



Promoting Preventive Services and Healthy Behaviors through Medicaid and CHIP: Idaho's Preventive Health Assistance Program

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Idaho's Incentive Program Improves Pediatric Preventive Care:

- More parents/guardians maintained timely well-child visits and immunizations;
- In 2016, 66 percent of families who paid premiums for CHIP coverage earned premium reductions as a result of completed well-child visits; and
- The number of children visiting a primary care provider increased since the program's inception.

Preventive care can be a key to staying healthy throughout life.¹ Many costly diseases and disorders affecting children, adolescents, and adults can be prevented or mitigated if they are detected early. Many states are using innovative approaches to promote preventive services and healthy behaviors, and to encourage publicly-insured individuals to adopt lifestyle changes that lead to improved health. As part of that effort, state Medicaid and Children's Health Insurance Programs (CHIP) use a variety of federal Medicaid funding authorities and approaches,^{2,3} including Section 1115 demonstration waivers, Section 1915(b) waivers, managed care, and state plan amendments, to promote prevention efforts.

Programs promoting preventive care and healthy behaviors can improve population health and reduce health care costs by targeting specific clinical interventions and self-management and providing incentives to beneficiaries. They generally target adult and/or pediatric services and focus on behaviors based on the age and health of the enrollee. Incentives are given to reward and reinforce healthy behaviors. Almost all incentive programs feature participation-based incentives and offer incentives for completing specific activities or meeting certain goals, such as contacting a smoking cessation quit line, losing weight or maintaining a reduced weight, or getting routine preventive care.⁴ State often encourage healthy behaviors for children and their families by rewarding them for attending routine well-child visits, increasing physical activity, and receiving dental check-ups.⁵

As of December 2015, 15 states, including Idaho, operated healthy behavior incentive programs for certain populations.⁶ This case study features Idaho's Preventive Health Assistance (PHA) program, which uses incentives targeted at Medicaid and CHIP beneficiaries to promote preventive health and healthy behaviors for children and adolescents in the state.

Idaho's Preventive Health Assistance Program

Idaho's CHIP program -- called the Idaho Health Plan for Children -- offers low-cost health coverage for children under age 19 whose family incomes are too high to qualify for Medicaid. In 2004, coverage was expanded up to 185 percent of the federal poverty level (FPL) with a monthly premium charged for each child enrolled in CHIP for families with incomes above 142 percent of FPL. CHIP charged \$10 per child per month for a family between 142 and 150 percent of FPL, and \$15 monthly per child for families between 150 to 185 percent of FPL.⁷

In 2007, the Idaho CHIP program added the PHA⁸ benefit -- which offers wellness and behavior incentives -- through a state plan amendment.⁹ The overarching goal of PHA is to improve the health of Idahoans enrolled in Medicaid and CHIP by providing incentives to enrollees to encourage specific healthy habits. The PHA program is divided into two distinct benefit options:

- The weight management PHA, which focuses on health habits related to nutrition and exercise, and
- The children's wellness PHA, which encourages the use of preventive services.¹⁰

Weight Management Benefit¹¹

The PHA weight management benefit is available for individuals older than five who qualify for CHIP or Medicaid coverage and fall within a set of weight specifications based on body mass index (BMI).¹² Children enrolled in Medicaid and CHIP who fall within the overweight or underweight BMI category, and adults enrolled in Medicaid with a BMI under 18.5 or over 30 are eligible for the benefit.¹³ The eligibility process is initiated by a visit to the patient's primary care provider, and requires the provider to recommend the beneficiary for the PHA weight management program. In the follow-up to the appointment, both the provider and participant or guardian complete an agreement form to confirm the beneficiary's enrollment and eligibility for the program.

Participants in the weight management PHA are eligible to earn benefits through their participation in a monitored weight management program for either weight loss or weight gain. Participants in the program can be reimbursed up to \$200 per year for healthy lifestyle-related services and programs. To receive the reimbursement, the participant or guardian must choose a service provided by a participating [PHA weight management organization](#).¹⁴ The PHA helps pay for these services, such as healthy lifestyle classes, nutrition classes, and weight management programs.

Children's Wellness Benefit

One of the main goals of the wellness PHA is to assist participants with their CHIP monthly premium payments.¹⁵ The wellness PHA provides parents/guardians of children covered by CHIP with premium reductions for keeping their children well-child visits and immunizations up to date.¹⁶ Eligibility for the wellness PHA is based on a child's CHIP premium cost status. If a child is enrolled in CHIP and the family pays a monthly premium for the coverage (\$10 or \$15 a month based on income), the child is then eligible for the wellness PHA benefit.¹⁷

Idaho follows the [American Academy of Pediatrics' Bright Futures schedule](#) to evaluate if children are receiving timely and appropriate wellness visits and immunizations for their age.¹⁸ Idaho Medicaid uses claims data to check quarterly on a child's wellness visits and immunization status. If the child is up to date based on the predetermined schedule, the state will automatically credit the beneficiary's account with reward points.¹⁹ Each enrollee required to make premium payments is eligible to earn up to 30 reward points every three months. Points accrue when children receive the recommended well-child visits and their families can demonstrate up-to-date immunizations. Each reward point is equal to one dollar and can be applied to completely or partially reduce the monthly premium for each child enrolled in the program.²⁰

Outcomes of the PHA Program

Overall, findings indicate that PHA program benefits have had a positive impact. The percentage of premium-paying children earning wellness points has been steadily increasing, from about 40 percent in April 2007 to 73 percent in 2009, which indicates that more parents/guardians are maintaining their

child's well-child visits and immunizations.²¹ In 2016, approximately 94 percent of children in Idaho's CHIP population paid premiums (the remaining were exempted), and approximately 66 percent of their families earned premium reductions as a result of completing wellness visits.²² Another study that examined the impact of the PHA program showed that after the first year of participation, there was a 116 percent increase in the percentage of children enrolled in CHIP who were up to date with their well-child visits, compared with just a 13 percent increase among Medicaid children who were not part of the incentive program.²³ The PHA program had a greater impact on children who were recommended to have one annual well-child visit compared with those recommended to have two to four annual visits.²⁴ Idaho has also seen an increase in the number of children visiting primary care providers.²⁵

Generally, the impact of the weight management program has been more difficult to assess due to the challenges around how to “track” lifestyle changes beyond the initial contact point when the beneficiary signs the program waiver. However, the state Medicaid program does coordinate the weight management program with the state's Division of Public Health. The division operates Idaho's [Diabetes Prevention Program](#), through which the state has been able to see general improvement in beneficiaries' health.

Historically, designing and evaluating effective incentive programs has been challenging.²⁶ Incentives have been shown to be more effective in the short-term than in the long-term.²⁷ However, programs like the Idaho PHA program, which has been in place for 10 years, can provide key insights for policymakers how incentivizing preventive health and healthy behaviors has the potential to reduce cost and improve population health specifically for children. As states continue to seek ways to improve population health, they can play a key role in testing and evaluating incentive strategies designed to improve health and access to care, and potentially reduce health care spending for chronic conditions later in life.

NASHP has created a 50-state chart and map identifying child and adolescent preventive services, including weight assessment, immunizations, and well-child visits to help states learn more about state-specific Medicaid or CHIP performance improvement projects, measures, or incentives promoting children's preventive services. [View these resources here.](#)

Endnotes

1. CDC Prevention Checklist, <https://www.cdc.gov/prevention/>
2. Read more about the legal authorities used to create healthy behavior programs in Medicaid here: <http://www.kff.org/report-section/an-overview-of-medicaid-incentives-for-the-prevention-of-chronic-diseases-issue-brief-mipcd-grants/>
3. To learn more about Medicaid authorities, see “At-a-Glance” Guide to Federal Medicaid Authorities Useful in Restructuring Medicaid Health Care Delivery or Payment, <https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/At-a-glance-medicaid-Authorities.pdf>.
4. The Medicaid and CHIP Payment and Access Commission (MACPAC). “The Use of Healthy Behavior Incentives in Medicaid.” Washington, DC: The Medicaid and CHIP Payment and Access Commission (MACPAC), August 2016. <https://www.macpac.gov/wp-content/uploads/2016/08/The-Use-of-Healthy-Behavior-Incentives-in-Medicaid.pdf>
5. Ibid.
6. Ibid.
7. The National Academy for State Health Policy (NASHP). “Idaho 2016 CHIP Fact Sheet.” Washington, DC: The National Academy for State Health Policy, 2016. http://www.nashp.org/wp-content/uploads/2015/02/Idaho_Final.pdf
8. Idaho Department of Health and Welfare. “Preventive Health Assistance Program.” Accessed June 26, 2017. <http://healthandwelfare.idaho.gov/Medical/Medicaid/PreventiveHealthAssistance/tabid/221/Default.aspx>
9. Program outlined in Idaho Statutes 56 chapter 2, section 56-256 (ID Code § 56-256 (2016)). Read the Statue here: <http://law.justia.com/codes/idaho/2016/title-56/chapter-2/section-56-256>
10. Idaho Department of Health and Welfare. “Medicaid Preventive Health Assistance.” Accessed June 27, 2017. <http://healthandwelfare.idaho.gov/Portals/0/Medical/MoreInformation/PHA%20Handout4.pdf>

11. Prior to 2014, the Idaho PHA program also included tobacco cessation assistance under behavioral health benefit (now renamed as the weight management benefit). Due to changes to services under the Affordable Care Act, Tobacco cessation services are now provided under a separate state plan amendment and the PHA behavioral health benefit solely focuses on weight management. Read the Idaho State Plan Amendment for the program here: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-14-001.pdf> or here: <http://healthandwelfare.idaho.gov/Portals/41/Images/Documents/14-001.pdf>.
12. Participants on the Home Care for Certain Disabled Children Program (Katie Beckett) and Medicare Medicaid Coordinated Plan participants are not eligible for PHA benefits
13. Idaho Department of Health and Welfare. "Preventive Health Assistance Program." Accessed June 26, 2017. <http://healthandwelfare.idaho.gov/Medical/Medicaid/PreventiveHealthAssistance/tabid/221/Default.aspx>
14. Idaho Department of Health and Welfare. "Need help with your Weight?: PHA Weight Management Informational Letter." Accessed June 27, 2017. <http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/PHAWMInformationalLetter.pdf>
15. Center for Medicare and Medicaid Services. "Idaho Title XXI Program Fact Sheet." Accessed June 30, 2017. <https://www.medicaid.gov/CHIP/Downloads/ID/IDCurrentFactsheet.pdf>
16. Idaho Department of Health and Welfare. "Preventive Health Assistance Program." Accessed June 26, 2017. <http://healthandwelfare.idaho.gov/Medical/Medicaid/PreventiveHealthAssistance/tabid/221/Default.aspx>
17. Participants on the Home Care for Certain Disabled Children Program (Katie Beckett) and Medicare Medicaid Coordinated Plan participants are not eligible for PHA benefits.
18. Idaho Department of Health and Welfare. Idaho MMIS Provider Handbook. Accessed June 27, 2017. <https://www.idmedicaid.com/General%20Information/General%20Provider%20and%20Participant%20Information.pdf>
19. When a child enrolls in the Idaho CHIP program, and falls the premium paying category, their caregiver(s) is/are notified about the premium payment schedule as well as the PHA program incentives. Each quarter caregivers are also notified in writing whether their child qualified for incentives based on the Medicaid records showing the receipt of recommended check-ups or immunizations. You can read more about promotion of the PHA program to enrollees as well as provider here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3037784/>
20. Center for Medicare and Medicaid Services. "Idaho Title XXI Program Fact Sheet." Accessed June 30, 2017. <https://www.medicaid.gov/CHIP/Downloads/ID/IDCurrentFactsheet.pdf>
21. Genevieve Kenny, et al. "The Effects of Medicaid and CHIP Policy Changes on Receipt of Preventive Care among Children." Health Services Research. 2011 February; 46(1p2):298-318. doi: 10.1111/j.1475-6773.2010.01199.x
22. Tina Kartika, "Incentivizing Healthy Behaviors and Personal Responsibility," National Academy for State Health Policy Blog, Accessed on May 15, 2017, <http://nashp.org/incentivizing-healthy-behaviors-and-personal-responsibility/>
23. Jessica Green, "Using Consumer Incentives to Increase Well-Child Visits Among Low-Income Children," *Medical Care Research and Review*, Vol. 68, No. 5 (October 2011), pp. 579–593
24. Ibid.
25. The National Academy for State Health Policy (NASHP). "Idaho 2016 CHIP Fact Sheet." Washington, DC: The National Academy for State Health Policy, 2016. http://www.nashp.org/wp-content/uploads/2015/02/Idaho_Final.pdf and, The National Academy for State Health Policy (NASHP). "Idaho 2014 CHIP Fact Sheet." Washington, DC: The National Academy for State Health Policy, 2014. <http://www.nashp.org/wp-content/uploads/sites/default/files/CHIP/2014/NASHP-2014-Idaho-CHIP-Fact-Sheet.pdf>
26. Karen Blumenthal, et al. "Medicaid Incentive Programs to Encourage Healthy Behavior Show Mixed Results to Date and Should be Studied and Improved." *Health Affairs*. 2013 March; 32(3): 497-507. doi:10.1377/hlthaff.2012.0431.
27. The Medicaid and CHIP Payment and Access Commission (MACPAC). "The Use of Healthy Behavior Incentives in Medicaid." Washington, DC: The Medicaid and CHIP Payment and Access Commission (MACPAC), August 2016. <https://www.macpac.gov/wp-content/uploads/2016/08/The-Use-of-Healthy-Behavior-Incentives-in-Medicaid.pdf>

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