids

# Reimbursement of IBCLCs

- Medi-Cal providers are either licensed ‘providers’ or ‘practitioners’ working under a provider.
- IBCLCs currently can work under a provider in CPSP.
- IBCLCs can work in FQHCs and bill under a provider, if the IBCLC is not otherwise licensed.

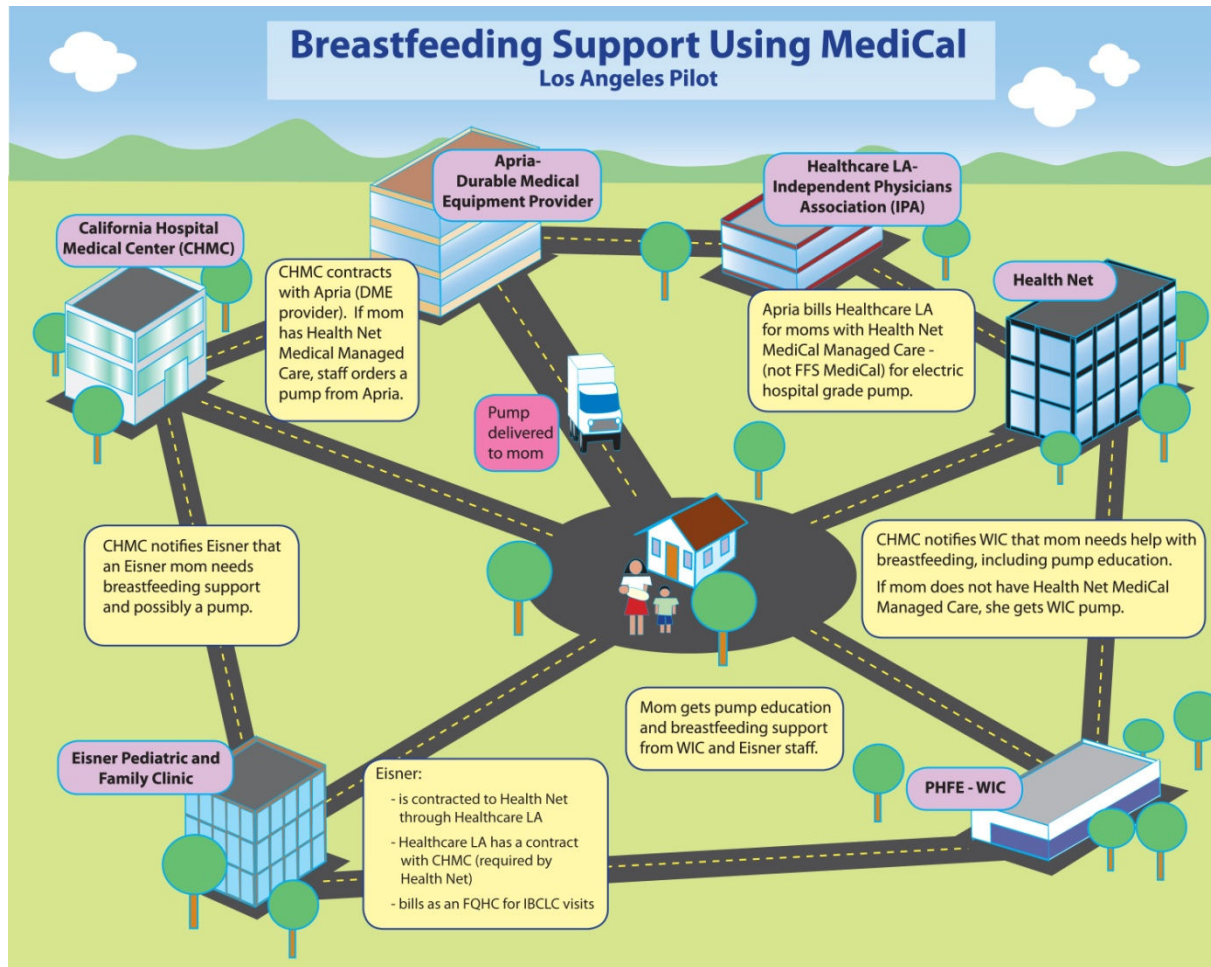
# Breastfeeding Workforce Opportunities

- CPSP Programs
- Federally Qualified Health Centers(FQHCs)
- Physician Offices
- Health Plans

# Breastfeeding Workforce Opportunities & Collaboration

- Start to ‘Connect the Dots’ in your community
  - WIC sites
  - Local hospitals
  - Local clinics and providers
  - Health plans
  - Medical equipment providers

# It Takes a Village!





# Examples...

- Santa Barbara County
- San Diego
- Yolo County
- Merced County
- Los Angeles County
- Health Net

# What about your community?

- Is there a referral system in place between hospital, primary care clinic, WIC, health plan and medical providers?
- What are the opportunities for IBCLCs or RDs to work in your community or program?
- Are the partners in your community communicating about breastfeeding and nutrition support?

# Resources

- Henry J Kaiser Family Foundation

<http://healthreform.kff.org/>

- Health Care Reform

<http://www.healthcare.gov/>

- California Health Care Reform

<http://www.healthcare.ca.gov/Priorities/HealthBenefitExchange.aspx>

- US Preventive Services Task Force

<http://www.ahrq.gov/clinic/uspstfix.htm>

# More Info

- California WIC Association

<http://www.calwic.org/breastfeeding.aspx>

- Karen Farley

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