

# Medicaid programs vary in coverage of preventive care, report says

July 8 2013

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Existing Medicaid beneficiaries have largely been left out of the health reform movement when it comes to preventive services that can ward off cancer, heart disease and other potentially deadly diseases, according to a new study by researchers at the George Washington University School of Public Health and Health Services (SPHHS).

The study, which appears in the July issue of *Health Affairs*, notes that under the Affordable Care Act most [private insurance plans](#), Medicare and Medicaid expansion programs are required by law to cover a full range of crucial [preventive services](#) such as screening tests for colorectal cancer, [high blood cholesterol](#), HIV infection, and diet counseling that can prevent obesity. But state Medicaid plans are not required to cover such care for adults already enrolled in Medicaid—and this report suggests that those adults will not have access to the full range of preventive services.

"Preventive services save lives by detecting diseases before they can progress," says lead author Sara Wilensky, PhD, JD, special services faculty for undergraduate education in the Department of Health Policy at SPHHS. "Why should some Medicaid beneficiaries be left out when it comes to coverage for this kind of care?" Screening mammograms, colonoscopies, [cholesterol screenings](#) and other preventive services are aimed at staving off health problems early on rather than trying to provide costly health care for established and hard-to-treat disorders, she said.

Wilensky and her co-author Elizabeth Gray, JD, a research associate at SPHHS, reviewed Medicaid policies in all 50 states and the District of Columbia from June 2012 through November 2012. The initial review looked at all publically available information on coverage of preventive services. After that first review, the researchers then contacted state Medicaid officials to fill in any missing information about coverage for this population.

The researchers found that most states do not cover all of the preventive services recommended by the U.S. Preventive Services Task Force, an independent panel that looks at preventive care and offers guidelines for health plans and providers. In addition, it was often difficult to discern exactly which services were covered by Medicaid programs based on the vague language used by many programs. The report highlighted some serious gaps in coverage. For example, while most states provided coverage for [screening mammograms](#), not all Medicaid programs offered such care to existing beneficiaries. In fact, three states don't cover preventive mammograms for this population at all—a shortfall that could mean low-income women will go without the test, the authors said.

The analysis also says that states appear to rarely cover other types of preventive care for breast cancer for those at high risk. Only 11 state Medicaid programs, for example, make it clear that they will pay for breast cancer susceptibility testing for the BRCA1 gene that increases the risk of breast and ovarian cancer. And just three states explicitly cover chemoprevention for such beneficiaries. This medication can be used to lower the risk of breast cancer, a disease that kills about 40,000 American women every year.

"The Affordable Care Act guarantees millions of low-income Americans access to mammograms, colonoscopies and other lifesaving preventive services, but that assurance does not extend to people who currently have Medicaid coverage," said Chris Hansen, president of the American

Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the American Cancer Society and one funder of the study. "States have a responsibility to ensure that all people in Medicaid have access to preventive care for a life-threatening disease such as cancer."

The authors of the study also say there is wide variation in coverage of tests for sexually transmitted diseases (STD) and the test for the HIV virus that causes AIDS. And in some states STD screening is limited to family planning visits, a restriction that means people visiting the doctor for some other reason or those who are not eligible for family planning services may not have coverage. Going without this screen, increases the risk that an infected person will not receive treatment and could unknowingly spread a disease to others, Wilensky said.

Many of the preventive services evaluated by the study, such as screenings for early signs of heart disease, depression or diabetes, were either not covered or it was unclear if they would be paid for by Medicaid. In some cases, state Medicaid officers said that the preventive services would be paid for only if deemed "medically necessary." But Wilensky says that these terms should not be used together because medically necessary tests are for instances when a provider has a reason to suspect an established health problem, while preventive tests are crucial in detecting an emerging problem in an otherwise healthy, asymptomatic person.

Such confusion could leave providers wondering if preventive services will be covered by Medicaid, says the report. In the end, providers may simply fail to provide care if they are uncertain about Medicaid coverage and/or payment for their services, the authors said.

"By lowering risk factors such as high blood pressure and cholesterol, Americans can reduce their risk of heart disease or stroke by as much as 80 percent," said Nancy Brown, CEO of the American Heart

Association, which also helped fund the study. "Evidence-based screenings play an essential role in identifying and reducing these factors. Without Medicaid coverage of preventative screenings and services, we could fall behind in the battle against the nation's No. 1 and No. 4 killers."

The authors conclude that there are many opportunities to increase the coverage of preventive services for this population. For example, managed care plans could choose to cover services that end up saving lives even if not required by state Medicaid programs. In states that do not clearly spell out covered preventive services or require providers to follow a specific standard of care, providers could choose to follow the guidelines of the U.S. Preventive Services Task Force. Alternatively, Congress could step in and give existing Medicaid beneficiaries the same coverage of preventive services as most other Americans enjoy under [health reform](#), the authors point out.

**More information:** "Existing Medicaid Beneficiaries Left Off the Affordable Care Act's Prevention Bandwagon," *Health Affairs*, 2013.

Provided by George Washington University

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