

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Close

ACTION REFERRAL

TO Kpst	DATE 1-27-15
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000170	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 2/26/15, see attached e-mails.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 2-5-15
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Valeria william</i>	2-3-15		Survey complete Bryan will submit Val
2.			
3.			
4.			

H. Val-
please see e-mail!
(please do this!)
Thanks so much,
Bryan

HEALTH MANAGEMENT ASSOCIATES



HEALTH MANAGEMENT ASSOCIATES

December 1, 2014

Christian Soura, Director
Department of Health and Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206

Re: Survey for Centers for Medicaid & Medicare Services (CMS)

Mr. Soura:

On behalf of CMS and researchers at Health Management Associates and the Urban Institute, I would like to invite you to participate in a survey about preventive services for Medicaid enrollees. Your participation in this survey is critical, and we appreciate your participation.

As part of CMS's efforts to develop and provide to Medicaid agencies additional resources to increase utilization of preventive services by Medicaid and CHIP enrollees, we are asking states to provide information about provision of preventive services, utilization of preventive services among Medicaid and CHIP enrollees, challenges and barriers to increasing utilization, and successes that states have had related to preventive services.

The information we are requesting from each state is critical to helping us develop resources that are as useful as possible to states. CMS will use the information you provide to help develop resources, understand the impact of existing policies, and uncover additional needs of states for support.

While we will largely report information in aggregate, we may include information about specific individual states in the reports we produce as part of this project. Additionally, we are obligated to identify states that respond and provide our raw survey data if CMS, our project funder, requests that information. However, through the lifetime of this project, we have never had a request of this nature from CMS.

Please note that if your state provided information about coverage of preventive services in 2012, this information is included in your survey and we ask that you simply update information that has changed since 2012.

1660 LINCOLN STREET, SUITE 2650, DENVER, COLORADO 80264
TELEPHONE: 720.638.6700 | FAX: 720.541.7440
WWW.HEALTHMANAGEMENT.COM

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01/21/2015 6:09PM (GMT-05:00)

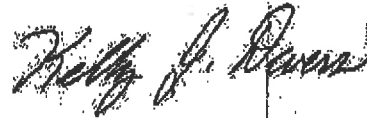
Brenda - (Sent email too!)
Pls log to Kost
to coordinate -
Thx - Jan

We ask that you complete this survey (either in the fillable PDF or in the Microsoft Word document) by January 7, 2015. If you have questions about this survey, please let us know. We are happy to provide additional explanation about the use of the information, the importance of the data, or answer questions about specific items in the survey. Please contact Marci Eads at HMA if you have questions.

Thank you,



Marci Eads, Ph.D., Principal
Health Management Associates
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720-638-6708
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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) 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 0938-1260. 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. This is a fillable PDF, which you can use instead of the Microsoft Word version of the survey. 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. If you have technical questions about how to complete the survey, please contact Jackie Laundon at jlaundon@healthmanagement.com.

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 preventive services covered 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 or possible violations
- ☐ Will conduct random audits or assess during existing audits and reviews
- ☐ Other, please describe:

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

If no, please explain why not:

Please skip to Section 3.

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 below:

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 other system changes are higher priorities.
- ☐ 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:

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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limitations based on CDC recommendations ⁺	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Limitations based on CDC recommendations ⁺	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annually	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limitations based on CDC recommendations ⁺	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annually	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gonorrhea screening - Clinicians screen all sexually active women if they are at increased risk for infection.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Annually ⁺	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

Preventive Services for Non-Elderly Adults (ages 19-64) Service Description	Is It Covered?	Please Specify any Limitations	Is Cost-Sharing Applied?	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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Tobacco use counseling and interventions - Clinicians ask all adults about tobacco use and provide tobacco cessation interventions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Folic acid supplementation - Daily supplement with 0.4-0.8 mg of folic acid for those planning/capable of pregnancy.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Covered for females of child bearing years	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Tests for Pregnant Women*Service Description	Is It Covered?	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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Gonorrhea screening - Clinicians screen all sexually active women, including pregnant women, for gonorrhea infection if they are at increased risk for infection.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Hepatitis B screening - Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Syphilis screening - Clinicians screen all pregnant women for syphilis infection.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Anemia screening - Routine screening for iron deficiency anemia in asymptomatic pregnant women.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Breastfeeding counseling - Interventions during pregnancy and after birth to promote and support breastfeeding.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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/counseling⁴ (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 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:

⁴Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Individual or group counseling refers to more extensive treatment.

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:

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
d. Providing support to providers to educate their patients about preventive services that are available to them (please describe): <div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
e. Social Media/Marketing Campaigns; If yes, which sites or platforms? (please describe) <div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input checked="" type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
f. Direct communication with beneficiaries through EOB mailings, notices, texts, etc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input checked="" type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input checked="" type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input checked="" type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
g. Other outreach strategies: <div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use

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:

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?

Brochures and news letters

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):

We required them to improve HEDIS scores around diabetes management

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

Jan Polatty

Bren

From: Bryan Kost
Sent: Tuesday, February 17, 2015 2:44 PM
To: Joshelyn James
Cc: Jan Polatty
Subject: FW: CMS Survey
Attachments: Version D PDF_south-carolina.pdf

To Close-

#170

2/26/15

Jan,
Val filled this out on our behalf. I had a few questions, but when talking to her she was able to answer them – I think she has this right. I am fine with us turning it in, and I told Christian we would be doing that – he indicated he did not need to see it. So please go ahead and do that. Thanks,

Bryan Kost
Chief of Staff
kostbr@scdhhs.gov
803.898.2865
cell: 803.429.3201
1801 Main Street
Columbia, South Carolina - 29201
www.scdhhs.gov



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From: Valeria Williams
Sent: Tuesday, February 03, 2015 4:51 PM
To: Bryan Kost
Cc: Nathaniel J. Patterson, DrPH
Subject: CMS Survey

Bryan, please see responses. When you have completed your review please submit the survey. Val

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SOUTH CAROLINA
Healthy Connections
MEDICAID



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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) 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 0938-1260. 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. This is a fillable PDF, which you can use instead of the Microsoft Word version of the survey. 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. If you have technical questions about how to complete the survey, please contact Jackie Laundon at jlaundon@healthmanagement.com.

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 preventive services covered 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 or possible violations
- ☐ Will conduct random audits or assess during existing audits and reviews
- ☐ Other, please describe:

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

If no, please explain why not:

Please skip to Section 3.

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 below:

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 other system changes are higher priorities.
- ☐ 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:

Preventive Services for Non-Elderly Adults (ages 19-64) Service Description	Is it Covered? ²	Please Specify any Limitations	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 <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	Limitations based on CDC recommendations <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	Limitations based on CDC recommendations <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	Annually <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	Limitations based on CDC recommendations <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	Annually <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gonorrhea screening - Clinicians screen all sexually active women if they are at increased risk for infection.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Annually <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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.

Preventive Services for Non-Elderly Adults (ages 19-64) Service Description		Is It Covered?	Please Specify any Limitations	Is Cost-Sharing Applied?	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.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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"/> Yes <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tobacco use counseling and interventions - Clinicians ask all adults about tobacco use and provide tobacco cessation interventions.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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"/> 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"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	Covered for females of child bearing years	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tests for Pregnant Women *Service Description		Is it Covered?	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 <input type="checkbox"/> No <input type="checkbox"/>		
Gonorrhea screening - Clinicians screen all sexually active women, including pregnant women, for gonorrhea infection if they are at increased risk for infection.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hepatitis B screening - Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Syphilis screening - Clinicians screen all pregnant women for syphilis infection.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
Anemia screening - Routine screening for iron deficiency anemia in asymptomatic pregnant women.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
Breastfeeding counseling - Interventions during pregnancy and after birth to promote and support breastfeeding.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		

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

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/counseling⁴ (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 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:

⁴ Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Individual or group counseling refers to more extensive treatment.

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:

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
d. Providing support to providers to educate their patients about preventive services that are available to them (please describe): <div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
e. Social Media/Marketing Campaigns; If yes, which sites or platforms? (please describe) <div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input checked="" type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
f. Direct communication with beneficiaries through EOB mailings, notices, texts, etc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input checked="" type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input checked="" type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input checked="" type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
g. Other outreach strategies: <div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use

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:

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?

Brochures and news letters

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):

We required them to improve HEDIS scores around diabetes management

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

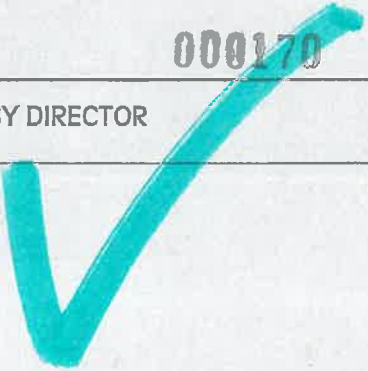
☒ No

☐ N/a

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Kpat</i>	DATE <i>1-29-15</i>
-------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000170</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-5-15</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

HEALTH MANAGEMENT ASSOCIATES



HEALTH MANAGEMENT ASSOCIATES

December 1, 2014

Christian Soura, Director
Department of Health and Human Services
1801 Main Street PO Box 8208
Columbia, SC 29201-8208

Brenda - (Sent email too!)
Pis log to Kost
to coordinate -
Thx - Jan

Re: Survey for Centers for Medicaid & Medicare Services (CMS)

Mr. Soura:

On behalf of CMS and researchers at Health Management Associates and the Urban Institute, I would like to invite you to participate in a survey about preventive services for Medicaid enrollees. Your participation in this survey is critical, and we appreciate your participation.

As part of CMS's efforts to develop and provide to Medicaid agencies additional resources to increase utilization of preventive services by Medicaid and CHIP enrollees, we are asking states to provide information about provision of preventive services, utilization of preventive services among Medicaid and CHIP enrollees, challenges and barriers to increasing utilization, and successes that states have had related to preventive services.

The information we are requesting from each state is critical to helping us develop resources that are as useful as possible to states. CMS will use the information you provide to help develop resources, understand the impact of existing policies, and uncover additional needs of states for support.

While we will largely report information in aggregate, we may include information about specific individual states in the reports we produce as part of this project. Additionally, we are obligated to identify states that respond and provide our raw survey data if CMS, our project funder, requests that information. However, through the lifetime of this project, we have never had a request of this nature from CMS.

Please note that if your state provided information about coverage of preventive services in 2012, this information is included in your survey and we ask that you simply update information that has changed since 2012.

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WWW.HEALTHMANAGEMENT.COM

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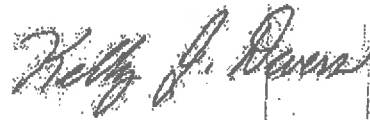
01/21/2015 6:09PM (GMT-05:00)

We ask that you complete this survey (either in the fillable PDF or in the Microsoft Word document) by January 7, 2015. If you have questions about this survey, please let us know. We are happy to provide additional explanation about the use of the information, the importance of the data, or answer questions about specific items in the survey. Please contact Marci Eads at HMA if you have questions.

Thank you,



Marci Eads, Ph.D., Principal
Health Management Associates
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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) 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 0938-1260. 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. 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. If you have technical questions about how to complete the survey, please contact Jackie Laundon at jlaundon@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 preventive services 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 or possible violations
☐ 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 because of 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 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 other systems changes are higher priorities.
 - ☐ 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 720-538-6700 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 other systems changes are higher priorities.
- ☐ 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 Services¹

Question 1: Coverage of Preventive Services

Instructions:

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 October 31, 2014, including whether this service is covered, if any limitations apply to the provision of the service (prior authorization is required or limited to once a year, for example) and if cost-sharing requirements apply 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. These data are from the Kaiser Commission on Medicaid and the Uninsured, Survey of State Medicaid Coverage of Adult Preventive Services, 2013.

HEALTH MANAGEMENT ASSOCIATES

DECEMBER 2014

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"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gonorrhea screening - Clinicians screen all sexually active women if they are at increased risk for infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

² "Is it Covered?" refers to services that are reimbursed currently at the state's regular FM/AP or the enhanced FM/AP 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.

HEALTH MANAGEMENT ASSOCIATES

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HIV screening - Clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Syphilis screening - Clinicians screen persons at increased risk for syphilis infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol misuse counseling - Screening and behavioral counseling interventions in primary care settings to reduce misuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood pressure screening - Screening for high blood pressure in adults age 18 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Yes <input type="checkbox"/> No

HEALTH MANAGEMENT ASSOCIATES
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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"/> 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"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tobacco use counseling and interventions - Clinicians ask all adults about tobacco use and provide tobacco cessation interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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"/> 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"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles, mumps, rubella - one or two doses for those 19-49 unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Varicella - two doses for those age 19 and older unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Influenza - one dose annually for those 19 and older.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis A - two doses for those 19 and older if certain risks related to health, job or lifestyle are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B - three doses for those 19 and older if certain risks related to health, job or lifestyle are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal - one or more doses for those 19+ if certain risks related to health, job or lifestyle are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoster - one dose for those for those 60 and older unless contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gonorrhea screening - Clinicians screen all sexually active women, including pregnant women, for gonorrhea infection if they are at increased risk for infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hepatitis B screening - Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Syphilis screening - Clinicians screen all pregnant women for syphilis infection.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anemia screening - Routine screening for iron deficiency anemia in asymptomatic pregnant women.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Breastfeeding counseling - Interventions during pregnancy and after birth to promote and support breastfeeding.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Question	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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/counseling⁴ (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 counseling⁵ (? Please describe the coverage, or provide a link to the coverage definition: _____

⁴ Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Individual or group counseling refers to more extensive treatment.

8. How does your state define what is included in obesity screening and counseling⁵? 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)?
- _____

⁵ 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.

⁶ Screening all adults for obesity. Clinicians should offer/refer those with body mass index (BMI) of 30+ to intensive, multicomponent behavioral interventions.

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

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Outreach and Education Methods	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?	How effective have these methods been for preventive services in CHIP?
d. Providing support to providers to educate their patients about preventive services that are available to them (please describe): _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
e. Social Media/Marketing Campaigns; if yes, which sites or platforms? (please describe) _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
f. Direct communication with beneficiaries through EOB mailings, notices, texts, etc. _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives <input type="checkbox"/> Both 4106 and other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
g. Other outreach strategies: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Section 4106 <input type="checkbox"/> Other initiatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not at all effective <input type="checkbox"/> Somewhat effective <input type="checkbox"/> Effective <input type="checkbox"/> Very effective <input type="checkbox"/> Not sure <input type="checkbox"/> Did not use

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Outreach Method	Is this method associated with these initiatives?	Does this method target beneficiaries?	Does this method reach providers?	How often have these methods been used?	How often will these methods be used?	How often will these methods be used?
	<input type="checkbox"/> Both 4106 and other			<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use

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

Outreach Method	Is this method associated with these initiatives?	Does this method target beneficiaries?	Does this method reach providers?	How often have these methods been used?	How often will these methods be used?	How often will these methods be used?
a. Advertising via mass media		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
c. Training or funding community partners to outreach to and educate individuals and families		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
d. Providing support to providers to educate their patients about preventive services that are available to them		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
e. Social Media/Marketing Campaigns; If yes, which sites or platforms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
f. Direct communication with beneficiaries through EOB mailings, notices, texts, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use
g. Other outreach strategies:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use	<input type="checkbox"/> Not sure <input type="checkbox"/> Did not use

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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?

Please check all that apply.

- ☐ 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?

Please check all that apply.

- ☐ 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**?

Please check all that apply.

- ☐ 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**?

Please check all that apply.

- ☐ 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).