Texas Health Insurance Coverage for Prevention and Screening of Cancer, Cardiovascular Disease, and Diabetes

Phyllis Gingiss, Dr.P.H.
Victoria Mosier, M.A.
Sandra Coombs
Khurram Shahzad, B.S.

June 2007

Prepared by the University of Houston Health Network for Evaluation and Training Systems and the University of Houston Health Law and Policy Institute as part of research sponsored by the Texas Department of Health under contract 2007-020813.

Phyllis Gingiss, Dr.P.H. is Professor of Public Health Education, University of Houston, and Adjunct Professor of Family and Community Medicine, Baylor College of Medicine. She is Director of the Health Network for Evaluation and Training Systems (NHETS), University of Houston and serves as Principal Investigator for the Texas Tobacco Prevention and Control Research and Evaluation Project conducted at the University of Houston.

Victoria Mosier, M.A. is Program Director for the Texas Tobacco Prevention and Control Research and Evaluation Project conducted by HNETS at the University of Houston.

Sandra Coombs and Khurram Shahzad are student research assistants with HNETS at the University of Houston.

Table of Contents

Figures and Tables

Appendice

Executive Summary

Background

Collectively, cardiovascular disease, cancer, and diabetes account for two-thirds of all deaths in the United States and about $700 billion in direct and indirect costs each year. The high prevalence of tobacco use, poor diet, and insufficient physical activity is among the most frequent underlying, preventable risk factors for all of these conditions. Relatedly, utilization of screening tests for early detection could notably reduce the progression of these diseases and diminish the physical, economic, and social costs.

A number of agencies and organizations address aspects of the application of evidence-based prevention and screening practices. These include Healthy People 2010, the Health Plan Employer Data and Information Set (HEDIS) sponsored by the National Committee for Quality Assurance and the U.S. Preventive Task Force, which provides guidelines for routine screening and treatments.

However, a number of unmet state needs exist for Texas health plan examination. These include the following: 1) a need for examination of Texas health plan coverage of preventive and screening services spanning several major chronic diseases; 2) the need to follow changes in the Texas health care system, with its numerous implications for HMO tracking; 3) the need to differentiate between services provided by commercial line (commercial, Medicaid, and Medicare); and 4) limitations in current state health plan data.

Of importance, none of the standardized measures of health plan assessments detail what services are actually covered by health plans. While the HEDIS reports are useful for consumers selecting health plans, the need is apparent to identify preventive services the companies are covering in their individual plans, in addition to what is offered through Medicaid and Medicare plans.

Study Objectives

In response to the above considerations, this study was initiated to:

Identify the scope and nature of prevention and screening coverage pertaining to cancer, cardiovascular disease, diabetes, diet and weight control, and tobacco cessation services provided by Texas HMOs, and examine how those services differ by HMO product line (commercial, Medicaid, and Medicare).

Compare the patterns of coverage across health conditions and behaviors.

Methods

Questionnaire. The tobacco-related items of the questionnaire were based on a modified edition of previous American Association of Health Plans national surveys. The tobacco-related question sets have been repeated biannually by HNETS since 2003 to examine changes in tobacco cessation coverage for Texans. Additional questions pertain to health plan coverage of cancer, cardiovascular disease, and diabetes prevention and screening, as well as tobacco and obesity services. These questions were based on the prevention and screening guidelines determined by *The Guide to Clinical Preventive Services Guidelines* for cancer, diabetes, cardiovascular, overweight/obesity, and tobacco cessation, and items included in the health plan performance measures assessed by HEDIS and reported through the Texas Department of Insurance. The questionnaire covered background information about the respondents, clinical guidelines, and benefits design/coverage, as well as questions specific to tobacco cessation programs and prevention.

Participants. The Texas Department of Insurance (TDI) list of the top 40 HMOs based on premium sales was used to derive an eligible sample. Communications with the Texas Department of Insurance helped identify those plans that were predominantly commercial, Medicaid, or Medicare.

Eighteen of the 26 (69%) eligible plans participated. Of the 18, 9 (50%) were predominantly Medicaid, CHIP, or STAR plans; 7 (39%) were commercial; and 2 (11%) were Medicare. Plan participation in this study was representative of state HMO distribution by caregory: 12 (46%) of eligible plans were Medicaid, CHIP, or STAR plans; 11 (42%) were commercial plans; and three (12%) were Medicare plans. The collective group of respondents represented 68% of the market share of written premiums in Texas, based on the 2006 Top 40 Managed Health Care Organizations identified by TDI. The balance of plans in the Top 40 met our criteria for exclusion (e.g., dental plans).

Analysis. While frequency percentages are provided for ease of interpretation, they are not considered to be statistically stable due to the small number of participants in some categories (e.g. Medicare plans). Chi square estimates of differences in responses between commercial and Medicaid plans were used to provide general estimates of areas where notable differences ($p \leq .05$) were seen, although again, the sample size limited more formal analysis. Medicare programs were not included in these analyses due to the small number of plans.

Results

The following summary of results is organized around questionnaire sections.

Overall use of clinical guidelines. Most participants used guidelines for Type 1 and Type 2 diabetes, and most did not use guidelines for smoking cessation and stroke. Guidelines for Type 2 diabetes were the most frequently used by the 18 health plans (89%). Most plans used guidelines for Type 1 diabetes (83%), cancer screening (61%), congestive heart failure (56%), and heart disease (56%). The *least* frequently used guidelines pertained to overweight and obesity (39%), smoking cessation (22%), and stroke (11%).

Overall coverage for screening for cancer, diabetes, lipid, and dietary counseling. Sixteen plans (89%) reported *full* coverage for cervical cancer screening, breast cancer screening, FOBT for colorectal cancer screening, sigmoidoscopy, colonoscopy, and Type 2 diabetes screening. Lipid disorder screening was fully covered by 83% of plans. Seventy-eight percent of plans provided full coverage for intensive counseling for a healthy diet, and 50% provided full coverage for referral to other specialists for healthy diet consultation. Partial coverage was provided by another 28% of plans for dietary referral, and 11% provided partial coverage for intensive dietary counseling.

Overall coverage for adult obesity prevention. The service most frequently fully covered was treatment by a mental/behavioral health specialist (50% full coverage and 39% partial coverage). Over half provided full or partial coverage for some other services. Overall, 61% covered high-intensity counseling about diet (33% full and 28% partial); 56% covered high-intensity exercise counseling (28% full and 28% partial); and 55% covered behavioral interventions (22% full and 33% partial). In contrast, 56% did not offer any type of coverage for pharmacotherapies and 27% did not offer any type of coverage for bariatric surgery. Full coverage was provided by only 11% of participants for pharmacotherapy, and 6% for bariatric surgery.

Counseling and treatment for tobacco use prevention. Among all plans, other than "asking about tobacco use" (78%), the balance of services were fully covered by a third or less of plans. Overall, 78% of plans provided full or partial coverage to "ask about tobacco use" and 50% of plans provided for some smoking counseling services.

ICD-9 coding modifiers. Participating health organizations were asked to indicate for which conditions contractors were allowed to use ICD-9 coding information. Approximately three of every five plans allowed

use of ICD-9 coding modifiers. Overall, ICD-9 coding modifiers were used for overweight and obesity less than for other conditions.

Counseling and information services. Overall, most plans provided counseling and information services for diabetes, while most plans did not provide for tobacco cessation and strokes. For example:

- Case management was provided for diabetes (94%), heart disease (83%), cancer (78%), and stroke (72%).
- Written information and self-help materials in provider offices was provided for diabetes (78%), heart disease (56%), tobacco cessation (50%), cancer (39%), and stroke (33%).
- Information via the health plan website was provided for diabetes (61%), heart disease (44%), tobacco cessation (33%), cancer (33%), and stroke (33%).
- Individual education and/or counseling were provided for diabetes (78%), heart disease (50%), cancer (33%), stroke (28%), and tobacco cessation (22%).
- Group counseling or classes were provided for diabetes (50%), tobacco cessation (17%), cancer (11%), heart disease (11%), and stroke (11%).
- Telephone counseling was provided for diabetes (61%), heart disease (33%), tobacco cessation (22%), cancer (17%), and stroke (17%).

Provider requirements. Overall, *all* plans reported that cervical cancer screening, breast cancer screening, colorectal cancer screening, screening for Type 2 diabetes, and lipid disorder screening were either required or requested of providers. Screenings and interventions to prevent adult obesity were either required or requested of providers from 95% of respondents, while counseling for a healthy diet and counseling and treatment to prevent tobacco use were either required or requested from providers for only 84% of respondents. *The majority of all plans **requested** the above services from their providers, but did not **require** them.*

Tobacco-specific cessation programs and prevention. Participants from the various organizations were asked if the medical groups they contracted with maintained an information system that contained patient and clinical information to identify individual enrollees who smoked. The majority of plans (72%) did not maintain any such information system. Participants also were asked if providers were required or requested to document smoking status in the patient's medical record or on an electronic medical record. Among the commercial plans, six of the seven (86%) requested and one required this information. Among Medicaid plans, six of the nine (67%) requested and one required documentation in the patient's medical record, but only four requested (44%) and one required this information on an electronic medical record.

Specific strategies to address smoking cessation for patients with special health needs. Only 50% of all plans had strategies currently in place. Three of the seven commercial plans had strategies for special tobacco-related health conditions. All three of the commercial plans addressed smoking cessation during pregnancy and for patients with other chronic illness. Four of the nine Medicaid plans had strategies. Among these, three addressed smoking cessation for adolescents and only two addressed smoking during pregnancy or at pediatric visits.

Additional tobacco-specific questions were included in the survey. For more detailed information about health plan coverage for tobacco services, please see the companion report by UH, Texas Health Insurance Coverage for Tobacco Dependence: 2007 (Gingiss and associates, 2007).

Conclusions and Recommendations

Given the high physical, economic, and social costs of cardiovascular disease, cancer, and diabetes, and the harmful contributions of poor diet, obesity, and tobacco use to each, it is imperative that critical prevention and screening programs be provide. Evidence-based prevention and screening programs have been identified. However, provider implementation is largely influenced by health plan coverage. Our research for this report has shown that major gaps exist in coverage, such as the large number of services that are requested but not required and services that are only partially covered by providers.

The higher provision of coverage across certain question sets pertaining to diabetes, such as provision for counseling and information services, indicates models for additional program development and the need for future efforts to build upon this emerging success. However, while services are focused on Type 1 and Type 2 diabetes, far fewer resources are devoted to the underlying causes of diabetes (i.e., overweight/obesity, smoking). Another area for focus may include encouraging providers through enhanced incentives to increase important prevention services, thereby decreasing treatment costs of purely preventable diseases.

Numerous similarities and differences by HMO product lines were noted. Coverage was found to be neither consistent nor equitable among consumers. The Texas Medicaid population is rapidly growing and high projections exist for increased use of Medicare in the future. When these trends are coupled with rapid changes in commercial health plan organizations, the need to strive to foster and maintain products that are uniformly strong is critical across the private and public sectors. The disparate products offered indicate the need to maintain tracking of changes in health plan coverage over time to see how changes in each sector impact the health of our population.

Information for the health consumer about available services and coverage, especially for Medicaid (including CHIP and STAR), were extremely obscure and difficult to find. Collaborations among state agencies covering the areas identified, Medicaid, professional provider groups, and voluntary health agencies have opportunities to fill this gap, enhance coverage, and adequately notify Texans of services available.

This report provides another perspective of health services available to Texas consumers. While not all Texans are covered by the health plans studied, it is our hope that this report will fill some gaps for decision-makers and consumers.

Background

Collectively, cardiovascular disease, cancer and diabetes account for two-thirds of all deaths in the United States and about $700 billion in direct and indirect costs each year[1, 2]. A joint manuscript prepared by the American Cancer Society, American Diabetes Association, and the American Heart Association[1] noted the need for a concerted effort to increase application of effective public health and clinical interventions. Importantly, the high prevalence of tobacco use, poor diet and insufficient physical activity are among the most frequent underlying, preventable risk factors for all of these conditions. Relatedly, utilization of screening tests for early detection could notably reduce the progression of these diseases and diminish the physical, economic and social costs.

Current Assessments of Health Plan Quality and Services

A number of agencies and organizations address aspects of the application of effective prevention and screening practices. For example, Healthy People 2010 includes over 400 specific objectives in 28 focus areas that include nutrition and overweight, physical activity and fitness, tobacco use, cancer, diabetes, cardiovascular disease, and access to quality health service[3]. Another source of standardized performance measures is a Health Plan Employer Data and Information Set (HEDIS) sponsored by the National Committee for Quality Assurance[4]. This allows employers and consumers to make comparisons between plans based on consumer reports of access to care, preventive health and member satisfaction[5]. The U.S. Preventive Services Task Force periodically reviews more than 200 preventive services offered in primary care settings and has guidelines for routine screening and treatments[6].

Healthy People 2010 standards are reported in the Texas Department of Insurance (TDI) Guide to Texas HMO Quality: 2006[4], because they are widely accepted as goals for public and private health care organizations. However, as the report points out, Healthy People 2010 represents future performance expectations, HEDIS measures are for an insured population while Healthy People pertains to the entire population, and precise definitions and methods vary for some measures.

The HEDIS rankings are based on three factors compiled by NCQA: HEDIS results, Consumer Assessment of Health Plans Study (CAHPS) scores and NCQA accreditation standards. These measurement systems provide information about the quality of care a plan's members actually receive, whether members are satisfied with the plan and its practitioners, and whether the plan has appropriate systems and processes and safeguards in place[5].

Unmet State Needs for Texas Health Plan Analysis

Need for examination of Texas health plan coverage of preventive and screening services spanning several major chronic diseases. This study is a follow-up of 2003 and 2005 studies to examine the tobacco services offered through Texas insurance plans. For 2006/2007, the study has been expanded to include prevention and screening for cancer, cardiovascular disease and diabetes, as well as the major contributing risk factor for a healthy diet and adult obesity. The ongoing emphasis on tobacco prevention and control will be the continued examination of changes in coverage. The interrelatedness of these diseases and risk factors has been well documented[1].

Need to follow changes in the Texas health care system and implications for HMO tracking. Identification and responses to changes in the state health care delivery system has implications for understanding services available to Texans. For example, the percentage of Medicaid clients enrolled in managed care in Texas increased from 29% in 2000 to 65.9% in 2006[7]. Services actually covered for these populations need to be followed, as well as commercial products designed for health consumers.

Need to differentiate between services provided by product line. Because of the changes noted above and HNETS research using TDI's Top 40 List of Best-Selling Health Plans[8], the main source of funding for Texas HMOs was explored. *Among the 26 plans eligible for inclusion in our report, 46% were predominantly Medicaid/CHIP, 42% were predominantly commercial, and 12% were predominantly Medicare*[9]. This is further examined in the Methods section of this report. The product lines represented by Texas HMOs led us to examine participant responses by plan type. This is especially important since each product line covers different aspects of our population. Commercial members generally fall between the ages of 18-64 (plus their underage dependents); Medicaid members are primarily women and their children; and Medicare members are generally aged 65 and older[4].

Limitations in current state data. The NCQA National 2006 rankings report that 158/684 health plans examined did not furnish performance data or would not allow the numbers to be released – automatically disqualifying them from NCQA review[5]. In Texas, the 2006 Consumer Assessment of Health Plans Study (CAHPS) report, which comprises the consumer satisfaction measure for the Health Plan employer data and Information Set (HEDIS) that Texas HMOs are required to submit annually to the State, indicates that many Texans *who have health insurance* still are not represented. As is presented in the participant section of the Methods, numerous other population groups in the state do not get commercial health insurance purchased through a Texas insurance plan. Among the limited populations eligible for the CAHPS survey, those surveyed answered only questions pertaining to health care services they had actually received. Plans that are predominantly Medicaid and Medicare were not included. The response rate for the survey was 32%[10].

Of importance, none of the standardized measures of health plan assessments detail what services are actually covered by health plans. Data reported is limited to enrollees in a Texas HMO group plan. Medicaid enrollees, Medicare enrollees, and those getting insurance from other sources are not surveyed. While the HEDIS reports are useful for consumers selecting health plans, the need is apparent to identify preventive services the companies are covering in their individual plans, in addition to what is covered through Medicaid and Medicare plans.

Study Objectives. In response to the above considerations, this study was initiated to:

Identify the scope and nature of prevention and screening coverage pertaining to cancer, cardiovascular disease, diabetes, diet and weight control, and tobacco cessation services provided by Texas HMOs, and examine how those services differ by HMO product line (commercial, Medicaid, and Medicare).

Compare the patterns of coverage across health conditions and behaviors.

Methods

Questionnaire. The tobacco-related items of the questionnaire were based on a modified edition of American Association of Health Plans national surveys previously conducted[11]. The tobacco-related question sets have been repeated biannually by HNETS since 2003 to examine changes in coverage for Texans and to allow for comparison of state to national coverage. Additional questions pertain to health plan coverage of cancer, cardiovascular disease, and diabetes prevention and screening, as well as coverage for obesity services. These questions were based on the prevention and screening guidelines determined by *The Guide to Clinical Preventive Services Guidelines* for cancer, diabetes and cardiovascular, obesity/overweight and tobacco cessation[6], and items included in the Health Plan performance measures assessed by HEDIS and reported in state data analysis[4]. Appendix A presents these guidelines.

The questionnaire covered background information about the respondents, clinical guidelines, and benefits design/coverage, as well as questions specific to tobacco cessation programs and prevention. A copy of the questionnaire may be found in Appendix B.

Participants. Organizations were requested to complete the written questionnaire based on their best-selling health care product. "Best-selling" was defined as "the general medical/surgical package with the largest number of members." When necessary, follow-up calls were made to organizations predominantly representing Medicare or Medicaid public plans to clarify which type of plan they were describing. For this report, use of the term Medicaid is used to refer to Medicaid, CHIP, and STAR programs. The Texas Department of Insurance (TDI) list of the top 40 HMOs based on premium sales was used to derive an eligible sample[8].

Figure 1 describes criteria for plan inclusion/exclusion. 26 plans were eligible for inclusion.

Figure 1. Criteria for HMO Inclusion or Exclusion

Inclusion	1)	Health plans on the Texas Department of Insurance Top 40 HMO Lists (Texas Department of Insurance 2006 Annual Report) that do not meet any of the exclusions listed below.
Exclusion	1)	HMOs listed on the Texas Department of Insurance Top 40 HMO Lists that were previously active but are no longer offering TX services.
	2)	HMOs listed on the Texas Department of Insurance Top 40 HMO Lists that exclusively provide specialized services (e.g. dental coverage, mental health, etc).
	3)	HMOs other than Medicare, Medicaid/CHIP public programs that are predominantly comprised of specialized health plans such as, Veteran's Affairs, Indian Health Services, catastrophe, or disability.
	4)	HMOs that have less than 0.15% of the Top 40 market share

Analysis. Frequencies of responses are reported. While frequency percentages are provided for ease of interpretation, they are not considered to be statistically stable due to the small number of participants in some categories (e.g. only three Medicare plans are listed in the Top 40 Texas HMO list[8]). Chi square estimates of differences in responses between commercial and Medicaid plans were used to provide general estimates of areas where notable differences ($p \leq .05$) were seen, although again, the sample size limited more formal analysis. Medicare programs were not included in these analyses due to the small number of plans.

Results

Background

Eighteen of the 26 (69%) eligible plans participated. Of the 18, 9 (50%) were predominantly Medicaid, CHIP or STAR plans; 7 (39%) were commercial; and 2 (11%) were Medicare. Plan participation in this study was representative of state HMO distribution by category: 12 (46%) are Medicaid, CHIP, or STAR plans; 11 (42%) are commercial plans; and three (12%) are Medicare plans. Seventeen of the 18 respondents were Medical Directors; the other respondent was a Director of Health Services.

The collective group of respondents represented 68% of the market share of written premiums in Texas, based on the 2006 Top 40 Managed Health Care Organizations in the TDI report. Of note, this report is based on 2005 data. The balance of plans in the Top 40 met our criteria for exclusion. Most common were dental plans. Furthermore, the respondents included six of the top ten HMOs with respect to total ending enrollment according to TDI for 2006.

The majority (61%) of the responding organizations stated they offer only HMO plans; the balance offer both HMO and PPO plans to enrollees. Of the seven organizations that offer both HMO and PPO plans, the overall percentage of enrollment in the PPO plan ranged from as little as 5 to as much as 94 percent.

Clinical Guidelines Used

Overall use of clinical guidelines. Most participants used guidelines for Type 1 and Type 2 diabetes, and most did not use guidelines for smoking cessation and stroke. Guidelines for Type 2 diabetes were the most frequently used by the 18 health plans (89%). Most plans used guidelines for Type 1 diabetes (83%), cancer screening (61%), congestive heart failure (56%), and heart disease (56%). The *least* frequently used guidelines pertained to overweight and obesity (39%), smoking cessation (22%), and stroke (11%). Appendix C describes the guidelines respondents reported.

Similarities and differences between Medicaid and Commercial plans. Chi square analyses reveal a significant difference ($p < .05$) between commercial plans and Medicaid plans in their reported use of clinical guidelines for heart disease, congestive heart failure, cancer screening, and overweight and obesity. As described in Appendix C, considerably fewer Medicaid plans than commercial plans reported using heart disease guidelines, written guidelines for cancer screening, or guidelines for overweight and obesity. No differences were found between groups with respect to clinical guidelines used for smoking cessation, Type 1 diabetes, Type 2 diabetes, or stroke.

Benefits Design & Coverage – Preventive Services

Overall coverage for screening for cancer, diabetes, lipid and dietary counseling. Sixteen plans (89%) reported *full* coverage for cervical cancer screening, breast cancer screening, FOBT for colorectal cancer screening, sigmoidoscopy, colonoscopy, and Type 2 diabetes screening. Lipid disorder screening was fully covered by 83% of plans.

Seventy-eight percent of plans provided full coverage for intensive counseling for a healthy diet and 50% provided full coverage for referral to other specialists for healthy diet consultation. Partial coverage was provided by another 28% of plans for dietary referral and 11% provided partial coverage for intensive dietary counseling.

Table 1. Preventive Services: Full and Partial Coverage

Services	^All Types Coverage (n = 18)		*Full Coverage		*Partial Coverage	
Cervical cancer screening	18	100%	16	89%	2	11%
Breast cancer screening	18	100%	16	89%	2	11%
Colorectal cancer screening: FOBT	18	100%	16	89%	2	11%
Colorectal cancer screening: Sigmoidoscopy	18	100%	16	89%	2	11%
Colorectal cancer screening: Colonoscopy	18	100%	16	89%	2	11%
Type 2 diabetes screening	18	100%	16	89%	2	11%
Intensive counseling for a healthy diet	16	89%	14	78%	2	11%
Referral to other specialists for a healthy diet	14	78%	9	50%	5	28%
Lipid disorder screening	17	94%	15	83%	2	11%

^All types of coverage Includes *full **and** partial coverage*

*Full coverage: *No additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions.*

*Partial coverage: A*nnual or lifetime limits on coverage.*

Similarities and differences between product lines. Table D.1 in Appendix D compares coverage by product line. *All* Medicaid and Medicare plans surveyed offered full coverage for screenings, while only 71% of commercial plans did. Counseling for a healthy diet was fully covered by all Medicare plans and 89% of Medicaid plans, but only 57% of commercial plans.

Prevention of Adult Obesity

Overall coverage for adult obesity prevention. Participants were asked to provide information about the type of coverage provided for services relating to the screening and interventions to prevent adult obesity. The service most frequently fully covered was treatment by a mental/behavioral health specialist (50% full coverage and 39% partial coverage). Over half provided full or partial coverage for some other services. Overall, 61% covered high-intensity counseling about diet (33% full and 28% partial); 56% covered high-intensity exercise counseling (28% full and 28% partial); and 55% covered behavioral interventions (22% full and 33% partial). In contrast, 56% did not offer any type of coverage for pharmacotherapies and 72% did not offer any type of coverage for bariatric surgery. Full coverage was provided by only 11% of participants for pharmacotherapy, and 6% for bariatric surgery.

Table 2. Prevention of Adult Obesity

Services	^All Types Coverage (n = 18)		*Full Coverage		*Partial Coverage	
High-intensity counseling about diet	11	61%	6	33%	5	28%
High-intensity counseling about exercise	10	56%	5	28%	5	28%
Behavioral interventions	10	56%	4	22%	6	33%
Pharmacotherapies (Sibutramine, Orlistat)	8	44%	2	11%	6	33%
Bariatric surgery	5	28%	1	6%	4	22%
Treatment by mental/ behavioral health specialist	16	89%	9	50%	7	39%

^All types of coverage: Includes *full **and** partial coverage* as reported

*Full coverage: *No additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions.*

*Partial coverage: A*nnual or lifetime limits on coverage.*

Similarities and differences between product lines. Overall, more Medicaid plans provided full coverage for the services listed than Medicare or commercial plans, and more commercial plans provided partial coverage than Medicaid or Medicare plans, although the difference is not significant (see Appendix D, Table D.2).

Counseling and Treatment for Tobacco Use Prevention

Overall coverage. Participants were asked to provide information about the type of coverage provided for services for counseling and treatment to prevent tobacco use. *Among all plans, other than "asking about tobacco use (78%), the balance of services were fully covered by a third or less of plans.* Overall, 78% of plans provided full or partial coverage to "ask about tobacco use" and 50% of plans provided for some smoking counseling services. The majority of plans did not offer *any* coverage for prescription nicotine replacement therapies (88%), over-the-counter prescription nicotine replacement therapies (72%), nicotine replacement therapies with enrollment in a cessation program (72%), or pharmacotherapies (56%).

Table 3. Tobacco Use Prevention and Treatment

Services	^All Types Coverage (n = 18)		*Full Coverage		*Partial	
Ask about tobacco use	14	78%	14	78%	--	--
Smoking counseling	9	50%	6	33%	3	17%
Pharmacotherapies (Zyban, Wellbutrin)	8	44%	4	22%	4	22%
OTC NRT (gum, patches, etc.)	2	11%	1	6%	1	6%
Prescription NRT	5	28%	3	17%	2	11%
NRT only with enrollment in cessation program	5	28%	3	17%	2	11%

^All types of coverage: Includes *full **and** partial coverage* as reported

*Full coverage: *No additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions.*

*Partial coverage: A*nnual or lifetime limits on coverage.*

Similarities and differences between product lines. Commercial and Medicare plans reported similar levels of coverage for counseling and treatment to prevent tobacco use. Overall, Medicare plans were more likely to provide full coverage for tobacco services, although that coverage is limited to older citizens who already have a smoking-related illness or are taking medicine that may be affected by tobacco are covered for smoking counseling (see Appendix D, Table D.3).

ICD-9 Coding Modifiers

ICD-9 coding modifiers are used by contractors to indicate complex patients and/or extended office visits which require additional reimbursement. Participating organizations were asked to indicate for which conditions contractors were allowed to use ICD-9 coding information. Approximately three of every five plans allowed use of ICD-9 coding modifiers. Results are detailed in Table 4, below.

Table 4. ICD-9 Coding Modifiers

Allow use for:	Total (n = 18)		Commercial (n = 7)		Medicaid (n = 9)		Medicare (n = 2)	
Diabetes	11	61%	5	71%	5	56%	1	50%
Cancer	11	61%	5	71%	5	56%	1	50%
Cardiovascular Disease	11	61%	5	71%	5	56%	1	50%
Overweight/Obesity	9	50%	3	43%	5	56%	1	50%
Heart Disease	11	61%	5	71%	5	56%	1	50%
Stroke	11	61%	5	71%	5	56%	1	50%
CHF	11	61%	5	71%	5	56%	1	50%

Similarities and differences between product lines. With the exception of overweight and obesity, all other conditions listed were approximately equivalent between groups, with slightly more commercial plans allowing ICD-9 coding than Medicaid or Medicare plans. Overall, ICD-9 coding modifiers were used for overweight and obesity less than for other conditions, but were also approximately equivalent between groups.

Counseling and Information Services for Various Conditions

Overall patterns of coverage for counseling and information services. Table 5 describes results by overall health plan patterns for provision of counseling and information services. Participants were asked about the types of information services provided for various conditions. Overall, most plans provided these services for diabetes, while most plans did not provide services for tobacco cessation and stroke. Summary responses are presented below of disease conditions in which counseling and information services were provided.

- Case management was provided for diabetes (94%), heart disease (83%), cancer (78%), and stroke (72%).
- Written information and self-help materials in provider offices was provided for diabetes (78%), heart disease (56%), tobacco cessation (50%), cancer (39%), and stroke (33%).
- Information via the health plan website was provided for diabetes (61%), heart disease (44%), tobacco cessation (33%), cancer (33%), and stroke (33%).
- Individual education and/or counseling were provided for diabetes (78%), heart disease (50%), cancer (33%), stroke (28%), and tobacco cessation (22%).
- Group counseling or classes were provided for diabetes (50%), tobacco cessation (17%), cancer (11%), heart disease (11%), and stroke (11%).
- Telephone counseling was provided for diabetes (61%), heart disease (33%), tobacco cessation (22%), cancer (17%), and stroke (17%).

Overall, most plans provided these services for diabetes, while most plans did not for tobacco cessation and strokes. Table 5 describes these services.

Table 5. Counseling and Information Services

Services	Tobacco Cessation		Diabetes		Cancer		Heart Disease		Stroke	
Case Management	--	--	17	94%	14	78%	15	83%	13	72%
Written information and self-help materials in provider offices	9	50%	14	78%	7	39%	10	56%	6	33%
Information via health plan website	6	33%	11	61%	6	33%	8	44%	6	33%
Individual education and/or counseling	4	22%	14	78%	6	33%	9	50%	5	28%
Group counseling or classes	3	17%	3	50%	2	11%	2	11%	2	11%
Telephone Counseling	4	22%	11	61%	3	17%	6	33%	3	17%

Similarities and differences between product lines. Most plans did not offer information services for tobacco cessation, cancer, heart disease, or stroke other than case management (see Table D.4 – D.8, Appendix D). Case management services were not asked regarding tobacco cessation because they did not apply. Of those that did offer counseling and information services, no differences were found between commercial and Medicaid groups, with the exception of counseling and information services for stroke. For strokes, more commercial plans offered services (other than case management) than Medicaid or Medicare plans. The lack of provision of these services for the Medicaid plans is not surprising, given the younger ages of consumers.

Provider Requirements

Overall provider requirements. As reported in Table 6, participants from each organization were asked whether providers were required or requested to make available various screening and prevention services. Overall, 100% of plans reported that cervical cancer screening, breast cancer screening, colorectal cancer screening, screening for Type 2 diabetes, and lipid disorder screening were either required or requested of providers. Screenings and interventions to prevent adult obesity were either required or requested of providers from 95% of respondents, while counseling for a healthy diet and counseling and treatment to prevent tobacco use were either required or requested from providers for only 84% of respondents. *The majority of all plans **requested** the above services, but did not **require** them.*

Similarities and differences between product lines. Medicaid and Medicare plans more frequently required the various screenings and services from providers than did commercial plans. Differences were found between commercial and Medicaid plans with respect to breast cancer screening ($p \leq .05$), with significantly more Medicaid plans requiring this screening from providers. However, since the majority of all plans, including Medicaid and Medicare, requested the services, but did not require them, no differences were found between groups when required and requested responses were combined. Commercial and Medicaid plans are illustrated in Table D.9 in Appendix D.

Table 6. Provider Requirements

	Total (n = 18)					
	Required or Requested		Required		Requested	
Cervical cancer screening of sexually active women who have a cervix	18	100%	6	33%	12	67%
Breast cancer screening for women 40+	18	100%	5	28%	13	72%
Colorectal cancer screening	18	100%	5	28%	13	72%
Screening for Type 2 diabetes	18	100%	4	22%	14	78%
Counseling for a healthy diet	15	84%	1	6%	14	78%
Lipid disorder screening (measurement of TC, HDL-C, and LDL-C)	18	100%	5	28%	13	72%
Screenings and interventions to prevent adult obesity	17	95%	1	6%	16	89%
Counseling and treatment to prevent tobacco use	15	84%	1	6%	14	78%

Tobacco-Specific Cessation Programs and Prevention

A number of tobacco-specific questions were included in the survey. Reported below are those pertaining to information systems used and specific plan strategies of addressing smoking cessation for patients with special health needs or conditions. For more detailed tobacco-specific information about Health Plan Coverage, please see the University of Houston companion report, *Texas Health Insurance Coverage for Tobacco Dependence: 2007*[12].

Tobacco-related Information Systems. Participants from the various organizations were asked if the medical groups they contracted with maintained an information system that contained patient and clinical information to identify individual enrollees who smoked. The majority of plans (72%) did not maintain any such information system, with no difference between groups (commercial = 71%, Medicaid = 78%, Medicare = 50%).

Participants were also asked if providers were required or requested to document smoking status in the patient's medical record or on an electronic medical record. Among the commercial plans, six of the seven (86%) requested and one required this information. Among Medicaid plans, six of the nine (67%) requested and one required documentation in the patient's medical record, but only four (44%) requested and one required this information on an electronic medical record.

Specific strategies to address smoking cessation for patients with special health needs. Participants were asked if there were tobacco cessation strategies in place for patients with special health conditions or needs. Only 50% of all plans had strategies currently in place, with no difference between commercial (43%) and Medicaid (44%) plans.

Three of the seven commercial plans had strategies for special health conditions. All three of the commercial plans addressed smoking cessation during pregnancy and for patients with other chronic illness. Four of the nine Medicaid plans had strategies. Among these, three addressed smoking cessation for adolescents and only 2 addressed smoking during pregnancy or at pediatric visits.

Discussion and Recommendations

Given the high physical, economic, and social costs of cardiovascular disease, cancer, and diabetes, and the harmful contributions of poor diet, obesity, and tobacco use to each, it is imperative that critical prevention and screening programs be provide. Evidence-based prevention and screening programs have been identified. However, provider implementation is largely influenced by health plan coverage. Our research for this report has shown that major gaps exist in coverage, such as the large number of services that are requested but not required and services that are only partially covered by providers.

The higher provision of coverage across certain question sets pertaining to diabetes, such as provision for counseling and information services, indicates models for additional program development and the need for future efforts to build upon this emerging success. However, while services are focused on Type 1 and Type 2 diabetes, far fewer resources are devoted to the underlying causes of diabetes (i.e., overweight/obesity, smoking). Another area for focus may include encouraging providers through enhanced incentives to increase important prevention services, thereby decreasing treatment costs of purely preventable diseases.

Numerous similarities and differences by HMO product lines were noted. Coverage was found to be neither consistent nor equitable among consumers. The Texas Medicaid population is rapidly growing and high projections exist for increased use of Medicare in the future. When these trends are coupled with rapid changes in commercial health plan organizations, the need to strive to foster and maintain products that are uniformly strong is critical across the private and public sectors. The disparate products offered indicate the need to maintain tracking of changes in health plan coverage over time to see how changes in each sector impact the health of our population.

Information for the health consumer about available services and coverage, especially for Medicaid (including CHIP and STAR), were extremely obscure and difficult to find. Collaborations among state agencies covering the areas identified, Medicaid, professional provider groups, and voluntary health agencies have opportunities to fill this gap, enhance coverage, and adequately notify Texans of services available.

This report provides another perspective of health services available to Texas consumers. While not all Texans are covered by the health plans studied due to a variety of situations, it is our hope that this report will fill some gaps for Texas decision-makers and consumers.

References

1. Eyer H, Kahn R, Robertson RM. Preventing cancer, cardiovascular disease and diabetes. *Circulation.* 2004; 109:3244-3255.
2. Heron MP, Smith BL. Deaths: Leading causes for 2003. *National Vital Statistics Reports.* 2007; 55:1-16.
3. US Department of Health and Human Services. *Healthy People 2010*. Available at: http://www.healthypeople.gov/default.htm. Accessed April 27, 2007.
4. State of Texas Office of Public Insurance Counsel, Department of State Health Services Center for Health Statistics. *Guide to Texas HMO quality, 2006.* Austin, TX; 2006. Available at: http://www.dshs.state.tx.us/thcic/publications/HMOs/HMOReports.shtm. Accessed November 2, 2006.
5. National Committee for Quality Assurance. *The state of health care quality 2005: Industry trends and analysis.* Washington, DC; 2005. Available at: http://web.ncqa.org/. Accessed November 2, 2006.
6. US Preventive Services Task Force on Community Preventive Services. *The guide to community preventive services.* Washington, DC: Agency for Health Care Research and Quality; 2005. Available at: http://www.thecommunityguide.org/. Accessed August, 2006.
7. Hawkins A, Bell CE, Traylor C. *Texas Medicaid in perspective: 6th edition.* Austin, TX: Texas Health and Human Services Commission; 2007. Available at: http://www.hhsc.state.tx.us/medicaid/reports/PB6/PinkBookTOC.html. Accessed February 19, 2007.
8. Texas Department of Insurance. *Texas Department of Insurance 2006 annual report.* Austin, TX, 2006. Available at: http://www.tdi.state.tx.us/reports/annual.html. Accessed August, 2006.
9. Texas Department of Insurance. *Health Maintenance Organizations financial report – Texas only basic service first quarter 2006.* Austin, TX; 2006, Available at: http://www.tdi.state.tx.us/company/hmo/hmoxls/f0306tq.xls. Accessed February 19, 2007.
10. Office of Public Insurance Council. *Comparing Texas HMOs 2006: Health plan quality from the consumer's point of view.* Austin, TX: Texas Health and Human Services Commission; 2006. Available at: http://www1.outerscape.net/opic/page.php?p_sub_page_id=56. Accessed August, 2006.
11. McPhillips-Tangum C, Cahill A, Bocchoino C, Cutler CM. Addressing tobacco in managed care: Results of the 2000 survey. *Preventive Medicine in Managed Care.* 2002; 3:85-94.
12. Gingiss PM, Mosier V, Coombs S, Shahzad K. *Texas health insurance coverage for tobacco dependence: 2007.* University of Houston, TX; Texas Department of State Health Services; 2007.
13. US Department of Health and Human Services. *The official US government site for people with Medicare: Preventive services Website.* Available at: http://www.medicare.gov/Health/Overview.asp. Accessed March 30, 2007.

14. US Department of Health and Human Services. *Centers for Medicare and Medicaid Services Website.* Available at: http://www.cms.hhs.gov/smokingcessation/. Accessed March 30, 2007.

15. Centers for Disease Control and Prevention. State Medicaid coverage for tobacco-dependence treatments -United States, 1994-2001. *MMWR*; 52:496-500.

16. Centers for Disease Control and Prevention. State Medicaid coverage for tobacco-dependence treatments – United States, 2005. *MMWR*, 55:1194-1197.

17. Kaiser Family Foundation. *The Henry J. Kaiser Family Foundation website.* Available at: http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi. Accessed March 15, 2007.

18. Texas Health and Human Services Commission. *Texas Women's health program information for clients website.* Available at: http://www.hhsc.state.tx.us/womenshealth/informationforclients.html#coveredservices. Accessed March 30, 2007.

19. Texas Medicaid & Healthcare Partnership. *Texas Medicaid & Healthcare Partnership provider manuals website.* Available at: http://www.tmhp.com/default.aspx. Accessed March 30, 2007.

20. Texas Health and Human Services Commission. *HHSC Uniform Managed Care Manual website.* Available at: http://www.hhsc.state.tx.us./medicaid/umcm/chp1/1_0.pdf. Accessed March 30, 2007.

21. Community First Health Plan. *CHIP Member Handbook website.* Available at: http://www.cfhp.com/members/chip/chiphandbook-eng.pdf. Accessed April 15, 2007.

22. Texas Health and Human Services Commission. *CHIP perinatal coverage website.* Available at: http://www.hhsc.state.tx.us/chip/perinatal/ClientInformation.htm#CoveredServices. Accessed March 30, 2007.

Appendice

Appendix A: U.S. Preventive Service Guidelines

U.S. Preventive Services Task Force Guidelines: 2006		
Topic	Recommendations	Component(s)
Screening for Cervical Cancer	Screening for Cervical Cancer in women who have been sexually active and have a cervix.	Screening with cervical cytology (Pap smears)
Screening for Breast Cancer	Screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.	Mammography screening every 12-33 months
Screening for Colorectal Cancer	Screen men and women 50 years of age and older for colorectal cancer.	1. Periodic Fecal Occult Testing (FOBT) 2.Sigmoidoscopy alone or in combination with FOBT reduces mortality. 3. Colonoscopy
Screening for High Blood Pressure	Screen adults aged 18 and older for high blood pressure.	
Screening for Diabetes Mellitus, Adult type 2	Screening for type 2 Diabetes in adults with hypertension or hyperlipidemia.	
Counseling for a Healthy Diet	Intensive behavioral dietary counseling for adults patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.	1. Intensive counseling delivered by primary care clinicians 2. Referral to other specialists, such as nutritionists or dietitians.
Screening for Lipid Disorders in Adults	1. Screen men aged 35 and older and women aged 45 and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease. 2. Screen younger adults (men aged 20 to 35 and women aged 20 to 45) for lipid disorders if they have other risk factors for coronary heart disease. 3. Screening for lipid disorders include measurement of total cholesterol (TC) and high-density lipoprotein cholesterol (HDL-C).	
Screening and Interventions to Prevent Obesity in Adults	1. Screen all adult patients for obesity and 2. Offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	1. High-intensity counseling – about diet, exercise, or both combined. 2. Behavioral interventions aimed at skill development, motivation, and support strategies produces modest, sustained weight loss (typically 3-5kg for 1 year or more) in adults who are obese.

Counseling to Prevent Tobacco Use	1. Screen all adults for tobacco use and 2. Provide tobacco cessation interventions for those who use tobacco products 3. Screen all pregnant women for tobacco use and provide augmented pregnancy -tailored counseling to those who smoke.	1. Extended or augmented smoking cessation counseling (5-15 minutes) using messages and self-help materials tailored for pregnant smokers.

U.S. Preventive Services Task Force Guidelines: 2006

Appendix B: Survey of Managed Care Organizations

Managed Care Organizations:
2006 Survey of Texas Insurance Plans

BACKGROUND

1. What types of plans do you offer?

- ☐ HMO only
- ☐ PPO only
- ☐ HMO and PPO

2. IF you offer both HMO and PPO plans, what is the overall percentage of enrollment for each?

HMO: _____%

PPO: _____%

For this survey, answer the following questions about your plan's "best-selling" managed care product in Texas. "Best-selling" means the *general medical/surgical package with the largest number of commercial members.*

3. What is the number of Texans enrolled in your most typical, best-selling health insurance plan?

- ☐ Less than 25,000
- ☐ 25,001 – 50,000
- ☐ 50,001 – 100,000
- ☐ 100,001 – 250,000
- ☐ 250,001 – 500,000
- ☐ 500,001 or more

SECTION 1. Clinical Guidelines

1. Please check if your plan uses written clinical guidelines for services for each of the following health needs or conditions. If "yes", identify the guideline(s) used.

Health Need or Condition	Guideline used?		If "Yes", name of guideline(s):
	Yes	No	
Smoking cessation	☐	☐	_____
Type 1 diabetes	☐	☐	_____
Type 2 diabetes	☐	☐	_____
Heart disease	☐	☐	_____
Stroke	☐	☐	_____
Congestive heart failure	☐	☐	_____
Cancer screening	☐	☐	_____
Overweight and obesity	☐	☐	_____

SECTION 2. Benefits Design/Coverage

1. Check the box on each line which indicates your best-selling plan's level of coverage for *each* of the following preventive services. "Full coverage" means there is *no additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions*. "Partial coverage" refers to *annual or lifetime limits on coverage.*

Services*	**Full coverage**	**Partial coverage**	**No coverage**
Cervical cancer screening of women who have been sexually active and have a cervix	☐	☐	☐
Breast cancer screening (mammography) for women aged 40 and older	☐	☐	☐
Colorectal cancer screening for men and women 50 years of age and older			
• Periodic fecal occult blood testing (FOBT)	☐	☐	☐
• Sigmoidoscopy alone or in combination with FOBT	☐	☐	☐
• Colonoscopy	☐	☐	☐
Type 2 diabetes screening in adults with hypertension or hyperlipidemia	☐	☐	☐
Counseling for a healthy diet			
• Intensive counseling delivered by primary care clinicians	☐	☐	☐
• Referral to other specialists, such as nutritionists or dietitians	☐	☐	☐
Lipid disorder screening in adults, including measurement of total cholesterol (TC), HDL-C and LDL-C.	☐	☐	☐

*Services listed are those recommended by the U.S. Preventive Services Task Force

2. The following pertain to the level of coverage you provide for screening and interventions to prevent obesity in adults. Please check the box on each line which indicates your best-selling plan's level of coverage for *each*.

Services for screening and interventions to prevent adult obesity	**Full coverage**	**Partial coverage**	**No coverage**
• High-intensity counseling about diet for obese adults	☐	☐	☐
• High intensity counseling about exercise for obese adults	☐	☐	☐
• Behavioral interventions aimed at skill development, motivation and support strategies in obese adults	☐	☐	☐
• Pharmocotherapies for obese patients such as Sibutramine (Merida) or Orlistat (Xenical)	☐	☐	☐
• Bariatric surgery	☐	☐	☐
• Treatment by a mental/behavioral health specialist	☐	☐	☐

3. Finally, the following pertain to the level of coverage you provide for counseling and treatment to prevent tobacco use. Please check your best-selling plan's level of coverage for *each*.

Services for counseling and treatment to prevent tobacco use	**Full coverage**	**Partial coverage**	**No coverage**
• Ask patients about their tobacco use	☐	☐	☐
• Provision of extended or augmented smoking counseling	☐	☐	☐
• Pharmacotherapies such as Bupropion (Zyban) or Wellbutrin for smoking cessation	☐	☐	☐
• Over-the-counter nicotine replacement therapy (NRT) such as gum and/or patches	☐	☐	☐
• Prescription nicotine replacement therapy (NRT)	☐	☐	☐
• NRT only with enrollment in cessation program (e.g. counseling or clinics)	☐	☐	☐

4. Check each of the following conditions for which you allow contracted providers to use ICD-9 coding modifiers that indicate complex patients/extended office visits with require additional reimbursement. (Check all that apply.)

☐ Diabetes
☐ Cancer
☐ Cardiovascular disease
☐ Overweight/obesity
☐ Heart disease
☐ Stroke
☐ CHF

5. Check each of the services listed below that are covered by your plan for *each* of the following conditions.

Services	**Tobacco Cessation**	**Diabetes**	**Cancer**	**Heart Disease**	**Stroke**
Case management	n/a	☐	☐	☐	☐
Written information and self-help materials in provider offices	☐	☐	☐	☐	☐
Information via health plan website	☐	☐	☐	☐	☐
Individual education and/or counseling	☐	☐	☐	☐	☐
Group counseling or classes	☐	☐	☐	☐	☐
Telephone counseling	☐	☐	☐	☐	☐

6. Check whether the *providers* in your plan are required or requested to provide the following services.

Services*	Required	Requested	No
Cervical cancer screening of women who have been sexually active and have a cervix	☐	☐	☐
Breast cancer screening (mammography) for women aged 40 and older	☐	☐	☐
Colorectal cancer screening for men and women 50 years of age and older	☐	☐	☐
Screening for Type 2 diabetes in adults with hypertension or hyperlipidemia	☐	☐	☐
Counseling for a healthy diet	☐	☐	☐
Lipid disorder screening in adults, including measurement of total cholesterol (TC), HDL-C and LDL-C	☐	☐	☐
Screenings and interventions to prevent adult obesity	☐	☐	☐
Counseling and treatment to prevent tobacco use	☐	☐	☐

*Services listed are those recommended by the U.S. Preventive Services Task Force

SECTION 3. Tobacco Cessation Programs and Prevention

1. Does your plan or the medical group(s) that you contract with maintain an information system that contains patient and clinical information to identify individual enrollees who smoke?

☐ Yes ☐ No

2. Are the providers in your plan required or requested to record the following activities?

Activity	Required	Requested	No
Document smoking status in the patient's medical record	☐	☐	☐
Record smoking status on electronic medical record	☐	☐	☐

3. Does your plan have one or more specific strategies to address smoking cessation for patients with special health conditions or needs?

☐ Yes ☐ No

3a. *If yes*, check all that apply. *If no*, skip to question 4

☐ Adolescence

☐ Pregnancy

☐ Pediatric visits (second hand smoke)

☐ Post-MI

☐ Treatment for other chronic illness

☐ Hospitalization

4. Which statement below best describes your healthcare system's awareness and use of the American Cancer Society Tobacco Quitline funded by Texas Department of State Health Services?

- ☐ No, not aware
- ☐ Yes, aware but don't encourage use
- ☐ Yes, aware and encourage provider referrals
- ☐ Yes, aware and directly encourage member use

5. Is your healthcare system interested in working with the Texas Department of State Health Services on encouraging awareness and use of the American Cancer Society Tobacco Quitline to promote tobacco cessation?

☐ Yes ☐ No

6. Please describe your future goals for tobacco control activities.

Appendix C: Clinical Guidelines Used by Need or Condition

Type 2 diabetes guidelines for their enrollees were used by the most plans – sixteen (89%). Guidelines reported as having been used included all those listed for Type 1 diabetes plus Healthways and "Homegrown," Glycemic Control Type 2 DM in children and adults, Insulin Algorithm Type 2 DM in children and adults, exercise algorithm type 2 diabetes prevention and therapy, and prevention and delay Type 2 diabetes in children and adults. No notable differences occurred between commercial, Medicaid, or Medicare plans on Type 2 diabetes guidelines used.

Type 1 diabetes guidelines were written by fifteen plans (83%). Guidelines reported as having been used included American Diabetes Association, NIH, Texas Diabetic Association, Texas Diabetes Council, Disease Management Program, Insulin Algorithm Type 1 DM in children and Adults, lipid treatment algorithm Type 1 and Type 2 DM in adults, and "proprietary and embedded in our care management." No notable differences occurred between commercial, Medicaid, or Medicare plans on Type 1 diabetes guidelines used.

Cancer screening guidelines were used by by 11 (61%) of the plans, and included American Cancer Society; BCBSTX Adult Preventative Services and Wellness Guidelines developed from CDC and ACS; Homegrown; NIH; Preventative services guidelines; "proprietary and embedded in our care management;" USPTF; AAFP; AAP; ACOG; American Academy of Pediatrics – Pediatric preventative care; Adult Preventative Care; CDC Guidelines; Joint Task Force. Of note, 100% of the commercial plans used some form of written guidelines for cancer screening, while only 33% of Medicaid and 50% of Medicare plans used written guidelines.

Congestive heart failure treatment guidelines were reportedly used by ten (56%) of the plans. Guidelines reported as having been used included AHA (2); American College of Cardiology (2); Healthways; "proprietary and embedded in our care management;" and various within disease management programs. All commercial and Medicare plans reported use of guidelines, whereas only 11% of Medicaid plans did so. Of note, the Medicaid plans serve much younger populations and may not be expected to emphasize this area.

Heart disease guidelines were used by ten (56%) of the plans. Guidelines reported as having been used included the American Heart Association; Healthways and "Homegrown;" NCEP-ATP III, JNC 7; Texas Diabetes Council – hypertension for DM in adults; National Heart, Lung, and Blood Institute; management of blood cholesterol in adults; and "proprietary and embedded in our care management." Considerably fewer Medicaid plans reported using heart disease guidelines (22%), as compared to commercial plans (86%) and Medicare plans (100%). This is likely due to the younger populations covered by Medicaid plans.

Overweight and obesity guidelines were used by only 7 (39%) of plans, and included HCSC-developed website tool from various sources; homegrown; National Heart Lung and Blood Institute; NIH; "proprietary and embedded in our care management;" classification of overweight and obesity by BMI, treatment of overweight and obesity in adults. A notable difference occurred between groups, with 71% of commercial plans, 22% of Medicaid plans, and none of Medicare plans using guidelines for overweight and obesity.

Smoking cessation guidelines were used by four (22%) of the plans. Guidelines used included tools from the American Lung Association, the American Heart Association, and "proprietary and embedded in our care management."

Stroke guidelines were used by the least number of plans - two commercial plans (11%). Guidelines reported as having been used included AHA; and "proprietary and embedded in our care management." None of the Medicaid or Medicare plans reported using written stroke guidelines.

Appendix D

Tables Describing Benefits Design and Coverage

Table D.1. Preventive Services - Comparison Between Product Lines

Services	Total (n = 18) ^All Types		*Full Coverage		*Partial Coverage		Commercial (n = 7) *Full Coverage		*Partial Coverage		Medicaid (n = 9) *Full Coverage		*Partial Coverage		Medicare (n = 2) *Full Coverage		*Partial Coverage	
Cervical cancer screening	18	100%	16	89%	2	11%	5	71%	2	29%	9	100%	--	--	2	100%	--	--
Breast cancer screening	18	100%	16	89%	2	11%	5	71%	2	29%	9	100%	--	--	2	100%	--	--
Colorectal cancer screening: FOBT	18	100%	16	89%	2	11%	5	71%	2	29%	9	100%	--	--	2	100%	--	--
Colorectal cancer screening: Sigmoidoscopy	18	100%	16	89%	2	11%	5	71%	2	29%	9	100%	--	--	2	100%	--	--
Colorectal cancer screening: Colonoscopy	18	100%	16	89%	2	11%	5	71%	2	29%	9	100%	--	--	2	100%	--	--
Type 2 diabetes screening	18	100%	16	89%	2	11%	5	71%	2	29%	9	100%	--	--	2	100%	--	--
Intensive counseling for a healthy diet	16	89%	14	78%	2	11%	4	57%	2	29%	8	89%	--	--	2	100%	--	--
Referral to other specialists for a healthy diet	14	78%	9	50%	5	28%	4	57%	2	29%	5	56%	2	22%	--	--	1	50%
Lipid disorder screening	17	94%	15	83%	2	11%	5	71%	2	29%	9	100%	--	--	1	50%	--	--

^All types of coverage: Includes *full **and** partial coverage* as reported

*Full coverage: *No additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions.*

*Partial coverage: A*nnual or lifetime limits on coverage.*

Table D.2. Prevention of Adult Obesity - Comparison Between Product Lines

Services	Total (n = 18) ^All Types		Total (n = 18) *Full Coverage		Total (n = 18) *Partial Coverage		Commercial (n = 7) *Full Coverage		Commercial (n = 7) *Partial Coverage		Medicaid (n = 9) *Full Coverage		Medicaid (n = 9) *Partial Coverage		Medicare (n = 2) *Full Coverage		Medicare (n = 2) *Partial Coverage	
High-intensity counseling about diet	11	61%	6	33%	5	28%	2	29%	3	43%	4	44%	2	22%	--	--	--	--
High-intensity counseling about exercise	10	56%	5	28%	5	28%	1	14%	3	43%	4	44%	1	11%	--	--	1	50%
Behavioral interventions	10	56%	4	22%	6	33%	1	14%	3	43%	3	33%	2	22%	--	--	1	50%
Pharmacotherapies (Sibutramine, Orlistat)	8	44%	2	11%	6	33%	--	--	3	43%	1	11%	3	33%	1	50%	--	--
Bariatric surgery	5	28%	1	6%	4	22%	--	--	3	43%	--	--	1	11%	1	50%	--	--
Treatment by mental/ behavioral health specialist	16	89%	9	50%	7	39%	4	57%	3	43%	4	44%	3	33%	1	50%	1	50%

^All types of coverage: Includes *full **and** partial coverage* as reported

*Full coverage: *No additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions.*

*Partial coverage: A*nnual or lifetime limits on coverage.*

Table D.3. Tobacco Use Prevention - Comparison Between Product Lines

	Total (n = 18)						Commercial (n = 7)				Medicaid (n = 9)				Medicare (n = 2)			
Services	**^All Types Coverage**		***Full Coverage**		***Partial Coverage**		***Full Coverage**		***Partial Coverage**		***Full Coverage**		***Partial Coverage**		***Full Coverage**		***Partial Coverage**	
Ask about tobacco use	14	78%	14	78%	--	--	4	57%	--	--	8	89%	--	--	2	100%	--	--
Smoking counseling	9	50%	6	33%	3	17%	2	29%	1	14%	2	22%	2	22%	2	100%	--	--
Pharmacotherapies (Zyban, Wellbutrin)	8	44%	4	22%	4	22%	1	14%	1	14%	1	11%	3	33%	2	100%	--	--
OTC NRT (gum, patches, etc.)	2	11%	1	6%	1	6%	--	--	--	--	--	--	1	11%	1	50%	--	--
Prescription NRT	5	28%	3	17%	2	11%	1	14%	1	14%	1	11%	1	11%	1	50%	--	--
NRT only with enrollment in cessation program	5	28%	3	17%	2	11%	1	14%	1	14%	1	11%	1	11%	1	50%	--	--

^All types of coverage: Includes *full **and** partial coverage* as reported

*Full coverage: *No additional charge to the member outside of the member's normal co-payment for prescriptions or behavioral interventions.*

*Partial coverage: A*nnual or lifetime limits on coverage.*

Table D.4. Counseling and Information Services - Tobacco Cessation

	Total (n = 18)		Commercial (n = 7)		Medicaid (n = 9)		Medicare (n = 2)	
Written information and self-help materials in provider offices	9	50%	4	57%	4	44%	1	50%
Information via health plan website	6	33%	4	57%	2	22%	--	--
Individual education and/or counseling	4	22%	1	14%	2	22%	1	50%
Group counseling or classes	3	17%	1	14%	2	22%	--	--
Telephone Counseling	4	22%	--	--	2	22%	2	100%

Table D.5. Counseling and Information Services - Diabetes

	Total (n = 18)		Commercial (n = 7)		Medicaid (n = 9)		Medicare (n = 2)	
Case Management	17	94%	6	86%	9	100%	2	100%
Written information and self-help materials in provider offices	14	78%	6	86%	6	67%	2	100%
Information via health plan website	11	61%	6	86%	4	44%	1	50%
Individual education and/or counseling	14	78%	5	71%	7	78%	2	100%
Group counseling or classes	9	50%	4	57%	4	44%	1	50%
Telephone Counseling	11	61%	5	71%	5	56%	1	50%

Table D.6. Counseling and Information Services - Cancer

	Total (n = 18)		Commercial (n = 7)		Medicaid (n = 9)		Medicare (n = 2)	
Case Management	14	78%	4	57%	8	89%	2	100%
Written information and self-help materials in provider offices	7	39%	3	43%	3	33%	1	50%
Information via health plan website	6	33%	3	43%	2	22%	1	50%
Individual education and/or counseling	6	33%	3	43%	3	33%	--	--
Group counseling or classes	2	11%	2	29%	--	--	--	--
Telephone Counseling	3	17%	1	14%	1	11%	1	50%

Table D.7. Counseling and Information Services - Heart Disease

	Total (n = 18)		Commercial (n = 7)		Medicaid (n = 9)		Medicare (n = 2)	
Case Management	15	83%	5	71%	8	89%	2	100%
Written information and self-help materials in provider offices	10	56%	5	71%	3	33%	2	100%
Information via health plan website	8	44%	5	71%	3	33%	--	--
Individual education and/or counseling	9	50%	5	71%	3	33%	1	50%
Group counseling or classes	2	11%	2	29%	--	--	--	--
Telephone Counseling	6	33%	4	57%	1	11%	1	50%

Table D.8. Counseling and Information Services - Stroke

	Total (n = 18)		Commercial (n = 7)		Medicaid (n = 9)		Medicare (n = 2)	
Case Management	13	72%	3	43%	8	89%	2	100%
Written information and self-help materials in provider offices	6	33%	3	43%	2	22%	1	50%
Information via health plan website	6	33%	4	57%	2	22%	--	--
Individual education and/or counseling	5	28%	2	29%	3	33%	--	--
Group counseling or classes	2	11%	2	29%	--	--	--	--
Telephone Counseling	3	17%	1	14%	1	11%	1	50%

Table D.9. Provider Requirements - Comparison Between Product Lines

	Total (n = 18)						Commercial (n = 7)				Medicaid (n = 9)				Medicare (n = 2)			
	Required or Requested		Required		Requested		Required		Requested		Required		Requested		Required		Requested	
Cervical cancer screening of sexually active women who have a cervix	18	100%	6	33%	12	67%	1	14%	6	86%	4	44%	5	56%	1	50%	1	50%
Breast cancer screening for women 40+	18	100%	5	28%	13	72%	--	--	7	100%	4	44%	5	56%	1	50%	1	50%
Colorecal cancer screening	18	100%	5	28%	13	72%	1	14%	6	86%	3	33%	6	67%	1	50%	1	50%
Screening for Type 2 diabetes	18	100%	4	22%	14	78%	1	14%	6	86%	2	22%	7	78%	1	50%	1	50%
Counseling for a healthy diet	15	84%	1	6%	14	78%	--	--	6	86%	1	11%	6	67%	--	--	2	100%
Lipid disorder screening (measurement of TC, HDL-C, and LDL-C)	18	100%	5	28%	13	72%	1	14%	6	86%	3	33%	6	67%	1	50%	1	50%
Screenings and interventions to prevent adult obesity	17	95%	1	6%	16	89%	--	--	6	86%	1	11%	8	89%	--	--	2	100%
Counseling and treatment to prevent tobacco use	15	84%	1	6%	14	78%	--	--	6	86%	1	11%	6	67%	--	--	2	100%

Appendix E. Medicare and Medicaid-Funded Prevention and Screening Services in Texas

Medicare:[13, 14]

Cervical Cancer Screening:
Covers Pap tests and pelvic exams. As part of the pelvic exam, Medicare covers a clinical breast exam to check for breast cancer. A Pap test and pelvic exam are covered once every 24 months,. If a woman is of childbearing age and has had an abnormal Pap within the past 36 months, or if she is at high risk for cervical or vaginal cancer, the Pap test and pelvic exam are covered every 12 months. **Cost:** No cost for Pap lab test; 20% of Medicare approved amount for Pap collection, pelvic, and breast exams.

Breast Cancer Screening:
Mammograms are covered once every 12 months for women aged 40 and over, with a 20% co-pay with no deductible. Medicare also covers one baseline mammogram for women aged 35-39.

Colorecal Cancer Screening – Periodic fecal occult blood testing:
Once every 12 months for persons 50 and older. Patient pays nothing for FOBT.

Colorecal Cancer Screening – Sigmoidoscopy alone or in combination with FOBT:
Once every 48 months for persons 50 and older. Patient pays 20% after deductible. If done in the hospital outpatient department, patient pays 25% after deductible.

Colorecal Cancer Screening – Colonoscopy:
No minimum age for screening colonoscopy. Otherwise, coverage for persons age 50 and over. Once every 24 months if you are at high risk; once every 10 years (but not within 48 months of a screening sigmoidoscopy) if you're not at high risk. Patient pays 20% after deductible. If done in the hospital outpatient department, patient pays 25% after deductible.

Type 2 diabetes screening in adults with hypertension or hyperlipidemia:
Persons may be eligible for up to two screenings each year for individuals at increased risk (high blood pressure, dyslipidemia, obesity, or high blood sugar). Patient pays nothing for screening

Counseling for a healthy diet – Intensive counseling delivered by PCP:
None

Counseling for a healthy diet – Referral to other specialists:
None

Counseling for a healthy diet – pharmacotherapies:
Meridia & Xenical – not covered

Counseling for a healthy diet – Bariatric surgery:

None

Counseling for a healthy diet – Treatment by a mental/behavioral health specialist:
None

Lipid disorder screening (total cholesterol, HDL-C, and LDL-C):
Medicare covers these tests every 5 years.

Tobacco cessation – smoking counseling:
People with Medicare who are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco are covered for smoking counseling. Medicare will cover up to eight face-to-face visits during a 12-month period. These visits must be ordered by a doctor and provided by a qualified doctor or other Medicare-recognized practitioner. Patient pays 20% of Medicare-approved amount after deductible.

Tobacco cessation – Pharmacotherapies:
Bupropion & Wellbutrin – Covered

Tobacco cessation – OTC NRTs:
Gum, patch, nasal spray, inhaler covered

Tobacco cessation – Prescription NRTs:
Nicotine – Covered

Medicaid HMO Coverage required by Texas (in state contractual agreements with HMOs):

Medicaid:[4, 15-19]

Cervical Cancer Screening:
Women's Health Program: Pap smear & Gynecological exam. Screening for cervical cancers

Breast Cancer Screening:
Women's Health Program: Breast cancer screening

Colorecal Cancer Screening – Periodic fecal occult blood testing:
Unknown

Colorecal Cancer Screening – Sigmoidoscopy alone or in combination with FOBT:
Unknown

Colorecal Cancer Screening – Colonoscopy:
Unknown

Type 2 diabetes screening in adults with hypertension or hyperlipidemia:
Women's Health Program: Screening for diabetes

Counseling for a healthy diet – Intensive counseling delivered by PCP:
Women's Health Program: Assessment of health risk factors such as smoking, obesity, and exercise

Counseling for a healthy diet – Referral to other specialists:
Unknown

Counseling for a healthy diet – pharmacotherapies:
Unknown

Counseling for a healthy diet – Bariatric surgery:
Unknown

Counseling for a healthy diet – Treatment by a mental/behavioral health specialist:
Unknown

Lipid disorder screening (total cholesterol, HDL-C, and LDL-C):
Unknown

Tobacco cessation – smoking counseling:
Women's Health Program: Assessment of health risk factors such as smoking, obesity, and exercise

Tobacco cessation – Pharmacotherapies:
Covered – specifics not known

Tobacco cessation – OTC - NRTs:
Covered – specifics not known

Tobacco cessation – Prescription NRTs:
Covered – specifics not known

Provider reimbursement codes can be found at www.tmhp.com

CHIP and STAR Covered Services:[20-22]

Tobacco cessation services covered up to $100 for a 12-month period limit for a plan-approved program

- Health Plan defines plan-approved program
- May be subject to formulary requirement