

November 2014 | Issue Brief

Coverage of Preventive Services for Adults in Medicaid

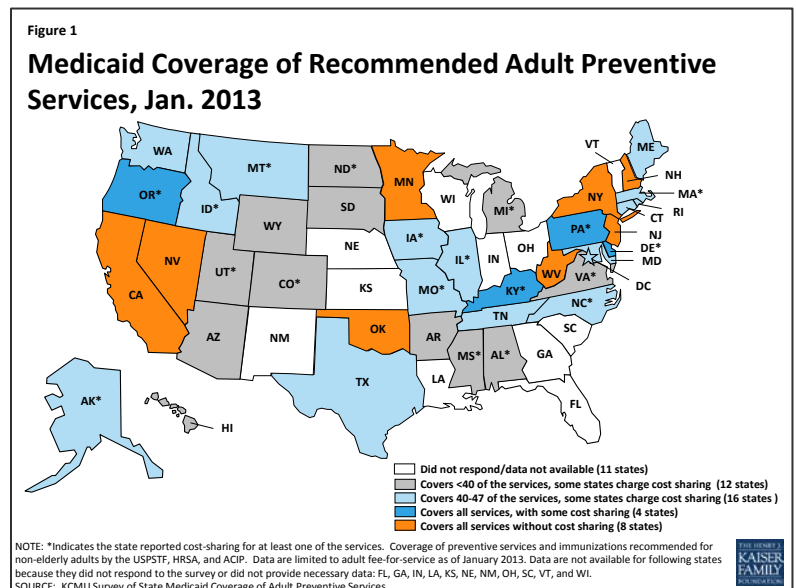
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Executive Summary

The Affordable Care Act (ACA) added emphasis to the importance of preventive services in improving lives. As of January 1, 2013, per Section 4106 of the ACA, states can receive a one percentage point increase in their federal Medicaid match rate for preventive services if they cover without cost sharing all the adult preventive services (see Table A1) recommended by the federally-convened U.S. Preventive Services Task Force (USPSTF) and Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP). As of the time of the survey, four states had submitted state plan amendments (SPAs) to receive the 1% increase and since then, 4 additional states (8 total) have submitted SPAs for the enhanced match. States must cover preventive services for adults newly eligible for Medicaid under the ACA, but this is not required for the group of adults enrolled in or eligible for traditional Medicaid prior to the ACA’s expansion of the program.

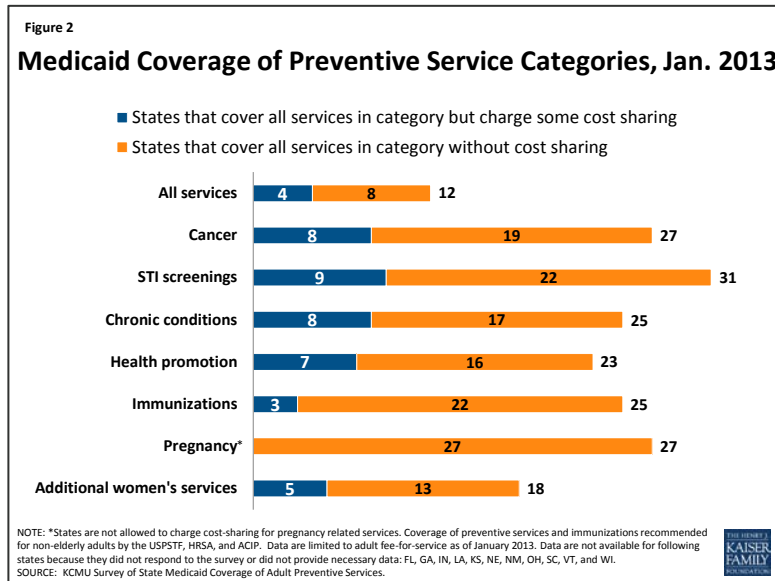
This brief highlights data from a survey of state Medicaid programs conducted by the Kaiser Commission on Medicaid and the Uninsured (KCMU) on coverage of preventive services recommended for non-elderly adults before the ACA was enacted.^{1,2} The survey asked states about coverage and cost sharing in their fee-for-service Medicaid programs as of January 1, 2013 for 40 adult preventive services rated grade “A” or “B” by the USPSTF and immunizations recommended by the ACIP. The survey also asked about coverage for seven additional preventive services for women that are recommended by the Health Resources and Services Administration (HRSA) (see Table A2).³ In total, 39 states and the District of Columbia replied to the survey. Key Findings include:

- While all of the individual preventive services were covered by most (28) state Medicaid programs in 2013, many states charged cost sharing for at least some of the services. Eight states (Figure 1) reported covering all 47 of the preventive services in this survey without cost sharing (California, Minnesota, Nevada, New Hampshire, New Jersey, New York, Oklahoma, and West Virginia).
- Several more states are close to qualifying for the higher matching rate. Four states cover all of the services but charge cost sharing for



at least one of the services. Another 16 states cover at least 40 of the services but may charge cost sharing for some.

- More than half of the responding states reported they cover all STI counseling services and immunizations without cost sharing. Most also cover all pregnancy-related services, which are not subject to cost sharing. The majority of states reported covering all of the services in the other categories subject to the enhanced match (cancer screenings, health promotion, chronic conditions), but several states were charging cost sharing for at least one service (Figure 2).
- Each individual preventive service was covered by at least half and in many cases two-thirds of reporting states.



Introduction

Preventive services are intended for early diagnosis of health problems and for promoting healthy behaviors that can reduce the risk of developing chronic conditions. Medicaid programs across the country provide coverage to over 66 million low-income individuals, including nearly 33 million low-income children, 18 million adults, and 16 million elderly and people with disabilities.⁴ The prevalence of chronic conditions tends to be higher among Medicaid beneficiaries compared to those with private insurance as well as those without any coverage; rates of diabetes, hypertension, and heart disease are at least twice as high among adults on Medicaid compared to low-income, uninsured adults.⁵

PREVENTIVE SERVICES AND THE AFFORDABLE CARE ACT (ACA)

One of the goals of the ACA was to expand access to preventive services. One of the first requirements of the ACA to be implemented was to require virtually all private health plans to cover recommended preventive services without cost sharing beginning September 2010.⁶ Medicare also eliminated cost sharing requirements for all recommended preventive services starting January 1, 2013.⁷

Under Medicaid, states must cover preventive services for children, while coverage of preventive services for adults in Medicaid has historically been considered optional. Additionally, states have the option of instituting cost sharing for selected beneficiaries and selected services. Given their limited incomes and greater health

care needs, federal rules limit the amount of cost-sharing states can charge Medicaid enrollees to help protect them from high out-of-pocket costs and facilitate their access to needed care. States are prohibited from charging any cost sharing for pregnant women as well as children and adults with incomes below the poverty level.

One of the pillars of the ACA is the incentive for states to expand eligibility for Medicaid to cover many currently uninsured individuals. In states that expand eligibility (as of October 2014, 27 states and the District of Columbia have expanded), the benefits package for most adults in the new Medicaid expansion group is known as the “Alternative Benefit Plan” (ABP). Under the ABP, states must cover preventive services for adults without cost sharing, but this is not required for the group of adults enrolled in or eligible for traditional Medicaid prior to the ACA’s expansion of the program. However, in order to incentivize states to cover

preventive services without cost sharing in traditional Medicaid, Section 4106 of the ACA added an enhanced matching rate of one percentage point to the state’s Federal Medical Assistance Percentage (FMAP) for preventive services if the state covers without cost sharing all of the preventive services recommended by the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP) (Box 1).

BOX 1: PREVENTIVE SERVICES FOR ADULTS

The preventive services that are subject to the enhanced federal match for Medicaid are those that are recommended for adults by two entities:

- United States Preventive Services Task Force (USPSTF): USPSTF is housed at the Agency for Health and Research Quality (AHRQ) and develops recommendations for primary care clinicians and health systems after scientific evidence reviews of clinical preventive health care services; and
- Advisory Committee on Immunization Practices (ACIP): ACIP is housed at the Centers for Disease Control and Prevention (CDC) and develops recommendations for use of vaccines to control disease in the United States.¹

In addition, Section 2713 of the ACA authorized the development of an additional set of preventive services for women, which were recommended by the Institute of Medicine (IOM) and subsequently adopted by the federal Health Resources and Services Administration (HRSA). These services must be covered without cost sharing by all new private plans. While these services are not included as part of the requirements for the Medicaid enhanced match for preventive services, they overlap with many of Medicaid’s benefits categories and were recommended as important to fill in gaps in preventive services for women.

This brief highlights data from a survey of state fee-for-service Medicaid programs conducted by the Kaiser Commission on Medicaid and the Uninsured (KCMU) on coverage and cost sharing for 47 preventive services recommended by the USPSTF, ACIP, and HRSA for non-elderly adults as of January 1, 2013.^{8,9} In total, 39 states and the District of Columbia replied to the survey. Findings are summarized in the next section for coverage of cancer screenings, counseling on sexually transmitted infections, chronic conditions, health promotion, immunizations, pregnancy, and women’s health.

Survey Findings

The Kaiser Commission on Medicaid and the Uninsured conducted a survey of Medicaid programs in all 50 states and the District of Columbia on coverage of and cost sharing for preventive services. Thirty-nine states and the District of Columbia replied to the survey. States were asked whether they covered 40 services recommended by the USPSTF and ACIP as well as seven additional services recommended for women by HRSA. States were also asked whether they charge cost sharing for services, except for pregnancy-related services.

CANCER SCREENINGS (TABLE 1)

Great strides in early detection and advances in treatment options have improved overall cancer survival rates over many decades. The USPSTF recommends three different services related to breast cancer as well as screening tests for cervical and colorectal cancers.

BREAST CANCER MAMMOGRAPHY, CERVICAL CANCER, AND COLORECTAL CANCER SCREENINGS

In total, 19 states cover all of the cancer-related services without cost sharing. Virtually all states responding to the survey indicated that they cover mammograms, cervical cancer screenings, and colorectal cancer screenings as recommended by the USPSTF. Arkansas reported that it does not cover both mammography and colorectal cancer screening, and Michigan noted that it does not cover screening for colorectal cancer. Only a handful of states reported cost-sharing for these services (8 states for colorectal cancer screenings, and 7 states for breast cancer mammography and cervical cancer screenings.)

Some states noted mammograms and cervical cancer screenings were at least in part covered through an optional eligibility pathway adopted by all states under the Breast and Cervical Cancer Prevention and Treatment Act. This option allows states to extend Medicaid coverage for cancer treatment to uninsured women diagnosed with breast or cervical cancer through a federal screening program; states receive a higher matching rate for services reimbursed under this program equivalent to the CHIP matching rate.¹⁰ A few states also noted coverage of these services under the family planning benefit, which is reimbursed at a 90 percent matching rate.

BREAST CANCER PREVENTIVE MEDICATION COUNSELING, BRCA SCREENING AND COUNSELING

Coverage for two other services recommended by the USPSTF – breast cancer preventive medication counseling and BRCA screening, are not as commonly covered as the cancer screening tests discussed above. These services are recommended only for women who are deemed at high risk of breast cancer or those with a family history of deleterious mutations of select genes.

Twenty-eight states cover both of these services; an additional 7 states cover one of these services but not the other. Ten states charge copays for one or both of these services (Figure 3).

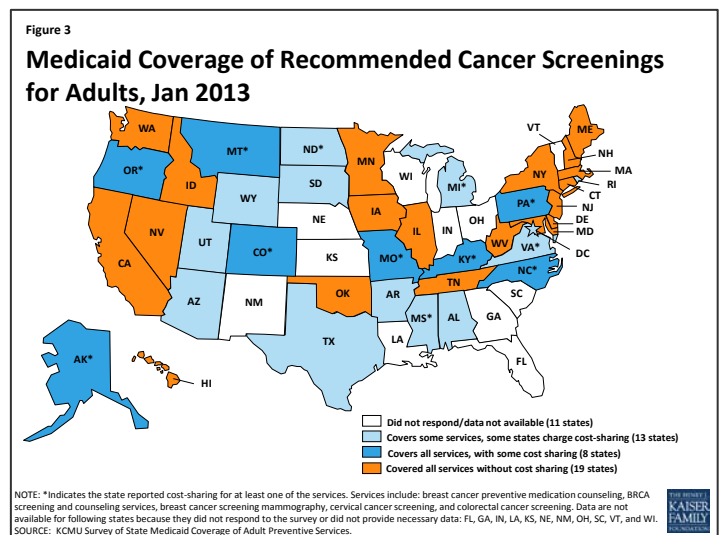


TABLE 1: CANCER-RELATED SERVICES (as of January 2013)

State	Breast cancer preventive medication counseling		BRCA screening and counseling		Breast cancer screening mammography		Cervical cancer screening		Colorectal cancer screening	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama ¹	N	-	N	-	Y	N	Y	N	Y	N
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	N	-	N	-	Y	N	Y	N	Y	N
Arkansas	N	-	Y	N	N	-	Y	N	N	-
California	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
Colorado ²	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N	Y	N
DC ³	Y	N	N	-	Y	N	Y	N	Y	N
Hawaii ⁴	Y	N	Y	N	Y	N	Y	N	Y	N
Idaho	Y	N	Y	N	Y	N	Y	N	Y	N
Illinois ⁵	Y	N	Y	N	Y	N	Y	N	Y	N
Iowa ⁶	Y	N	Y	N	Y	N	Y	N	Y	N
Kentucky ⁷	Y	N	Y	N	Y	N	Y	N	Y	Y
Maine ⁸	Y	N	Y	N	Y	N	Y	N	Y	N
Maryland ⁹	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts ¹⁰	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan ¹¹	Y	Y	Y	N	Y	N	Y	N	N	-
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	N	-	N	-	Y	Y	Y	Y	Y	Y
Missouri ¹²	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nevada	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
New Jersey	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
New York	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
North Carolina ¹³	Y	Y	Y	NR	Y	N	Y	Y	Y	N
North Dakota	Y	Y	N	-	Y	N	Y	N	Y	Y
Oklahoma	Y	N	Y	N	Y	N	Y	N	Y	N
Oregon ¹⁴	Y	N	Y	Y	Y	N	Y	N	Y	N
Pennsylvania ¹⁵	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Rhode Island	Y	N	N	N	Y	N	Y	N	Y	N
South Dakota	N	-	N	-	Y	N	Y	N	Y	N
Tennessee ¹⁶	Y	N	Y	N	Y	N	Y	N	Y	N
Texas ¹⁷	N	N	Y	N	Y	N	Y	N	Y	N
Utah	N	N	Y	N	Y	N	Y	N	Y	N
Virginia ¹⁸	N	-	Y	Y	Y	Y	Y	Y	Y	Y
Washington ¹⁹	Y	N	Y	N	Y	N	Y	N	Y	N
West Virginia ²⁰	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	N	-	N	-	Y	N	Y	N	Y	N
Covers Service	31		32		39		40		38	
Requires no copays	25		25		32		32		30	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. SPA - the state had submitted a SPA at the time of the survey. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 1 Notes

- 1) Alabama - Breast cancer screening mammography services are covered for those ages 50-64 only. For colorectal cancer screenings, occult blood tests and diagnostic tests are covered.
- 2) Colorado - The state noted that the BRCA test is not currently covered and that the service is provided in preventive counseling.
- 3) District of Columbia - The state noted that BRCA Screening Counseling coverage is pending recommendation and that cervical cancer screening is including in the well women visit.
- 4) Hawaii - State noted that not every service is by itself billable CPT but would be incorporated into an E&M visit.
- 5) Illinois - State noted that both breast cancer preventive medication counseling and BRCA screening counseling are currently covered as a component or anticipatory guidance given during an office visit. No co-pay if billed as preventive visit, otherwise a co-pay is applied.
- 6) Iowa - The following services are payable but require an appropriate supporting diagnosis code and are not an unsupported screenings: breast cancer preventive medication counseling and BRCA screening and counseling.
- 7) Kentucky - State noted that individuals under 18 are exempt.
- 8) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum.
- 9) Maryland - All services, immunizations and tests listed are covered when medically necessary for adults.
- 10) Massachusetts - The state notes that there is a BCCTP match rate for members enrolled in the BCCTP for the following services: Breast cancer preventive medication counseling, breast cancer screening mammography, BRCA screening counseling, and cervical cancer screening. Additionally there is a 90% match for family planning services.
- 11) Michigan - The state noted that breast cancer preventive medication counseling is included in the office visit and that the testing evaluation is covered but not counseling is covered for BRCA counseling services.
- 12) Missouri - The state noted that breast cancer preventive medication counseling and BRCA screening counseling are covered during an office visit with cost sharing between \$0.50 and \$2.00; cost sharing for breast cancer screening mammography is between \$1.00 and \$3.00; cost sharing for cervical and colorectal cancer screening are \$1.00. All except the participant is exempt.
- 13) North Carolina - The state noted that tamoxifen and raloxifene are covered in breast cancer preventive medicine counseling; genetic BRCA screening counseling is covered but BRCA1 and BRCA2 are under review; and pap smears are covered one per year and can repeat if specimen s not adequate under cervical cancer screening.
- 14) Oregon - The state noted that mammography is indicated annually and, in patients treated with breast conserving therapy, the initial mammogram of the affected breast should be 6 months after completion of radiotherapy; the state did cover this service if a patient meets certain criteria (personal history of breast or ovarian cancer, or high risk for breast cancer).
- 15) Pennsylvania - The state noted that there is no cost-sharing when provided to BCCPT beneficiary or as part of a family planning service.
- 16) Tennessee - The state noted that all services are provided as medically necessary.
- 17) Texas - The state noted that breast cancer screening mammography, BRCA screening, cervical cancer screening, and colorectal cancer screening are provided once per rolling year.
- 18) Virginia – The state noted that BRCA test is paid separately and copays for breast cancer screening mammography, cervical cancer and colorectal cancer screenings are \$3 each.
- 19) Washington – The state noted that they receive an enhanced match for cervical cancer screening when billed with a family planning diagnosis.
- 20) West Virginia – The state noted that the enhanced match for breast cancer preventive medication counseling is determined by individual criteria, not services.

SEXUALLY- TRANSMITTED INFECTION (STI) SCREENINGS AND COUNSELING (TABLE 2)

There are 20 million new sexually-transmitted infections (STIs) every year.¹¹ Undetected and untreated STIs can increase a person’s risk for HIV and can lead to other adverse health consequences, such as infertility. According to the Centers for Disease Control and Prevention (CDC), less than half of people who should be screened for STIs receive recommended screening services.

CHLAMYDIA, GONORRHEA, AND SYPHILIS SCREENINGS AND STI COUNSELING

Almost all states participating in this survey reported covering screening tests for Chlamydia, Gonorrhea, and Syphilis as recommended by the USPSTF. Eight states reported that at least one of these STI screenings was subject to cost-sharing. Fewer states cover counseling about STIs as recommended by the USPSTF, though 32 states did report covering this service. Seven states indicated that they charge cost-sharing for STI counseling services. In total, 31 states covered all the STI screenings and counseling services; 22 of these states do so without charging cost-sharing (Figure 4).

Some states noted some of these services are at least partially covered as family planning services. Family planning is a mandatory benefit for states; however the services covered under this benefit as well as limitations on those services vary across states, though states cannot charge cost-sharing for these services. States receive a 90 percent federal match on services covered under this benefit. Family planning services are not considered to be a preventive service for purposes of receiving the 1% increase in FMAP.

For non-elderly adults, states were surveyed regarding the coverage of two forms of HIV screenings: HIV for high risk populations and routine HIV screenings for adults. These survey results are reported in more detail on the Kaiser Family Foundation’s website at [State Medicaid Coverage of Routine HIV Screening](#).¹²

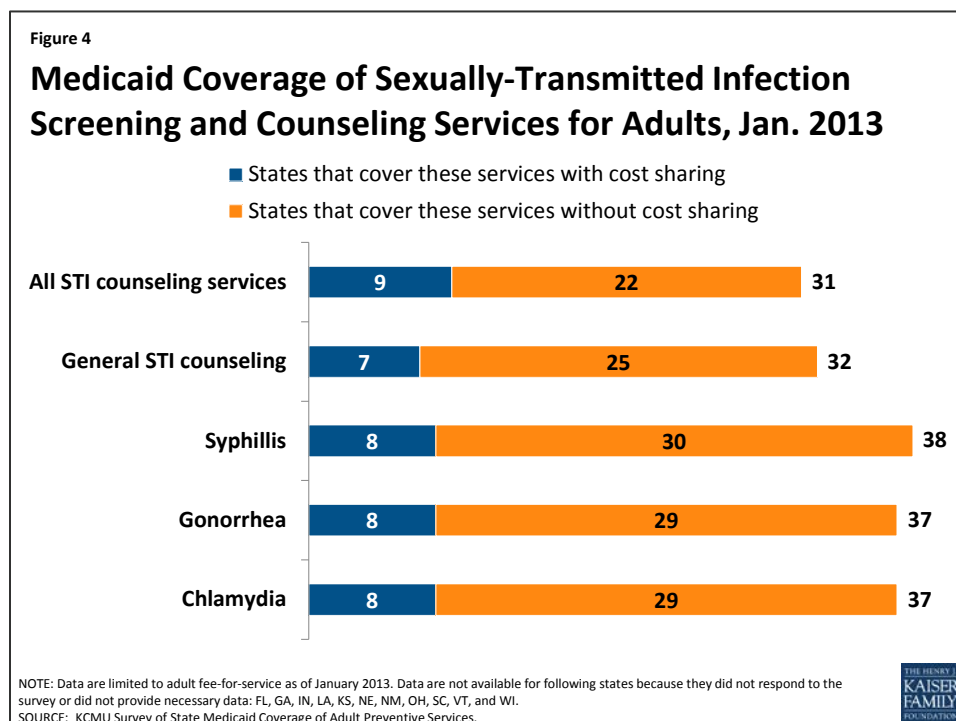


TABLE 2: SEXUALLY-TRANSMITTED INFECTION (STI) SCREENINGS (January 2013)

State	Chlamydia screening		Gonorrhea screening		Syphilis screening		STI Counseling	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	Y	N	Y	N	Y	N	N	-
Alaska	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	N	Y	N	Y	N	Y	N
Arkansas ¹	Y	N	Y	N	Y	N	N	-
California	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
Colorado ²	Y	Y	Y	Y	Y	Y	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N
DC ³	Y	N	Y	N	Y	N	Y	N
Hawaii ⁴	Y	N	Y	N	Y	N	Y	N
Idaho ⁵	Y	N	Y	N	Y	N	Y	Y
Illinois ⁶	Y	N	Y	N	Y	N	Y	N
Iowa ⁷	Y	N	Y	N	Y	N	Y	N
Kentucky ⁸	Y	Y	Y	Y	Y	Y	Y	Y
Maine ⁹	Y	N	Y	N	Y	N	Y	N
Maryland ¹⁰	Y	N	Y	N	Y	N	Y	N
Massachusetts ¹¹	Y	N	Y	N	Y	N	Y	N
Michigan ¹²	Y	N	Y	N	Y	N	N	-
Minnesota	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	Y	Y	Y	Y	Y	Y	Y
Missouri ¹³	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y
Nevada	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
New Jersey	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
New York ¹⁴	Y-SPA	N	Y-SPA	N	Y-SPA	N	Y-SPA	N
North Carolina	Y	NR	Y	Y	Y	Y	Y	N
North Dakota	N	-	N	-	N	-	N	-
Oklahoma	Y	N	Y	N	Y	N	Y	N
Oregon	Y	N	Y	N	Y	N	Y	N
Pennsylvania ¹⁵	Y	Y	Y	Y	Y	Y	Y	Y
Rhode Island	Y	N	Y	N	Y	N	N	N
South Dakota	Y	N	Y	N	Y	N	N	-
Tennessee ¹⁶	Y	N	Y	N	Y	N	Y	N
Texas ¹⁷	Y	N	Y	N	Y	N	Y	N
Utah	N	-	N	-	Y	N	Y	N
Virginia ¹⁸	N	-	N	-	N	-	N	-
Washington	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N
Wyoming	Y	N	Y	N	Y	N	N	-
Covers Service	37		37		38		32	
Requires no copay	29		29		30		25	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 2 Notes

- 1) Arkansas - The state noted that coverage of HIV screening is limited to medical necessity, not routine screening.
- 2) Colorado - The state noted that STI counseling is provided in regular office visits.
- 3) District of Columbia - The state noted that routine HIV screening for adults must be lab only, no swab.
- 4) Hawaii - The state noted that not every service is by itself a billable CPT but would be incorporated into an E&M visit.
- 5) Idaho - The state noted that STI counseling is allowed as preventive health visit.
- 6) Illinois - The state noted that STI counseling and routine HIV screening for adults was currently covered as a component or anticipatory guidance given during an office visit. No co-pay if billed as preventive visit, otherwise a co-pay is applied.
- 7) Iowa - Chlamydia, gonorrhea, HIV, and syphilis screenings require supporting diagnosis code, not an unsupported screening.
- 8) Kentucky - The state noted that under 18 is exempt for chlamydia, gonorrhea, HIV, and syphilis screenings and STI counseling.
- 9) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum. It also noted that coverage of routine HIV services are limited to medically necessary HIV testing only.
- 10) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.
- 11) Massachusetts - The state noted that all services receive a 90% match for Family Planning services when criteria are met.
- 12) Michigan - The state noted that chlamydia, gonorrhea, HIV, and syphilis screenings are provided through local health department.
- 13) Missouri - The state noted that STI counseling services are covered during an office visit. The state charges copays ranging from \$0.50 - \$2 for STI counseling. The state charges a co-pay of \$1 for the following services: Chlamydia, gonorrhea, HIV, and syphilis screenings. There is a \$1.00 co-pay for routine HIV screenings for adults.
- 14) New York - The state noted that there are copays for clinic services but not for practitioner services for routine HIV screenings for adults.
- 15) Pennsylvania - The state noted that chlamydia, gonorrhea, HIV, and syphilis screenings and STI counseling are covered as part of an office visit and there is no cost-sharing when provided as part of a family planning service.
- 16) Tennessee - State noted that chlamydia, gonorrhea, HIV, and syphilis screenings and STI counseling are provided as medically necessary.
- 17) Texas - The state noted that chlamydia, gonorrhea, HIV, and syphilis screenings and STI counseling are provided once per rolling year.
- 18) Virginia - The state noted that coverage for routine HIV screenings for adults is limited to medically necessary testing only if the member is over 21.

PREVENTIVE SERVICES RELATED TO CHRONIC CONDITIONS (TABLE 3)

Chronic conditions afflict millions of women and men with Medicaid. Nearly one in ten low-income, non-elderly adult Medicaid beneficiaries have been diagnosed with diabetes, more than two in ten with chronic obstructive pulmonary disease, nearly three in ten with heart disease, and over one-third have been diagnosed with a mental health condition.¹³ Research has shown that increases in the use of preventive services, particularly screenings and treatment related to cardiovascular disease, can lead to the prevention of a significant number of deaths per year.¹⁴

PROPHYLACTIC ASPIRIN, BLOOD PRESSURE, CHOLESTEROL, DEPRESSION, DIABETES, AND OSTEOPOROSIS SCREENINGS

Overall, 25 states reported covering all of the services in this category; 17 without cost-sharing (Figure 5). Nearly all states reported covering blood pressure screenings and screenings for cholesterol abnormalities (38 states each). Fewer states reported covering prophylactic aspirin (31 states) despite research highlighting in particular its effectiveness in reducing the number of deaths from cardiovascular disease and its potential to yield significant medical savings.¹⁵ Copays were also most prevalent for this service compared to others in this category. Additionally, most states reported coverage of diabetes screenings (37 states) and osteoporosis screenings (35 states).

There is a high prevalence of diagnosed mental health conditions among Medicaid beneficiaries. The only preventive service specific to mental health in this survey was depression screening, which is covered by most states; 26 of the 34 states that cover this service do not charge cost-sharing.

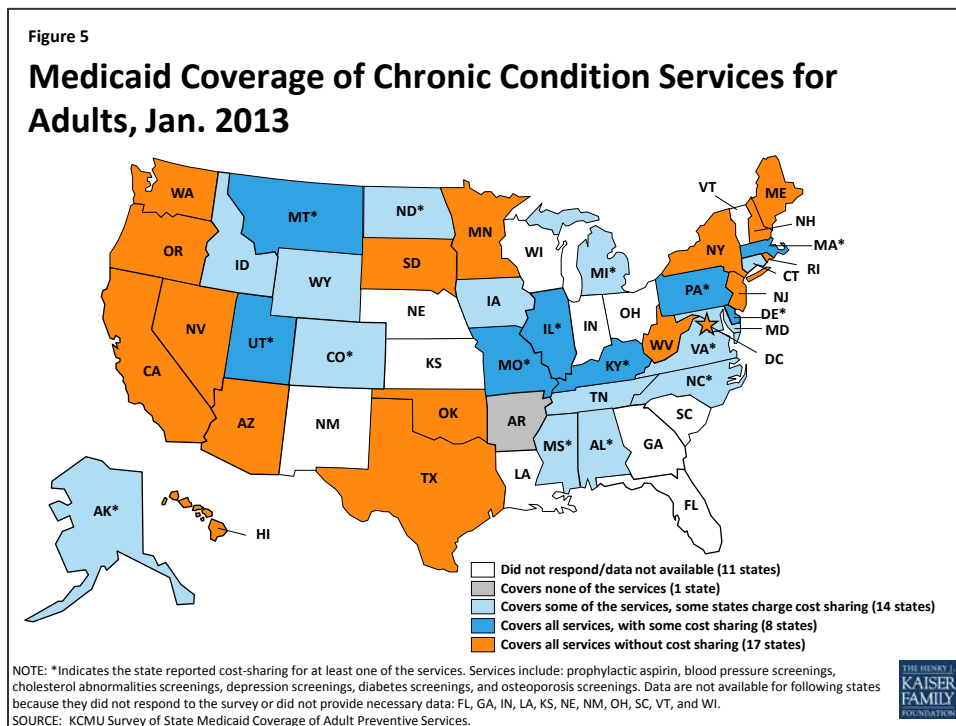


TABLE 3: CHRONIC CONDITION- RELATED SERVICES (January 2013)

State	Prophylactic Aspirin		Blood pressure screening		Cholesterol screening		Depression screening		Diabetes screening		Osteoporosis screening	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	Y	Y	Y	Y	Y	N	N	-	Y	N	Y	N
Alaska	N	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	N	Y	N	Y	NR	Y	N	Y	N	Y	N
Arkansas	N	-	N	-	N	-	N	-	N	-	N	-
California	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	-
Colorado ¹	Y	Y	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Connecticut	N	N	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	N
DC ²	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Hawaii	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Idaho ³	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Illinois ⁴	Y	N	Y	Y	Y	N	Y	N	Y	N	Y	N
Iowa ⁵	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Kentucky ⁶	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Maine ⁷	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Maryland ⁸	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	-
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	Y	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Missouri ⁹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nevada	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New Jersey	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New York	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
North Carolina ¹⁰	N	-	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
North Dakota ¹¹	Y	N	N	Y	N	-	N	Y	N	Y	N	Y
Oklahoma	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
Rhode Island	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
South Dakota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Tennessee ¹²	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Texas ¹³	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Utah	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	N
Virginia ¹⁴	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	-
Washington ¹⁵	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	N	-	Y	N	Y	N	N	-	N	-	N	-
Covers Service	31		38		38		34		37		35	
Requires no copay	20		27		29		26		29		26	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee- For- Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 3 Notes

- 1) Colorado - The state noted that prophylactic aspirin and blood screening are services provided in office visit.
- 2) District of Columbia - The state noted that depression screening is considered a rehabilitation option.
- 3) Idaho - The state noted that depression and diabetes screening are allowed as preventive health visit.
- 4) Illinois - The state noted that depression screenings are currently covered as a component or anticipatory guidance given during an office visit. There is no co-pay if billed as preventive visit, otherwise a co-pay is applied.
- 5) Iowa - The state noted that osteoporosis, blood pressure and diabetes screenings are payable but require an appropriate supporting diagnosis code.
- 6) Kentucky - The state exempts individuals under 18 years of age.
- 7) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum.
- 8) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. Some services are not billed separately from the office visit.
- 9) Missouri - The state noted that there is a cost sharing between \$0.50 and \$2 for prophylactic aspirin, blood pressure and depression screening. There is cost sharing of \$1 for cholesterol abnormalities, diabetes, and osteoporosis screenings.
- 10) North Carolina - The state noted that blood pressure screenings are covered under an annual preventive health exam or office visit. The state noted that it covers diabetes screenings for type 2 diabetes without the additional requirement of a sustained blood pressure greater than 135/80. And osteoporosis screening covers one bone mass measurement every 24 months.
- 11) North Dakota - The state indicated that for the following services, payment is included in the payment for office and other outpatient evaluation and management services: blood pressure, depression, diabetes, and osteoporosis screenings.
- 12) Tennessee - Cholesterol abnormality, diabetes, depression, blood pressure, and osteoporosis are delivered as medically necessary.
- 13) Texas - The state noted that services are provided once per rolling year.
- 14) Virginia - All services listed here are covered as part of an evaluation and management office visit. All copays listed here are \$1.
- 15) Washington - Blood pressure and diabetes screenings are included in evaluation and management office visits.

HEALTH PROMOTION (TABLE 4)

The category of health promotion includes a number of services aimed at promoting healthy behaviors that help prevent chronic illnesses. This includes screening for obesity and counseling on a number of behavioral issues such as diet and nutrition, tobacco use, and alcohol use.

ALCOHOL MISUSE, HEALTHY DIET, OBESITY SCREENING AND COUNSELING, TOBACCO USE COUNSELING, FOLIC ACID SUPPLEMENTATION

Twenty-three states covered all of the recommended preventive services that fall under this category; 16 states did so without cost-sharing (Figure 6). One state reported they do not cover any of these preventive services for adults (Alabama).

Nearly every state that covered healthy diet counseling services also covered obesity screening and counseling; the same 7 states also reported cost-sharing for both of these services.¹⁶ The obesity-related services are particularly important given the alarming high obesity rates in the United States and obesity's link to many chronic conditions such as coronary heart disease, stroke, diabetes, and cancer.¹⁷

The most commonly covered service was tobacco use counseling and interventions (34 states) with 28 of these states doing so without cost-sharing. Research has highlighted the potential of tobacco use counseling and interventions to yield cost-savings and have large health impacts.¹⁸ Most of the surveyed states also cover counseling on alcohol misuse. Thirty-three states reported covering this service and 25 of them do not charge cost-sharing.

The USPSTF also recommends that women of childbearing capability take a daily supplement of folic acid to prevent certain birth defects. Thirty-one states reported covering this service and 21 of them do so without cost-sharing.

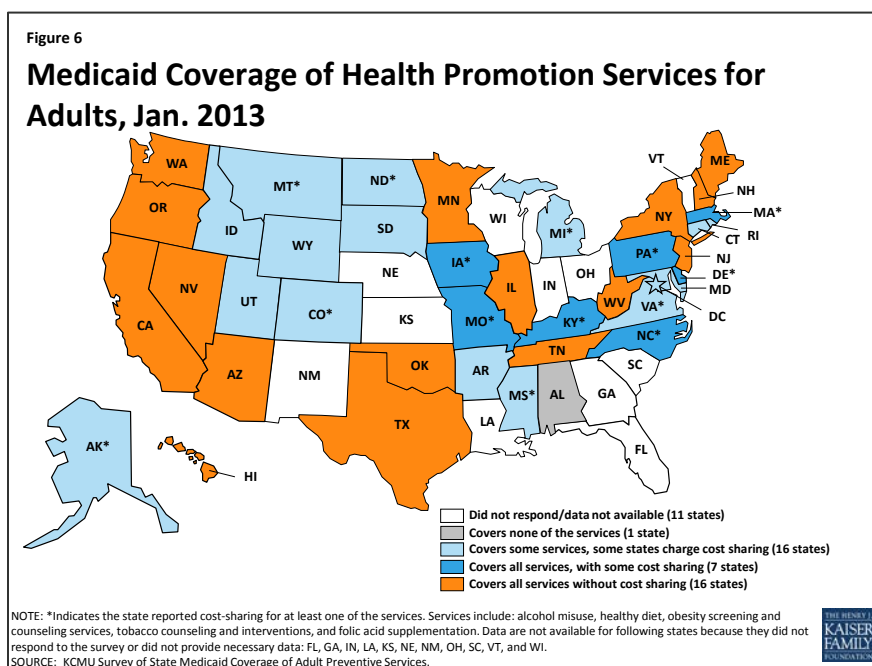


TABLE 4: HEALTH PROMOTION SERVICES (as of January 2013)

State	Healthy diet counseling		Obesity screening and counseling		Tobacco use counseling and interventions		Alcohol misuse counseling		Folic Acid Supplementation	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	N	-	N	-	N	-	N	-	N	-
Alaska	N	-	Y	Y	Y	Y	Y	Y	Y	Y
Arizona ¹	Y	N	Y	N	Y	N	Y	N	Y	NR
Arkansas ²	N	-	N	-	Y	N	N	-	N	-
California	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
Colorado ³	N	-	N	-	N	-	Y	Y	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N	N	N
Delaware	Y	N	Y	N	Y	N	Y	N	Y	Y
DC ⁴	N	-	N	-	N	N	Y	N	Y	N
Hawaii ⁵	Y	N	Y	N	Y	N	Y	N	Y	N
Idaho ⁶	N	N	N	N	N	-	Y	N	Y	N
Illinois ⁷	Y	N	Y	N	Y	N	Y	N	Y	N
Iowa ⁸	Y	Y	Y	Y	Y	N	Y	N	Y	N
Kentucky ⁹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Maine ¹⁰	Y	N	Y	N	Y	N	Y	N	Y	N
Maryland ¹¹	Y	N	Y	N	Y	N	Y	N	N	-
Massachusetts ¹²	Y	N	Y	N	Y	N	Y	N	Y	Y
Michigan ¹³	N	-	N	-	Y	N	Y	Y	N	-
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	N	-	N	-	Y	Y	N	-	Y	Y
Missouri ¹⁴	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	N	-
Nevada ¹⁵	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New Jersey	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New York	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
North Carolina ¹⁶	Y	N	Y	N	Y	Y	Y	NR	Y	NR
North Dakota ¹⁷	N	Y	N	Y	N	Y	N	Y	Y	N
Oklahoma	Y	N	Y	N	Y	N	Y	N	Y	N
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania ¹⁸	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Rhode Island	Y	N	Y	N	Y	N	N	N	Y	N
South Dakota	N	-	N	-	N	-	N	-	Y	NR
Tennessee ¹⁹	Y	N	Y	N	Y	N	Y	N	Y	N
Texas ²⁰	Y	N	Y	N	Y	N	Y	N	Y	N
Utah	N	-	N	-	Y	N	N	-	N	-
Virginia ²¹	Y	Y	Y	Y	Y	Y	Y	Y	N	-
Washington ²²	Y	N	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	N	-	N	-	Y	N	Y	N	N	-
Covers Service	28		29		34		33		31	
Requires no copay	23		23		28		25		21	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 4 Notes

- 1) Arizona - The state noted that all services listed here are not billed separately but as part of an evaluation and management code claim.
- 2) Arkansas - The state indicated that tobacco use counseling and interventions cover four counseling visits.
- 3) Colorado - The state currently makes tobacco use counseling and interventions available for pregnant women and the folic acid supplementation service is provided in office visit.
- 4) District of Columbia - The state noted that a SPA submission is pending to cover tobacco use counseling and interventions.
- 5) Hawaii - The state noted that not every service is billable CPT but would be incorporated into an evaluation and management visit.
- 6) Idaho - The state noted that healthy diet counseling is only allowed for two visits a year for pregnant women. Obesity screening and counseling is allowed as a preventive health visit. And tobacco use counseling and interventions are allowed for pregnant women and children only.
- 7) Illinois - The state noted that healthy diet counseling, obesity screening and counseling, tobacco use counseling and interventions, and alcohol misuse counseling are currently covered as a component or anticipatory guidance given during an office visit. It also noted that there is no co-pay if billed as preventive visit, otherwise a co-pay is applied.
- 8) Iowa - The following services are payable but require an appropriate supporting diagnosis code and are not an unsupported screening: tobacco use counseling and interventions and folic acid supplementation. Healthy diet counseling is billable by physician when provided by registered dietician in the office.
- 9) Kentucky - The state exempts individuals under 18 years of age.
- 10) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum.
- 11) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. The state covers two tobacco counseling and substance/alcohol abuse SBIRT codes. It covers liquid for folic acid supplementation.
- 12) Massachusetts - The state noted copays apply to tobacco cessation medications but are not applied to related counseling. It also noted that folic acid supplementation copays apply, unless member is exempt from cost sharing.
- 13) Michigan - The state noted that alcohol misuse and treatment is included in the office visit.
- 14) Missouri - The state noted that the following services were covered during an office visit: alcohol misuse counseling, healthy diet counseling, and obesity screening and counseling. The state charges copays ranging from \$0.50 - \$2 for the following services: alcohol misuse counseling, healthy diet counseling, obesity screening and counseling, tobacco use counseling and interventions, and folic acid supplementation. It also noted that the member must be on the approved OTC drug list for folic acid supplementation.
- 15) Nevada - The state noted that tobacco use counseling and interventions are code specific for pregnant women.
- 16) North Carolina - The following services are covered, though not as distinct services: healthy diet counseling (except for pregnant women, children through 20 years of age, and post-partum beneficiaries), and obesity screening and counseling. The state indicated that prenatal vitamins that include folic acid are covered.
- 17) North Dakota - The state indicated that payment for the following services are included in the payment for office and other outpatient evaluation and management services: healthy diet counseling, obesity screening and counseling, tobacco use counseling and interventions, and alcohol misuse counseling.
- 18) Pennsylvania - The state noted that the following services are covered as part of the office visit, but are not covered separately: alcohol misuse counseling, healthy diet counseling, obesity screening and counseling.
- 19) Tennessee - The state noted that all services listed here are provided as medically necessary.
- 20) Texas - The state noted that the all services listed here are provided once per rolling year.
- 21) Virginia - Copays for healthy diet counseling, obesity screening and counseling, tobacco use counseling and interventions (covered for pregnant women only), and alcohol misuse counseling are listed at \$1.
- 22) Washington - The state indicated that healthy diet counseling, obesity screening and counseling, and alcohol misuse counseling are all included in evaluation and management visits.

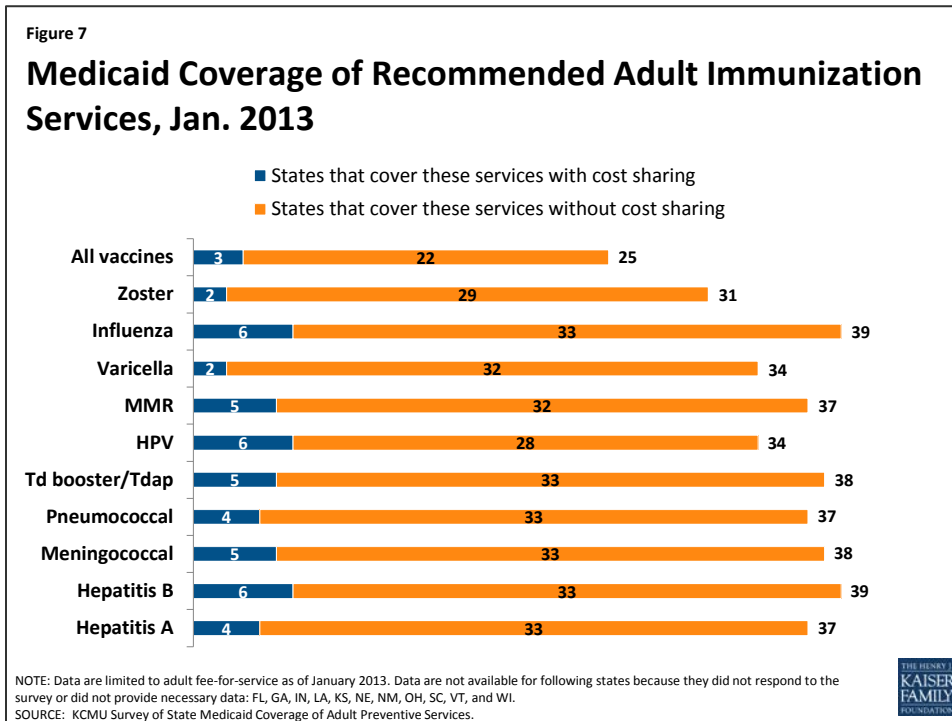
IMMUNIZATIONS (TABLES 5A AND 5B)

There are ten immunizations recommended for adults by the Advisory Committee on Immunization Practices (ACIP). Six of the immunizations (Td booster/Tdap, MMR, Influenza, Varicella, Zoster and HPV) are recommended for all individuals who meet select age and gender criteria and who show no sign of immunity. Four (Hepatitis A, Hepatitis B, Meningococcal, and Pneumococcal) are recommended for those when additional risk factors are present.

TD BOOSTER/TDAP, MMR, INFLUENZA, VARICELLA, ZOSTER, HPV, HEPATITIS A AND B, MENINGOCOCCAL, AND PNEUMOCOCCAL

In total, 22 states reported covering all the recommended immunizations without cost-sharing (Figure 7). While 25 states indicated that they covered all of the recommended immunizations for non-elderly adults, some charged cost sharing. A number of other states reported coverage of the immunizations, but for a narrower age range than is recommended (i.e. for those 18 years and younger).

The most commonly covered immunizations were for Influenza and Hepatitis B (39 states). Both immunizations for MMR and Td booster/Tdap were covered for non-elderly adults by most states (37 and 38 states, respectively). However, fewer states cover Varicella (34 states) and Zoster (31 states). Another less commonly covered immunization was HPV; 34 states covered this immunization for women age 26 and under, and some of these 34 states reported covering the immunization for males as well.



**TABLE 5A: IMMUNIZATIONS RECOMMENDED IF OTHER RISK FACTORS ARE PRESENT
(as of January 2013)**

State	Hepatitis A		Hepatitis B		Meningococcal		Pneumococcal	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama ¹	N	N	Y	N	Y	N	Y	N
Alaska	Y	Y	Y	Y	Y	Y	N	-
Arizona	Y	N	Y	N	Y	N	Y	N
Arkansas ²	Y	N	Y	N	Y	N	Y	N
California	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
Colorado	Y	Y	Y	Y	Y	Y	N	-
Connecticut	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N
DC	Y	N	Y	N	Y	N	Y	N
Hawaii	-	-	-	-	-	-	-	-
Idaho	Y	N	Y	N	Y	N	Y	N
Illinois	Y	N	Y	N	Y	N	Y	N
Iowa ³	Y	N	Y	N	Y	N	Y	N
Kentucky ⁴	Y	Y	Y	Y	Y	Y	Y	Y
Maine ⁵	Y	N	Y	N	Y	N	Y	N
Maryland ⁶	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	N	Y	N	Y	N	Y	N
Michigan	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N
Mississippi	N	-	Y	Y	No	-	Y	Y
Missouri ⁷	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y
Nevada	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New Jersey	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New York	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
North Carolina ⁸	Y	N	Y	N	Y	N	Y	N
North Dakota	Y	N	Y	N	Y	N	Y	N
Oklahoma	Y	N	Y	N	Y	N	Y	N
Oregon	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	N	Y	N	Y	N	Y	N
Rhode Island ⁹	Y	N	Y	N	Y	N	Y	N
South Dakota	Y	N	Y	N	Y	N	Y	N
Tennessee ¹⁰	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	Y	N
Utah	Y	N	Y	N	Y	N	Y	N
Virginia ¹¹	Y	N	Y	N	Y	N	Y	N
Washington	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N
Wyoming	Y	N	Y	N	Y	N	Y	N
Covers Service	37		39		38		37	
Requires no copays	33		33		33		33	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.
SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 5A Notes

- 1) Alabama - The state noted that immunizations for hepatitis A are limited to ages 1 year to 8 years.
- 2) Arkansas - Immunizations for Hepatitis B are covered if other risk factors are present.
- 3) Iowa - The following immunizations are payable but require an appropriate supporting diagnosis code and are not unsupported screenings: Hepatitis A, Hepatitis B, and Meningococcal
- 4) Kentucky - The state exempts individuals under 18 years of age.
- 5) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum.
- 6) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. The cost of the vaccine is covered along with the administration (under the office visit).
- 7) Missouri - All copays listed for covered vaccinations are \$0.50 - \$2.
- 8) North Carolina - The state noted that all services are covered under an annual preventive health exam or office visit.
- 9) Rhode Island - The state noted that it usually covers pregnant women through managed care.
- 10) Tennessee - The state noted that all services are covered as medically necessary.
- 11) Virginia - Virginia Medicaid does not cover routine immunizations for adults (age 21 and older.) However, Virginia Medicaid covers adult immunizations when medically indicated on an individual basis. When adult immunization is covered, Virginia Medicaid does not require a copay for the vaccine itself, but there is a copay for the physician or clinic visit.

TABLE 5B: IMMUNIZATIONS RECOMMENDED FOR ALL PERSONS MEETING AGE AND GENDER REQUIREMENTS WHO LACK EVIDENCE OF IMMUNITY (as of January 2013)

State	Td booster/ Tdap		HPV		MMR		Varicella		Influenza		Zoster	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama ¹	Y	N	N	-	Y	N	Y	N	Y	N	N	N
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona ²	Y	N	N	-	Y	N	Y	N	Y	N	Y	N
Arkansas ³	Y	N	Y	N	N	-	N	-	Y	N	N	N
California ⁴	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
Colorado ⁵	N	-	Y	Y	Y	Y	N	-	Y	Y	N	-
Connecticut	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
DC ⁶	Y	N	Y	N	Y	N	Y	N	Y	N	N	-
Hawaii	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Idaho	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Illinois ⁷	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Iowa ⁸	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Kentucky ⁹	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Maine ¹⁰	Y	N	N	-	Y	N	Y	N	Y	N	Y	N
Maryland ¹¹	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts ¹²	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	-
Missouri ¹³	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nevada	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New Jersey	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
New York	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N	Y- SPA	N
North Carolina ¹⁴	Y	N	N	-	Y	N	Y	N	Y	N	N	-
North Dakota ¹⁵	Y	N	N	-	Y	N	N	N	Y	N	Y	N
Oklahoma	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Rhode Island ¹⁶	Y	N	Y	N	N	N	N	N	Y	N	Y	N
South Dakota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Tennessee ¹⁷	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	N	N	Y	N	Y	N
Utah	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Virginia ¹⁸	Y	N	Y	N	Y	N	Y	N	Y	N	N	-
Washington	Y	N	Y	N	Y	N	Y	N	Y	N	NR	NR
West Virginia	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Covers Service	38		34		37		34		39		31	
Requires no copay	33		28		32		32		33		29	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 5B Notes

- 1) Alabama - Tdap are limited to age 7 years and older. Td booster is limited to age 10-55 years for SBRW recipients (no age restriction for other benefit plans). HPV immunizations are covered for those 18 and younger.
- 2) Arizona - HPV is only covered for EPSDT ages.
- 3) Arkansas - The state covers HPV immunizations per beneficiary's or parent/guardian's choice.
- 4) California - All copays listed are \$1.
- 5) Colorado - For Td Booster and t-dap, for all immunizations there is no cost sharing on immunizations for clients aged 19 and 20.
- 6) District of Columbia - HPV vaccine coverage for males is approved starting April 2013.
- 7) Illinois - HPV vaccine is covered with no co-pay. No co-pay when administration billed as preventive visit, otherwise a co-pay is applied.
- 8) Iowa - The following immunizations are payable but require an appropriate supporting diagnosis code and are not unsupported screenings: Td booster and Tdap, MMR, Varicella, and Zoster.
- 9) Kentucky - The state exempts individuals under 18 years of age.
- 10) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum. Covered for ages 18 and under, 19 and 20 year olds with a Prior Authorization.
- 11) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. The cost of the vaccine is covered along with the administration (under the office visit).
- 12) Massachusetts - The state noted a 90% match for the HPV vaccine under family planning services when appropriate criteria are met.
- 13) Missouri - All copays listed for covered vaccinations are \$0.50 - \$2.
- 14) North Carolina – The state noted that all services are covered under an annual preventive health exam or office visit. Td boosters are also covered for wound management when needed. HPV immunizations are covered for those 19 and 20 years old, but are not covered for those 21-26. Injectable Influenza vaccine (for all ages) and FluMist (for 19-20 year olds) are covered.
- 15) North Dakota - The state reimburses HPV for females and males for ages 19, 20, 21. The North Dakota Department of Health (NDDoH) supplies HPV vaccine for females and males ages 9-18 and 22-26. The state also noted that NDDoH supplies MMR for all 19 years of age and older enrolled in ND university or college.
- 16) Rhode Island - The state noted that it covers pregnant women through managed care.
- 17) Tennessee - The state noted that all services are provided as medically necessary.
- 18) Virginia – Department of Medical Assistance Services (DMAS) covers vaccines until age 21 as preventive services. Virginia Medicaid does not cover routine immunizations for adults (age 21 and older.) However, Virginia Medicaid covers adult immunizations when medically indicated on an individual basis. When adult immunization is covered, Virginia Medicaid does not require a copay for the vaccine itself, but there is a copay for the physician or clinic visit.

PREGNANCY- RELATED PREVENTIVE SERVICES

Approximately half of all births in the U.S. are paid for by Medicaid, making it the single largest payor for maternity care.¹⁹ Responses to the survey showed that preventive services recommended by the USPSTF for pregnant women were well-covered under state Medicaid programs in January 2013. Because pregnancy-related services are exempted from cost-sharing, states were not asked about cost-sharing for these services. (Figure 8).

STI AND HIV SCREENINGS (TABLE 6A)

All states responding to the survey reported covering STI screenings for Chlamydia, Gonorrhea and Syphilis, which matches data reported on STI screenings covered for non-elderly adults in an earlier section. All states reported covering HIV screening for pregnant women as well.

HEPATITIS B, ANEMIA, BACTERIURIA, RH INCOMPATIBILITY SCREENINGS, BREAST FEEDING COUNSELING, AND ALCOHOL MISUSE COUNSELING (TABLE 6B)

All states responding to the survey reported covering screenings for Hepatitis B, as well as Rh incompatibility at both the first prenatal visit and again at 24-28 gestational weeks. All but two states also covered bacteriuria and anemia screenings. While not as common, the majority of states also cover breastfeeding counseling (29 states) and alcohol misuse counseling (36 states).

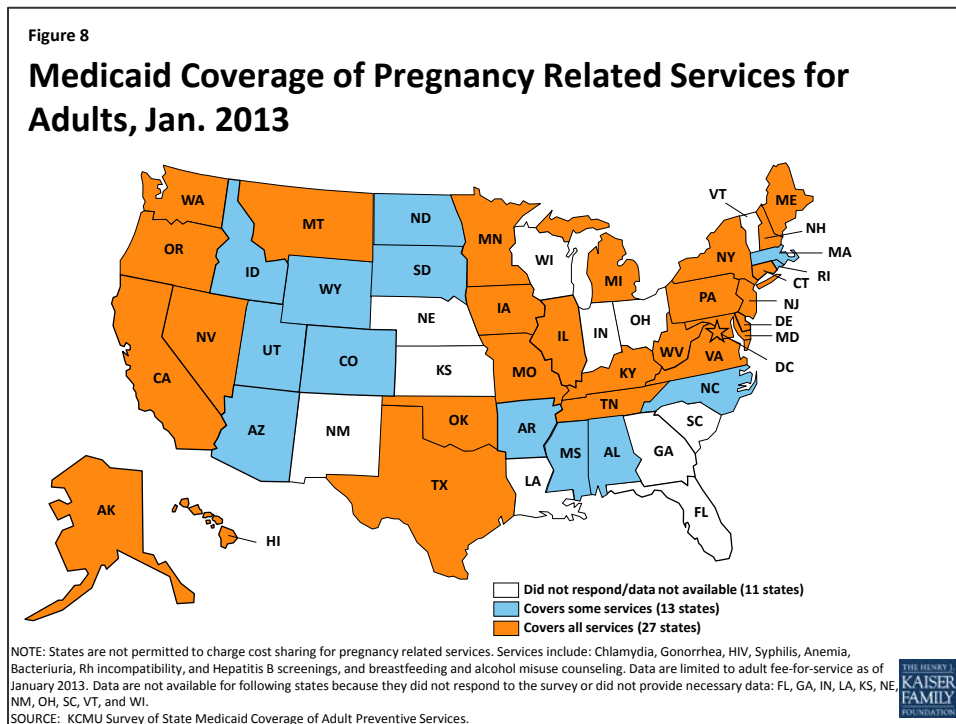


TABLE 6A: SEXUALLY-TRANSMITTED INFECTION (STI) SCREENINGS FOR PREGNANT WOMEN (January 2013)

State	Chlamydia screening	Gonorrhea screening	HIV Screening	Syphilis screening
Alabama ¹	Y	Y	Y	Y
Alaska	Y	Y	Y	Y
Arizona ²	Y	Y	Y	Y
Arkansas	Y	Y	Y	Y
California	Y- SPA	Y- SPA	Y- SPA	Y- SPA
Colorado	Y	Y	Y	Y
Connecticut	Y	Y	Y	Y
Delaware	Y	Y	Y	Y
DC	Y	Y	Y	Y
Hawaii ³	Y	Y	Y	Y
Idaho	Y	Y	Y	Y
Illinois	Y	Y	Y	Y
Iowa ⁴	Y	Y	Y	Y
Kentucky ⁵	Y	Y	Y	Y
Maine ⁶	Y	Y	Y	Y
Maryland ⁷	Y	Y	Y	Y
Massachusetts	Y	Y	Y	Y
Michigan	Y	Y	Y	Y
Minnesota	Y	Y	Y	Y
Mississippi	Y	Y	Y	Y
Missouri	Y	Y	Y	Y
Montana	Y	Y	Y	Y
Nevada	Y	Y	Y	Y
New Hampshire	Y- SPA	Y- SPA	Y- SPA	Y- SPA
New Jersey	Y- SPA	Y- SPA	Y- SPA	Y- SPA
New York	Y- SPA	Y- SPA	Y- SPA	Y- SPA
North Carolina	Y	Y	Y	Y
North Dakota	Y	Y	Y	Y
Oklahoma	Y	Y	Y	Y
Oregon	Y	Y	Y	Y
Pennsylvania	Y	Y	Y	Y
Rhode Island ⁸	Y	Y	Y	Y
South Dakota	Y	Y	Y	Y
Tennessee ⁹	Y	Y	Y	Y
Texas	Y	Y	Y	Y
Utah	Y	Y	Y	Y
Virginia ¹⁰	Y	Y	Y	Y
Washington	Y	Y	Y	Y
West Virginia	Y	Y	Y	Y
Wyoming	Y	Y	Y	Y
Covers Service	40	40	40	40

NOTES: States that report not covering a service are automatically coded as “-” in copy columns. NR - the state did not respond on the related service or copy. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 6A Notes

- 1) Alabama - The state noted that physicians/nurse practitioners are required to complete online training for alcohol misuse counseling.
- 2) Arizona - The state noted that alcohol misuse counseling is covered as part of a prenatal visit and not a billed as a separate billable service. It also stated that all screenings are provided if medically necessary.
- 3) Hawaii - The state noted that not every service is billable by itself, but would be incorporated into an evaluation and management visit.
- 4) Iowa - The state noted that all services listed are not unsupported screenings and require supporting diagnosis codes.
- 5) Kentucky - The state exempts individuals under 18 years of age.
- 6) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum. Covered for ages 18 and under, 19 and 20 year olds with a Prior Authorization.
- 7) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.
- 8) Rhode Island - The state noted that it generally covers pregnant women through managed care.
- 9) Tennessee – The state noted that all services listed are provided as medically necessary.
- 10) Virginia - The state noted that all services are part of evaluation and management visit and high risk population. Department of Medical Assistance Services (DMAS) covers vaccines until age 21 as preventive services. Virginia Medicaid does not cover routine immunizations for adults (age 21 and older.) However, Virginia Medicaid covers adult immunizations when medically indicated on an individual basis. When adult immunization is covered, Virginia Medicaid does not require a copay for the vaccine itself, but there is a copay for the physician or clinic visit.

TABLE 6B: PREGNANCY-RELATED SCREENINGS AND COUNSELING SERVICES
(as of January 2013)

State	Anemia screening	Bacteriuria screening	Breastfeeding counseling	Rh Incompatibility Screening	Alcohol misuse counseling	Hepatitis B screening
Alabama ¹	N	Y	N	Y	Y	Y
Alaska	Y	Y	Y	Y	Y	Y
Arizona ²	N	N	N	Y	Y	Y
Arkansas	Y	Y	N	Y	Y	Y
California	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA
Colorado ³	Y	Y	N	Y	Y	Y
Connecticut	Y	Y	Y	Y	Y	Y
Delaware	Y	Y	Y	Y	Y	Y
DC	Y	Y	Y	Y	Y	Y
Hawaii ⁴	Y	Y	Y	Y	Y	Y
Idaho	Y	Y	N	Y	Y	Y
Illinois	Y	Y	Y	Y	Y	Y
Iowa ⁵	Y	Y	Y	Y	Y	Y
Kentucky ⁶	Y	Y	Y	Y	Y	Y
Maine ⁷	Y	Y	Y	Y	Y	Y
Maryland ⁸	Y	Y	Y	Y	Y	Y
Massachusetts	Y	Y	N	Y	Y	Y
Michigan ⁹	Y	Y	Y	Y	Y	Y
Minnesota	Y	Y	Y	Y	Y	Y
Mississippi	Y	Y	Y	Y	N	Y
Missouri	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y
Nevada	Y	Y	Y	Y	Y	Y
New Hampshire	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA
New Jersey	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA
New York	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA	Y- SPA
North Carolina ¹⁰	Y	Y	N	Y	Y	Y
North Dakota ¹¹	Y	N	N	Y	N	Y
Oklahoma	Y	Y	Y	Y	Y	Y
Oregon	Y	Y	Y	Y	Y	Y
Pennsylvania ¹²	Y	Y	Y	Y	Y	Y
Rhode Island ¹³	Y	Y	Y	Y	N	Y
South Dakota	Y	Y	N	Y	Y	Y
Tennessee ¹⁴	Y	Y	Y	Y	Y	Y
Texas	Y	Y	Y	Y	Y	Y
Utah	Y	Y	N	Y	N	Y
Virginia	Y	Y	Y	Y	Y	Y
Washington	Y	Y	Y	Y	Y	Y
West Virginia	Y	Y	Y	Y	Y	Y
Wyoming	Y	Y	N	Y	Y	Y
Covers Service	38	38	29	40	36	40

NOTES: States that report not covering a service are automatically coded as “N” in copy columns. NR - the state did not respond on the related service or copy. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 6B Notes

- 1) Alabama - Anemia screening and breastfeeding counseling are components of maternity global reimbursement.
- 2) Arizona - The state noted that anemia and bacteriuria screenings must be medically necessary.
- 3) Colorado - The state noted that the breastfeeding counseling service is provided in delivery and through nurse home visitor program.
- 4) Hawaii - The state noted that not every service is by itself billable but would be incorporated into an evaluation and management visit.
- 5) Iowa - The state noted that Hepatitis B screenings are not unsupported screenings and require supporting diagnosis codes.
- 6) Kentucky - The state exempts individuals under 18 years of age.
- 7) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum. Covered for ages 18 and under, 19 and 20 year olds with a Prior Authorization.
- 8) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.
- 9) Michigan – The state noted that breastfeeding counseling is included in the office visit.
- 10) North Carolina - The state noted that breastfeeding counseling is part of the primary care program. The state also noted that alcohol misuse counseling is identified by the pregnancy risk screening tool.
- 11) North Dakota - The state noted that breastfeeding counseling is included in the payment for office and other outpatient evaluation and management visit services. The state indicated that payment for alcohol misuse counseling for pregnant women are included in the payment for office and other outpatient evaluation and management services.
- 12) Pennsylvania - The state noted that breastfeeding counseling is included in the payment for office and other outpatient evaluation and management service. The state indicated that alcohol misuse counseling for pregnant women is covered as part of an office visit.
- 13) Rhode Island - The state noted that it generally covers pregnant women through managed care.
- 14) Tennessee – The state noted that all services listed are provided as medically necessary.
- 15) Virginia - The state noted that anemia, bacteriuria and rh incompatibility screenings are part of evaluation and management visits and high risk populations. Breastfeeding counseling is covered for up to 6 classes.
- 16) Washington - State indicated that breastfeeding counseling and alcohol misuse counseling is reimbursed as part of an evaluation and management visit.

WOMEN'S PREVENTIVE SERVICES RECOMMENDED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION

In addition to the preventive services recommended by the USPSTF and ACIP, Section 2713 of the ACA called for the formation of a committee to study and recommend whether any additional preventive services for women should be covered by private insurance plans. A committee of the IOM recommended eight additional preventive services for women²⁰ (see Appendix 8A and 8B) and these recommendations were subsequently adopted by HRSA.²¹ As a result, all new private plans must cover these services without cost sharing. However, the additional women's preventive services are not included as part of the Medicaid enhanced match for preventive services. Nonetheless, we surveyed states about Medicaid coverage of these services and found that all states covered most or some of the additional services. Of the 39 states and DC that responded, 18 covered all of these services and 13 of these states do not charge cost sharing for any of the services (Figure 9).

SCREENING FOR GESTATIONAL DIABETES AND BREASTFEEDING SUPPORT, SUPPLIES, AND COUNSELING (TABLE 7A)²²

Most states (32) cover screening for gestational diabetes in pregnant women without cost sharing. Coverage for breastfeeding supports is not as common, with only 21 states reporting they cover these supports without cost sharing. While the USPSTF has recommended breastfeeding counseling prior to the passage of the ACA, the recommendation from HRSA is more expansive as it recommends coverage of counseling as well as supplies, in particular breast pumps.

WELL WOMAN VISIT, HUMAN PAPILLOMAVIRUS DNA TESTING, AND SCREENING AND COUNSELING FOR INTERPERSONAL AND DOMESTIC VIOLENCE (TABLE 7B)

HRSA also recommends coverage for at least one annual well woman visit, DNA testing for HPV, and screening and counseling for interpersonal and domestic violence. More than half of states cover well woman visits (33 states) and HPV testing (28 states), but that is not the case for interpersonal and domestic violence screening (22 states). However, many states charge cost sharing for these services and overall, of the 20 states that report covering all three of these services, 15 states cover them without cost-sharing.

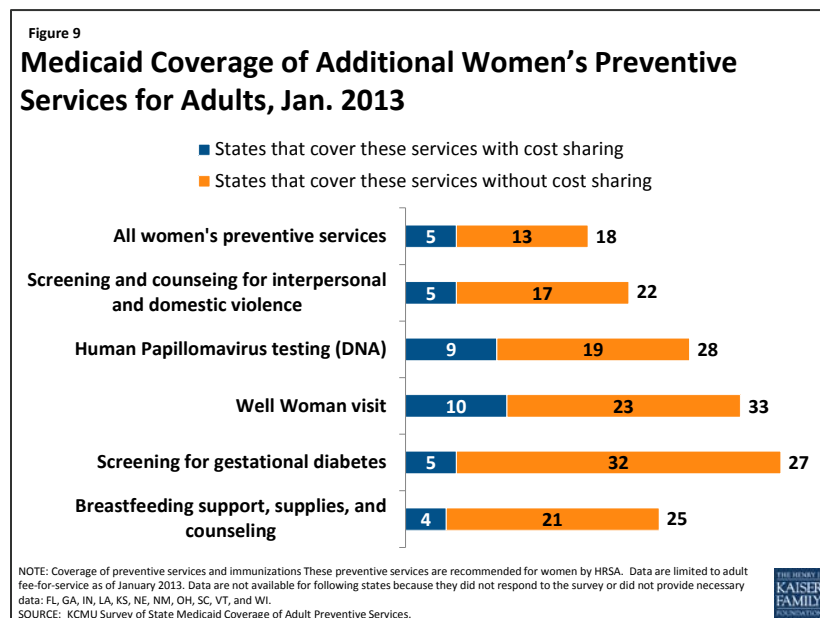


TABLE 7A: ADDITIONAL WOMEN'S SERVICES

State	Breastfeeding support, supplies, and counseling		Screening for gestational diabetes	
	Covers	Copay	Covers	Copay
Alabama ¹	Y	NR	Y	N
Alaska	Y	Y	Y	Y
Arizona	N	-	Y	N
Arkansas	N	-	N	-
California	Y	N	Y	N
Colorado	N	-	Y	N
Connecticut	Y	N	Y	N
Delaware	Y	N	Y	N
DC ²	Y	N	Y	N
Hawaii	Y	N	NR	NR
Idaho ³	Y	N	Y	N
Illinois ⁴	Y	N	Y	N
Iowa	N	-	Y	N
Kentucky ⁵	Y	Y	Y	Y
Maine ⁶	NR	NR	Y	N
Maryland ⁷	Y	N	Y	N
Massachusetts ⁸	Y	NR	Y	N
Michigan	N	-	Y	N
Minnesota	Y	N	Y	N
Mississippi ⁹	N	-	Y	Y
Missouri ¹⁰	N	-	Y	N
Montana	Y	N	Y	N
Nevada	Y	N	Y	N
New Hampshire ¹¹	Y	N	Y	N
New Jersey	Y	N	Y	N
New York ¹²	Y	N	Y	N
North Carolina ¹³	N	-	Y	-
North Dakota ¹⁴	N	-	Y	-
Oklahoma	Y	N	Y	N
Oregon	Y	N	Y	N
Pennsylvania ¹⁵	Y	N	Y	N
Rhode Island	N	N	Y	N
South Dakota	N	-	Y	N
Tennessee ¹⁶	Y	N	Y	N
Texas ¹⁷	Y	N	Y	N
Utah	N	-	Y	N
Virginia	N	-	N	-
Washington ¹⁸	Y	-	Y	N
West Virginia	Y	N	Y	N
Wyoming	N	-	Y	N
Covers Service	25		37	
Requires no copay	21		32	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 7A Notes

- 1) Alabama - In regards to the breast feeding support, supplies and counseling, the state notes it is a component of the global fee payment; WIC provides the breast pump.
- 2) District of Columbia - The state noted that it only covers routine HIV screenings for adults in the lab, not swab.
- 3) Idaho - The state noted that it covers a two month rental with PA for more.
- 4) Illinois - The state noted that the following services are currently covered as a component or anticipatory guidance given during an office visit and no co-pay if billed as a preventive service: breastfeeding supplies, support, and counseling (services rendered by lactation consultant not covered, no co-pay on supplies) and contraceptive methods and counseling (no copay for sterilization procedures but there is a pharmacy copay applied to birth control pills).
- 5) Kentucky - The state exempts individuals under 18 years of age.
- 6) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum. Covered for ages 18 and under, 19 and 20 year olds with a Prior Authorization. Coverage for breastfeeding support, supplies, and counseling is limited to discussions held during routine office visit or hospital stay and breastfeeding equipment is not covered.
- 7) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.
- 8) Massachusetts - The state noted that screening for gestational diabetes receive a 90% family planning match when appropriate criteria are met. It noted that it pays for breast pumps only through DME.
- 9) Mississippi - The state noted that it reimburses DME company for breastfeeding equipment for breastfeeding support, supplies, and counseling.
- 10) Missouri - The state noted that breastfeeding support and counseling are covered during an office visit, and breastfeeding equipment is not covered except when medically necessary.
- 11) New Hampshire - The state noted that breastfeeding supports, supplies, and counseling are covered if part of a physician or APRN visit.
- 12) New York - The state noted that there are copays for clinic services but not for practitioner services for screenings for gestational diabetes.
- 13) North Carolina - The state noted that only one Well Woman Visit is covered per year.
- 14) North Dakota - The state noted that breastfeeding support, supplies, and counseling are included in the payment for office and other outpatient evaluation and management services.
- 15) Pennsylvania - The state noted that all of the services listed above are part of an office visit. For routine HIV screening for adults and contraceptive methods and counseling there is no cost-sharing when provided as part of a family planning service.
- 16) Tennessee – The state noted that all services listed are provided as medically necessary.
- 17) Texas - The state noted that well woman visits are only covered once per rolling year.
- 18) Washington - The state noted that breastfeeding supports, supplies, and counseling are included in evaluation and management visit.

TABLE 7B: WOMEN'S PREVENTIVE SERVICES

State	Well Woman Visit		Human Papillomavirus testing (DNA)		Screening and counseling for interpersonal and domestic violence	
	Covers	Copay	Covers	Copay	Covers	Copay
Alabama ¹	N	N	Y	N	N	N
Alaska	Y	Y	Y	Y	N	-
Arizona ²	N	-	N	-	N	-
Arkansas	N	-	N	-	N	-
California	Y	N	Y	N	Y	N
Colorado ³	Y	Y	N	-	N	-
Connecticut	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N
DC ⁴	Y	N	Y	N	Y	N
Hawaii	NR	NR	Y	N	Y	N
Idaho	Y	N	Y	N	Y	N
Illinois ⁵	Y	N	Y	N	N	-
Iowa	Y	Y	N	-	N	-
Kentucky ⁶	Y	Y	Y	Y	Y	Y
Maine ⁷	Y	N	Y	N	Y	N
Maryland ⁸	Y	N	Y	N	N	-
Massachusetts ⁹	Y	N	Y	NR	N	-
Michigan ¹⁰	Y	Y	N	-	Y	Y
Minnesota	Y	N	Y	N	Y	N
Mississippi	Y	Y	N	-	N	-
Missouri ¹¹	Y	Y	Y	Y	N	-
Montana	Y	Y	Y	Y	Y	Y
Nevada	Y	N	Y	N	Y	N
New Hampshire ¹²	Y	N	Y	N	Y	N
New Jersey	Y	N	Y	N	Y	N
New York ¹³	Y	N	Y	Y	Y	Y
North Carolina ¹⁴	Y	NR	Y	NR	Y	NR
North Dakota ¹⁵	Y	Y	N	-	N	-
Oklahoma	Y	N	Y	N	Y	N
Oregon	Y	N	Y	N	Y	N
Pennsylvania ¹⁶	Y	Y	Y	Y	Y	Y
Rhode Island	Y	N	Y	N	N	N
South Dakota	N	-	N	-	N	-
Tennessee ¹⁷	Y	N	Y	N	Y	N
Texas	Y	N	N	-	N	-
Utah	N	-	N	-	N	-
Virginia ¹⁸	N	-	N	-	N	-
Washington ¹⁹	Y	N	Y	NR	Y	NR
West Virginia	Y	N	Y	N	Y	N
Wyoming	Y	N	N	-	N	-
Covers Service	33		28		22	
Requires no copay	23		19		17	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of January of 2013; see methodology section for more information. No data for FL, GA, IN, KS, LA, NE, NM, OH, SC, VT, and WI.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, January 2013.

Table 7B Notes

- 1) Alabama - The state noted that HPV testing is age restricted for family planning benefit recipients, but not limited for other benefit plans.
- 2) Arizona - The state noted that screening and counseling for interpersonal and domestic violence are billed as part of evaluation and management code claims.
- 3) Colorado - The state noted that it is unsure which procedure code screening and counseling for interpersonal and domestic violence covers.
- 4) District of Columbia - The state noted that HPV testing is included in Well Woman Visits and that screening and counseling for interpersonal and domestic violence is offered as a rehabilitation option.
- 5) Illinois - The state noted that the following services are currently covered as a component or anticipatory guidance given during an office visit and no co-pay if billed as a preventive service: counseling for interpersonal and domestic violence.
- 6) Kentucky - The state exempts individuals under 18 years of age.
- 7) Maine - The state noted that there may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, ICF-IDs, and Indian Health Centers. Members are also exempt from co-payment for family planning services and supplies, and for services furnished to individuals under 21, pregnant women up to 3 months post-partum. Covered for ages 18 and under, 19 and 20 year olds with a Prior Authorization.
- 8) Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.
- 9) Massachusetts - The state noted that it pays for breast pumps only through DME and that HPV testing is covered by a 90% family planning service.
- 10) Michigan - The state noted that screenings and counseling for interpersonal and domestic violence are included in the office visit. The state noted that there is no cost sharing for pregnant women for Well Woman Visits.
- 11) Missouri - The state noted that there is a \$1.00 co-pay for HPV testing and a copay between \$0.50-\$2.00 for well woman visits.
- 12) New Hampshire - The state noted that breastfeeding support, supplies and counseling and screening and counseling for interpersonal and domestic violence are covered if part of a physician or APRN visit.
- 13) New York - The state noted that there are co-pays for clinic services but not for practitioner services for HPV testing and screening and counseling for interpersonal and domestic violence (provided as part of evaluation and management services). There are no copays for pregnancy related services in Well Woman Visits.
- 14) North Carolina - The state noted that HPV testing can be repeated if the specimen is not adequate. The screening and counseling for interpersonal and domestic violence is covered under annual preventive health exams or office visits.
- 15) North Dakota - The state noted that well woman visits and screening and counseling for interpersonal and domestic violence are included in the payment for office and other outpatient evaluation and management services.
- 16) Pennsylvania - The state noted that screening and counseling for interpersonal and domestic violence are part of an office visit. HPV testing offers no cost-sharing when provided as part of a family planning service.
- 17) Tennessee – The state noted that all services listed are provided as medically necessary.
- 18) Virginia - The state noted that well woman visits are covered as family planning services.
- 19) Washington - The state noted that it receives an enhanced match for HPV testing through qualified family planning providers when billed as a family planning diagnosis. Screening and counseling for interpersonal and domestic violence part of well woman visit and included in an evaluation and management visit. The state noted that it receives an enhanced match for well woman visits through qualified family planning providers when billed as a family planning diagnosis.

Summary

The ACA provides a number of opportunities to improve access to and quality of care for many adults currently in Medicaid programs and those that are newly eligible since January 1, 2014. Medicaid coverage of preventive services for adults has historically been considered optional, meaning states can elect whether to cover preventive services in their Medicaid programs for adults. Furthermore, states are permitted to charge cost sharing for some beneficiaries, in the low-income population that Medicaid serves, where even nominal charges can pose a barrier to obtaining services.²³

To date, at least eight states have taken up the ACA incentive for an enhanced match for preventive services. While all of the individual preventive services were covered by most state Medicaid programs in 2013, many states charged cost sharing for at least some of the services. Overall, 12 states reported covering all of the services included in the survey; eight of them did so without cost-sharing. Another 16 states reported covering at least 40 of the recommended services. In general, there was more variation in cost-sharing policies; 10 states reported cost-sharing for at least ten of the services.

While the ACA requires states to cover preventive services without cost sharing for newly eligible Medicaid populations in the Alternative Benefit Plans (ABPs), coverage of preventive services is provided at state option for those eligible for Medicaid prior to the ACA's coverage expansion. As these plans are developed, additional states could align the benefits in their traditional Medicaid programs with the ABPs, and thus expand coverage of preventive services without cost sharing to previously eligible populations as well through amendments to their state Medicaid plans. This would reduce differences in benefits between different groups of Medicaid beneficiaries and would also extend coverage for preventive services to a broader group of individuals on the program.

Methodology

The data in this report reflect results from a survey fielded April through June 2013 that asked states about coverage and related cost-sharing for those preventive services recommended for non-elderly adults by the USPSTF (services that received a grade “A” or “B”,) some services under review by USPSTF at the time of the survey, some services recommended by HRSA and immunizations recommended by the ACIP; 47 services in total were included in the survey, which are detailed in Appendix A. These data do not reflect coverage for children or those over the age of 65 in Medicaid programs. Data are reported for 39 states and the District of Columbia that responded to the survey; data are not reported for the 11 states that did not respond or did not provide complete data: Florida, Georgia, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Ohio, South Carolina, Vermont, and Wisconsin.

The survey instrument (a copy of which is provided in Appendix B) asked states if they had submitted or planned to submit a state plan amendment to receive the enhanced match for covering all the recommended services without cost sharing; if a state responded that they in fact did, they were assumed to have covered all preventive services with no cost-sharing asked about in the survey. All of the states that reported that they either submitted or planned to submit a SPA at the time of the survey have been approved (CA, NH, NJ, and NY) except for LA. While LA reported plans to submit a SPA, to date, there is no SPA submission posted for this state and documentation from the state’s website indicates that they do not cover at least some of the preventive services asked about in this survey. Therefore, data are not reported for LA. Some states did not respond to all questions; these cases are noted as “NR” in the appendix tables.

Coverage

The survey asked if the state Medicaid program covered any of the recommended preventive services. Many states responded with service-specific caveats, most notably that service was covered only if medically necessary or that the service was covered but only as part of an office visit and not as a distinct service. For purposes of this report, states reporting such caveats were counted as covering these services.

Cost-sharing

This survey asked states to report if they charged cost-sharing for the recommended preventive services. States were asked to include cost-sharing that applied to 1) the service when billed separately from the related office or clinic visit and 2) the visit if the preventive services was the primary purpose of the visit and the services and visit are not billed separately.

Appendix A – ACA Section 4106 increase in FMAP for Coverage of Preventive Services in Medicaid

In order to incentivize states to cover preventive services without cost sharing in traditional Medicaid, Section 4106 of the ACA added an enhanced matching rate of one percentage point to the state's Federal Medical Assistance Percentage (FMAP) for preventive services if the state covers without cost sharing all of the preventive services recommended by USPSTF and ACIP (Table A1).

To receive the enhanced match, states must cover all of these services without charging cost-sharing for any and file a State Plan Amendment (SPA) to their Medicaid plan. As of July 2014, eight (8) states had submitted preventive services SPAs: Four states had filed for SPAs at the time the survey was conducted in Spring 2013: California, New Hampshire, New Jersey, New York. Since the survey was fielded, an additional four states have obtained SPAs: Hawaii, Kentucky, Nevada, Ohio.

The incentive became effective January 1, 2013, and there is no time limit for states to submit a SPA for preventive services coverage. This option is available to all states, regardless of whether they implemented the Medicaid coverage expansion or not. On February 1, 2013, CMS issued a letter to State Medicaid Directors (SMD# 13-002) which provided details to states on the criteria for submitting a preventive services SPA.²⁴ Specific requirements of the policy outlined in the letter include:

- States must cover all the recommended preventive services and their administration without cost sharing
- The FMAP increase applies only to the preventive services
- States must ensure they have correct codes and modifiers for providers to be able to match services rendered to the USPSTF and ACIP recommendations
- States should have financial monitoring procedures to ensure accuracy in claiming enhanced rate
- If preventive service overlaps with other enhanced reimbursement rates (e.g. temporary increase for primary care services), the 1% FMAP enhancement for preventive services is available for base payment rate from July 1, 2009
- Coverage without cost sharing must be applied to those in fee-for-service and managed care
- To claim the enhanced rate in managed care, states make estimates prospectively based on historical data from managed care plans to the extent possible
- States should have capacity to add/amend services as USPSTF and ACIP add new recommendations or change existing ones
- For 2013, the incentive only applies to services provided by physicians but as of January 1, 2014, will apply to services provide by other licensed practitioners

Table A1: PREVENTIVE SERVICES DEFINITIONS	
Cancer- Related Services (Table 1)	
Breast cancer preventive medication counseling	Clinicians discuss chemoprevention with women at high risk for breast cancer and low risk for adverse effects of chemoprevention.
Breast cancer mammography*	Screening mammography for women, with or without clinical breast examination, every 1- 2 years for women aged 40 and older.
BRCA screening and counseling	Genetic counseling and evaluation for BRCA testing for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Cervical cancer screening	For women who have been sexually active and have a cervix.
Colorectal cancer screening	Using fecal occult blood testing, sigmoidoscopy, or colonoscopy starting at age 50 through 75.
STI screenings (Table 2)	
Chlamydial infection screening	For sexually active women age 24 and younger and older women who are at increased risk.
Gonorrhea screening	For all sexually active women, if they are at increased risk.
HIV screening	For all adolescents and adults at increased risk for HIV infection.
Syphilis screening	For those at increased risk.
STI counseling	High- intensity behavioral counseling to prevent STIs for sexually- active adolescents and adults at risk.
Chronic Condition- Related Services (Table 3)	
Prophylactic aspirin	For men age 45- 79 years and women age 55- 79 years, if potential benefit outweighs potential harm.
Blood pressure screening	For adults aged 18 and older.
Cholesterol abnormalities screening	Men aged 35+ and women aged 45+, and those younger at increased risk of coronary heart disease.
Depression screening	Staff- assisted supports to assure accurate diagnosis, effective treatment and follow- up.
Diabetes screening	Type 2 diabetes in asymptomatic adults with sustained blood pressure above 135/80 mm Hg.
Osteoporosis screening	Routine screening for women aged 65+, age 60 for women at increased risk of such fractures.
Health Promotion (Table 4)	
Healthy diet counseling	Intensive behavioral dietary counseling, delivered by primary care clinicians or specialists, for those with hyperlipidemia and other risk factors for cardiovascular and diet- related chronic disease.
Obesity screening and counseling	Screen all adults for obesity, offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
Tobacco use counseling and interventions	Ask all adults about tobacco use and provide tobacco cessation interventions.
Alcohol Misuse Counseling	Screening and behavioral counseling interventions in primary care settings.
Folic acid supplementation	A daily supplement of 0.4 to 0.8 mg of folic acid for women planning or capable of pregnancy.
Immunizations (Tables 5A and 5B)	
Tetanus- Diphtheria (Td)booster and Tetanus- Diphtheria- Pertussis (T- dap)	1 Td Booster every 10 years and a one- time dose of Tdap for those under age 64.
Human Papilloma Virus	3 doses for females age 26 and under.
Measles, Mumps, and Rubella	1 or 2 doses for those 19- 49; 1 dose for those 50 and older if other risk factors are present.
Varicella	2 doses for those 19- 49; 2 doses for those 50 and older if other risk factors are present.
Influenza	1 annual dose for those 19- 49 if other risk factors are present; 1 annual dose for those 50+.
Pneumococcal	1 or 2 doses for those 19- 64 if other risk factors are present; 1 dose for those 65 and older.
Hepatitis A	2 doses if other risk factors are present.
Hepatitis B	3 doses if other risk factors are present.
Meningococcal	1 or more doses if other risk factors are present.
Zoster	For those 60 and older.
Pregnancy- Related Services (Tables 6A and 6B)	
Chlamydial infection screening	For all pregnant women age 24 and under and for older pregnant women at increased risk.
Gonorrhea screening	For all sexually active women if they are at increased risk.
Hepatitis B screening	For pregnant women at their first prenatal visit.
Syphilis screening	For all pregnant women.
Alcohol misuse counseling	Screening and behavioral counseling interventions to reduce misuse in primary care settings.
Anemia screening	For iron deficiency anemia in asymptomatic pregnant women.
Bacteriuria screening	For asymptomatic bacteriuria with urine culture at 12 to 16 weeks gestation.
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.
Rh incompatibility screening at first visit	Rh (D) blood typing and antibody testing for all pregnant women during first pregnancy- related visit; repeat for all unsensitized Rh(D) negative women at 24- 48 wks unless biological father is Rh(D) negative.

NOTES: *HHS uses the 2002 recommendation on breast cancer screening. Survey is based on recommendations from the USPSTF related the ACA provision - <http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm> and the Advisory Committee on Immunization Practices recommendations for adults in 2013 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>.

SOURCE: KCMU Survey of State Medicaid Coverage of Adult Preventive Services, 2013.

In addition to the services recommended by USPSTF and ACAIP, Section 2713 of the ACA authorized the development of an additional set of preventive services for women, to be covered by private insurance plans. A committee of the Institute of Medicine (IOM) developed a set of recommendations for 8 preventive services for women, and these recommendations were subsequently adopted by the federal Health Resources and Services Administration (HRSA), which means that these services must be covered without cost sharing by all new private plans. These services (Table A2) are not included as part of the requirements for the Medicaid enhanced match for preventive services, but they overlap with many of Medicaid's benefits categories and thus were included in this state-level survey.

Table A2: PREVENTIVE SERVICES DEFINITIONS	
Additional Preventive Services (Tables 7A and 7B)	
Routine HIV Screening for Adults	HIV screening for adolescents and adults ages 15- 65. Younger adolescents and older adults at increased risk should also be screened.
HIV Screening for Pregnant Women	Screening for all pregnant women, including those who present in labor whose HIV status is unknown.
Gestational Diabetes	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Well Woman Visit	Well- women preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.
Breastfeeding support, supplies, and counseling	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.
Human papillomavirus testing (DNA)	High- risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
Screening and counseling for interpersonal and domestic violence	Annual screening and counseling for interpersonal and domestic violence for all women.

NOTES: *HHS uses the 2002 recommendation on breast cancer screening. Survey is based on recommendations from the USPSTF related the ACA provision - <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm> and the Advisory Committee on Immunization Practices recommendations for adults in 2013 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>.

SOURCE: KCMU Survey of State Medicaid Coverage of Adult Preventive Services, 2013.

Appendix B: Survey Instrument

Kaiser Commission on Medicaid and the Uninsured: Preventive Services Survey

This survey is intended to provide information that is helpful to Medicaid programs as well as the broader policy community about the role Medicaid in the provision of preventive services. Given that preventive services for children are covered under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for children, this survey is designed to gather information on preventive services coverage in Medicaid programs for nonelderly adults. This survey was first conducted two years ago by Health Management Associates as part of the biannual update of the Kaiser Commission on Medicaid and the Uninsured Medicaid Benefits Database. The survey report is on the Kaiser Family Foundation web site at: <http://www.kff.org/medicaid/8359.cfm>.

The revised instrument takes into account the guidance released in the February 1, 2013 [State Medicaid Director letter](#) on the option newly available to states under the ACA (Section 4106), effective January 1, 2013, to receive an enhanced federal matching rate for clinical preventive services and immunizations for nonelderly adults if they provide all of these services without cost-sharing. Specifically, states that cover all preventive services rated Grade A or B by the United States Preventive Services Task Force (USPSTF) and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) without cost-sharing will receive a one percentage point increase in the federal matching rate for those services.

The CMS guidance cited above specifies that the one percentage point increase applies to preventive services and immunizations currently matched at¹:

1. the regular matching rate for states and the District of Columbia (without regard to the temporary enhanced match for specified primary care codes under ACA section 1202); or
2. the enhanced matching rate under the Breast and Cervical Cancer Treatment Program.

The one percentage point increase does not apply to preventive services currently matched at other enhanced matching rates, most notably family planning services. In order for states to collect this one percentage point increase in the federal matching rate, states must submit a state plan amendment (SPA) to CMS and report such expenditures on a separate line of their CMS-64 forms.

The following suggestions may be helpful as you and your staff complete this survey:

1. If your state has already submitted or is about to submit a SPA under this provision, please check “Yes” on the first question (provide an effective date if possible) and skip to Section III.
2. Responses can be entered in any shaded area.
3. To move around the form, you can use the tab key to move forward, shift-tab to move backward, or click any shaded area.
4. To make an X in a check box, tab to the box and left-click on the mouse, or hit the space bar. Clicking the mouse or hitting the space bar a second time will remove a check. You can tab past the box if a check is not required.
5. Text of any length can be entered in a text box. To start a new line within a text box, hold down the shift key and press return.

¹ The guidance states that the one percentage point increase also applies to the enhanced federal match rate for those newly eligible for Medicaid coverage due to the Medicaid expansion. Since the federal match rate cannot exceed 100 percent, the one percentage point increase will not apply to this match rate until January 1, 2017, when the federal match for the newly eligible will first drop below 100 percent.

Kaiser Commission on Medicaid and the Uninsured: Preventive Services Survey

State: _____ Date: _____

This survey is intended to collect data on the coverage of these preventive services and immunizations for **non-elderly adults** under your state’s **Medicaid Fee-For-Service (FFS) program as of January 1, 2013**. Please contact Laura Snyder (lauras@kff.org) with questions and completed responses.

I. State Plan Amendment

Has your state submitted or received approval of a SPA to cover all preventive services and immunizations recommended by the USPSTF and ACIP without cost-sharing in order to receive the enhanced match under Section 4106 of the ACA?

- Yes** Effective Date: _____ *If yes, please skip to Section III. Additional Preventive Services (last section).*
 No

II. ACA Preventive Services Rated Grade A or B by the [USPSTF](#) and Immunizations recommended by the [ACIP](#)

Coverage and Applicable FMAP: Please indicate whether each service below is covered, as defined, under your state’s Medicaid FFS program for non-elderly adults. If the service is covered, select the applicable matching rate(s); if “Other match rate” is selected, please specify (e.g., family planning.)

Cost-sharing: Select “Yes,” if cost-sharing applies to: 1) the service when billed separately from the related office or clinic visit; OR 2) the visit if the preventive service is the primary purpose of the visit, and the service and visit are not billed separately. Select “No” otherwise. (This cost-sharing framework is based on regulations at [45 CFR 147.130](#).)

A. Preventive Services for Non-Elderly Adults	Coverage	Applicable FMAP	Cost-Sharing	Limitations / Comments:
Breast cancer preventive medication counseling - Clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breast cancer screening mammography - Screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BRCA Screening Counseling – Refer women with family history associated with increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling, BRCA testing evaluation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cervical cancer screening - Screening for women 21 to 65 with cytology (Pap smear) every 3 years or, for those 30 to 65 who want to lengthen the interval, screening with a mix of cytology and HPV testing every 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Colorectal cancer screening - Screening for adults 50 to 75, using fecal occult blood testing, sigmoidoscopy, or colonoscopy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chlamydial infection screening - Screening for all sexually active women 24 and under; older women at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gonorrhea screening - Clinicians screen all sexually active women at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV screening - Clinicians screen in all adolescents and adults at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Syphilis screening - Clinicians screen persons at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexually Transmitted Infections counseling - High-intensity behavioral counseling to prevent STIs for all sexually active adolescents and adults at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alcohol misuse counseling - Screening and behavioral counseling interventions in primary care to reduce misuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aspirin to prevent cardiovascular disease - Use of aspirin for men 45 to 79 and women 55 to 79 when the potential benefit due to a reduction in myocardial infarctions or ischemic strokes outweighs the potential harm.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

A. Preventive Services for Non-Elderly Adults	Coverage	Applicable FMAP	Cost-Sharing	Limitations / Comments:
Blood pressure screening - Screening for high blood pressure in adults 18 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cholesterol abnormalities screening for lipid disorders - Screening for men 35+ for lipid disorders; screening men 20 to 35 and women age 20+ for lipid disorders if at increased risk for coronary heart disease.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Depression screening - Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes screening - Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Healthy diet counseling - Intensive behavioral dietary counseling (by primary care clinicians or specialists) for adults with hyperlipidemia and other risk factors for cardiovascular and diet-related chronic disease.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obesity screening and counseling (updated June 2012) – Obesity screening for all adults. Clinicians should offer/refer those with body mass index (BMI) of 30+ to intensive, multicomponent behavioral interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tobacco use counseling and interventions - Clinicians ask all adults about tobacco use and provide cessation interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Osteoporosis screening (updated January 2012) - Screening for women age 65+ and in those younger with the risk of fracture equal to or greater than that of a 65-year-old white woman with no additional risk factors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Folic acid supplementation - Daily supplement with 0.4-0.8 mg of folic acid for those planning/capable of pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Immunizations for Non-Elderly Adults	Coverage	Applicable FMAP	Cost-Sharing	Limitations / Comments:
Tdap/Td booster - 1 Tdap for adults 19+ and 1 Tdap for each pregnancy; Td booster once every ten years for adults 19+.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Human Papillomavirus (HPV) - 3 doses for the following: females 26 and under, males 21 and under, and males ages 22-26 if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Measles, mumps, rubella - 1 or 2 doses for those 19-49 unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Varicella - 2 doses for those age 19 and older unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Influenza - 1 dose annually for those 19 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pneumococcal - 1 or 2 doses of PPSV23 and 1 dose of PCV13 for those 19-64 if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis A - 2 doses for those 19 and older if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis B - 3 doses for those 19 and older if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Meningococcal - 1 or more doses for those 19+ if other risk factors are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zoster - 1 dose for those for those 60 and older unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Preventive Services for Pregnant Women	Coverage	Applicable FMAP	Limitations / Comments:
Chlamydial infection screening - Screening for all pregnant women 24 and under, older pregnant women at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Gonorrhea screening - Screen all sexually active women, including pregnant women, if at increased risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Hepatitis B screening - Screening at first prenatal visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Syphilis screening - Screening all pregnant women.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Alcohol misuse counseling - Clinicians screen pregnant women for alcohol misuse and provide those engaged in risky, hazardous drinking with brief behavioral counseling interventions to reduce misuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Anemia screening - Routine screening for iron deficiency anemia in asymptomatic pregnant women.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Bacteriuria screening - Screening for asymptomatic bacteriuria with urine culture at 12 to 16 weeks or at first prenatal visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Breastfeeding counseling - Interventions during pregnancy and after birth to promote/support breastfeeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	
Rh incompatibility screening - Rh(D) blood typing and antibody testing for all pregnant women at first visit; repeat testing for all unsensitized Rh(D) negative women at 24-28 weeks, unless biological father is Rh(D) negative.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	

III. Additional Preventive Services

Listed below are additional preventive services either recommended by [HRSA](#) or currently under review by the USPSTF; at the time this survey was developed, these services were not included among those that states must provide without cost-sharing to receive the enhanced match under Section 4106 of the ACA.

A. Additional Preventive Services for Non-Elderly Adults	Coverage	FMAP Applied	Cost-Sharing	Limitations / Comments:
Routine HIV Screening For Adults (USPSTF draft November 2012) – HIV screening for adolescents and adults ages 15 to 65 years. Younger adolescents and older adults at increased risk should also be screened.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV Screening for Pregnant Women – Screening for all pregnant women, including those who present in labor whose HIV status is unknown.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Screening for gestational diabetes - In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contraceptive methods and counseling – FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity as prescribed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Well Woman Visit - Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breastfeeding support, supplies, and counseling. Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Human papillomavirus testing (DNA). High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Screening and counseling for interpersonal and domestic violence. Annual screening and counseling for interpersonal and domestic violence for all women.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Regular Match <input type="checkbox"/> BCCTP <input type="checkbox"/> Other match rate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ENDNOTES

- ¹ The survey instrument was developed based on recommendations from the USPSTF related the ACA provision - <http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm> and the Advisory Committee on Immunization Practices recommendations for adults in 2010 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>.
- ² Eight of these services (see Appendices 8A and 8B) were either recommended by HRSA or under review by USPSTF at the time of the survey following the Institute of Medicine's (IOM) release of a report commissioned by the US Department of Health and Human Services (HHS) stating that there is a gap in preventive services covered by insurance companies for women. For more information please see [Women's Preventive Services Guidelines](#) and [Clinical Preventive Services for Women: Closing the Gaps](#).
- ³ The HRSA women's preventive services are not required for states to receive the enhanced match, but were included in the survey because they have been recommended as important to fill in gaps in preventive care for women and overlap with many of Medicaid's benefits categories.
- ⁴ KCMU/Urban Institute estimates based on data from FY 2010 MSIS and CMS-64. MSIS FY 2009 data were used for CO, MO, NC, and WV, but adjusted to 2009 CMS-64.
- ⁵ KCMU (2013). What Difference Does Medicaid Make? <http://kaiserfamilyfoundation.files.wordpress.com/2013/05/8440-what-difference-does-medicaid-make2.pdf>
- ⁶ *Preventive Services Covered by Private Health Plans under the Affordable Care Act*. Kaiser Family Foundation. <http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>
- ⁷ CMS. (2013). <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2013-Press-Releases-Items/2013-12-17.html>
- ⁸ The survey instrument was developed based on recommendations from the USPSTF related the ACA provision - <http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm> and the Advisory Committee on Immunization Practices recommendations for adults in 2010 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>.
- ⁹ Eight of these services (see Appendices 8A and 8B) were either recommended by HRSA or under review by USPSTF at the time of the survey following the Institute of Medicine's (IOM) release of a report commissioned by the US Department of Health and Human Services (HHS) stating that there is a gap in preventive services covered by insurance companies for women. For more information please see [Women's Preventive Services Guidelines](#) and [Clinical Preventive Services for Women: Closing the Gaps](#).
- ¹⁰ Timothy Westmoreland, Director, Centers for Medicare and Medicaid Services, State Health Official Letter, January 4, 2001, <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/sho010401.pdf>
- ¹¹ CDC. (2013). [Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States](#).
- ¹² The survey findings reported here reflect whether a state covers HIV screenings for adults at increased risk for HIV infection and routine HIV screening for adults. For more information HIV screenings – see the following brief: *State Medicaid Coverage of Routine HIV Screening*. Kaiser Family Foundation, February 2014. <http://kff.org/hiv/aids/fact-sheet/state-medicaid-coverage-of-routine-hiv-screening/>
- ¹³ *The Role of Medicaid for Adults with Chronic Illnesses*. Kaiser Commission on Medicaid and the Uninsured. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8383.pdf>
- ¹⁴ Farley, Thomas A. et al. "Deaths Preventable in the U.S. by Improvements in the Use of Clinic Preventive Services." *American Journal of Preventive Medicine*, Vol. 38 no. 6, 2010. <http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379710002072.pdf>.
- ¹⁵ Maciosek, Michael V. et al. "Greater Use of Preventive Services in U.S. Health Care Could Save Lives at Little or No Cost," *Health Affairs*, Vol. 29 no. 9, September 2010. <http://content.healthaffairs.org/content/29/9/1656.full.pdf>.
- ¹⁶ Twenty-eight states covered both healthy diet counseling and obesity screening and counseling services; Alaska reported coverage for obesity screening and counseling but not healthy diet counseling. The 7 states that charged cost-sharing for these services were IA, KY, MO, MT, ND, PA, and VA. Additionally, AK reported charging cost-sharing for obesity screening and counseling.
- ¹⁷ Cynthia L. Ogden, Margaret D. Carroll, et al. *Prevalence of Childhood and Adult Obesity in the United States, 2011-2012*. Journal of the American Medical Association (February 26, 2014.) <http://jama.jamanetwork.com/article.aspx?articleid=1832542>.
- ¹⁸ CDC. 2000. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4916a1.htm>
- ¹⁹ Guttmacher Institute. (2013). [Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy and Infant Care](#).
- ²⁰ IOM. (2011). [Clinical Preventive Services for Women: Closing the Gaps](#).
- ²¹ HRSA. (2014). [Women's Preventive Services Guidelines](#).
- ²² Hawaii did not provide a response for screening for gestational diabetes, contraceptive methods and counseling, and well woman visit.
- ²³ KCMU, [Premiums and Cost-Sharing in Medicaid: A Review of Research Findings](#), February 2013.
- ²⁴ CMS. (2013). <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-13-002.pdf>