

# Medicaid reimbursements may affect cancer screening rates among beneficiaries

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A recent study has found that in states with higher Medicaid payments for office visits, Medicaid beneficiaries were more likely to be screened for breast, cervical, and colorectal cancer. Published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society, the findings may help policy makers address barriers to access to care and improve the use of recommended cancer screening services.

Although Medicaid is a joint state-federal government health insurance program, each state sets the policies for its own Medicaid program within requirements set by the federal government. This includes setting how much providers are paid for [health care](#) services and who is allowed to enroll in Medicaid. To determine whether state Medicaid eligibility and reimbursement policies affect receipt of breast, cervical, and colorectal [cancer](#) screening among Medicaid beneficiaries, Michael Halpern, MD, PhD, MPH, of RTI International, and his colleagues analyzed 2007 Medicaid data from 46 states and Washington DC.

"Few studies have examined how state-specific differences in Medicaid policies might affect use of preventive care services, particularly for early detection of cancer," said Dr. Halpern. "Our study was able to compare differences in [cancer screening](#) for Medicaid beneficiaries in almost all states, providing a broad, national picture of the effects of state-level Medicaid policies on receipt of these critical medical care services among a large group of underserved individuals."

The researchers found that in states with higher payments for office

visits, Medicaid beneficiaries were more likely to receive recommended screenings for early detection of all three types of cancer. In contrast, higher payments for cancer screening tests (such as colonoscopy, mammography, and Pap tests) were not always linked with increased screenings among Medicaid beneficiaries. The team also found that Medicaid beneficiaries in states that had an "asset test" (which considers an individual's savings, property, or other items of worth to determine whether he or she could enroll in Medicaid) were less likely to be screened for cancer.

The association between higher Medicaid reimbursements for office visits and increased likelihood of receiving cancer screenings may reflect barriers in access to primary care physicians and other providers for Medicaid enrollees in states with lower reimbursements. Increasing reimbursements for office visits may facilitate access to primary care among Medicaid beneficiaries, and thereby increase the likelihood of receiving appropriate cancer screening tests. On the other hand, raising reimbursement for the screening tests themselves may be a less effective policy tool for increasing use of recommended screenings. The results also indicate that eliminating asset tests may increase the likelihood of receiving cancer screenings by helping low-income individuals remain enrolled in Medicaid.

"Due to multiple factors, including Health Care Reform and decreased state budgets, many states are changing their Medicaid policies, including how much health care providers are paid and who is allowed to enroll," said Dr. Halpern. "Our findings can help state health care decision makers and policy leaders to develop new Medicaid policies that aid low income individuals in receiving recommended cancer screenings."

**More information:** "Impact of state-specific Medicaid reimbursement and eligibility policies on receipt of cancer screening." Michael T.

Halpern, Melissa A. Romaine, Susan G. Haber, Florence K. Tangka, Susan A. Sabatino, and David Howard. *CANCER*; Published Online: August 25, 2014. [DOI: 10.1002/cncr.28704](https://doi.org/10.1002/cncr.28704)

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