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# U.S. Preventive Services Task Force Recommendations

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North Carolina Medicaid status

11/19/2010

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# Overview

- Background
- Current Medicaid coverage
- Summary
- Questions

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# Background

- Health Care reform legislation includes incentives to states for implementation of recommended provisions.
- One of the optional, recommended provisions is Sec. 4106 “Improving access to preventive services for eligible adults in Medicaid.”

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# Background

- States would receive an increased Federal medical assistance percentage (FMAP) for electing to cover additional services and vaccines, and prohibiting cost-sharing for these services and vaccines.

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# Background

- The services that must be covered are those clinical preventive services recommended with a grade of A or B by the U. S. Preventive Services Task Force (USPSTF).

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# Current Medicaid Coverage

- Immunizations
- USPSTF Grade A and B recommendations
- Cost-sharing

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# Immunizations

- There are two vaccines listed by ACIP that are not covered as recommended.
  - Zostavax is not covered.
  - Human Papilloma Virus vaccine is recommended for ages 9 – 26 years. Medicaid does not cover ages 21-26. The NC Immunization Program provides vaccine for 9 – 18 years. Medicaid pays for ages 19 and 20.

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# Current Medicaid Coverage

- The grade A and grade B USPSTF recommendations can be divided into 9 groups for easier review.
  - Intervention in the Newborn
  - Laboratory Screening Tests
  - Screening Radiology
  - Genetic Counseling and Testing
  - Screening in Pregnancy

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# Current Medicaid Coverage

- **USPSTF Recommendations (continued)**
  - Screening for Non-Pregnant Women
  - Screening and Counseling
  - Chemoprevention
  - Other Prevention and Screening

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# Intervention in the Newborn

- Prophylactic medication for gonorrhea: newborns
- Screening for hearing loss
- Screening for hemoglobinopathies
- Screening for congenital hypothyroidism
- Screening for phenylketonuria
- The State Lab is reimbursed for the blood screening. Prophylactic medication and screening for hearing loss are included in the DRG reimbursement to the hospital.

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# Laboratory Screening Tests

- The following tests are covered
  - ❑ Cholesterol, men aged 20 – 35 / 35 and older
  - ❑ Cholesterol, women aged 20 – 45 / 45 and older
  - ❑ Fecal occult blood testing
  - ❑ Screening for diabetes
  - ❑ Screening for HIV
  - ❑ Screening for syphilis: non-pregnant persons

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# Screening Radiology

- Screening mammography every year for women aged 40 and older
- Screening for osteoporosis every 2 years for women aged 65 and older; screening can begin at age 60 or occur more frequently when certain high risk criteria are met
- Medicaid covers medically necessary abdominal aortic aneurysm ultrasound or CT with prior approval

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# Genetic Counseling and Testing

- Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes can receive genetic counseling.
- Tests specific for BRCA1 and BRCA2 are not covered. This is being reviewed by Medicaid at this time.

# Screening in Pregnancy

- Bacteriuria – urine culture is covered; if billing global OB CPT codes, routine urinalysis is not reimbursed separately
- The following screening tests are covered.
  - Chlamydia
  - Gonorrhea
  - Hepatitis B
  - Rh incompatibility, first visit and at 24-28 weeks
  - Iron deficiency anemia
  - Syphilis

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# Screening for Non-Pregnant Women

- The following screening tests are covered for non-pregnant women.
  - Gonorrhea
  - Chlamydia
  - Cervical Cancer
    - Allowed once per year
    - Can repeat if specimen is not adequate

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# Screening and Counseling

- Medicaid covers the following
  - Screening and counseling to reduce alcohol misuse in primary care settings
  - Screening for depression – adults and adolescents
  - Screening and counseling for obesity: children
  - Counseling for tobacco use

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# Providers of Preventive and Counseling services

- Providers reimbursed for various preventive and/or counseling services include
  - Primary care providers (MD, NP, CNM)
  - Health departments and rural health clinics
  - Federally Qualified Health Centers
  - Private MH/DD/SA provider networks
  - Indian Health Services
  - School based health centers
  - and others

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# Chemoprevention

- Breast Cancer - tamoxifen and raloxifene are covered
- Medicaid covers prescription oral fluoride supplementation.

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# Other Prevention and Screening

- Medicaid reimburses for the following as an expected part of an office visit or annual health exam
  - ❑ Screening for high blood pressure
  - ❑ Interventions to support breast feeding
  - ❑ Counseling for a healthy diet – adults
  - ❑ Screening and counseling for obesity – adults
  - ❑ Counseling for STIs
  - ❑ Screening for visual acuity must be provided as part of Health Check for children

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# Other Prevention and Screening (continued)

- Medicaid does not pay for aspirin to prevent cardiovascular disease.
- Coverage of vitamins and minerals is being discontinued – except for prenatal vitamins. Therefore the recommended folic acid supplementation and routine iron supplementation in children will not be covered.

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# Cost-Sharing

- NC Medicaid does not require cost-sharing (co-pays) from services
  - Related to pregnancy
  - That are laboratory services
  - That are family planning services
  - Provided to recipients
    - Less than 21 years of age
    - Enrolled in a Community Alternatives Program
    - Residing in Skilled nursing or Intermediate Care facilities

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# Summary

- NC Medicaid does cover the majority of the grade A and grade B recommendations directly or indirectly without cost-sharing for the majority of the services.
- DMA is working on options to improve health outcomes
  - Pregnancy Medical Home
  - Telehealth
- DMA is interested in the results of the Workgroup's GAP analysis of the non covered services

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# Questions?

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