



# Medicaid Preventive Services for Adults

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# Funders

- The American Cancer Society
- The American Cancer Society Cancer Action Network
- The American Heart Association
- The National Colorectal Cancer Roundtable

# Key Concern

- Under ACA, USPSTF A and B rated services are required to be provided without out cost sharing in:
  - New private plans
  - Existing non-grandfathered private plans
  - Medicare
  - Expansion Medicaid
- Existing Medicaid beneficiaries are not guaranteed access to these preventive services, so we investigated current state of preventive care coverage in state Medicaid programs

# Research Questions

1. Which of 24 specified USPSTF A&B rated services are covered **preventively** by state Medicaid programs?
2. Which of specified treatment (e.g., glucose monitors, insulin pumps) items are covered by state Medicaid program?
3. How do coverage **requirements** differ between Fee-For-Service (FFS) and managed care (MC) programs?
4. What restrictions (cost sharing, PA etc) exist in relation to these services and treatment items?
5. What information do Medicaid programs provide to enrollees about their benefits?

# Methodology

- Review all 50 states and DC
- Document review
  - Provider manuals
  - Policy bulletins
  - Boilerplate managed care contracts for MCOs
  - Statutes and administrative regulations
  - State Medicaid website information
  - Beneficiary information
  - Fee schedules/billing codes
- Follow up phone call to each Medicaid agency to clarify/fill-in responses
- Key differences from Kaiser report on this issue

# Coverage of USPSTF Services

- In many states it is difficult to ascertain which preventive services are covered by Medicaid programs
  - Lack of detail in Medicaid provider information (manuals, regulations etc) and beneficiary information
  - Age-appropriate screen language
  - Not identifying standard of care to follow
  - Confusions about prevention vs. medical necessity
- Implications for being own health advocate and understanding impact of Medicaid coverage decisions on population health

# Coverage of USPSTF Services

- Wide variation in coverage across states
- Variety of standards of care used (when specified)
- Family planning limitation
  - May be for women only of reproductive age
  - Tied to reproduction/planning family size issues
  - May not be considered by enrollee
- Some services rarely covered
- Some differences between FFS and managed care, but less than expected
  - Coverage
  - Standard of care

# Cancer Screening Coverage

- Screening mammogram
  - Explicitly covered in 45 states, likely covered in 3 states (AAS)
  - 3 states do not cover (AR, GA, OK)
  - 37 states specify coverage details and/or provide standard or care
- Colorectal cancer screens
  - Explicitly covered in 33 states, likely covered in 10 states (AAS)
  - Not covered in 5 states (AR, NE, OK, SD, UT)
  - 30 states specify coverage details and/or provide standard of care
- Cervical cancer screens
  - Explicitly covered in 36 states, likely covered in 9 states (AAS)
  - 2 states do not cover (AK, SC)
  - 29 states provide coverage details and/or provide standard of care

# Family Planning Limitation

- STD/HIV screens most likely to be specified in the context of a Family Planning visit, not a general well-adult exam
  - Routine STD covered without qualification in FFS (12) and MC (19)
  - FP only for STD (12) and HIV (7), although 4 of those states cover AAS
  - Unclear if HIV tests are always included in coverage of STD testing
    - Routine HIV screen in FFS (9) and MC (15)
- Cervical Cancer screens
  - 4 states cover in family planning visit only (AR, GA, TX, WY)

# Other Preventive Services

- Explicit coverage less frequent for:
  - Obesity, Diabetes (17)
  - Cholesterol (16)
  - BRCA (11)
  - Osteoporosis (10)
  - AAA screen (9)
  - Aspirin to prevent cardiovascular disease (8)
  - Breast cancer chemoprevention counseling (3)
- May be covered in well-adult exam or AAS

# Access to Preventive Services

- Well-adult exams provide excellent opportunity to obtain preventive services
  - 39 states cover a well-adult exam in FFS and/or MC
  - 12 states list a specific set of services
  - 12 states follow one or more specific guidelines
  - 19 states cover unspecified age-appropriate screens (AAS) based on generally accepted standards of care
  - 25 states charge co-pays for well-adult exam in FFS and/or MC
- Beneficiary information
  - Not specific, even with managed care requirements
  - Very little information or outreach in FFS programs

# Future Policy Discussions

- Preventive service coverage design flaws
  - Not cover some services, uneven coverage across states
  - Unclear which services covered
- Confusion about prevention and medical necessity
- Possible that ACA financial incentive to cover USPSTF services insufficient
- Importance of well-adult exams
- Limited differences between FFS and managed care
- Need for improved beneficiary information

# Questions?