

## **Medicaid Prevention Coverage**

The ACA contains a number of prevention-related provisions associated with the Medicaid program, such as state requirements for coverage of smoking cessation services for pregnant women as well as incentivized options for providing certain preventive services.

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### **Medicaid Coverage for Family Planning Services**<sup>1</sup>

The ACA establishes the option for states to provide family planning services through their Medicaid state plans to certain low-income individuals who had not been previously eligible except through demonstration projects. The provision became effective upon enactment of the law in March 2010. As of February 2011, 28 states chose to pursue this option and extend family planning services to individuals who were not previously eligible.

#### **Additional Information & Resources:**

State Medicaid Directors Letter on family planning services option:

<https://www.cms.gov/smdl/downloads/SMD10013.pdf>

Implementation Brief from Health Reform GPS:

<http://www.healthreformgps.org/resources/the-medicaid-family-planning-coverage-expansion-option-2/>

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### **Tobacco Cessation Services for Pregnant Women in Medicaid**<sup>2</sup>

The law requires states to provide Medicaid coverage for tobacco cessation services for pregnant women without cost-sharing. The specific services covered include counseling and any necessary pharmaceutical therapy for assisting with smoking cessation. This provision became effective October 1, 2010.

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### **Incentives for Prevention of Chronic Diseases in Medicaid**<sup>3</sup>

Through this provision, states will be eligible for grants to be used to provide incentives for Medicaid beneficiaries to encourage them to participate in programs that promote healthy lifestyle choices. The programs states pursue are required to be comprehensive, evidence-based, and easily accessible. These initiatives will help identify appropriate and feasible strategies that promote healthy practices through behavior modification.

The initiatives specifically must be tailored to address the needs of Medicaid beneficiaries and must focus on at least one of the following issues: helping individuals reduce and/or manage cholesterol levels and blood pressure, lose weight, stop smoking and prevent or control diabetes. The programs can also be designed to address other co-occurring health problems that typically accompany these diseases and conditions, such as depression.

The law authorizes \$100 million in grant funding for this program with no state cost sharing requirement. In February 2011, the Centers for Medicare and Medicaid Services issued a request for proposals from states to compete for the grant

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<sup>1</sup> PPACA Section 2303

<sup>2</sup> PPACA Section 4107

<sup>3</sup> PPACA Section 4108

funding. States awarded grants are required to carry out an education and outreach effort to ensure beneficiaries and providers are aware of the program. States that receive grant funding will be required to carry out these programs for at least three years, and may utilize the assistance of community-based organizations, public-private partnerships or other entities to help implement the programs.

In terms of measuring outcomes, participating states will be required to monitor beneficiary participation and should be able to demonstrate that the programs met specified targets relating to reducing health risk, such as beneficiaries engaging in healthy behaviors and participate in other program evaluation measures.

Additional Information:

Centers for Medicare and Medicaid Services Information on Medicaid Incentives for Prevention of Chronic Diseases Program:

<http://www.innovations.cms.gov/initiatives/MIPCD/index.html>

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Improving Access to Preventive Services for Eligible Adults in Medicaid<sup>4</sup>

Through their Medicaid programs states will be eligible to receive an enhanced federal medical assistance percentage (FMAP) for preventive services offered without beneficiary cost-sharing. Specifically, the law offers a one percentage point increase in the FMAP for preventive services offered without cost sharing that are rated A or B by the U.S. Preventive Services Task Force. The provision also includes immunizations for adults that are recommended by the Advisory Committee on Immunization Practices, and becomes effective January 1, 2013.

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<sup>4</sup> PPACA Section 4106