A National Analysis of Self-Measured Blood Pressure Monitoring Coverage and Reimbursement

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Executive Summary

This report contains a national analysis of self-measured blood pressure monitoring (SMBP) coverage and reimbursement policies by selected public and private payers / insurers across the United States. For the purposes of this analysis, SMBP is defined as the regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere (also known as "home blood pressure monitoring") using a home blood pressure monitor.[i] The objective of this project was to assess what coverage is currently available for home blood pressure monitors and SMBP clinical support services and to identify facilitators and barriers for optimal coverage of the device and associated clinical services.

Using publicly available insurer documentation, researchers from George Washington University (GWU) collected and analyzed insurance policies from a sample of the top 20 private insurers with the highest number of covered lives, Medicaid fee-for-service (FFS) programs in 10 select states, 7 Medicaid Managed Care Organizations (MCOs) operating within the select states, and the top 5 Medicare Advantage providers to assess coverage and reimbursement of SMBP between March and August, 2019. Researchers also conducted several stakeholder interviews to further define coverage availability for SMBP.

As per the findings (see Appendix 1: SMBP Top Line), the coverage and reimbursement analysis revealed a general lack of coverage for home blood pressure monitors for hypertension diagnosis and management. While some states had Medicaid programs that offered coverage of home blood pressure monitors, these policies often-required beneficiaries to have conditions in addition to diagnosed hypertension for eligibility. Furthermore, only two of the 20 private payers analyzed offered home blood pressure monitor coverage for blood pressure screening.

While coverage of SMBP clinical support services was rarely explicit, there are avenues through which clinical support for SMBP could occur. The most common avenue could include coverage through disease management benefits that include health education and self-management instruction. This finding largely held true across both public and private payers and could be a possible pathway towards coverage for chronic hypertension management.

Finally, across all payers, remote patient monitoring of blood pressure, if it is available at all, appears to be limited to beneficiaries with serious chronic conditions, not just a diagnosis or potential diagnosis of hypertension.

There are multiple pathways to improving and expanding coverage of SMBP and clinical support services. Exploring avenues for Medicare coverage of home blood pressure monitors may be a key first step. Among Medicare Advantage issuers, offering SMBP coverage through their recently expanded supplemental benefits presents an opportunity. Medicaid programs may consider these avenues as deciding factors to expand SMBP coverage in their state: state-specific SMBP return-on-investment data, provider recommendations to improve patient and population hypertension rates, draft language for inclusion in MCO model contracts, and use of administrative dollars for home blood pressure monitor purchases. Cost effectiveness data is most likely to influence private payer coverage, as are public insurer determinations.
In collaboration with the National Association of Chronic Disease Directors (NACDD), Million Hearts® will be leveraging the findings from this analysis to optimize access to automated blood pressure monitors and the clinical support services needed for the provision of SMBP, an intervention vital to the prevention of heart attacks and strokes.

Introduction

Researchers analyzed a sample of health insurance plans from private insurers, select state Medicaid fee-for-service (FFS) programs, Medicaid Managed Care Organizations (MCOs) operating within selected states, and Medicare Advantage to assess coverage and reimbursement of SMBP with clinical support services between March and August, 2019. To supplement this information, this report also contains insights gathered from interviews conducted with key stakeholders.

Strong scientific evidence shows that self-measured blood pressure monitoring (SMBP), also known as home blood pressure monitoring, with clinical support helps people with hypertension lower their elevated blood pressure, a key risk factor for heart disease and stroke. National guidelines recommend SMBP for the treatment and management of hypertension.[ii] It is also recommended as an alternative to ambulatory blood pressure monitoring in the national guidelines for blood pressure screening.[iii]

Despite the strong evidence base for SMBP and its endorsement across national healthcare leaders, uptake of SMBP in the United States remains extremely low with lack of third-party reimbursement cited as a key barrier to its use. This analysis confirmed that coverage of home blood pressure monitors and SMBP clinical support services was extremely limited across payers. The table in Appendix 1 summarizes the findings from the national analysis across payers with notes explaining which devices and/or services were covered and for whom.

Sample Selection

SMBP coverage and reimbursement across public and private insurers varies by payer, region, and plan. To make this analysis manageable, researchers from GWU developed a representative sample of public and private payers to collect and analyze plans and policies for SMBP coverage.

This sample included the following payers:
1. The top five Medicare Advantage issuers in the United States (see Table 1),
2. The largest Medicaid MCOs (where available) and Medicaid FFS programs across ten states with varying rates of hypertension prevalence, Medicaid expansion, and region. (see Table 2),
3. The top 20 private insurance issuers in the United States by enrollment/number of lives covered (see Table 3).

Table 1: Top 5 Medicare Advantage Issuers in the US by Enrollment and Market Share, January 2019

Rank	Company	Enrollment	Market Share	Cumulative Market Share
1	United Health	5,736,356	25.6%	25.6%
2	Humana	3,873,494	17.3%	42.9%
3	CVS Health/Aetna	2,161,253	9.7%	52.6%
4	Anthem	1,110,786	5.0%	57.6%
5	WellCare	547,171	2.4%	60.0%

Source: CMS.gov. Monthly Enrollment by Plan, 2019-01. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Plan-Items/Monthly-Enrollment-by-Plan-2019-01.html

Table 2: Ten State Medicaid Sample and State Characteristics

State	Largest Medicaid MCO[1]	Hypertension Prevalence[2]†	Status of Medicaid Expansion[3]	Region
Alabama	N/A	High	Not Adopted	South
Arkansas	N/A	High	Adopted	South
California	L.A. Care Health Plan	Low	Adopted	West
Illinois	IlliniCare Health	Middle	Adopted	Midwest
Louisiana	Louisiana Healthcare Connections	High	Adopted	South
Massachusetts	BMC HealthNet Plan Community Alliance	Low	Adopted	Northeast
Minnesota	Blue Plus	Low	Adopted	Midwest
New York	Fidelis	Low	Adopted	Northeast
South Carolina	Select Health of South Carolina	High	Not Adopted	South
South Dakota	N/A	Middle	Not Adopted	West

† States with "High" hypertension prevalence are among the top 10 states in rates of hypertension. States with "Low" hypertension prevalence rates are among the bottom 10 states in rates of hypertension. States with "Middle" hypertension prevalence rates are the remaining states between the top 10 and bottom 10 states.

Table 3: Top 20 Private Insurance Issuers in the United States by Enrollment, Q3 2018

Rank	Company	Total Health Enrollment
1	United Health	38,166,973
2	Anthem	33,257,528
3	Aetna	20,659,466
4	HCSC	14,511,342
5	Cigna	14,321,849
6	Kaiser Foundation	12,078,103
7	Centene	8,505,421

[1] Medicaid MCO Enrollment by Plan and Parent Firm, 2017. The Henry J. Kaiser Family Foundation. https://www.kff.org/other/state-indicator/medicaid-enrollment-by-mco. Published July 25, 2019. Accessed August 26, 2019.

[2] Warren M, Beck S, Rayburn J, et al. The State of Obesity: Better Policies for a Healthier America. Trust for America's Health, Robert Wood Johnson Foundation. https://media.stateofobesity.org/wp-content/uploads/2019/02/19162010/stateofobesity2018.pdf. Published September 2018. Accessed August 26, 2019.

[3] Status of State Action on the Medicaid Expansion Decision. The Henry J. Kaiser Family Foundation. https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. Updated August 1, 2019. Accessed August 26, 2019.

8	Humana	6,301,910
9	Guidewell	5,260,896
10	Blue Cross Blue Shield of Michigan	5,146,462
11	Blue Shield of California	4,068,195
12	Molina Healthcare	3,833,259
13	Independence Blue Cross	3,821,575
14	Blue Cross Blue Shield of New Jersey	3,813,085
15	Highmark	3,281,971
16	Carefirst	2,980,734
17	WellCare†	2,916,521
18	Blue Cross Blue Shield of Massachusetts	2,879,676
19	Blue Cross Blue Shield of Alabama	2,738,932
20	Blue Cross Blue Shield of North Carolina	2,458,726

Source: Mark Farrah Associates Enrollment by Segment by Parent from Q3 2018.
"Total Health Enrollment" includes carrier enrollment in Individual, Fully Insured Group, ASO, FEHBP, Medicare Advantage, and Medicaid. Excludes Medicare Supplement enrollment.
†WellCare does not offer insurance on the individual private health insurance market. WellCare's Medicare Advantage policies are available in the Medicare Advantage analysis.

Stakeholder Interviews

In addition to the coverage analysis based on publicly available documentation, researchers interviewed several health insurance stakeholders to further understand availability of and potential opportunities for expanded access to SMBP. Interviewees included representatives from 2 private insurers, 4 state Medicaid programs, the Centers for Medicare & Medicaid Services (CMS), and a device manufacturer.

Methodology

For the purposes of this project, SMBP is defined as regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere (also known as “home blood pressure monitoring”) using a home blood pressure monitor. Home blood pressure monitors are mobile devices that can be used to measure blood pressure and, ideally, possess recommended device features.[iv] This analysis includes home blood pressure monitors that possess recommended device features as well as those that do not. However, it does not include an analysis of coverage for ambulatory blood pressure monitoring (ABPM), defined as diagnostic tests to measure blood pressure using an automated monitor that takes and stores measurements over 24-hour cycles, as such test falls outside the definition of “self-measured.”

Monitors reviewed in this analysis include automatic monitors, semi-automatic monitors, sphygmomanometer/blood pressure apparatuses with cuffs and stethoscopes, and blood pressure cuffs (without stethoscopes). Table 4 provides an overview of the type of home blood pressure monitors included in this analysis.

Table 4: Types of Home Blood Pressure Monitors Analyzed for Coverage

Type of Home Blood Pressure Monitor	HCPCS Code	Estimated Direct Purchasing Cost	Professional Recommendations
Automatic monitors	A4670	$50-$100	"Recommended" by the American Medical Association[4] "Preferred" by CDC[5]
Semi-automatic monitors	A4670	$20-$50	"Not Preferred" by CDC[6]
Sphygmomanometer/ blood pressure apparatus with cuff and stethoscope	A4660	$10-$50	"Not Preferred" by CDC[7]
Blood pressure cuff (only)	A4663	$10-$40	"Not Preferred" by CDC[8]

This analysis also includes assessment of clinical support services for SMBP. Clinical supports include regular one-on-one counseling, educational classes, and web-based or telephonic support tools.[v] Evidence indicates these services are most impactful when provided by a pharmacist or nurse on a regular basis to ensure the accuracy of blood pressure measurement and appropriate medication and/or titration in response to the reported self-measured blood pressure measurements. However, given the flexible nature of clinical supports, this report references services that explicitly cover clinical supports for SMBP, as well as services that could potentially be used for SMBP clinical supports, but do not specifically reference SMBP. For instance, health education services as part of covered chronic disease management services could potentially include SMBP clinical support services and are included in this analysis. This analysis may also serve as a baseline for SMBP clinical support service coverage as it pertains to staff and clinician time spent training patients on proper measurement techniques, calibrating monitors, monitoring home readings, and gathering the data to inform treatment. While these specific services are critical to the provision of SMBP and practiced at a number of top-performing ambulatory care settings in the United States, these services only became billable January 1, 2020 with the release of two new Current Procedural Terminology (CPT) codes for SMBP implementation services (i.e. 99473 and 99474).[vi] [9]

Finally, this report assesses coverage of remote patient monitoring. Remote patient monitoring is the use of telecommunications tools to monitor the vital signs of patients outside the clinical setting.[vii] In order for SMBP to be clinically relevant and effective, patients and providers must have a way of communicating this information with one another. This analysis reviews coverage for remote patient monitoring as well as forms of data transfer that can occur during a remote clinical visit. To be included in this analysis, remote patient monitoring must be available to ambulatory beneficiaries using the home blood pressure monitors included in this analysis.

[4] *Id.*
[5] US Dept of Health and Human Services. Centers for Disease Control and Prevention. Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians; 2014. https://millionhearts.hhs.gov/files/MH_SMBP_Clinicians.pdf. Accessed August 26, 2019.
[6] *Id.*
[7] *Id.*
[8] *Id.*
[9] While this analysis was completed in August 2019, the authors of this report elected to update language to reflect the September 2019 release of the 2020 SMBP CPT codes and Medicare's coverage of these services that went into effect January 1, 2020 given the impact these developments have on this and future analyses.

Researchers reviewed documentation from each payer in the sample. Table 5 outlines payer specific documentation reviewed.

Table 5: Analysis Documentation by Type of Insurer

Insurer	Analysis Documentation
Private insurance	• National service coverage policies • National durable medical equipment policies
Medicaid fee-for-service	• State Medicaid service coverage policies • State Medicaid provider manuals • State Medicaid durable medical equipment policies • State Medicaid waivers • Medicaid State Plan Amendments
Medicaid Managed Care Organizations	• State Medicaid service coverage policies • State Medicaid provider manuals • State Medicaid durable medical equipment policies • State Medicaid waivers • Medicaid State Plan Amendments • Plan service coverage policies • Plan durable medical equipment policies •
Medicare/Medicare Advantage	• Medicare National Coverage Determinations • Medicare Local Coverage Determinations • National service coverage policies for private Medicare Advantage issuers • National durable medical equipment policies for private Medicare Advantage issuers

Findings by payer type

Traditional Medicare

Payer Specific Methodology

Researchers reviewed Medicare national and local coverage determinations for coverage of home blood pressure monitors, SMBP clinical supports, and remote patient monitoring.

Findings

Home Blood Pressure Monitor Coverage

There are currently no national coverage determinations (NCD) or local coverage determinations (LCD) that address home blood pressure monitors. While CMS recently finalized an NCD on ABPM,[viii] this NCD does not extend coverage to home blood pressure monitors. Medicare beneficiaries receiving home dialysis for end stage renal disease may receive a blood pressure apparatus, however the home blood pressure monitoring devices for hypertension diagnosis and management for all patients with hypertension being considered in this analysis are not covered. [ix]

Clinical Supports

At the time of this analysis, Medicare did not cover clinical support services for SMBP. The Cardiovascular Disease (CVD) behavioral therapy preventive service[x] made available to Medicare beneficiaries does allow providers to discuss aspirin use with patients (if appropriate), check blood pressure, and provide information to encourage healthy eating through a cardiovascular risk reduction visit.[xi] Support for SMBP could occur during this visit, yet the extent of clinical support would be restricted by the fact that the cardiovascular risk reduction visit only occurs once per year.

As per the 2020 Medicare Physician Fee Schedule Final Rule, Medicare began offering coverage for implementing SMBP, as per the new CPT codes, on January 1, 2020.[xii] Specifically, Medicare reimburses for the practice expense of $11.19 one-time for "self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration" as per 2020 CPT code 99473. Medicare also reimburses providers $15.16 per patient per month for the provision of "self-measured blood pressure using a device validated for clinical accuracy separate self-measurements of two readings, one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient." The 2020 CPT code for the data collection and treatment plan is 99474. The use of these services, however, will be dependent upon beneficiaries having access to home blood pressure monitors.

Remote Patient Monitoring

There is no policy surrounding remote patient monitoring in Medicare for SMBP services, although there are policies indicating coverage of home blood pressure monitors for remote patient monitoring via chronic care management codes. However, these codes only cover 16 days a month of monitoring, which is insufficient. Expansion of this benefit could be a pathway to broader coverage.[xiii] Similarly, there is no stand-alone remote patient monitoring benefit that could be applied to SMBP (or other services) in an ad hoc fashion. Remote patient monitoring may be available for those in nursing home level care, but this is beyond the scope of SMBP as defined in this project.

Summary for Medicare

Medicare covers home blood pressure monitors for beneficiaries receiving home dialysis for end stage renal disease. While SMBP education and/or training may have been incorporated into cardiovascular risk reduction visits and remote patient monitoring services in 2019, the past, Medicare now offers reimbursement for SMBP clinical support services as defined by CPT codes 99473 and 99474.

Public health stakeholders have the opportunity to raise awareness among clinical care teams and health care providers who accept Medicare assignment about the availability of the new CPT codes for SMBP and Medicare's new coverage of these services.

Medicare Advantage (or Medicare Part C)

Payer Specific Methodology

Researchers sought to identify publicly available, national-level Medicare Advantage (MA) coverage policies for the top five MA plan issuers. Of these issuers, only United Healthcare has publicly available MA policies. In lieu of access to these policies, researchers utilized enrollment data to identify the five plans with highest enrollment from each of the four remaining MA plan issuers. Reviewing and comparing documentation from these plans allowed researchers to assess the extent to which overarching coverage policies exist.

For two issuers, Humana and Aetna, two of the top five MA plans were Employer Group Waiver Plans— that is, Medicare Advantage plans offering coverage through a Medicare-eligible individual's current or former employer. Specifically, the top two plans by enrollment for both Humana and Aetna were "800 series" plans, which are offered directly to employers and unions. Individual consumers cannot purchase these plans, so they are not publicly available on consumer-facing websites. Representatives from both companies were not able to provide researchers with documentation for these plans. Accordingly, the coverage analysis for Humana and Aetna is based on a comparison of the issuers' third, fourth, and fifth largest plans by enrollment.

Findings

Home Blood Pressure Monitor Coverage

Coverage of home blood pressure monitors in the MA plans is consistent with coverage requirements (or lack thereof) in traditional Medicare. No MA plan issuers offer explicit coverage of home blood pressure monitors.

There is, however, one MA plan issuer that offers a potential avenue for coverage of home blood pressure monitors. WellCare has an over-the-counter (OTC) benefit of up to $150 per month which can be used to purchase items from its OTC catalog. Distribution and rollover of unspent money for this benefit varies by plan. WellCare's OTC catalog[xiv] [xv] includes four home blood pressure monitors and related devices (see Table 6).

Table 6: Monitors Offered in WellCare's OTC Catalog

Generic Name	Cost	Brand Name
Blood Pressure Monitor Audio, Full Audio	$60	Omron® Blood Pressure Monitor Audio
Blood Pressure Monitor, LG Cuff	$41	Omron® BP Monitor, LG Cuff
Blood Pressure Monitor, Wrist	$25	Omron® Blood Pressure Monitor, Wrist
Blood Pressure Monitor, XL Cuff	$41	Omron® BP Monitor XL Cuff

The remaining issuers did not cover home blood pressure monitors. Some of these issuers do indicate durable medical equipment (DME) policies in plan documentation, which could be relevant should an issuer elect to add home blood pressure monitor(s) to its covered DME list.

Clinical Supports

All MA issuers are anticipated to cover the 2020 CPT codes for SMBP implementation beginning January 1, 2020 and already cover one cardiovascular risk reduction visit per year as one of Medicare's core preventive services,[xvi] although this benefit does not explicitly cover clinical supports for SMBP.

At least one MA issuer, United Healthcare, notes that while it "does not specifically identify patient education programs as covered services, reimbursement may be made for such programs furnished by providers of services…to the extent that the programs are appropriate, integral parts in the rendition of covered services which are reasonable and necessary for the treatment of the individual's illness or injury."[xvii] An additional potential avenue to coverage of SMBP clinical supports is through a provision

for home care, provided that care is "closely related to the care and treatment of the patient"[xviii], however this was not fully explored in this analysis.

All issuers are subject to traditional Medicare (FFS) requirements regarding telehealth services which are fairly restrictive in terms of reimbursement requirements. Only certain sites and providers offering certain services are eligible for Medicare reimbursement for these telehealth services (for more information, see the Center for Connected Health Policy's fact sheet on the Finalized CT 2019 Physician Fee Schedule[xix]). Regardless, all MA plans may offer supplemental benefits within which SMBP clinical supports could occur.

Remote Patient Monitoring

There is no general policy surrounding remote patient monitoring among MA plans analyzed for this project. Again, there are policies about remote patient monitoring incident to other covered services (e.g. remote patient monitoring for ambulatory blood pressure monitoring), but because home blood pressure monitors are not covered by Medicare, there is no remote patient monitoring benefit specific to SMBP available.

Summary for Medicare Advantage

MA issuers have the flexibility to offer coverage of home blood pressure monitors and SMBP clinical support as supplementary benefits for their beneficiaries. This approach aligns with CMS's encouragement for MA issuers to offer supplemental benefits that "focus on preventing disease and keeping people healthy,"[xx]including expanding to benefits whose primary purposes are the "daily maintenance of health."

Medicaid

Researchers also reviewed Medicaid policies in 10 select states, both fee-for-service and managed care (where available). This analysis included state plan amendments (SPAs) and Medicaid waivers that would affect both fee-for-service and managed care. Analysis of state plan amendments and Medicaid waivers are included in the section on Medicaid fee-for-service below.

Nationally, the majority of states provide Medicaid coverage through both fee-for-service and managed care systems. However, 12 of 51 jurisdictions rely exclusively on their fee-for-service program to provide Medicaid coverage. This includes three of the ten states selected for analysis: Alabama, Arkansas, and South Dakota.

Medicaid Fee-for-Service

Payer Specific Methodology

CMS compiles a list of Medicaid SPAs[xxi] and Medicaid waivers[xxii] on its website. In addition to reviewing these sources, the team utilized each state's individual Medicaid website which listed the Medicaid SPAs and waivers active in that state. Researchers also utilized state Medicaid websites to identify Medicaid durable medical equipment lists and provider manuals for analysis. Where websites listed more than one provider manual (e.g. manuals for specific types of providers), the team analyzed the general physician or "all providers" manual.

Findings

Home Blood Pressure Monitor Coverage

The team identified six states out of ten states in this sample which offered some coverage of home blood pressure monitors: Arkansas, California, Illinois, Louisiana, Massachusetts, and New York. However, only California specifies coverage for automated home blood pressure monitors for beneficiaries with hypertension. Beneficiaries in the other states may need to obtain prior authorization or have specific conditions to qualify for coverage depending on the state. For instance, Louisiana Medicaid only covers blood pressure monitors for beneficiaries receiving hemo-dialysis in the home setting. Meanwhile, New York Medicaid has different coverage criteria for semi-automatic and fully automatic blood pressure monitors. New York Medicaid will cover semi-automatic monitors when ordered by a qualified practitioner as part of a comprehensive treatment plan for patient monitoring and recording in the home, when the beneficiary is hearing or visually impaired, or when the clinician is unable to teach the beneficiary to use a manual monitor because of low literacy skills or learning impairment. The state will cover fully automatic blood pressure monitors when coverage criteria for semi-automatic monitors are met *and* the beneficiary has arthritis or other motor disorders involving the upper extremities that would prevent him or her from using the pump to inflate the cuff. New York, however, is also exploring the value of SMBP for Medicaid beneficiaries by incorporating it into an incentive program with select physicians through a 1115 waiver.

Translating home blood pressure monitoring coverage policies to home blood pressure monitor access for Medicaid beneficiaries has sometimes been difficult. For example, Arkansas Medicaid covers rentals of automatic home blood pressure monitors. However, according to representatives from Arkansas's Medicaid program, exactly one Medicaid beneficiary in Arkansas has requested a home blood pressure monitor through his or her provider since January 2017. Arkansas Medicaid interviewees speculate beneficiaries may want to own (rather than rent) their home blood pressure monitors to manage chronic heart conditions and providers may perceive this coverage as being necessary to monitor blood pressure for acute conditions. However, interviewees were still surprised that utilization is so low.

For three states in the sample (Alabama, South Carolina, and South Dakota), researchers were able to identify updated and (what appeared to be) comprehensive DME lists which indicate a lack of home blood pressure monitor coverage by virtue of their non-inclusion among covered equipment and codes. However, researchers were unable to identify a similarly comprehensive and updated DME list for Minnesota given conflicting information in the state's Department of Revenue Factsheets and DME list. More than half of the states in the sample include some level of coverage of home blood pressure monitors. In addition, of the four states that do not have coverage for home blood pressure monitors, none had expanded Medicaid.

In addition to the opportunity to expand Medicaid to non-elderly individuals with annual incomes at or below 133 percent of the federal poverty level, the Patient Protection and Affordable Care Act (ACA) statutorily links U.S. Preventive Services Task Force (USPSTF) recommendations to coverage requirements in certain plans. Specific to this coverage analysis, Section 2713 of the ACA requires states that expand Medicaid as per the ACA and group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for evidence-based items or services that the USPSTF has given an A or B rating.[xxiii] In the summary of its recommendation on screening of high blood pressure in adults, the USPSTF recommends "obtaining [blood pressure] measurement outside of the clinical setting for diagnostic confirmation before starting treatment."[xxiv] It may be for this reason that states that expanded Medicaid, as well as select private payers (see below), elected to cover home blood pressure monitors.

Researchers were able to interview a number of representatives from state Medicaid programs to

inquire about SMBP coverage. State Medicaid representatives from Medicaid programs that do not cover home blood pressure monitors, or do not cover home blood pressure monitors for hypertension did not view the USPSTF recommendation on blood pressure screening as a specific reason to provide coverage for SMBP.

Clinical Supports

Like many other payers, state Medicaid FFS programs did not specifically cover clinical supports for SMBP, either on-site or via telehealth. However, there are several covered benefits that could conceivably be utilized to provide clinical support for SMBP for specific patients. Cardiovascular rehabilitation programs, like those covered by California and New York's Medicaid FFS program, provide individualized treatment plans that could include SMBP clinical support services despite being primarily exercise-based. Like cardiac rehabilitation programs covered by other payers, these programs have limited eligibility, primarily reserved for individuals who have a qualifying heart condition, had a heart attack, or received a qualifying cardiac procedure, which limits the effectiveness of SMBP clinical support for the prevention of a cardiovascular event. New York's Medicaid program also covers education and training for patient self-management, which could conceivably be used for SMBP clinical support.

Since January 1, 2019, South Dakota's Medicaid program has allowed DME providers to bill Medicaid for providing Medicaid recipients education on how to use DME. Home blood pressure monitors are not included under South Dakota's DME, however if such devices were included at a later date, this billing code could be used for this purpose.

Six of the ten states included in the sample (Alabama, California, Illinois, Minnesota, New York, and South Dakota) have implemented Medicaid Health Homes by using a State Plan Amendment.[xxv] Interviews with state Medicaid representatives suggested an opportunity for SMBP clinical supports within Health Home models, even in states where home blood pressure monitors are not covered by Medicaid. South Dakota does not explicitly cover home blood pressure monitors, however the state is approved for a Medicaid Health Home Program.[xxvi] Medicaid Health Homes in South Dakota provide comprehensive case management, care coordination, health promotion, transitional care, patient and family support, and referral to community and support services for eligible Medicaid beneficiaries.[xxvii] This Health Home Program represents healthcare infrastructure within which coverage of SMBP and clinical supports could exist.

Regarding telehealth for clinical support services, only one state Medicaid program (Arkansas) had an identified 24/7 Nurse Help Line. Although nurse help lines are not considered SMBP clinical support services, they could be valuable resources for patients seeking medical advice as a result of a high home-blood pressure reading.

Several state Medicaid programs offer coverage of telehealth. Many of these telehealth services could likely be used for SMBP clinical support, but only one state, South Dakota, was very specific with respect to SMBP in its offerings. The state offers intensive behavioral therapy to reduce cardiovascular disease risk via telehealth, a service that researchers have previously identified as strong potential for use as SMBP clinical supports.

Remote Patient Monitoring

The majority of Medicaid FFS programs analyzed in this coverage analysis do not appear to cover remote patient monitoring. Researchers identified at least one Medicaid FFS program, MassHealth, the Medicaid program in Massachusetts, which explicitly excludes coverage for remote patient monitoring CPT codes (99453, 99454, and 99547). However, several states either cover or have the capacity to

cover remote patient monitoring of SMBP. The Louisiana Community Choices program, created through a 1915(c) waiver, provides coverage for remote collection of health-related data, including blood pressure. However, eligibility for this program falls outside of the definition of "home-based" used in this project. Namely, eligible beneficiaries must be seniors and persons living with adult onset disabilities, who meet Medicaid eligibility, are 21 years or older, and require Nursing Facility Level of Care.

Meanwhile, New York's Medicaid program exhibits at least two mechanisms for coverage of remote patient monitoring. The first is within the Delivery System Reform Incentive Payment (DSRIP) Program[xxviii] created through the state's Medicaid Redesign Team (MRT) Waiver Amendment. Provider systems participating in this program must assure at least 80 percent of their primary care practices are implementing evidence-based strategies to improve management of CVD and use of Million Hearts strategies[xxix] is encouraged. One possible action step is to "develop and implement protocols for home blood pressure monitoring with follow up support."[xxx] Second, the state also has a Medicaid State Plan amendment to cover remote patient monitoring of health-data, including blood pressure. A number of conditions must be met to be eligible for this coverage including the requirement that beneficiaries are receiving home health services through a Certified Home Health Agency, which falls outside the scope of SMBP as defined in this project, but does suggest a capacity to implement such services.

South Carolina's Medicaid Home and Community-Based Services (HCBS) waiver program, created by a 1915(c) waiver is similarly structured, and suffers from similar limitations to New York's SPA. It provides remote patient monitoring services beyond the scope of SMBP (e.g. "tele monitoring equipment…must be, at a minimum, an FDA Class II Hospital grade medical device"),[xxxi] but again suggests that such services could be offered in the future.

Summary for Medicaid FFS

States that passed Medicaid expansion may be best poised to offer coverage for SMBP, especially given its inclusion in the USPSTF grade "A" recommendation for blood pressure screening. These states may also be more amenable to generating legislation requiring Medicaid coverage of SMBP. Additionally, utilizing a State Plan Amendment and/or waiver approach are options to pursue, though these require significant political will and can be time-consuming. Beyond legislation, encouraging providers and other stakeholders to submit coverage recommendations and/or recommendations to revise existing coverage to better align with clinical guidelines (i.e. use of an automated blood pressure monitor for the diagnosis and treatment of hypertension) to their state Medicaid programs is an important supplement to pursing other avenues to SMBP coverage among Medicaid FFS programs.

Medicaid Managed Care

Payer Specific Methodology

Researchers sought to identify state-level coverage policies among Medicaid managed care organizations which included seven of the ten states studied.

Researchers reviewed boilerplate contract language released by the Medicaid department in each state. These documents outline the benefits Medicaid MCOs should provide to Medicaid beneficiaries in each state. The research team also reviewed plan documentation from the largest MCO in each of the selected states to assess the extent to which MCOs abide by these state requirements, as well as to identify any supplemental benefits they may provide.

The largest MCO in one of the states, Fidelis in New York, did not have any publicly available plan

documentation researchers were able to identify. As a result, analysis of SMBP coverage for this state is based solely on a review of the state's boilerplate contract language for MCOs.

Findings

Home Blood Pressure Monitor Coverage

None of the Medicaid MCOs reviewed, nor any of the sample states' boilerplate MCO contract language, indicated coverage of home blood pressure monitors.

Clinical Supports

Much of the boilerplate MCO contract language in the states reviewed emphasized health education for beneficiaries. Generally, the MCOs themselves offer health education applicable to SMBP clinical supports via case management/chronic disease management in member handbooks. Chronic disease management generally includes diseases like cardiovascular disease and hypertension. Some Medicaid MCOs and Medicaid MCO boilerplate contracts also explicitly mention utilizing community health workers to deliver health education, including for health education for patient self-management.

There is some concern that beneficiaries without any eligible, diagnosed chronic disease may not receive clinical support for services like SMBP. For instance, BMC HealthNet Plan Community Alliance, the largest Medicaid MCO in Massachusetts, explicitly lists "education in patient self-management" as a non-covered service. While other MCOs did not have this specific, exclusionary language, it does call into question whether the emphasis on health education for self-management in chronic disease/case management extends to beneficiaries outside of these programs.

Like the Medicare Advantage plans previously reviewed, all Medicaid MCOs offer a 24/7 nurse helpline where beneficiaries may inquire about medical issues that do not rise to the level of a doctor or urgent care visit. Beneficiaries may elect to use this service when assistance on SMBP techniques is needed outside of office hours, however, these services should be considered outside the realm of primary care hypertension management given the lack of communication and coordination with the prescribing clinician. There is no requirement for this benefit in any of the Medicaid MCO boilerplate contracts, but the MCOs with publicly available plan documentation (i.e. all states with Medicaid managed care except New York,) do offer this supplemental benefit.

As organizations administering Medicaid, several of the MCOs mention the federal program providing low-income individuals with free or reduced-price cell phones and cell phone service.[xxxii] As the value of addressing social determinants of health is fully appreciated, more of these plans may extend coverage for non-emergency medical transportation and other care coordination services that may be leveraged to address logistical barriers to SMBP implementation.

Remote Patient Monitoring

Similar to Medicare Advantage issuers, there does not appear to be a general policy surrounding remote patient monitoring among any Medicaid MCO, nor in any of the sample states' boilerplate MCO contract language.

Summary for Medicaid MCO

Medicaid programs within the state may cover home blood pressure monitors in their DME lists (see the previous section on Medicaid FFS Home Blood Pressure Monitor Coverage), but no Medicaid MCO indicated this coverage.

Stakeholder interviews indicated partnering with organizations and stakeholders that can provide state-specific return-on-investment (ROI) data for SMBP may be a way to encourage policymakers and

legislators to seek expanded Medicaid coverage of SMBP. Writing SMBP coverage into model MCO contracts may be a way to increase the likelihood that Medicaid MCOs would cover SMBP. Additionally, MCOs could provide SMBP support via health education activities and/or classes that include self-monitoring of key biometrics utilizing their administrative dollars (rather than dollars designated for medical purposes), as administrative spend can be used to support wellness initiatives in collaboration with community-based organizations, such as local Ys affiliated with the YMCA of USA. As noted in the Medicaid FFS section, encouraging providers and other stakeholders to submit coverage recommendations to their state Medicaid programs is an important supplement to pursing these other avenues to SMBP coverage.

Private Insurers

Payer Specific Methodology

The methodology used for these payers followed the methodology laid out in the analytical framework: reviewing national service coverage policies and national durable medical equipment policies for coverage of home blood pressure monitors, clinical supports, and remote patient monitoring. The coverage analysis of private insurers does differ from the coverage analysis of other payers in one meaningful way: because private insurance documentation is often proprietary and confidential, researchers' access was often more limited than in other parts of this analysis. Researchers have reviewed documentation available and have been conscientious about prematurely declaring the absence of home blood pressure monitor or clinical support coverage when no affirmative coverage documentation is publicly available.

Findings

Home Blood Pressure Monitor Coverage

There are four levels of home blood pressure monitor coverage across private insurers.
The first, and most common, is no identifiable coverage. This level of coverage is present among most private insurers analyzed. The team did note DME coverage policies where available, but were generally unable to confirm home blood pressure monitors were among covered DME. As many DME lists are confidential and proprietary, it is possible that a private insurer which does not indicate home blood pressure monitor coverage may have home blood pressure monitors on their DME list. However, based on publicly available documentation, it appears that most private insurers do not cover these monitors.

The second level of SMBP coverage is that offered to beneficiaries with certain conditions, which can be CVD-related or CVD-adjacent. For instance, Blue Shield of California offers coverage for home blood pressure monitors for SMBP to individuals with Coronary Artery Disease who enroll in a disease management program. Highmark offers home blood pressure monitoring coverage (among other medical equipment) for its beneficiaries on home dialysis. CareFirst also offers coverage to individuals with chronic heart failure, hypertension, or chronic kidney disease who participate in their enhanced monitoring program. Broadly, this type of coverage is limited by disease eligibility requirements, as well as a general lack of uptake among private insurers.

The third level of home blood pressure monitor coverage is that offered through an over-the-counter benefit. Within this coverage level, private insurers offer beneficiaries a certain amount of money to spend on over the counter items offered through their catalogs either monthly or quarterly. Beneficiaries may elect to use this allowance to purchase home blood pressure monitors.

Of the private insurers identified with an OTC benefit (Cigna, Blue Shield of California, and Molina

Healthcare) all offer various home blood pressure monitors for purchase. The amount of money beneficiaries receive is plan-dependent and may not be enough to cover the entirety of a home blood pressure monitor. OTC catalogs are often limited in the types of home blood pressure monitors available to beneficiaries. One home blood pressure monitoring device manufacturer indicated they have been unable to develop relationships with payers to appear in OTC catalogs thus far.

The fourth and most generous level of SMBP coverage is outright coverage of the device. Researchers were able to identify two private insurers with this level of coverage: Aetna and Cigna. Both payers cover sphygmomanometers with cuffs and stethoscopes, blood pressure cuffs only, and automatic blood pressure monitors to be used to confirm a diagnosis of hypertension as per their interpretation of the United States Preventive Services Task Force (USPSTF) grade "A" recommendation. Current recommendations are that patients only be provided automated blood pressure monitors for home use.[xxxiii]

Generally, interviewees from payers that cover SMBP view the home blood pressure monitoring recommendations from the USPSTF as requiring coverage of SMBP by certain health plans. Representatives from both Cigna and Aetna stated that the recommendation is straightforward: USPSTF recommends SMBP, thus the ACA obligates certain payers to cover it.

Researchers were unable to interview representatives from private payers that did not cover SMBP to inquire about their interpretation of USPSTF recommendations and how their interpretation affected coverage decisions. The researchers posit a similar explanation for most private payers' lack of coverage of home blood pressure monitors.

Clinical Supports

Researchers were unable to identify clinical supports for most private insurer plans analyzed. Again, because of the limitations on publicly available documentation, researchers are hesitant to declare a lack of coverage of SMBP clinical supports for these insurers.

Nevertheless, researchers were able to identify several private insurers with potential avenues for the provision of SMBP to beneficiaries with adverse risk factors. Several private insurers had documentation on the cardiac rehabilitation programs they offer. Although the principal component of cardiac rehabilitation is exercise training, there is a component of health education within these programs that could possibly include SMBP education. However, the cardiac rehabilitation benefit is typically limited to beneficiaries who have had a heart attack, have a diagnosis of stable angina or heart failure with reduced ejection fraction, have received a stent or angioplasty, and/or have undergone bypass, valve, or a heart or heart-lung transplant surgery. This limits the preventive efficacy of any SMBP clinical support that could occur within a cardiac rehabilitation benefit because they are only available to those who have already had a serious adverse cardiac event.

Another potential avenue for the provision of clinical support is via chronic disease or condition management programs. These often offer health education components that could include SMBP clinical support. Conditions eligible for chronic condition management programs include diabetes, coronary artery disease, and heart failure, as well as other, non-cardiovascular-related or cardiovascular-adjacent diseases like COPD and asthma.

Finally, at least one private insurer, Blue Cross Blue Shield (BCBS) of Massachusetts, uses quality assurance programs across several areas, including those where SMBP clinical supports could occur. Clinical programs that BCBS of Massachusetts subjects to quality assurance programs include diabetes management and education, as well as congestive heart failure disease management,

education, and monitoring. Education and self-management components of such programs for particular at-risk patients could include SMBP clinical support.

Telehealth clinical supports are similar to many of the telehealth supports identified for other payers. All private insurers have 24/7 nurse help lines. Several of the private insurers explicitly mention offering telehealth/telemedicine services. Availability may vary, not only by private insurer, but also by provider, but these are potential avenues of telehealth SMBP clinical support where coverage is existent.

Remote Patient Monitoring

Similar to the other payers studied, most private insurers do not have a remote patient monitoring benefit that can be applied to SMBP (or other services that require home monitoring). It could be hypothesized that SMBP remote patient monitoring will only occur as a component of broader coverage of home blood pressure monitors and SMBP clinical support services.

In CareFirst's Enhanced Monitoring Program, remote patient monitoring of blood pressure is part of its broader Patient-Centered Medical Home and Total Care and Cost Improvement Programs. Enhanced monitoring is available for beneficiaries with hypertension, chronic heart failure, and/or chronic kidney disease. Several different types of biometric data can be transferred to a centralized monitoring station including blood pressure, weight, blood sugar, and blood oxygen.

Summary for Private Insurers

Reviewing and sharing cost effectiveness and return on investment data related to SMBP – whether existing or undertaking new analyses – may influence private insurer decision-making. Private payers also tend to look to public payer policy when determining what services and equipment to cover. As such, achieving SMBP coverage via Medicare and/or Medicaid would hold considerable weight with private payers.

Conclusion

Securing coverage of an automatic, upper arm home blood pressure monitor is the first step in optimizing use of SMBP. Barring a handful of exceptions, coverage of home blood pressure monitors is limited across public and private payers. However, while coverage of SMBP clinical supports is rarely explicit, there are multiple avenues by which clinical support for SMBP could have been reimbursed, most reliably using disease management benefits that include health education and self-management instruction. The availability of two new CPT® codes for providing SMBP services in 2020 is anticipated to expand delivery of these services. better define what these services entail and offer providers reimbursement for the time spent providing SMBP clinical support services. Across all payers, remote patient monitoring of blood pressure, if it is available at all, appears to only be available for beneficiaries with serious chronic conditions, not just hypertension.

Cardiovascular disease remains the leading cause of death in the United States, with hypertension as the primary contributing risk factor. These findings provide a baseline of coverage for an evidence-based strategy to improve hypertension outcomes and engage patients in the management of their chronic conditions. With these critical gaps in coverage and education identified, Million Hearts®, in collaboration with NACDD and other public and private partners, are committing efforts to scale and spread use of SMBP to prevent cardiovascular events. Public policy makers, state chronic disease directors, public health practitioners, clinical care teams, and the general public in the United States are invited to be part of this effort.

Stakeholders interested in expanding coverage for these services are encouraged to explore policy

levers to make the case for SMBP coverage in their communities. In addition to the potential pathways to increased coverage noted in the “Summary” section for each payer type, researchers have developed a policy levers document outlining potential mechanisms for securing coverage for home blood pressure monitors and SMBP clinical support services. Million Hearts® and NACDD will be working to further develop this tool to support partners in this endeavor.

Appendix I:

Topline Findings: A National Analysis of Self-Measured Blood Pressure Monitoring Coverage and Reimbursement

About Self-Measured Blood Pressure Monitoring

Strong scientific evidence shows that self-measured blood pressure monitoring (SMBP), also known as home blood pressure monitoring with clinical support, helps people with hypertension lower their elevated blood pressure, a key risk factor for heart disease and stroke. National guidelines recommend SMBP for the treatment and management of hypertension.[1] It also is cited as an alternative to ambulatory blood pressure monitoring in the national guidelines for blood pressure screening.[2]

About the Analysis

Despite the strong evidence base for SMBP and its endorsement from national healthcare leaders, uptake of SMBP in the United States remains low with lack of third-party reimbursement cited as a key barrier to its use. This analysis confirmed that coverage of home blood pressure monitors and SMBP clinical support services was extremely limited across payers. The table below summarizes the findings across payers with notes explaining which devices and/or services were covered and for whom.

This national analysis of SMBP coverage was conducted from January to August 2019 by George Washington University's Milken Institute School of Public Health, Department of Health Policy and Management (GWU) on behalf of the National Association of Chronic Disease Directors (NACDD), with funding from Million Hearts® at the Centers for Disease Control and Prevention (CDC). Using publicly available issuer documentation, researchers analyzed current coverage and reimbursement of SMBP among:

- 20 private insurers with the highest number of covered lives
- 10 state Medicaid fee-for-service (FFS) programs
- 7 Medicaid Managed Care Organizations (MCOs) operating within selected states
- 5 Medicare Advantage providers with the highest number of covered lives

Stakeholder interviews were conducted to further define coverage availability for SMBP. A detailed description of the methodology, findings, and opportunities for establishing or expanding upon existing coverage is available at: **https://chronicdisease.org/smbp**.

With the extensive gaps in coverage and education identified, Million Hearts®, in collaboration with NACDD and other public and private partners, are recommitting efforts to optimize use of SMBP. This includes raising awareness of the new Current Procedural Terminology [CPT] codes (99473 and 99474)[3] that can be used to bill for the provision of SMBP services.

[1] Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation and management of high blood pressure in adults. J Am Coll Cardiol. 2018;71:e127-e248.

[2] Siu, A.L. and U.S.P.S.T. Force, *Screening for high blood pressure in adults: U.S. Preventive Services Task Force recommendation statement.* Ann Intern Med, 2015. **163**(10): p. 778-86.

[3] American Medical Association and American Heart Association. New CPT Codes to Cover Self-Measured Blood Pressure (SMBP). 2020. Accessed February 24, 2020. Available at: https://targetbp.org/ tools_downloads/new-cpt-codes-to-cover-self-measured-blood-pressure-smbp/.

Public health practitioners, clinicians, policy makers, and Chronic Disease Directors in the communities served have a key role to play in scaling and spreading SMBP, an intervention that is critical to the prevention of heart attacks and strokes nationwide. Resources to support these efforts will continue to be made available on the Million Hearts® SMBP webpage (**https://millionhearts.hhs.gov/tools-protocols/smpb.html**).

KEY: ●COVERED[i] ⓿COVERED FOR SPECIFIC POPULATIONS[ii] ○ NO COVERAGE IDENTIFIED

INSURER	State/Region	Home BP Monitor	Clinical Supports[iii]	Notes
MEDICARE ADVANTAGE				
Anthem	Top 5 plans	○	○	
CVS Health/Aetna	Top 5 plans	○	○	
Humana	Top 5 plans	○	○	
United Health	National	○	○	
Wellcare	Top 5 plans	⓿	○	Monitors can be purchased via over-the-counter benefit, Prior Authorization required, monitor type not specified
PRIVATE INSURERS				
Aetna	National	●	○	Automatic and manual monitors covered to confirm a diagnosis of hypertension
Anthem	National	○	○	
BCBS Of Alabama	AL	○	⓿	Chronic Condition Management Program/Disease Management Program provides clinical support, including health education and self-monitoring resources
BCBS Of Massachusetts	MA	○	⓿	Clinical supports could be part of their quality assurance program for congestive heart failure disease management, education, and monitoring
BCBS Of Michigan	MI	○	○	
BCBS Of North Carolina	NC	○	⓿	Healthy Outcomes Program provides clinical support for a variety of health conditions, including elevated BP
BCBS Of New Jersey	NJ	○	○	
Blue Shield Of California	CA	⓿	○	BP monitoring kit included in disease management program for those with coronary artery disease
Carefirst	DC, MD, VA	⓿	○	Enrollment in "Enhanced Monitoring Program" (for those who have or are at risk for congestive heart failure and coronary artery disease) required for monitor coverage

[1] Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation and management of high blood pressure in adults. J Am Coll Cardiol. 2018;71:e127-e248.

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INSURER	State/Region	Home BP Monitor	Clinical Supports[iii]	Notes
Centene	National	○	○	
Cigna	National	●	○	Automatic and manual monitors covered to confirm a diagnosis of hypertension
Guidewell	FL	○	○	
Health Care Service Corp.	Top 5 plans	○	○	
Highmark	PA, DE, WV	⓿	○	Home blood pressure monitors are covered as part of home dialysis equipment
Humana	National	○	○	
Independence Blue Cross	PA, NJ, DE	○	○	
Kaiser Permanente	CO	○	○	
Molina Healthcare	National	⓿	○	Monitors can be purchased via over-the-counter benefit, Prior Authorization required
United Healthcare	National	○	○	
MEDICAID FEE-FOR-SERVICE				
Alabama	AL	○	○	
Arkansas	AR	⓿	○	Monitor is rental item only. Provider must substantiate that an accurate blood pressure reading cannot be obtained using a regular BP monitor
California	CA	●	○	Automatic and manual monitors covered
Illinois	IL	⓿	○	Monitor covered for individuals with pregnancy-induced hypertension
Louisiana	LA	⓿	○	Monitor covered for individuals receiving hemodialysis in the home setting
Massachusetts	MA	●	○	
Minnesota	MN	○	○	
New York	NY	⓿	○	Automatic monitors covered for individuals with upper extremity motor disorders preventing them from fully inflating manual cuff via a pump and with hearing impairment or low literacy
South Carolina	SC	○	○	
South Dakota	SD	○	●	Intensive behavioral therapy to reduce cardiovascular disease risk

[1] Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation and management of high blood pressure in adults. J Am Coll Cardiol. 2018;71:e127-e248.

[2] Siu, A.L. and U.S.P.S.T. Force, *Screening for high blood pressure in adults: U.S. Preventive Services Task Force recommendation statement.* Ann Intern Med, 2015. **163**(10): p. 778-86.

[3] American Medical Association and American Heart Association. New CPT Codes to Cover Self-Measured Blood Pressure (SMBP). 2020. Accessed February 24, 2020. Available at: https://targetbp.org/ tools_downloads/new-cpt-codes-to-cover-self-measured-blood-pressure-smbp/.

INSURER	State/Region	Home BP Monitor	Clinical Supports[iii]	Notes
MEDICAID MCO				
BMC Healthnet Plan	MA	○	⓿	BMC HealthNet has a Care Management Program that provides those enrolled with coordinated activities to support medical, social and Behavioral Health goals. They also offer a text messaging program where members can receive health information about chronic conditions like controlling blood pressure
Blue Plus	MN	○	⓿	Specialized community paramedic services, including chronic disease monitoring services and education, as per care plan
Fidelis	NY	○	○	
Illinicare Health	IL	○	⓿	Care coordination services, including one-on-one support and education
L.A. Care Health Plan	CA	○	●	L.A. Care offers initial health assessment visit where the beneficiary's PCP will inform them about counseling and classes that can help them
Louisiana Healthcare Connections	LA	○	●	Louisiana Healthcare Connections offers one-on-one case management for a specific health condition or issue as well as chronic care management services
Select Health of South Carolina	SC	○	○	

About NACDD

The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 Members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, NACDD is the only membership association of its kind to serve and represent every chronic disease division in all states and U.S. territories. For more information, visit **chronicdisease.org**.

If you have updates to make to these findings, please contact the National Association of Chronic Disease Directors at healthsystems@chronicdisease.org and/or MillionHearts@cdc.gov.

[i] Covered for people with or at risk for hypertension

[ii] Covered for people with specified conditions or receiving specialized services

[iii] Clinical supports include regular one-on-one counseling, web-based or telephonic support tools, and education classes that may be used to support SMBP implementation. More information is available on p.9 of the **SMBP Action Steps for Clinicians**.

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