



Medicaid & CHIP and Public Health Coordination on Lead Screening

***Medicaid and CHIP Lead Screening Requirements and
State Levers for Improvement***

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Objectives



- Emphasize the Medicaid and Children's Health Insurance Program (CHIP) blood lead screening requirements.
- Highlight actions that states, health plans, and other stakeholders can take to improve blood lead screening rates, including both managed care and fee-for-service levers.
- Encourage coordination between state Medicaid, CHIP and public health agencies to improve blood lead screening rates.

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Medicaid Universal Screening Requirement

- All children enrolled in Medicaid (both Title XIX and XXI funded) are required to receive blood lead screening tests at ages 12 months and 24 months. The Medicaid blood lead screening requirement was established in 1993 as the result of a settlement agreement in *Lois Thompson and People United for a Better Oakland et al v. Burton Raiford and the United States of America*.
- Any child between the ages of 24 and 72 months with no record of a previous blood lead screening test must receive one.
- Completion of a risk assessment questionnaire does not meet the Medicaid requirement.
- It is not necessary to refer a child to a separate laboratory facility for a blood lead screening test.

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Medicaid's Targeted Lead Screening Policy

- In 2012, the Centers for Medicare & Medicaid Services (CMS) expanded its lead screening policy to allow states to request approval from CMS to implement a targeted lead screening program.
- This option is available to states with data that confirms that the risk for elevated blood lead levels is limited to a targeted or local area within a state.
- Guidance on the application process can be found on Medicaid.gov [here](#). The application is jointly reviewed by CMS and the Center for Disease Prevention and Promotion (CDC).
- No states currently have a targeted lead screening policy.

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Reporting of Blood Lead Screening Tests



- State health departments collect state lead screening surveillance data. In order to ensure that the surveillance data is accurate, the results of all blood lead screening tests should be reported to state health departments, not just positive test results.
- State Medicaid agencies are encouraged to work with state health departments to ensure that there is clear guidance to providers regarding state data and reporting requirements.
- In addition, state health departments and Medicaid agencies are encouraged to coordinate data sharing of lead screening data in order to better identify whether children in Medicaid have received blood lead screening tests.

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Medicaid Data Reporting



- Blood lead screening data for Medicaid children is reported to CMS as part of annual EPSDT reporting, using Form CMS-416. It is important to submit accurate data.
- The Form CMS-416 captures all blood lead screening tests paid for by Medicaid for children continuously enrolled for at least 90 days, regardless of the delivery system. States are to report screens paid for through fee-for-service, managed care, prospective payment, or other payment arrangement or through any other health plans that contract with the state.
- According to FY 2020 data from the Form CMS-416, approximately **43** percent of children ages 1-2 enrolled in Medicaid received blood lead screening tests. This was a decrease from 48 percent in FY 2019. However, like many other services, blood lead screening tests were impacted by the COVID-19 public health emergency.

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CHIP Screening Requirement



- Blood lead screening tests for children in separate CHIP programs should be conducted according to the periodicity schedule selected by the State.
 - Bright Futures periodicity schedule (commonly used by states) recommends blood lead screening tests at 12 months and 24 months for children at risk or in high prevalence areas.
- States that offer EPSDT benefits for children enrolled in separate CHIP should follow Medicaid's universal screening policy.
- While separate CHIPs do not have the same universal screening requirements as Medicaid, we encourage states to align their Medicaid and CHIP policies.

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Recent OIG Reports



- In 2021 and 2022, the HHS Office of Inspector General (OIG) issued 2 reports regarding blood lead screening tests for children enrolled in Medicaid as well as follow-up services for children with elevated blood lead screening levels.
- The OIG made a number of recommendations, which CMS is working to implement.

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State Actions to Improve Blood Lead Screening Rates

- The following are examples of state actions to improve blood lead screening rates that were highlighted in CMS' [2016 Informational Bulletin](#):
 - Understand where your state stands: review state lead screening data (both Form CMS-416 and T-MSIS)
 - Review language explaining screening requirements in all coverage materials, manuals, periodicity schedules and websites
 - Collaborate with state health departments and lead poisoning and prevention programs on initiatives to increase lead screening rate and to ensure consistency across programs.
 - Leverage partnerships with pediatric providers, local AAP chapters, WIC programs, local health clinics, FQHCs
 - Implement a managed care performance improvement project (PIP)
 - Include blood lead screening improvements as a quality metric for managed care plans under the Quality Assessment and Performance Improvement Programs (QAPI) and in the Managed Care Quality Strategy

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Additional State Actions



- Additional state actions that can be used to increase blood lead screening rates include:
 - Health Services Initiatives through title XXI (both to increase blood lead screening rates for children and/or for lead abatement)
 - Managed care levers such as:
 - Pay-for-performance
 - State directed payments
 - Fee-for-Service payment incentives

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What is a Health Services Initiative (HSI)?

- State-designed program for “improving the health of children, including targeted low-income children and other low-income children.” (Section 2105(a)(1)(D)(ii) of the Act)
- Must directly improve the health of low-income children but may service children regardless of income.
- Considered an administrative expense, which are capped at 10% of state’s total CHIP expenditures.
- Lead prevention HSIs could include:
 - Initiatives to increase blood lead screening rates, such as coordination with public health departments regarding outreach and education
 - Lead abatement

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Lead Abatement HSIs



- While Medicaid does not cover lead abatement, HSIs are an available option for states.
- A HSI can provide coordinated and targeted lead abatement services for homes in which a Medicaid or CHIP-eligible child or pregnant woman is currently residing or visits regularly. Services can include:
 - Removal, enclosure, or encapsulation of lead based paint or lead dust hazards.
 - Removal/covering of soil hazards.
 - Removal/replacement of surfaces & fixtures (e.g., plumbing).
 - Lead water service line replacement.
 - Post-abatement clearance testing.
 - Training of lead abatement workers.
 - Home lead investigation when not otherwise covered by Medicaid.
- 6 states (IN, ME, MD, MI, OH, WI) have approved HSI SPAs to provide lead abatement services.

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Managed Care Payment Levers – Managed Care Plan Incentive Payments

- States and managed care plans can design and implement incentive payments to encourage plans to consider specific lead screening initiatives to increase screening rates and report the Medicaid-only lead screening Healthcare Effectiveness Data and Information Set (HEDIS) quality measure.
- States can create a **pay-for-performance incentive arrangement** for Medicaid managed care plans subject to the requirements in 42 CFR 438.6(b)(2).
- This would include setting **performance-based targets or thresholds for Medicaid managed care plans based on specific blood lead screening targets**. For example, states could establish a performance-based bonus pool to provide incentive payments to top performing managed care plans in accordance with 42 CFR 438.6(b)(2).
- States should meet with their managed care plans to develop and implement these performance-based arrangements specifically designed to improve blood lead screening rates.

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Managed Care Payment Levers – State Directed Payments



- **With 70% of Medicaid beneficiaries enrolled in comprehensive managed care, states and managed care plans can work together to implement contract and payment strategies designed to improve blood lead screening rates.**
- Federal match is available for state Medicaid programs for payment rates and methodologies designed or modified to incentivize providers (e.g., pediatricians or primary care providers) to improve blood lead screening rates and design payment arrangements (both fee schedules and quality-based payment arrangements) to better support lead screening initiatives.
- Providers can be incentivized with bonus payments and performance targets to reach set blood lead screening targets.
- States can utilize Medicaid managed care state directed payments under 42 CFR 438.6(c) to contractually require that their managed care plans implement specific payment arrangements with network providers to support the state's lead screening goals and objectives.

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Medicaid Fee-for-Service Levers



- States that provide coverage through fee-for-service have similar flexibilities to those available through managed care.
- Within the Medicaid state plan, states may establish value-based payment arrangements that improve quality and access to care.
 - Such arrangements may pay providers enhanced rates or supplemental payments to support better access to lead screening, including: participating in targeted lead screening programs; data reporting; improved screening rates; and associated health outcomes.

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Next Steps



- CMS Actions:
 - Updating CMS guidance related to actionable blood lead reference values (forthcoming)
 - Leveraging Connecting Kids to Coverage Campaign to promote lead screening as an important Medicaid and CHIP benefit
- Recommended State Actions:
 - Review lead screening data
 - Review provider materials and remind providers of lead screening requirements
 - Consider coordinated efforts with stakeholders including providers, state and local health departments, WIC
 - Consider initiatives highlighted by CMS, including HSIs; utilizing financial incentives through managed care or fee-for-service; and quality-related managed care initiatives such as PIPs
 - Contact CMS if you need technical assistance

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Questions



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