Men’s Preventative Health Services

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Tulsa Healthy Start, Community Service Council &
Little Dixie Healthy Start
Of note

With the election, changes in the Affordable Care Act are anticipated. At this time, no changes in preventive health services has been reported.
The Affordable Care Act

• Anyone can access the insurance marketplace and determine coverage for their state, to compare options from the insurers on the marketplace, and enroll. It is located at [www.healthcare.gov/screener/](http://www.healthcare.gov/screener/)

• To determine services for Medicaid eligible of your state, please contact the state Medicaid provider or if you accessed the insurance marketplace, they will send the information to your state Medicaid agency for follow-up.

• All insurance marketplace insurers and Medicaid-expansion states offer preventative health services at no co-pay, and no deductible.

• Most employer health insurance plans offer the preventative health services at no co-pay, and no deductible. A few employers have exemptions for their current plans. Self-insured plans do not have to comply fully but may support lifestyle improvement programs.

First time applying? Get a preview & checklist

Take a few easy steps now. Enroll in a 2017 plan as soon as November 1

Select Your State

STILL NEED A HEALTH PLAN FOR THE REST OF 2016?

SEE IF YOU CAN STILL ENROLL

- DATES & DEADLINES
- WILL YOU SAVE?
- UNDER 30?
- HAVE A 2016 PLAN?

SEE NOW  FIND OUT FAST  GET A CUSTOM GUIDE  GET READY FOR 2017
Essential Health Benefits

Insurance policies must cover these benefits in order to be certified and offered in the insurance marketplace and Medicaid expansion states to newly eligible for Medicaid.

- Outpatient care
- Emergency room visits
- Inpatient hospital treatment
- Prenatal and postnatal care
- Mental health and substance abuse disorder services
- Prescription drugs
- Lab tests

- Services and devices that assist in injury or recovery.
- Preventive services including counseling, screening, vaccines, and care for managing a chronic disease.
- Pediatric services including dental and care and vision care for children.

Benefits may vary by state and even within the same state. Use the compare plans on the insurance marketplace website.

Preventive Service for Men

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV** screening for all adults at higher risk
- **Hearing** screening for all newborns
- **Obesity** screening and counseling for all adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk

Preventive Service for Men

**Immunization** vaccines for adults--
doses, recommended ages, and
recommended populations vary:

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza (Flu Shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

If you are traveling outside the United States, you may need additional vaccines. Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you unless your healthcare professional tells you that you cannot safely receive it or that you do not need it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health, job, or lifestyle that are not listed here. Talk to your healthcare professional to see if you need this vaccine.
# 2016 Recommended Immunizations for Adults: By Health Condition

## Information for Adult Patients

**If you have this health condition,** talk to your healthcare professional about these vaccines:

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Flu (Influenza)</th>
<th>Td/Tdap (tetanus, diphtheria, pertussis)</th>
<th>Shingles (Zoster)</th>
<th>Pneumococcal</th>
<th>Meningococcal</th>
<th>MMR (Measles, mumps, rubella)</th>
<th>HPV (Human papillomavirus)</th>
<th>Chickenpox</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Hib (Haemophilus influenzae type b)</th>
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<tr>
<td><strong>Pregnancy</strong></td>
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<td>PCV13</td>
<td>MenACWY or MPSIV4</td>
<td>MenB</td>
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<td><strong>Weakened Immune System</strong></td>
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<td>HIV: CD4 count less than 200</td>
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<td>HIV: CD4 count 200 or greater</td>
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<td>Kidney disease or poor kidney function</td>
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<td>Asplenia (If you do not have a spleen or if it does not work well)</td>
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<td>Heart disease Chronic lung disease Chronic alcoholism</td>
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<td>Diabetes (Type 1 or Type 2)</td>
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<td>Chronic Liver Disease</td>
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**More Information:**

- You should get the flu vaccine every year. You should get a Td booster every 10 years. You also need 1 dose of Tdap vaccine. Women should get a Tdap vaccine during every pregnancy.
- You should get shingles vaccine if you are age 60 years or older, even if you have had shingles before.
- You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.
- You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.
- You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

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**You Should Not Get This Vaccine:**
Payment Strategies for Healthcare
Fragmented Care vs. Meaningful Care

- Patient Centered Medical Care
  - Maternity Medical Home
- Meaningful Use
- Payment Reform
  - Accountable Care Org
  - Bundled Payment
  - Pay for Value

- Risk-based Programs
  - Healthy Start
- Title X
- Title V
## Payment Reform Taxonomy Framework

<table>
<thead>
<tr>
<th>Description</th>
<th>Category 1: Fee for Service—No Link to Quality</th>
<th>Category 2: Fee for Service—Link to Quality</th>
<th>Category 3: Alternative Payment Models Built on Fee-for-Service Architecture</th>
<th>Category 4: Population-Based Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments are based on volume of services and not linked to quality or efficiency</td>
<td>Payments vary based on the quality or efficiency of health care delivery</td>
<td>Some payment is linked to the effective management of a population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk</td>
<td>Payment is not directly triggered by service delivery so volume is not linked to payment. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g. &gt;1 yr)</td>
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### Medicare FFS
- Limited in Medicare fee-for-service
- Majority of Medicare payments now are linked to quality

### Examples
- Hospital value-based purchasing
- Physician Value-Based Modifier
- Readmissions/Hospital Acquired Condition Reduction Program
- Accountable care organizations
- Medical homes
- Bundled payments
- Comprehensive primary care initiative
- Comprehensive ESRD
- Medicare-Medicaid Financial Alignment Initiative Fee-For-Service Model
- Eligible Pioneer accountable care organizations in years 3-5
Healthy Start Meeting the Needs of MMH and PCMH

• Well organized and on-time visits
• Enhanced access with their provider and care team for continuity
• Proactive care management
• Care coordination across setting (assistance with referrals, tracking tests and referrals, care during transitions)
• Patient activation, engagement and participation
• Connection to community resources
• Focus on health outcomes
• Data driven use of health information technology
Engage the Wave or Risk Drowning

• Reduce costs of health care at federal and state level......state budgets and federal budgets are straining
• Stop duplication of services.....PCMH will either buy or build....make them want to buy your services
• Quality....cost efficiency...population-based......Are we?
Swim with the Sharks--Aligning Your Healthy Start with CMS-PCMH Goals

• Cross-walk the quality measures with what your Healthy Start does best
• Implement a taxonomy that is consistent with the PCMH (ICD-10, CPT, et al)
• Prepare care summaries for the physicians that are in a usable format
  • Direct exchange
  • Health information exchange if you have an EMR
• Hire staff that qualify for reimbursement through private insurance or Medicaid
• Align with local obstetricians, and family practitioners
• Off-set staff at the practice location
• Report data to practices reflecting the language of CMS, NCQA, NQF and other standards