Attachment A: Preventive Services in Medicaid Survey

Introduction

This survey is being conducted for the Centers for Medicare & Medicaid Services (CMS) to obtain information on state efforts to increase access to preventive services pursuant to Section 4106 of the ACA, and how CMS can support these state efforts. The survey is being conducted by the Urban Institute, Health Management Associates, and American Institutes for Research.

The survey is designed to collect only information that is not available through other sources. Your participation is voluntary but would be greatly appreciated. We encourage you to answer as many questions as you can. Information you provide will contribute to a larger project funded by CMS that is designed to improve access to preventive services. Your responses will help us understand additional resources that may be helpful to other states as they work to improve access to, and delivery of, preventive services.

We will contact you in the next week to ask about any questions or concerns, and to help with any questions that may come up as you are completing this survey. Should you need to contact us sooner, please do not hesitate to contact Marci Eads (meads@healthmanagement.com; 720-638-6708) or Esther Reagan (ereagan@healthmanagement.com; 517-482-9236) at Health Management Associates.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-New. The time required to complete this information collection is estimated to average 2.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the data collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Instructions

1. To open the survey, click on the Microsoft Word document that is attached to this email. You can save this document to your hard drive or a flash drive.

2. To respond to each question, fill in the blank or choose a response option. If you cannot answer one of the questions, you may skip it. We understand that different people within your agency may need to help complete the survey. However, we ask that each state submit only one complete response to the full survey.

3. If you need to stop and come back to the survey later, be sure to save your responses.

4. When you want to forward the survey to someone else, save your responses and then forward the document to others.

5. When the survey is complete, we ask that each state submit only one response to the full survey. Please email it to Marci Eads at meads@healthmanagement.com or Esther Reagan ereagan@healthmanagement.com.

Section 1: Background Information
Please complete this section.

1. State: _____
2. Primary Respondent or Contact Person's Name:_____
3. Title:_____
4. Phone Number:_____
5. Email Address:_____
6. Names and titles of other people who helped respond to the survey: (optional)

   _____

   _____
7. Date Completed: (will be auto-filled, so respondent does not need to complete)

Section 2: State Participation in ACA Section 4106 (Improving Access to Preventive Services for Eligible Adults in Medicaid)
Section 2a: If your state has submitted a State Plan Amendment (SPA) to implement Section 4106 (or is in the process of writing and submitting a SPA), please complete this section. Otherwise, please skip to the Section 2b.

1. What factors were important to your state's decision to implement Section 4106?
   Please check all that apply.
   ☐ The increase in FMAP
   ☐ The new/additional benefits are important to improving health of beneficiaries
   ☐ Eliminating cost-sharing for preventive services is a good incentive for beneficiaries to use those services
   ☐ Political support from providers and/or stakeholders
   ☐ Other, please describe: _____
   _____
   _____

2. Has your state conducted a fiscal or cost-benefit analysis of the cost of implementing Section 4106?
   ☐ Yes
   ☐ No

   If yes, could you provide a link to a report if available? If so, please paste in a link here:_____
   We are particularly interested in fiscal/cost-benefit analysis, including any estimates of the administrative costs of implementation. Alternatively, you can email documents to meads@healthmanagement.com or call Marci Eads at 720-638-6700 to discuss how to share the documents.

3. Did your state need to remove a cost-sharing requirement (or stipulate that cost-sharing was not allowable) on one or more of the required preventive services in order to be eligible for the 1% increase?
   ☐ Yes
   ☐ No, we did not have cost-sharing requirements on preventive services.

   If yes, for which services?_____

4. How is your state ensuring that cost sharing on preventive services is not required of individuals, including those who receive these services via a managed care plan?
   Please check all that apply.
   ☐ Provider bulletin announcements

- ☐ Additional contractual language in provider agreements and health plan contracts
- ☐ Notices to beneficiaries with information on reporting problems
- ☐ Will conduct random audits or assess during existing audits and reviews
- ☐ Other, please describe: _____

_____

_____

5. Is your state providing financial and/or non-financial incentives to providers to encourage increased provision of preventive services?
   - ☐ Yes, both financial and non-financial incentives
   - ☐ Yes, financial incentives only
   - ☐ Yes, non-financial incentives only
   - ☐ We are planning to provide incentives, and we are in the process of developing an incentive program/structure.
   - ☐ No, we do not provide, and do not plan to provide, incentives.

   If yes, or in the process, please briefly describe the incentives:_____

   _____

   _____

   If no, please explain why not:_____

   _____

   _____

6. Did your state make changes to risk-based managed care contracts related to Section 4106 implementation?
   - ☐ Yes
   - ☐ No
   - ☐ We do not have risk-based managed care contracts

   If yes, please briefly describe the changes:_____

   _____

7. Did your state would make changes to PCCM contracts related to Section 4106 implementation?
   - ☐ Yes
   - ☐ No
   - ☐ We do not have PCCM contracts.

If yes, please briefly describe the changes:_____
_____

8. Is your state providing financial and/or non-financial incentives to ***beneficiaries*** to encourage increased utilization of preventive services?
   - ☐ Yes, both financial and non-financial incentives
   - ☐ Yes, financial incentives only
   - ☐ Yes, non-financial incentives only
   - ☐ We are planning to provide incentives, and we are in the process of developing an incentive program/structure.
   - ☐ No, we do not provide, and do not plan to provide, incentives,

   If yes, or in the process, please briefly describe the incentives:_____
   _____
   _____

   If no, please explain why not:_____
   _____
   _____

Please skip to Section 3.

Section 2b: If your state is still considering whether to implement Section 4106, please complete this section. Otherwise, please skip to Section 2c.

1. How likely do you think it is that your state will develop and submit a SPA to implement Section 4106?
   - ☐ Very likely
   - ☐ Somewhat likely
   - ☐ Somewhat unlikely
   - ☐ Very unlikely

2. If your state is at least somewhat likely to submit a SPA to implement Section 4106, when would you estimate you will submit your SPA?
   - ☐ Within the next 3 months
   - ☐ More than 3 months but less than 6 months from now
   - ☐ More than 6 and but less than 12 months from now
   - ☐ More than one 1 and but less than 2 years from now
   - ☐ More than 2 years from now

3. If your state decides to implement Section 4106, what do you anticipate will be the primary reasons for implementing Section 4106? *Please check all that apply.*
   - ☐ The increase in FMAP
   - ☐ The new/additional benefits are important to improving health of beneficiaries
   - ☐ Eliminating cost-sharing for preventive services is a good incentive for beneficiaries to use those services
   - ☐ Political support from providers and/or stakeholders
   - ☐ Other, please describe:_____
     _____

4. What are some of the primary deterrents to implementing Section 4106? *Please check all that apply.*
   - ☐ It would require a change in state statute.
   - ☐ Changing and implementing cost-sharing policies is difficult.
   - ☐ The 1% increase in FMAP isn't enough to cover the costs of implementation and administrative changes.
   - ☐ The current definition of medical necessity creates a problem with adding these new benefits.
   - ☐ Other state and ACA initiatives are a higher priority.
   - ☐ We do not have enough staff time to implement 4106.

- ☐ We are waiting to see what the caseload increase will be with expansion.
- ☐ IT system problems or higher priorities in the queue for systems changes
- ☐ It is still under consideration.
- ☐ We are already covering preventive services through other initiatives. Please specify:_____
  _____
- ☐ Other, please describe:_____

5. Has your state conducted a fiscal or cost-benefit analysis of the cost of implementing Section 4106?
   - ☐ Yes
   - ☐ No

   If yes, could you provide examples of analyses or reports, or a link to reports if available? If so, please paste in a link here:_____
   We are particularly interested in fiscal/cost-benefit analysis, including any estimates of the administrative costs of implementation. Alternatively, you can email reports to meads@healthmanagement.com or call Marci Eads at 720-638-6700 to discuss how to share the report.

6. What information (from CMS or other states) would be helpful to assist in your decision making process?
   Please check all that apply.
   - ☐ State conducted analyses on administrative implementation tasks and costs, or cost benefit analysis
   - ☐ Information about successful education campaigns targeted at Medicaid beneficiaries around the importance of using preventive services
   - ☐ Information about successful incentive programs either focused on providers or beneficiaries, to get beneficiaries to use preventive services
   - ☐ Other, please describe:_____
     _____

7. If your state decides to implement Section 4106, will you provide financial and/or non-financial incentives to providers to encourage increased provision of preventive services?
   - ☐ Yes, both financial and non-financial incentives
   - ☐ Yes, financial incentives only
   - ☐ Yes, non-financial incentives only
   - ☐ We are planning to provide incentives, and we are in the process of developing an incentive program/structure.
   - ☐ No, we do not provide, and do not plan to provide, incentives.

If yes, please briefly describe the anticipated incentives:_____
_____
_____

If no, please explain why not:_____
_____
_____

8. If you were to implement Section 4106, would your state need to make changes to risk-based managed care contracts?
   - ☐ Yes
   - ☐ No
   - ☐ We do not have risk-based managed care contracts.

   If yes, please briefly describe the changes:_____
   _____

9. If you were to implement Section 4106, would your state need to make changes to PCCM contracts?
   - ☐ Yes
   - ☐ No
   - ☐ We do not have PCCM contracts.

   If yes, please briefly describe the changes:_____
   _____

10. If your state decides to implement Section 4106, will you provide financial and/or non-financial incentives to ***beneficiaries*** to encourage increased utilization of preventive services?
    - ☐ Yes, both financial and non-financial incentives
    - ☐ Yes, financial incentives only
    - ☐ Yes, non-financial incentives only
    - ☐ We are planning to provide incentives, and we are in the process of developing an incentive program/structure.
    - ☐ No, we do not provide, and do not plan to provide, incentives.

    If yes, please briefly describe the incentives:_____
    _____
    _____

If no, please explain why not:_____
_____
_____

Please skip to Section 3.

Section 2c: If your state has decided NOT to implement Section 4106, please complete the following section.

1. What were the primary reasons your state decided not to submit a SPA to implement Section 4106?
   Please check all that apply.
   - ☐ It would require a change in state statute.
   - ☐ Changing and implementing cost-sharing policies is difficult.
   - ☐ The 1% increase in FMAP isn't enough to cover the costs of implementation and administrative changes.
   - ☐ The current definition of medical necessity creates a problem with adding these new benefits.
   - ☐ Other state and ACA initiatives are a higher priority.
   - ☐ We do not have enough staff time to implement 4106.
   - ☐ We are waiting to see what the caseload increase will be with expansion.
   - ☐ IT system problems or higher priorities in the queue for systems changes
   - ☐ It is still under consideration.
   - ☐ We are already covering preventive services through other initiatives. Please specify:_____
     _____
   - ☐ Other, please describe:_____

2. Has your state conducted a fiscal or cost-benefit analysis of the cost of implementing Section 4106?
   - ☐ Yes
   - ☐ No

   If yes, could you provide analyses or reports, or a link to these documents if available? If so, please paste in a link here:_____
   We are particularly interested in fiscal, cost-benefit analysis, including estimates of the administrative costs of implementation. Alternatively, you can email reports to meads@healthmanagement.com or call Marci Eads at 720-638-6700 to discuss how to share the report or analyses.

3. How likely do you think it is that your state will reconsider this decision in the future?
   - ☐ Very likely
   - ☐ Somewhat likely
   - ☐ Somewhat unlikely
   - ☐ Very unlikely

4. What factors will have an impact on that decision?
   Please check all that apply.

- ☐ The increase in FMAP
- ☐ New/additional benefits for beneficiaries
- ☐ Eliminating cost-sharing for preventive services is a good incentive for beneficiaries to use those services.
- ☐ Pressure from providers and/or stakeholders
- ☐ Other, please describe:_____

Section 3: Prior Coverage of Preventive Services[1]

Note: This table will be pre-populated with data from October 2012 for the 41 states for which information from October 2012 is available from a previous survey effort. These states will be asked to review that data and update it as of July 31, 2014. For the 10 states for which these data are not available (because they did not respond to the previous survey effort), this table will need to be completed by the state.

Question 1: Coverage of Preventive Services

Instructions for states that did not respond to the initial survey effort:
For the following services, please indicate for each service whether this service was covered, if any limitations apply to the provision of the service (prior authorization is required or limited to once a year, for example) and cost-sharing requirements applied to the service under your state's **Medicaid Fee-For-Service (FFS) program or in contract requirements with any managed care programs as of July 31, 2014.**

Instructions for states that did respond to the initial survey effort:
The following data is a summary of data you submitted in response to a preventive services survey in early 2013. Please review these data and note any changes that your state has made in coverage since October 2012. Please note the current status of the service as of July 31, 2014, including whether this service was covered, if any limitations apply to the provision of the service (prior authorization is required or limited to once a year, for example) and cost-sharing requirements applied to the service under your state's **Medicaid Fee-For-Service (FFS) program or in contract requirements with any managed care programs.**

[1] In early 2013, CMS released a State Medicaid Director Letter (SMD#13-002; ACA#25) providing guidance for Section 4106 of the Affordable Care Act, which affords states the opportunity starting January 1, 2013 to earn a one percentage point increase in most FMAP rates if states cover adult vaccines and clinical preventive services without cost-sharing. The preventive services are those assigned grades A or B by the United States Preventive Services Task Force (USPSTF) and vaccines recommended for adults by the Advisory Committee on Immunization Practices (ACIP). Based on that guidance, this survey is intended to collect data on the coverage of these services **for non-elderly adults**. Please indicate for each service whether this service was covered, if any limitations apply to the provision of the service (prior authorization is required or limited to once a year, for example) and cost-sharing requirements applied to the service under your state's **Medicaid Fee-For-Service (FFS) program or any managed care programs as of October 1, 2012**.

Preventive Services for Non-Elderly Adults (ages 19-64) Service Description	Is It Covered?[2]	Please Specify any Limitations	Is Cost-Sharing Applied?[3]	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.	☐ Yes ☐ No		☐ Yes ☐ No	
Breast cancer screening mammography (September 2002 recommendation) - Screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.	☐ Yes ☐ No		☐ Yes ☐ No	
Counseling about BRCA Screening – Refer women with family history associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling and evaluation for BRCA testing.	☐ Yes ☐ No		☐ Yes ☐ No	
Cervical cancer screening (updated March 2012) - Screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	☐ Yes ☐ No		☐ Yes ☐ No	
Colorectal cancer screening - Screening for colorectal cancer in adults, beginning at age 50 and continuing to age 75, using fecal occult blood testing, sigmoidoscopy, or colonoscopy.	☐ Yes ☐ No		☐ Yes ☐ No	
Chlamydial infection screening - Chlamydial infection screening for all sexually active non-pregnant young women up to age 24 and older non-pregnant women at increased risk.	☐ Yes ☐ No		☐ Yes ☐ No	
Gonorrhea screening - Clinicians screen all sexually active women if they are at increased risk for infection.	☐ Yes ☐ No		☐ Yes ☐ No	
Preventive Services for Non-Elderly Adults (ages 19-64) Service Description	**Is It**	**Please Specify any**	**Is Cost-**	**Comments:**

[2] Is it covered refers to services that are reimbursed currently at the state's regular FMAP or the enhanced FMAP provided under Section 1905(b) for service provided to certain breast and cervical cancer patients. This includes services eligible for the primary care increase (Section 1202 of the ACA).

[3] Is Cost-Sharing Applied refers to copayments, coinsurance or deductibles charged for the service. This survey is asking about cost-sharing applied either to the service itself if billed separately from office visits or if the provision of the service is the primary purpose of the visit when the service and office visit are not billed separately. We are not asking about cost-sharing that applies to the office visit if billed separately from the service or if the provision of the service is not the primary purpose of the visit. This definition is based on regulations for group health plans found at 45 CFR 147.130.

	Covered?[4]	Limitations	Sharing Applied?[5]	
HIV screening - Clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection.	☐ Yes ☐ No		☐ Yes ☐ No	
Syphilis screening - Clinicians screen persons at increased risk for syphilis infection.	☐ Yes ☐ No		☐ Yes ☐ No	
Sexually Transmitted Infections (STIs) counseling - High-intensity behavioral counseling to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs.	☐ Yes ☐ No		☐ Yes ☐ No	
Alcohol misuse counseling - Screening and behavioral counseling interventions in primary care settings to reduce misuse.	☐ Yes ☐ No		☐ Yes ☐ No	
Aspirin to prevent cardiovascular disease - Use of aspirin for men (age 45 to 79 years) and women (age 55 to 79 years) when the potential benefit due to a reduction in myocardial infarctions (for men) or ischemic strokes (for women) outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	☐ Yes ☐ No		☐ Yes ☐ No	
Blood pressure screening-Screening for high blood pressure in adults age 18 and older.	☐ Yes ☐ No		☐ Yes ☐ No	
Cholesterol abnormalities screening for lipid disorders - Screening men aged 35 for lipid disorders; Screening men age 20 to 35 and women age 20 and older for lipid disorders if at increased risk for coronary heart disease.	☐ Yes ☐ No		☐ Yes ☐ 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.	☐ Yes ☐ No		☐ Yes ☐ No	

[4] Is it covered refers to services that are reimbursed currently at the state's regular FMAP or the enhanced FMAP provided under Section 1905(b) for service provided to certain breast and cervical cancer patients. This includes services eligible for the primary care increase (Section 1202 of the ACA).

[5] Is Cost-Sharing Applied refers to copayments, coinsurance or deductibles charged for the service. This survey is asking about cost-sharing applied either to the service itself if billed separately from office visits or if the provision of the service is the primary purpose of the visit when the service and office visit are not billed separately. We are not asking about cost-sharing that applies to the office visit if billed separately from the service or if the provision of the service is not the primary purpose of the visit. This definition is based on regulations for group health plans found at 45 CFR 147.130.

Preventive Services for Non-Elderly Adults (ages 19-64) Service Description	Is It Covered?[1]	Please Specify any Limitations	Is Cost-Sharing Applied?[2]	Comments:
Diabetes screening - Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	☐ Yes ☐ No		☐ Yes ☐ 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.	☐ Yes ☐ No		☐ Yes ☐ No	
Obesity screening and counseling (updated June 2012) **-** Screening all adults for obesity. Clinicians should offer/refer those with body mass index (BMI) of 30+ to intensive, multicomponent behavioral interventions.	☐ Yes ☐ No		☐ Yes ☐ No	
Tobacco use counseling and interventions - Clinicians ask all adults about tobacco use and provide tobacco cessation interventions.	☐ Yes ☐ No		☐ Yes ☐ 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.	☐ Yes ☐ No		☐ Yes ☐ No	
Folic acid supplementation - Daily supplement with 0.4-0.8 mg of folic acid for those planning/capable of pregnancy.	☐ Yes ☐ No		☐ Yes ☐ No	
Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults (added Jan 2013)-Screening women of childbearing age for intimate partner violence (i.e. domestic violence) whether they have signs or symptoms of abuse or not and provide/refer women who screen positive to intervention services	☐ Yes ☐ No		☐ Yes ☐ No	
Skin cancer behavioral counseling (added May 2012) **-** Counseling children, adolescents and young adults ages 10 to 24 who have fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer.	☐ Yes ☐ No		☐ Yes ☐ No	

Vaccines for Non-Elderly Adults (ages 19-64) Service Description	Is It Covered?[1]	Please Specify any Limitations	Is Cost-Sharing Applied?[2]	Comments:
Tdap/Td booster - substitute one-time dose of Tdap for Td booster for adults 19 and over; 1 dose of Tdap for each pregnancy and Td booster once every ten years for adults 19 and over.	☐ Yes ☐ No		☐ Yes ☐ No	
Human Papillomavirus (HPV) - three doses for the following groups: females age 26 and under, males age 21 and under, and males ages 22-26 if certain risks related to health, job or lifestyle are present.	☐ Yes ☐ No		☐ Yes ☐ No	
Measles, mumps, rubella - one or two doses for those 19-49 unless contraindicated.	☐ Yes ☐ No		☐ Yes ☐ No	
Varicella - two doses for those age 19 and older unless contraindicated.	☐ Yes ☐ No		☐ Yes ☐ No	
Influenza - one dose annually for those 19 and older.	☐ Yes ☐ No		☐ Yes ☐ No	
Pneumococcal - one or two doses of PPSV23 and one dose of PCV13 for those 19-64 if certain risks related to health, job or lifestyle are present.	☐ Yes ☐ No		☐ Yes ☐ No	
Hepatitis A - two doses for those 19 and older if certain risks related to health, job or lifestyle are present.	☐ Yes ☐ No		☐ Yes ☐ No	
Hepatitis B - three doses for those 19 and older if certain risks related to health, job or lifestyle are present.	☐ Yes ☐ No		☐ Yes ☐ No	
Meningococcal - one or more doses for those 19+ if certain risks related to health, job or lifestyle are present.	☐ Yes ☐ No		☐ Yes ☐ No	
Zoster - one dose for those for those 60 and older unless contraindicated.	☐ Yes ☐ No		☐ Yes ☐ No	

Tests for Pregnant Women*Service Description	Is It Covered?[1]	Please Specify any Limitations	Comments:
Chlamydial infection screening - Screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.	☐ Yes ☐ No		
Gonorrhea screening - Clinicians screen all sexually active women, including pregnant women, for gonorrhea infection if they are at increased risk for infection.	☐ Yes ☐ No		
Hepatitis B screening - Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	☐ Yes ☐ No		
Syphilis screening - Clinicians screen all pregnant women for syphilis infection.	☐ Yes ☐ No		
Alcohol misuse counseling - Clinicians screen pregnant women for alcohol misuse and provide those engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	☐ Yes ☐ No		
Anemia screening - Routine screening for iron deficiency anemia in asymptomatic pregnant women.	☐ Yes ☐ No		
Bacteriuria screening - Screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit if later.	☐ Yes ☐ No		
Breastfeeding counseling - Interventions during pregnancy and after birth to promote and support breastfeeding.	☐ Yes ☐ No		
Rh incompatibility screening on the first pregnancy visit - Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	☐ Yes ☐ No		
Rh incompatibility screening at 24-28 weeks' gestation - Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	☐ Yes ☐ No		

* The copayment question is not being asked because it is recognized that cost sharing is not permitted for pregnant women covered by Medicaid.

In addition to those services that are currently recommended by the USPSTF and ACIP for states to cover without cost-sharing in order to receive the additional one-percentage point increase in most of their FMAP rates, this survey would like to establish a baseline for these additional preventive services either recommended by HRSA or that are currently under review by the USPSTF, and to update baseline information previously collected.

Additional Preventive Services for Non-Elderly Adults (ages 19 – 64) Service Description	Is It Covered ?[1]	Please Specify any Limitations	Is Cost-Sharing Applied?[2]	Comments:
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.	☐ Yes ☐ No		☐ Yes ☐ 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.	☐ Yes ☐ No		☐ Yes ☐ No	
Contraceptive methods and counseling - Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity as prescribed.	☐ Yes ☐ No		☐ Yes ☐ No	
HIV screening (USPSTF draft form November 2012) **-** Clinicians screen adolescents and adults ages 15 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened.	☐ Yes ☐ No		☐ Yes ☐ No	
HIV Screening (USPSTF draft form November 2012) **-** Clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown.	☐ Yes ☐ No		☐ Yes ☐ No	

[1] Is it covered refers to services that are reimbursed currently at the state's regular FMAP or the enhanced FMAP provided under Section 1905(b) for service provided to certain breast and cervical cancer patients. This includes services eligible for the primary care increase (Section 1202 of the ACA).

[2] Is Cost-Sharing Applied refers to copayments, coinsurance or deductibles charged for the service. This survey is asking about cost-sharing applied either to the service itself if billed separately from office visits or if the provision of the service is the primary purpose of the visit when the service and office visit are not billed separately. We are not asking about cost-sharing that applies to the office visit if billed separately from the service or if the provision of the service is not the primary purpose of the visit. This definition is based on regulations for group health plans found at 45 CFR 147.130.

2. Does your state cover well adult visits (i.e., routine annual exams for adults)?
   - ☐ Yes
   - ☐ No

   If yes, is cost sharing applied?
   - ☐ Yes
   - ☐ No

3. Which of the following are covered as part of your state's tobacco use counseling and interventions? Please check all that apply.
   - ☐ Screening
   - ☐ Brief intervention/counseling (individual)
   - ☐ Referral to Quitline
   - ☐ More intensive counseling (individual)
   - ☐ Group counseling
   - ☐ Medication
   - ☐ Other, please describe:_____

4. Does your state cover all FDA approved contraceptive methods? If not, please identify which methods are not covered.
   - ☐ Yes
   - ☐ No, we do not cover the following contraceptive methods:_____
   - ☐ Not sure

5. Has your state experienced problems with ensuring access to all FDA approved methods for Medicaid clients who are part of health plans, such as use of a plan's use of prior authorization, step therapy or other utilization management processes?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

6. Do your state Medicaid program's contracts with managed care plans explicitly require plans to limit the use of utilization control processes for contraceptive methods?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

   If yes, please describe the limitations: _____

7. How does your state define what is included in healthy diet counseling (see description in chart in Section 3)? Please describe the coverage, or provide a link to the coverage definition:_____
   _____
   _____

8. How does your state define what is included in obesity screening and counseling (see description in chart in Section 3)? Please describe the coverage, or provide a link to the coverage definition:
_____
_____
_____

Section 4: Other Initiatives to Increase Access to, and Utilization of, Preventive Health Care Services
This section asks about other activities that your state may be undertaking in an effort to increase access to and utilization of preventive services by Medicaid and CHIP-covered adults and children.

Incentives

1. Has your state implemented any incentive programs or initiatives for ***beneficiaries*** to encourage utilization of preventive services or healthy living?
   - ☐ Yes
   - ☐ No

   If yes, please describe briefly or provide a link a description of the program or initiative:____
   _____

2. Has your state implemented any incentive programs for ***providers*** to encourage them to encourage their patients to utilize preventive services or healthy living?
   - ☐ Yes
   - ☐ No

   If yes, please describe briefly or provide a link a description of the program or initiative:____
   _____

3. Do you have evidence that utilization of preventive services has changed as a result of these incentive programs or initiatives?
   - ☐ Yes
   - ☐ No

   If yes, could you provide examples of the analyses, or a link to a report if available? If so, please paste in a link here:_____
   Alternatively, you can email documents to meads@healthmanagement.com or contact Health Management Associates (Marci Eads at 720-638-6700) to discuss how to share the documents.

Other Initiatives/Authorities

4. Has your state utilized any other authorities or strategies to improve access to preventive services (such as ACA Section 2703/Health Homes, Primary Care Medical Homes)?
   - ☐ Yes
   - ☐ No

   If yes, please briefly describe: _____
   _____

Section 5: Outreach and Awareness
This section asks about the outreach and awareness efforts related to preventive services.

1. Which of the following outreach strategies have you used in the past to educate beneficiaries and providers about the preventive services that are covered, either as part of Section 4106 or other initiatives? How effective are/were these strategies at reaching the intended audience?

Outreach and Education Methods	Is this method used by MCOs?	Is this method used by the state directly	Is this method associated with these initiatives?	Is this method targeted to beneficiaries?	Is this method targeted to providers?	How effective have these methods been for:	
						preventive services in Medicaid	preventive services in CHIP
a. Advertising via mass media	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use
b. Direct marketing such as through other programs or venues serving low-income persons (such as through schools, back-to-school events, or other targeted mailing lists)	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use
c. Training or funding community partners to outreach to and educate individuals and families	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use

Outreach and Education Methods	Is this method used by MCOs?	Is this method used by the state directly	Is this method associated with these	Is this method targeted to beneficiaries?	Is this method targeted to providers?	How effective have these methods been for:	
						preventive services in Medicaid	preventive services in CHIP
d. Providing support to providers to educate their patients about preventive services that are available to them (please describe): _____ _____	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use
e. Social Media/Marketing Campaigns; If yes, which sites or platforms? _____ _____ _____	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use
f. Direct communication with beneficiaries through EOB mailings, notices, texts, etc.	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure ☐ Did not use
g. Other outreach strategies: _____ _____ _____ _____	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No	☐ Section 4106 ☐ Other initiatives ☐ Both 4106 and other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure	☐ Not at all effective ☐ Somewhat effective ☐ Effective ☐ Very effective ☐ Not sure

Outreach and Education Methods	Is this method used by MCOs?	Is this method used by the state directly	Is this method associated with these	Is this method targeted to beneficiaries?	Is this method targeted to providers?	How effective have these methods been for:	
						preventive services in Medicaid	preventive services in CHIP
						☐ Did not use	☐ Did not use

2. Which strategies are you considering using in the future?

Outreach and Education Methods	Intend to use with beneficiaries?	Intend to use with providers?
a. Advertising via mass media	☐ Yes ☐ No	☐ Yes ☐ No
b. Direct marketing such as through other programs or venues serving low-income persons (such as through schools, back-to-school events, or other targeted mailing lists)	☐ Yes ☐ No	☐ Yes ☐ No
c. Training or funding community partners to outreach to and educate individuals and families	☐ Yes ☐ No	☐ Yes ☐ No
d. Providing support to providers to educate their patients about preventive services that are available to them	☐ Yes ☐ No	☐ Yes ☐ No
e. Social Media/Marketing Campaigns; If yes, which sites or platforms? _____ _____	☐ Yes ☐ No	☐ Yes ☐ No
f. Direct communication with beneficiaries through EOB mailings, notices, texts, etc.	☐ Yes ☐ No	☐ Yes ☐ No
g. Other outreach strategies: _____	☐ Yes ☐ No	☐ Yes ☐ No

3. How does your state educate Medicaid beneficiaries on the availability and coverage of tobacco cessation services?
   Please check all that apply.
   - ☐ All education of this nature is done through MCOs or providers; the state does not do any direct education but expects care providers to do so
   - ☐ Collaboration with public health and other tobacco-free advocacy groups at the state and local level on general education campaigns
   - ☐ Periodic inserts with EOBs or notices about the availability of services
   - ☐ Through targeted case management or other programs designed for specific populations such as pregnant women or people enrolled in disease management programs
   - ☐ Other, please describe:_____

4. How does your state educate Medicaid beneficiaries on the availability and coverage of obesity-related services?
   Please check all that apply.
   - ☐ All education of this nature is done through MCOs or providers; the state does not do any direct education but expects care providers to do so
   - ☐ Collaboration with public health and/or other obesity-prevention advocacy groups at the state and local level
   - ☐ Periodic inserts with Explanations of Benefits (EOBs) or notices about the availability of services
   - ☐ Through targeted case management or other programs designed for specific populations such as diabetics or people enrolled in disease management programs
   - ☐ Other, please describe:_____

5. How does your state educate ***beneficiaries*** when ***new services*** are added and/or services are changed?
   Please check all that apply.
   - ☐ Information is updated and featured on the Medicaid website
   - ☐ Information is inserted into Explanations of Benefits (EOBs) or notices about the availability of services
   - ☐ Through the provider bulletin and provider portal helping providers educate beneficiaries
   - ☐ Mailings and notices to advocacy organizations to help educate beneficiaries
   - ☐ General news releases and media contact
   - ☐ Other, please describe:_____

6. How does your state educate ***providers*** when ***new services*** are added or changed?
   Please check all that apply.
   - ☐ Through provider bulletins and provider website/portal updates
   - ☐ Collaboration with medical societies to disseminate information
   - ☐ General news releases and media contact
   - ☐ Other, please describe:_____

7. How does your state educate ***MCOs*** when ***new services*** are added or changed?
   - ☐ Through contract amendments and notifications
   - ☐ Through updates to a provider website/portal
   - ☐ General news releases and media contact
   - ☐ Other, please describe:_____
     _____

8. What are the primary barriers to educating beneficiaries, providers, and MCOs?
   - ☐ Getting information out in a timely manner
   - ☐ Getting information out that is easy to understand
   - ☐ Writing notices that are easy to understand but meet state and federal requirements for citation, appeals, etc.
   - ☐ Providers are already bombarded with information; it is hard to get their attention with many new things happening
   - ☐ Other, please describe:_____
     _____

9. What messages have you found to be effective in encouraging beneficiaries to access preventive services?
   - ☐ Messages that emphasize that there is no cost-sharing or co-pay
   - ☐ Messages that emphasize the benefits of screening, early detection and early intervention (i.e., that it can prevent illness and save lives)
   - ☐ Messages that emphasize the importance of taking care of one's health or one's family (i.e., "do it for yourself – do it for your family")
   - ☐ Messages that emphasize personal responsibility
   - ☐ Other, please describe:_____
     _____

10. What messages have you found to be effective in encouraging *providers* to encourage their patients to utilize preventive services?
    - ☐ Messages that emphasize that there is no cost-sharing or co-pay
    - ☐ Messages that emphasize the benefits of screening, early detection and early intervention (i.e., that it can prevent illness and save lives)
    - ☐ Messages that emphasize general wellness
    - ☐ Messages that emphasize personal responsibility
    - ☐ Other, please describe:_____
      _____

11. Do you have evidence that utilization of preventive services has changed (or has not changed) as a result of your outreach and education efforts?
    - ☐ Yes
    - ☐ No

    If yes, could you provide examples of the analyses, or a link to a report if available? If so, please paste in a link here:_____

Alternatively, you can email documents to meads@healthmanagement.com or contact Health Management Associates (Marci Eads at 720-638-6700) to discuss how to share the documents.

12. What types of educational or outreach materials would be useful in developing and implementing your state's outreach and education efforts, or have been useful in the past?

    _____
    _____
    _____
    _____
    _____

13. Have you required managed care organizations to conduct a performance improvement project (PIP) related to increasing the use of prevention services?
    - ☐ Yes
    - ☐ No
    - ☐ N/a

    If so, please specify the topic(s):_____
    _____
    _____

14. Do you intend to require your managed care organizations to conduct a performance improvement project related to increasing the use of prevention services in the future?
    - ☐ Yes
    - ☐ No
    - ☐ N/a

Section 6: Additional Support Needed

Among the topics reviewed in this survey, are there areas in which you would like more guidance and/or technical assistance from CMS in increasing access to and/or utilization of preventive services generally? *Please check all that apply.*

- ☐ Yes, related to outreach and education of beneficiaries
- ☐ Yes, related to interpretation of covered services
- ☐ Yes, related to providing guidance to providers about coverage requirements
- ☐ Yes, related to providing guidance to managed care plans about coverage requirements
- ☐ No

Other Comments: _____

_____

_____

_____

_____

_____

Thank you for your time completing this survey. If you have any questions or comments, you may send them to Marci Eads (meads@healthmanagement.com; 720-638-6708) or Esther Reagan (ereagan@healthmanagement.com; 517-482-9236) at Health Management Associates.