



Should CHES/MCHES Credential Holders be Recognize for Reimbursement of Health Education Services?

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Abstract

Since 2014, the Centers for Medicaid and Medicare Services (CMS) allowed non-licensed practitioners such as health education specialists to be eligible for reimbursement of community prevention services from states Medicaid programs. The state's Medicaid health plan must be changed to recognize reimbursement of health education services by third party payers [1]. According to the CMS "Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing: Exchanges: Eligibility Enrollment" (CMS Essential Benefits Rule (CMS-2334-F)), if licensed providers (physician or other licensed practitioners) make a recommendation for non-licensed providers to preventive services Medicaid reimbursement could be available if each state health plan is amended to incorporate the 42-CFR 440.130(c) [1]. The Affordable Care Act defined preventive services as non-clinical activities to 1) prevent disease, disability, and other health conditions or their progression; 2) prolong life; and 3) promote physical and mental health and efficiency [2].

Moreover, the state's Medicaid health plan must recognized Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) credential holders non-licensed providers to preventive services. What is the value added for each state health plan to be amended to allow non-licensed providers such as health education specialists to provide health education services. The CHES/MCHES certifications demonstrate an individual's possession, application and interpretation of knowledge in the 7 Areas of Responsibility for Health Education Specialists. CHES/MCHES credential holders often referred as health educators or health education specialists provide and manage health education programs that help individuals, families, and their communities maximize and maintain healthy lifestyles. Health educators collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. Health educators may serve as a resource to assist licensed medical professionals, other health professionals, or the community, and may administer fiscal resources for health education programs. Based on the national employment estimate and mean wage estimate, services

offered by health educators are far more cost effective than using physician's time to deliver this service (Table 1).

Occupation (SOC code)	Hourly mean wage	Annual mean wage
Physicians and Surgeons (291060)	\$100.43	\$208,890
Health Educators (211091)	\$24.72	\$51,420

Source: (American College of Occupational and Environmental Medicine, 2008)

Table 1. National Employment Estimate and Mean Wage Estimates for Health Educators and Physicians

The role of the physician is to diagnose, treat, and prevent illnesses and injuries, prevent additional diabetes complications, offer advice and support to patients, and provide appropriate factual medical information to patients [3]. Physicians are focused on providing details about patient's diagnosis and providing very detailed reports to justify why charges are medically necessary. As a result, physicians spend less time providing health education and more time diagnosing and treating patient's medical conditions.

Most researchers support studies showing that the lifestyle approach is well worth self-management training cost by approved credentialed healthcare providers focusing on eating well and exercising regularly for participants to enjoy improved health and a better quality of life at a modest cost. This supports the need for self-management and health education services. Health education provided in the self-management training and health education service programs is a cost-effective service to provide to patients. The health educator's skill set provides a solution that combines health education services with community-based support and involvement focused on lifestyle changes for patients. The CHES/MCHES credential holders are qualified to provide health education services. The nationally accredited and recognized CHES/MCHES credential indicates that the health education specialists has met academic eligibility requirements in health education, passed a

comprehensive examination, and has an ongoing commitment to continuing education.

In 2012, a taskforce convened by the American Diabetes Association and American Association of Diabetes Educators changed the National Standards for Diabetes Self-Management Education and Support to recognize CHES as one of the instructors to provide diabetes self-management education and support. Since 2014, the National Certification Board of Diabetes Educators allow Master Certified Health Education Specialists (MCHES) to be eligible to qualify for the exam to become a Certified Diabetes Educator (CDE®). CMS needs to expand the recognized credentialed providers for Medicare to include Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) specialists. This would allow CHES/MCHES to be eligible for reimbursement of community prevention services from states Medicaid programs.

In addition, the Centers for Disease Control and Prevention Task Force findings support diabetes self-management education intervention in settings other than home, clinic, school, or worksites (e.g. community centers, faith-based institutions, libraries or private facilities). The CHES/MCHES currently work in these community settings providing diabetes education and support. Therefore, CHES MCHES should be recognized as credentialed providers or eligible

health care professionals who can bill for services through Medicare for health education services. The value added for each state health plan to allow non-licensed providers such as CHES/MCHES credential holders to provide health education services is critical for the advancement of the health education field and will be great for patients. National, state and local professional organizations, individual health educators ora combination of both need to allocate resources for each state Medicaid and Medicare programs to allow non-licensed providers such as CHES/MCHES credential holders to provide health education services.

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