Healthy Homes and Healthcare Reform: Healthcare Financing of Healthy Homes Services

- APHA/CDC funded project
  - What is the current reimbursement landscape?
    - Through lens of asthma and lead
  - What opportunities exist for state/local agencies or organizations interested in exploring healthcare financing of healthy homes services?

The resource library, technical briefs and survey were made possible through a contract between the American Public Health Association and the National Center for Healthy Housing, funded through cooperative agreement 1U38OT000131 between the Centers for Disease Control and Prevention and the American Public Health Association. The contents of the resource library, technical briefs and survey are solely the responsibility of the authors and do not necessarily represent the official views of the American Public Health Association or the Centers for Disease Control and Prevention.
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- **Products:**
  - Resource library
    - [www.nchh.org/resources/healthcarefinancing](http://www.nchh.org/resources/healthcarefinancing)
  - Three new technical briefs
    - Pathways to Reimbursement: Understanding and Expanding Medicaid Services in Your State
    - Hospital Community Benefits: Opportunities for Healthy Homes
    - Reimbursement for Healthy Homes Services: A Case Study of Leveraging Existing Medicaid Authority in Texas
  - Survey results and report
Medicaid Reimbursement Policies:
2014 Survey

- Online surveys
  - Home-based asthma services
  - Lead poisoning follow-up services
- Sent to program contacts and Medicaid Directors in Spring 2014
- Responses from 46 states for asthma and 49 states for lead
Reimbursement by the numbers:
Home-based asthma services

13 states have some Medicaid reimbursement for home-based asthma services in place (may be on very limited scale)

3 additional states expect to have some Medicaid reimbursement for home-based asthma services in place within a year

19 states are exploring Medicaid reimbursement for home-based asthma services (or an expansion of existing services)

37 states reported that no services are in place or the respondent was not sure whether services were in place or the state did not respond to the survey
Current State of Play: ASTHMA

- Medicaid reimbursement in place (may be on limited scale)
- Exploring Medicaid reimbursement (or expansion of services)
- None or unsure
- No response to survey
Reimbursement by the numbers:
Lead poisoning follow-up services

23 states have some Medicaid reimbursement for lead poisoning follow-up services in place*; 18 as a required service, 5 as an optional service

0 additional states expect to have some Medicaid reimbursement for lead poisoning follow-up services in place within a year

7 states are exploring Medicaid reimbursement for lead poisoning follow-up services (or an expansion of existing services)

27 states reported that no reimbursement for lead poisoning follow-up services is in place or the respondent was not sure or the state did not respond to the survey

*May be on a very limited scale.
Current State of Play: LEAD

- **Red**: Medicaid reimbursement in place (may be on limited scale)
- **Gray**: None or unsure
- **Blue dot**: Exploring Medicaid reimbursement (or expansion of services)
- **White**: No response to survey

Map showing the current state of Medicaid reimbursement in the United States, with states colored in red indicating that Medicaid reimbursement is in place, gray indicating none or unsure, and white indicating no response to the survey.
Who is eligible for these services?
Among 13 states with home-based asthma services in place (select all that apply)

100% provide services to children
69% provide services to adults

Other Requirements
- Recent hospitalization or ED visit (62%)
- Other healthcare utilization (38%)
- ACT score (15%)
- Location of patient’s residence (15%)
- Allergen testing, screening questions about home environment, referral from school/daycare (8%)
Who is eligible for these services?

Among 18 states with required lead poisoning follow-up services in place (select all that apply)

100% base eligibility on BLL ranging from 5 µg/dL to 20 µg/dL. Different levels of services may be available within the same state for different BLLs.
What services are reimbursable?
Among 13 states with home-based asthma services in place (select all that apply)

- Self-management education, 77%
- Assessment of primary residence, 69%
- In-home education about triggers, 54%
- Low-cost supplies, 38%
- Assessment of a second residence, daycare or school, 23%
- Structural remediation, 15%
What services are reimbursable?

Among 18 states with required lead poisoning follow-up services in place (select all that apply):

- Assessment of primary residence, 83%
- Clinical or nursing case management, 78%
- In-home education to reduce exposure, 67%
- Service coordination, 44%
- Phone-based education, 39%
- Assessment of 2nd residence/daycare/school, 39%
- Enforcement activities, 33%
- Lead hazard control activities, 22%
- Other, 11%
EPSDT
Among 18 states with required lead poisoning follow-up services in place

- Does your state have a specific policy to cover services to address lead hazards in the home environment through the EPSDT benefit (e.g., through the state-defined other necessary health services)?

**YES**: 11 states (61%)

**NO**: 3 states (17%)

**UNSURE**: 4 states (22%)

*All of the no and unsure responses came from program respondents. 100% of the Medicaid respondents indicated that it was covered under EPSDT.*
What type of staff provide services?

Among 13 states with home-based asthma services in place (select all that apply)

- Nurses, 77%
- Certified Asthma Educators, 54%
- Respiratory Therapists, 38%
- CHWs, 31%
- Housing Professional, 15%
- Sanitarian/Environmental Health Professional, 15%
- Social Workers, 15%
What type of staff provide services?

Among 18 states with required lead poisoning follow-up services in place (select all that apply)

- Nurses, 72%
- Lead Inspectors, 72%
- Sanitarian/Environmental Health Professional, 61%
- CHWs, 17%
- Housing Professional, 11%
- Other, 11%
Who is billing for these services?

Among 13 states with home-based asthma services in place (select all that apply)

- Medicaid Managed Care Orgs, 54%
- Visiting Nurse/Home Health Agencies, 46%
- Hospitals/Clinics, 38%
- Local Health Dept, 31%
- Other Healthcare Providers, 15%
- State Health Dept, 8%
- Community-Based Orgs, 8%
- Other, 8%
Who is billing for these services?

Among 18 states with required lead poisoning follow-up services in place (select all that apply)

- Local Health Department, 83%
- State Health Department, 56%
- Hospitals/Clinics, 39%
- Medicaid Managed Care, 33%
- Home Health/Visiting Nurse, 28%
- Other healthcare providers, 28%
- Health Home Providers, 11%
- Other, 11%
- Community-Based Organizations, 6%
How many visits? How much reimbursement?

Variable data quality. Interpret with caution!

**NUMBER OF VISITS:**

1-10 visits

Most states reported a range of possible number of visits. The minimum number of visits reported was 1 and the maximum number was 10 visits.

**REIMBURSEMENT AMOUNT:**

$80.98-$200 per visit

Most states reported a range of per visit reimbursement levels. Combined with the range of possible number of visits, this translates roughly into a total reimbursement range of $162-$1,000 per patient.
How many visits?
How much reimbursement?

Variable data quality. Interpret with caution!

**NUMBER OF VISITS:**

1-4 visits

Most states reported a range of possible number of visits. The minimum number of visits reported was 1 and the maximum number was 4 visits.

**REIMBURSEMENT AMOUNT:**

$35-$450 per visit

Most states reported a range of per visit reimbursement levels. Combined with the range of possible number of visits, this translates roughly into a total reimbursement range of $79-$775 per patient.
Most influential groups
Rated important or better, opinion dataset, n=117

- State Medicaid Agency, 56%
- Federal Agencies, 55%
- State Program, 47%
- Advocates, 38%
- Other State Health Department Program, 29%
- Local Housing or Health Agencies/Orgs, 26%
- General Public, 15%
- Other State Agencies, 15%
- Research Community, 14%
- Other, 5%
Most important drivers
Rated important or better, opinion dataset, n=117

- Credible information about potential improvements in health outcomes (84%)
- Credible information about potential costs and savings (81%)
- Federal funding for programs (77%)
- Political will/leadership (77%)
- Established workforce/infrastructure to deliver services (74%)
- Advocacy/interest from healthcare community (74%)
- Promotion by State Asthma, Lead, or Healthy Homes program (74%)
- Relationships/partnerships to get issue on table (72%)
- Available training and credentialing structure for eligible providers (68%)
- Individual champion(s) within state agencies (68%)
- Advocacy/interest from other local or external partners/stakeholders (68%)
- ...
Other healthcare financing

**ASTHMA**
- 7 states reported at least one private/commercial payer in their state
- 6 Hospital Community Benefits
- 2 ACOs
- 1 Social Impact Bond
- 12 State-funded programs

**LEAD**
- 3 states reported at least one private/commercial payer in their state
- 0 Hospital Community Benefits
- 1 ACOs
- 0 Social Impact Bond
- 20 State-funded programs
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