



NCCAOM Advocacy Secures Acupuncture Focus in Medicaid Release

On February 22, 2019, the Center for Medicaid and CHIP Services (CMCS) released an Informational Bulletin on "[Medicaid Strategies for Non-Opioid Pharmacologic and Non-Pharmacologic Chronic Pain Management](#)." The guidance was issued to meet the statutory requirements of the SUPPORT for Patients & Communities Act, which required CMS to issue guidance on mandatory and optional items and services for non-opioid treatment and management of pain in state Medicaid programs.

Over the past several months, NCCAOM Advocacy staff worked diligently to engage with leadership at CMCS as well as Senate staff tasked with implementing the SUPPORT Act. We developed a detailed issue brief summarizing the benefits of acupuncture for pain management and highlighting the success of existing state programs that are providing coverage for acupuncture treatment. Our comments and supporting materials were well-received, and the final guidance heavily focuses on acupuncture as a first-line treatment and recommended offering for state Medicaid programs. The NCCAOM advocacy efforts secured strong language in support of acupuncture, and this achievement will act as a launching pad for our further efforts to expand access in the states, as well as bolster our case for eventual national coverage of acupuncture through the Medicare program.

Background

As reported in our [Advocacy Update](#) on the SUPPORT Act, the 2018 omnibus opioid legislation directed the Centers for Medicare & Medicaid Services (CMS) to issue guidance on states' options for treating and managing Medicaid beneficiaries' pain through non-opioid pain treatment and management options under Medicaid. Specifically, this included "evidence-based, non-opioid pharmacological therapies and non-pharmacological therapies."

Though Medicaid programs are organized and administered by individual states, CMS dictates basic requirements and provides guidance and assistance to states as they work to serve their beneficiaries. Additionally, CMS has final approval over state program expansions under the Affordable Care Act as well as over waivers of requirements and demonstration programs to explore new ways to provide benefits. CMS guidance has significant influence over what state programs decide to cover, and the NCCAOM Advocacy Committee identified this opportunity to expand access to acupuncture treatment for pain management and capitalize on the success of several Medicaid pilot programs.

Highlights from CMS

The full guidance document can be found [here](#). Below are some particular excerpts of note for NCCAOM Diplomates:

CMS emphasized guidelines supporting the use of non-drug treatment for pain:

"[The Centers for Disease Control & Prevention] recommends that providers consider non-pharmacologic therapy and non-opioid pharmacologic therapy as the first-line treatment for chronic pain... Non-pharmacologic therapies pose minimal risks, and many of these treatments... have been shown to effectively treat chronic pain associated with some conditions."



“The Agency for Healthcare Research and Quality (AHRQ) developed a systematic review of the evidence base for multiple non-pharmacologic treatments for chronic pain... the AHRQ review found that acupuncture treatment was associated with improvements in pain and functioning for at least one month for patients with chronic low back pain, chronic neck pain, and fibromyalgia.”

CMS also highlighted successful state programs providing acupuncture coverage to their beneficiaries as potential models for others to follow:

“Beginning in July 2016, Vermont conducted a short-term state-funded pilot program to provide acupuncture as an adjunct therapy for the treatment of chronic pain among its Medicaid population. Patients with chronic pain were treated by Vermont-based acupuncturists.”

“In July 2016, the Oregon Health Plan, Oregon’s Medicaid program, launched an initiative to treat uncomplicated back and neck pain among the estimated 50,000 Oregon beneficiaries who were experiencing this type of pain (30,000 of whom were receiving opioids for their pain.) Through this initiative, the state modified its Prioritized List (the mechanism Oregon uses to determine what services are covered under its Oregon Health Plan Medicaid 1115 Demonstration Project) to add coverage for non-opioid treatment for pain, including acupuncture... the [state’s Task Force on opioid prescribing guidelines] approved adoption of Oregon-specific prescribing guidelines, based on the CDC Guideline for Prescribing Opioids for Chronic Pain.”

“In January 2014, [Partnership HealthPlan for California] officially launched the Managing Pain Safely (MPS) program geared toward reducing opioid prescriptions... The plan also initiated ... new benefits for chronic pain management (i.e., acupuncture and chiropractic care). As a result of these efforts, the program cut the total opioids prescribed by half within 21 months of launching its MPS program.”

Finally, CMS outlined several pathways to expanding coverage of non-pharmacologic services through Medicaid.

“States have considerable flexibility in determining what non-pharmacologic services are available in the state plan under optional benefits. For example, a state may elect to provide coverage for acupuncture... through an array of Medicaid coverage authorities. States wishing to add coverage in optional benefit categories described below would need to submit a state plan amendment for CMS approval.”

“*Other Licensed Practitioner Services (OLP)*. Section 1905(a)(6) of the [Social Security] Act provides states flexibility in covering services provided by licensed practitioners as defined by state law. As set forth in 42 C.F.R. § 440.60(a), other licensed practitioner services are ‘any medical or remedial care or services, other than physicians’ services, provided by licensed practitioners within the scope of practice as defined by State law.’ If a state licenses an acupuncturist, for example, then their services could be covered under the OLP benefit.”

“Regardless of the specific authority chosen, states must meet certain requirements in their state plan benefits... However, states may request waivers... to allow exceptions to these requirements. For example, a state could request an 1115 demonstration for a waiver of statewideness to allow a certain service (e.g., acupuncture) in a limited geographic area within the state.”



“Home and Community Based Services 1915(C) Waivers. States have the option to apply for home and community-based services waivers (HCBS Waivers) to enable beneficiaries who would otherwise need an institutional level of care to receive long-term care services and supports in their home or community, rather than in an institutional setting... For example, Colorado’s Persons with a Spinal Cord Injury 1915(c) waiver allows individuals with spinal cord injuries in the Denver metropolitan area to receive acupuncture, massage therapy, and chiropractic services, which are not otherwise covered under Colorado’s Medicaid state plan.”

“Section 1115 Demonstrations. States may also utilize Section 1115 demonstration authority to test non-opioid pain management strategies... States could, for example, elect to pilot a specific treatment option for a subset of the Medicaid population (e.g., beneficiaries with a specific diagnosis) or in a limited geographic area. Some States (e.g., Rhode Island) have used 1115 authority to build a multi-modal, multi-disciplinary program specifically targeting chronic pain management.”

“Payment Strategies. States may also design payment methodologies for individual services, or may consider creating a bundled rate for pain management in which the state pays an all-inclusive rate for a range of pain management services associated with a specific condition. Bundled payments can be constructed to support a multidisciplinary, multi-modal approach to pain management, including such elements as... acupuncture. To assist states with bundled payment methodologies, CMS has issued guidance to states for designing and developing bundled payment methodologies under state plan authority.”

Key Takeaways

Overall, this bulletin demonstrates the strong support within CMS for expanding access to non-pharmacological pain treatment options, and especially for acupuncture as a safe, proven, and effective way to treat pain. Raising the profile of acupuncture within the policymaking world and expanding access to treatment are top goals for the NCCAOM Advocacy program, and this release marks a significant step forward and a launching pad for further successes.

- CMS recognizes the success of existing Medicaid programs offering coverage for acupuncture.
- CMS supports state work to further expand access to acupuncture and other non-pharmacological treatments for pain in Medicaid.
- CMS will work with states to develop pathways to coverage in their programs, including through the OLP benefit, HCBS Waivers, 1115 demonstrations, and bundled payment methodologies.

NCCAOM supports efforts by states to provide expanded access to and coverage of acupuncture treatment of beneficiary pain, and we will work to provide resources and support for Diplomates working to develop pathways to coverage in their home states. To that end, the NCCAOM Advocacy team will develop and release supplements to the NCCAOM Advocacy Toolkit that will help Diplomates engage with their state governments and Medicaid authorities. Be on the lookout for these additions soon, and feel free to reach out advocacy@thenccaom.org with any questions.