

Table 3. Type of Managed Care Programs, by State

STATES	PCCM	PCCM Referrals Required	MCO	Enrollment
Alabama	Yes	Required for all services	No	Some enrolled in PCCM
Alaska	No		No	
Arizona	No		Yes	Most in MCO
Arkansas	Yes	Referral required for most relevant services	No	Most enrolled in PCCM
California	No		Yes	Half in MCO; most enrolled in PCCM (overlap)
Colorado	Yes	Referral required for most relevant services	Yes	Voluntary MCO and PCCM; few in either
Connecticut	No		No	
Delaware	No		Yes	Almost all in MCO
District of Columbia	No		Yes	Most in MCO
Florida	Yes	Referral required for most relevant services	Yes	Currently expanding MCO population
Georgia	No		Yes	Mandatory for most
Hawaii	No		Yes	Almost all in MCO
Idaho	Yes	Referral required for most relevant services	No	PCCM required for most
Illinois	Yes	Referrals not needed for most relevant services	Yes	MCO enrollment is voluntary; PCCM enrollment is mandatory unless in MCO
Indiana	Yes	No referrals needed	Yes	Most in MCO
Iowa	Yes	Referral required for most relevant services	No	Most enrolled in PCCM
Kansas	Yes	NR	Yes	Most in MCO
Kentucky	Yes	Referrals not needed for most relevant services	Yes	Currently expanding MCO population; most in PCCM
Louisiana	No		Yes	Currently expanding MCO population
Maine	Yes	Required for all services	No	
Maryland	No		Yes	Most in MCO
Massachusetts	Yes	NR	Yes	PCCM and MCO voluntary for all; most in one or the other
Michigan	No		Yes	Most in MCO
Minnesota	No		Yes	Most in MCO
Mississippi	No		No	
Missouri	No		Yes	Most in MCO
Montana	Yes	Referral required for most relevant services	No	Almost all in PCCM
Nebraska	No		Yes	Most in MCO
Nevada	No		Yes	Most in MCO

Table 3. Type of Managed Care Programs, by State

STATES	PCCM	PCCM Referrals Required	MCO	Enrollment
New Hampshire	No		Yes	Continuing to expand; eventually MCO will be statewide
New Jersey	No		Yes	Most in MCO
New Mexico	No		Yes	Most in MCO
New York	Yes	Referral required for most relevant services	Yes	Most in MCO
North Carolina	Yes	Referral required for most relevant services	No	PCCM mandatory for most
North Dakota	Yes	Referral required for most relevant services	No	PCCM mandatory for most
Ohio	No		Yes	MCO mandatory for most
Oklahoma	Yes	Referral required for most relevant services	No	Almost all in PCCM
Oregon	Yes	NR	Yes	Almost all in MCO; some may choose between PCCM and MCO
Pennsylvania	Yes	Referral required for most relevant services	Yes	Many in MCO; PCCM enrollment mandatory if not in MCO.
Rhode Island	Yes	Referral required for most relevant services	Yes	Choice of PCCM or MCO for small population; MCO enrollment mandatory state-wide for all other populations
South Carolina	Yes	Referral required for most relevant services	Yes	Choice of either PCCM or MCO; entire population is in one or other
South Dakota	Yes	Referral required for most relevant services	No	PCCM mandatory state-wide with usual exemptions
Tennessee	No		Yes	Entire population in MCO
Texas	No		Yes	Mandatory state-wide with usual exemptions
Utah	Yes	No referrals needed	Yes	Mandatory for most with usual exemptions
Vermont	Yes	Referral required for most relevant services	Yes	MCO mandatory for most
Virginia	No		Yes	Mandatory state-wide with usual exemptions

Table 3. Type of Managed Care Programs, by State

STATES	PCCM	PCCM Referrals Required	MCO	Enrollment
Washington	Yes	N/A	Yes	MCO enrollment mandatory by county with voluntary enrollment for exempt populations; PCCM enrollment is available only to tribal populations and is voluntary
West Virginia	Yes	Referral required for most relevant services	Yes	Mandatory for most with usual exemptions
Wisconsin	No		Yes	Mandatory for most with usual exemptions
Wyoming	No		No	

Table 4. Well Adult Exams

STATES	Well-Adult Exam (FFS)	Well-Adult Exam (MCO)	Preventive Services Specified	Age-Appropriate Services	Specify Standard of Care	Co-pay for Well-Adult Exam	Preventive Services Co-Pays
AL	No						Yes
AK	No						Yes
AZ	No	No					No (FFS); Yes (MCO)
AR	No						Yes
CA	No	Yes	x		USPSTF (MCO)	NR	Yes, except health ed (MCO; NR (FFS)
CO	Yes	Yes		x	No	Yes	Yes
CT	Yes			x	No	No	No
DE	Yes	Yes		x	No	No	No
DC	Yes	Yes	x		USPSTF (MCO)	No	No
FL	Yes	Yes	Yes		No	Yes (FFS); No, non-pilot Medicaid HMO, Yes other managed care options	Yes (FFS); No, non-pilot Medicaid HMO, Yes other managed care options
GA	No	No					N/A
HI	Yes	Yes		x	No	No	No
ID	Yes			x	No	No	No
IL	No	Yes	x		No	No	No
IN	No	No					No
IA	Yes			x	No	Yes	Yes
KS	Yes	Yes		NR	NR	Yes (FFS); No MCO)	Yes (FFS); No MCO)
KY	Yes	Yes	x	x	Varies	Yes	Yes
LA	Yes	Yes		x	No	Yes (FFS); NR (MCO)	Yes (FFS); NR (MCO)
ME	Yes			x	USPSTF	Yes	Yes
MD	Yes	Yes		x	No	No	No
MA	Yes	Yes		x	No	Yes	Yes
MI	Yes	Yes		x	Varies	Yes	Yes (FFS); Yes, except health ed (MCO)
MN	Yes	Yes		x	No	Yes	Yes
MS	Yes		x	x	No	No	Yes
MO	Yes	Yes		x	ACS*	Yes (FFS; No (MCO)	Yes (FFS; No (MCO)
MT	Yes			x	No	Yes	Yes
NE	No	No					No
NV	Yes	Yes	x		USPSTF	No	No
NH	Yes	Yes		x	USPSTF (MCO)	No	No
NJ	Yes	Yes	x (MCO)	x	No	Yes	No

NM	No	Yes	x	x	USPSTF	No	No
NY	Yes	Yes	NR	NR	NR	NR	NR
NC	Yes			x	No	Yes	Yes
ND	No						Yes
OH	No	Yes		x	No	No	NR
OK	No						Yes
OR	Yes	Yes	x	x	USPSTF	No	No
PA	NR	Yes	NR	NR	NR	Yes	Yes
RI	Yes	Yes		x	No	No	No
SC	Yes	Yes	x		No	Yes	Yes
SD	Yes			x	No	Yes	Yes
TN		Yes		x	USPSTF	No	No
TX	Yes	Yes	x	x	USPSTF	No	No
UT	No	No					No
VT	Yes	Yes		x	No	No	No
VA	No	No					No
WA	Yes	Yes	x (FFS)*	x (MCO)	No	No	No
WV	Yes	Yes		x	NR	No	No
WI	Yes	Yes		x	No	Varies	Yes
WY	No						NR

WA: specify pap and mammogram as services provided in their routine physical and one new patient visit in a three year period (FFS)

N/A: not cover preventive services

Table 5. Screening Mammograms

STATES	BRCA Screen (FFS)	BRCA Screen (MCO)	Chemoprevention Counseling for Breast Cancer (FFS)	Chemoprevention Counseling for Breast Cancer (MCO)	STATES	Screening Mamm. (FFS)	Screening Mamm. (MCO)	Screening Mammogram Guidelines
AL	No		No		AL	Yes		Annually, age 50-64.
AK	No		No		AK	Yes		ACS.
AZ	No	No	No	No	AZ	Yes	Yes	No guideline specified.
AR	No		No		AR	No		No guideline specified.
CA	Yes	NR	No	No	CA	Yes	Yes	Baseline, age 35-59; Annually, age 40+ (FFS). USPSTF (Geographic and COHS MCO). Breast exam, age 40; mammogram, age 50 (2plan MCO).
CO	No	No	No	No	CO	Yes	Yes	Baseline, age 35-39; Biannually, age 40-49 (Annually age 40-49 if at high-risk); Annually, age 50-65.
CT	AAS		AAS		CT	Yes		No guideline specified.
DE	AAS	AAS	AAS	AAS	DE	AAS	AAS	No guideline specified.
DC	AAS	AAS	AAS	AAS	DC	Yes	Yes	USPSTF (MCO).
FL	No	NR	No	NR	FL	Yes	Yes	Baseline age 35-39, annually 40+, based on ACS.
GA	No	NR	No	No	GA	No	NR	No guideline specified.
HI	AAS	AAS	AAS	AAS	HI	Yes	Yes	Annually, age 40-69; Biannually, age 69+.
ID	AAS		AAS		ID	Yes		Annually, age 40+.
IL	No	No	No	No	IL	Yes	Yes	Baseline, age 35; Annually, age 40+.
IN	Yes	Yes	No	No	IN	Yes	Yes	Biannually, age 40+.
IA	AAS		AAS		IA	Yes		Annually, age 35+.
KS	NR	NR	NR	NR	KS	NR	NR	No guideline specified.
KY	No	No	No	No	KY	Yes	Yes	Annually, age 40+.
LA	No	NR	No	NR	LA	Yes	NR	Annually, age 40+.
ME	Yes		Yes		ME	Yes		USPSTF.
MD	AAS	AAS	AAS	AAS	MD	AAS	AAS	No guideline specified.
MA	AAS	No	AAS	No	MA	AAS	Yes	Biannually, age 40-74 (more frequently ages 50-74 at provider's discretion).
MI	AAS	AAS	AAS	AAS	MI	Yes	Yes	ACS, Annually, age 40+.
MN	AAS	AAS	AAS	AAS	MN	Yes	Yes	No guideline specified.
MS	AAS		AAS		MS	Yes		Annually, age 40+.
MO	AAS	AAS	AAS	AAS	MO	Yes	Yes	ACS.
MT	AAS		AAS		MT	Yes		Baseline age 35-39; Biannually 40-49; Annually 50+.
NE	No	No	No	No	NE	Yes	Yes	ACS.
NV	Yes	Yes	Yes	Yes	NV	Yes	Yes	USPSTF.
NH	AAS	Yes	AAS	Yes	NH	AAS	Yes	USPSTF (MCO).
NJ	Yes	Yes	AAS	AAS	NJ	Yes	Yes	Baseline, age 35-39; Biannually, age 40-49; Annually, age 50+ (FFS). ACS; high-risk and under 40 at provider's discretion (MCO).
NM	No	AAS	No	AAS	NM	Yes	Yes	USPSTF (MCO).
NY	AAS	AAS	AAS	AAS	NY	Yes	Yes	No guideline specified.
NC	No		AAS		NC	Yes		ACS.
ND	No		No		ND	Yes		ACS.
OH	No	No	No	AAS	OH	Yes	Yes	ACS.
OK	No		No		OK	No		No guideline specified.
OR	Yes	Yes	Yes	Yes	OR	Yes	Yes	Biannually, age 40-74.

PA	NR	AAS	NR	AAS	PA	NR	Yes	Annually, age 40-69; high-risk, under 40 and over 70 at provider's discretion (PCCM).
RI	AAS	AAS	AAS	AAS	RI	AAS	AAS	No guideline specified.
SC	No	No	AAS	AAS	SC	Yes	Yes	Baseline, age 35-39; Annually, age 50+.
SD	No		AAS		SD	Yes		No guideline specified.
TN		AAS		AAS	TN		Yes	USPSTF.
TX	Yes	Yes	No	No	TX	Yes	Yes	ACS/USPSTF.
UT	Yes	Yes	No	No	UT	Yes	Yes	No guideline specified.
VT	Yes	Yes	AAS	AAS	VT	Yes	Yes	USPSTF.
VA	No	No	No	No	VA	Yes	Yes	ACS, age 35+.
WA	Yes	Yes	AAS	AAS	WA	Yes	Yes	NCI, Annually, age 40+ (FFS); no guideline specified (MCO)
WV	Yes	Yes	AAS	AAS	WV	Yes	Yes	ACS, any age.
WI	AAS	AAS	AAS	AAS	WI	Yes	Yes	No guideline specified.
WY	No		No		WY	Yes		ACS.

AAS = age-appropriate screen

STATES	BRCA Screen (FFS)	BRCA Screen (MCO)	Chemoprev. Counseling for Breast Cancer (FFS)	Chemoprev. Counseling for Breast Cancer (MCO)
AL	No		No	
AK	No		No	
AZ	No	No	No	No
AR	No		No	
CA	Yes	NR	No	No
CO	No	No	No	No
CT	AAS		AAS	
DE	AAS	AAS	AAS	AAS
DC	AAS	AAS	AAS	AAS
FL	No	NR	NR	NR
GA	No	NR	No	No
HI	AAS	AAS	AAS	AAS
ID	AAS		AAS	
IL	No	No	No	No
IN	Yes	Yes	No	No
IA	AAS		AAS	
KS	NR	NR	NR	NR
KY	No	No	No	No
LA	No	NR	No	NR
ME	Yes		Yes	
MD	AAS	AAS	AAS	AAS
MA	AAS	No	AAS	No
MI	AAS	AAS	AAS	AAS
MN	AAS	AAS	AAS	AAS
MS	AAS		AAS	
MO	AAS	AAS	AAS	AAS
MT	AAS		AAS	
NE	No	No	No	No
NV	Yes	Yes	Yes	Yes
NH	AAS	Yes	AAS	Yes
NJ	Yes	Yes	AAS	AAS
NM	No	AAS	No	AAS
NY	AAS	AAS	AAS	AAS
NC	No		AAS	
ND	No		No	
OH	No	No	No	AAS
OK	No		No	
OR	Yes	Yes	Yes	Yes
PA	NR	AAS	NR	AAS
RI	AAS	AAS	AAS	AAS
SC	No	No	AAS	AAS

SD	No		AAS	
TN		AAS		AAS
TX	Yes	Yes	No	No
UT	Yes	Yes	No	No
VT	Yes	Yes	AAS	AAS
VA	No	No	No	No
WA	Yes	Yes	AAS	AAS
WV	Yes	Yes	AAS	AAS
WI	AAS	AAS	AAS	AAS
WY	No		No	

AAS = age-appropriate screen

Table 7. Colorectal Cancer Screen and Guidelines

STATES	Colorectal Cancer Screen	Guidelines
AL	Yes	No guideline specified
AK	Yes	No guideline specified
AZ	Yes	No guideline specified
AR	No	
CA	NR (FFS); Yes (MCO)	USPSTF (MCO).
CO	AAS	No guideline specified
CT	AAS	No guideline specified
DE	AAS	No guideline specified
DC	Yes	USPSTF (MCO).
FL	Yes	No guideline specified
GA	Yes	Flexi. Sig every 48 months, age 50+; Colonoscopy every 24 months for high risk; FOBT annually, age 50+ (FFS).
HI	Yes	Digital rectal annually, age 50+; FOBT annually age 50+; Flexi. Sig. every 10 years, age 50+.
ID	AAS	No guideline specified
IL	Yes (MCO)	FOBT annually, age 50+; May consider Flexi. Sig. or Colonoscopy every 5-10 years.
IN	Yes	Age 50-75.
IA	AAS	No guideline specified
KS	NR	NR
KY	Yes (FFS)	FOBT during preventive exam and annually if only screening method used, age 50+; Flexi. Sig. every 5 years with annual FOBT, age 50+; OR Colonoscopy every 10 years at Yes discretion. Refers to ACS and USPSTF guidelines.
LA	AAS	No guideline specified
ME	Yes	USPSTF.
MD	AAS	No guideline specified
MA	Yes	Flexi. Sig. every 5 years with FOBT annually, age 50+; OR Colonoscopy every 10 years, age 50+; OR FOBT annually, age 50+. Screening under age 50 for high-risk. Discuss screening options with patient.
MI	AAS	No guideline specified
MN	Yes	No guideline specified

MS	Yes	FOBT annually, age 50+; Flexi. Sig. and Barium Enema every 5 years, age 50+; OR Colonoscopy every 10 years, age 50+. Screening under age 50 for high-risk.
MO	Yes	ACS.
MT	Yes	No guideline specified
NE	No	
NV	Yes	USPSTF (MCO).
NH	Yes	USPSTF (MCO).
NJ	Yes	ACS (MCO).
NM	Yes	USPSTF (MCO).
NY	Yes	USPSTF.
NC	AAS	NR.
ND	Yes	FOBT annually, age 50+; Flexi. Sig. (if no colonoscopy within ten years) OR barium enema every 48 months, age 50+; Colonoscopy (if no Flexi. Sig. within four years) every 10 years, age 50+. Colonoscopy every 24 months for high-risk, any age.
OH	Yes	Age 50+.
OK	No	
OR	Yes	ACS.
PA	NR	ACS (PCCM).
RI	AAS	USPSTF (FFS); No guideline specified (MCO)
SC	Yes	ACS.
SD	No	
TN	Yes	USPSTF.
TX	Yes	ACS, USPSTF.
UT	No	No guideline specified
VT	AAS	No guideline specified
VA	Yes	ACS (MCO).
WA	Yes	FOBT any frequency, any age; Flexi. Sig. every 48 months, age 50+; Barium enema every 5 years, age 50+; Colonoscopy every 10 years, age 50+. Colonoscopy every 24 months for high-risk, any age (FFS); no guideline specified (MCO).
WV	Yes	FOBT annually, age 50+; Flexi. Sig. OR barium enema every 48 months, age 50+; Colonoscopy OR barium enema every 24 months for high-risk, any age.
WI	Yes	Colonography every 5 years for certain patients.
WY	NR	NR.

Table 8. Colorectal Cancer Screening Tests

STATES	FOBT (FFS)	FOBT (MCO)	Flexible Sig. (FFS)	Flexible Sig. (MCO)	Colonoscopy (FFS)	Colonoscopy (MCO)
AL	Yes		Yes		Yes	
AK	Yes		Yes		Yes	
AZ	Yes	Yes	Yes	Yes	Yes	Yes
AR						
CA	NR	Yes	NR	Yes	NR	Yes
CO	Yes	Yes	Yes	Yes	Yes	Yes
CT	Yes		Yes		Yes	
DE	Yes	Yes	Yes	Yes	Yes	Yes
DC	Yes	AAS	Yes	Yes	Yes	Yes
FL	Yes	Yes	Yes	Yes	Yes	Yes
GA	Yes	Yes	Yes	Yes	Yes	Yes
HI	Yes	Yes	Yes	Yes	No	No
ID	Yes		Yes		Yes	
IL		Yes		Yes		Yes
IN	Yes	Yes	Yes	Yes	Yes	Yes
IA	Yes		Yes		Yes	
KS	NR	NR	NR	NR	NR	NR
KY	Yes (FFS)	NR	Yes	NR	Yes	NR
LA	Yes	NR	Yes	NR	Yes	NR
ME	Yes		Yes		Yes	
MD	Yes	Yes	Yes	Yes	Yes	Yes
MA	Yes	Yes	Yes	Yes	Yes	Yes
MI	Yes	Yes	Yes	Yes	Yes	Yes
MN	Yes	Yes	Yes	Yes	Yes	Yes
MS	Yes		Yes		Yes	

MO	Yes	Yes	Yes	Yes	Yes	Yes
MT	Yes		Yes		Yes	
NE						
NV	Yes	Yes	Yes	Yes	Yes	Yes
NH	AAS	Yes	AAS	Yes	AAS	Yes
NJ	Yes	Yes	Yes	Yes	Yes	Yes
NM	Yes	Yes	Yes	Yes	Yes	Yes
NY	Yes	Yes	Yes	Yes	Yes	Yes
NC	NR		NR		NR	
ND	Yes		Yes		Yes	
OH	No	NR	No	NR	Yes	Yes
OK						
OR	Yes	Yes	Yes	Yes	Yes	Yes
PA	NR	Yes	NR	Yes	NR	Yes
RI	Yes	AAS	Yes	AAS	Yes	AAS
SC	Yes	Yes	Yes	Yes	Yes	Yes
SD						
TN		Yes		Yes		Yes
TX	Yes	Yes	Yes	Yes	Yes	Yes
UT						
VT	Yes	Yes	Yes	Yes	Yes	Yes
VA	Yes	Yes	Yes	Yes	Yes	Yes
WA	Yes	AAS	Yes	AAS	Yes	AAS
WV	Yes	Yes	Yes	Yes	Yes	Yes
WI	Yes	Yes	Yes	Yes	Yes	Yes
WY	NR		NR		NR	

AAS = age-appropriate screen

Table 9. STD and Cervical Cancer Screens

STATES	STD (FFS)	STD (MCO)	HIV (FFS)	HIV (MCO)	Pap Smear	Pap Smear Guidelines
AL	Yes		Yes		Yes	No guideline specified.
AK	No		No		No	
AZ	No	No	No	No	Yes	No guideline specified.
AR	FP		FP		FP	No guideline specified.
CA	NR	Yes	NR	AAS	Yes (MCO)	USPSTF.
CO	Yes	Yes	Yes	Yes	Yes	Annually, under age 40. Can do more frequently, age 40+ or based on diagnosis.
CT	AAS		AAS		AAS	No guideline specified.
DE	AAS	AAS	Yes	Yes	AAS	No guideline specified.
DC	FP/AAS	Yes	FP/AAS	Yes	Yes	Annually. USPSTF (MCO).
FL	Yes	Yes	Yes	Yes	Yes	Normal paps limited to 1 every 200 days, cover all sexually active women 18+ (FFS)
GA	yes	FP	No	No	FP	ACS.
HI	No*	No	AAS	AAS	Yes	Annually, sexually active women age 18-65. Every 3 years after 3 consecutive normal results.
ID	Yes		AAS		AAS	No guideline specified.
IL	FP	AAS	FP	AAS	Yes	Annually. Every 3 yrs after 3 consecutive normal results.
IN	No*	No	High-risk	High-risk	Yes	USPSTF
IA	AAS		AAS		Yes	Annually, age 21+.
KS	AAS	Yes	AAS	Yes	AAS	No guideline specified.
KY	AAS	AAS	AAS	AAS	Yes	Annually, age 21+.
LA	FP/AAS	NR	FP/AAS	NR	Yes	No guideline specified.
ME	FP/AAS		FP/AAS		FP/AAS	USPSTF
MD	FP/AAS	FP/AAS	FP/AAS	FP/AAS	FP/AAS	No guideline specified.

MA	AAS	Yes	AAS	Yes	Yes	ACS, ACOG, or USPSTF annually, age 21+ or younger if necessary; Biannually, age 21-29; Every 3 years after three negative test results, age 30+. Age 30-65 depending on risk factors.
MI	FP/AAS	FP/AAS	AAS	AAS	Yes	No guideline specified.
MN	AAS	FP/AAS	AAS	FP/AAS	AAS	No guideline specified.
MS	FP/AAS		FP/AAS		Yes	No guideline specified.
MO	AAS	Yes	AAS	Yes	Yes	ACS.
MT	Yes		AAS		Yes	No guideline specified.
NE	NR	NR	High-risk	High-risk	AAS	ACS.
NV	Yes	Yes	Yes	Yes	Yes	USPSTF.
NH	FP	Yes	AAS	Yes	AAS (FFS); Yes (MCO)	USPSTF (MCO).
NJ	Yes	Yes	AAS	AAS	Yes	Annually, age 20+ (MCO).
NM	No	Yes	No	Yes	Yes	Age 21+ (FFS). Annually if high-risk; Every 3 years, beginning at onset of sexual activity or age 18, whichever is earlier, until age 65 (MCO).
NY	Yes	Yes	Yes	Yes	AAS	NR
NC	No		No		Yes	No guideline specified.
ND	No		No		Yes	No guideline specified.
OH	FP	FP	FP/AAS	FP/AAS	Yes	Annually, adults.
OK	FP		AAS		Yes	Annually, child-bearing age.
OR	Yes	Yes	Yes	Yes	Yes	Every 3 years, sexually active with a cervix

PA	NR	Yes	NR	AAS	Yes	ACOG (FFS); Annually, within 3 years of onset of sexual activity or age 21, whichever is earlier until age 30; Every 2-3 years after 3 negative test results within the last 10 years, age 30-70; Higher frequency depending on risk factors (PCCM).
RI	AAS	Yes	AAS	AAS	Yes (FFS); Yes (MCO)	No guideline specified (FFS); Annually (MCO).
SC	FP	FP	AAS	AAS	No	
SD	No		No		Yes	No guideline specified.
TN		Yes		Yes	Yes	No guideline specified.
TX	Yes	Yes	Yes	Yes	FP	USPSTF
UT	Yes	Yes	Yes	Yes	Yes	No guideline specified.
VT	Yes	Yes	AAS	AAS	Yes	USPSTF
VA	FP	FP	AAS	AAS	Yes	ACS, Annually.
WA	FP	FP	AAS	FP/AAS	Yes	Annually (FFS); no guideline specified (MCO)
WV	No	No	No	High-risk	Yes	Annually (FFS). USPSTF (PCCM).
WI	FP	FP	AAS	AAS	Yes	Age 12-65.
WY	FP		FP		FP	NR

AAS = age-appropriate screen

FP = covered in family planning only

FP/AAS = covered in family planning visits and have covered for age-appropriate screen

Hawaii: STD screenings covered once during pregnancy and based on history for non-pregnant adults.

Indiana: STD screenings covered only if medically necessary and for pregnant women.

Table 10. Preventive Services for Heart Health

States	AAA Screen	Aspirin Counsel	Aspirin OTC	Blood Pressure Screen	Choles. Screen	Obesity Screen and Counsel	Healthy Diet Counsel
AL	No	No	Yes	No	No	No	Yes
AK	No	No	No	No	No	No	No
AZ	No	No	MCO	No	Once	No	No
AR	No	No	Yes	No	No	No	No
CA	AAS (MCO)	Yes (MCO)	Yes	AAS (MCO)	Yes (MCO)	AAS (MCO)	Yes (MCO)
CO	AAS	AAS	NR	AAS	Yes	No	No
CT	AAS	AAS	Yes	AAS	AAS	AAS	AAS
DE	AAS	AAS	Yes	AAS	AAS	AAS	AAS
DC	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)	Yes	Yes	Yes	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)
FL	No	No	Yes	Yes	No	Yes	Yes
GA	No	No	No	Yes	No	No	No
HI	AAS	AAS	No	Yes	Yes	AAS	Yes
ID	AAS	AAS	No	AAS	AAS	Yes	Limited
IL	AAS (MCO)	AAS (MCO)	No	Yes (MCO)	Yes (MCO)	AAS (MCO)	Yes (MCO)
IN	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IA	AAS	AAS	Yes	AAS	AAS	AAS	No
KS	NR	NR	No	NR	NR	NR	NR
KY	AAS	Yes	No	Once	Yes	Yes	Yes
LA	AAS	AAS	No	AAS	AAS	AAS	AAS
ME	Yes	Yes	No	Yes	Yes	Yes	Yes
MD	AAS	AAS	No	AAS	AAS	AAS	AAS
MA	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MI	AAS	AAS	No	AAS	AAS	Yes (MCO)	AAS
MN	AAS	AAS	Yes	AAS	AAS	AAS	AAS
MS	AAS	AAS	Yes	AAS	Yes	AAS	AAS
MO	AAS	AAS	Yes	AAS	AAS	No	No
MT	No	AAS	Yes	AAS	No	AAS	Limited
NE	No	No	Yes	No	No	No	No
NV	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NH	Yes	AAS (FFS); Yes (MCO)	Yes	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)	No (FFS); Yes (MCO)	No (FFS); Yes (MCO)
NJ	Yes	AAS	No	AAS	AAS (FFS); Yes (MCO)	AAS	AAS (FFS); Yes (MCO)

NM	No (FFS); AAS (MCO)	No (FFS); Yes (MCO)	No	No (FFS); Yes (MCO)	No (FFS); Yes (MCO)	No (FFS); Yes (MCO)	Limited (FFS); Yes (MCO)
NY	AAS	AAS	Yes	AAS	AAS	AAS (FFS); Yes (MCO)	AAS
NC	AAS	AAS	No	AAS	AAS	AAS	AAS
ND	NR	NR	No	No	No	Yes	Yes
OH	No	No (FFS); AAS (MCO)	Yes	No (FFS); AAS (MCO)	No (FFS); AAS (MCO)	Yes	Yes
OK	No	No	No	No	No	No	No
OR	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PA	NR (FFS); AAS (MCO)	NR (FFS); AAS (MCO)	Yes	NR (FFS); Yes (MCO)	NR (FFS); Yes (MCO)	NR (FFS); Yes (MCO)	NR (FFS); Yes (MCO)
RI	AAS	AAS	No	AAS	AAS	Limited*	Limited*
SC	No	AAS	Yes	AAS	No	No	Limited
SD	No	AAS	No	AAS	Yes	No	No
TN	AAS	AAS	No	AAS	AAS	AAS	AAS
TX	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UT	No	No	Yes	No	No	No	No
VT	Yes	AAS	Yes	AAS	Yes	Yes	AAS
VA	No	No	No	No	No	No	No
WA	Yes	AAS	Yes	AAS	No	Limited	Limited
WV	AAS	AAS	No	AAS	AAS	No	No
WI	AAS	AAS	Yes	AAS	AAS	Yes	AAS
WY	No	No	Yes	No	No	No	No

AAS = age-appropriate screen

Limited: only covered for limited populations or number of visits

RI: Weight management/nutritional classes will be covered for all populations upon approval of a recently submitted state plan amendment

Table 11. Additional Preventive Services

STATES	Alcohol Misuse Screening & Counseling	Depression Screening & Counseling	Osteoporosis Screening	Diabetes Screening
AL	No	No	No	No
AK	No	No	No	No
AZ	No	No	No	Yes
AR	No	No	No	No
CA	Yes (MCO)	Yes (MCO)	No	Yes (MCO)
CO	AAS	AAS	AAS	AAS
CT	AAS	AAS	AAS	AAS
DE	AAS	AAS	AAS	AAS
DC	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)
FL	Yes	No	No	Yes
GA	No	No	No	No
HI	Yes	Yes	No	Once
ID	AAS	AAS	AAS	AAS
IL	Yes (MCO)	AAS (MCO)	AAS (MCO)	AAS (MCO)
IN	Yes	No	No	No
IA	AAS	AAS	AAS	AAS
KS	NR	NR	NR	NR
KY	Yes	Yes	Yes	Yes
LA	Yes	Yes	AAS	AAS
ME	Yes	Yes	Yes	Yes
MD	AAS	AAS	AAS	AAS
MA	Yes	Yes	Yes	Yes
MI	AAS	AAS	AAS	AAS
MN	Yes	Yes	AAS	AAS
MS	AAS	AAS	AAS	Yes
MO	AAS	AAS	AAS	AAS
MT	Yes	AAS	AAS	AAS
NE	No	No	No	No
NV	Yes	Yes	Yes	Yes
NH	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)	Yes (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)
NJ	AAS (FFS); Yes (MCO)	AAS (FFS); Yes (MCO)	Yes	AAS (FFS); Yes (MCO)
NM	No (FFS); Yes (MCO)	No (FFS); Yes (MCO)	No (FFS); Yes (MCO)	No (FFS); Yes (MCO)
NY	Yes	AAS	AAS	AAS
NC	AAS	AAS	No	AAS
ND	Yes	Yes	No	Yes
OH	No (FFS); AAS (MCO)	No (FFS); AAS (MCO)	No (FFS); AAS (MCO)	No (FFS); AAS (MCO)
OK	No	Yes	No	No
OR	Yes	Yes	Limited	Yes

PA	NR (FFS); AAS (MCO)	NR (FFS); AAS (MCO)	NR (FFS); AAS (MCO)	NR (FFS); AAS (MCO)
RI	Limited	Limited	AAS	AAS
SC	Yes	AAS	No	Yes
SD	AAS	AAS	No	No
TN	Yes	Yes	AAS	AAS
TX	Yes	Yes	Yes	Yes
UT	No	No	No	No
VT	Yes	Yes	Yes	Yes
VA	No	No	No	No
WA	AAS	AAS	No	No
WV	AAS	AAS	Limited	AAS
WI	AAS	AAS	AAS	AAS
WY	No	No	No	No

AAS = age-appropriate screen

Limited: only covered for limited populations or number of visits

Table 12. Coverage of Treatment Items

STATES	Blood Glucose Monitors	Blood Glucose Monitors Co-Pay	Blood Glucose Monitors Prior Auth.	Insulin Pump	Insulin Pump Co-Pay	Insulin Pump Prior Auth.
AL	Yes	Yes	No	Yes	Yes	Yes
AK	Yes	No	No	Yes	No	Yes
AZ	Yes	No	Varies	Yes (FFS)	No	Varies
AR	Limited	No	No	Yes	Varies	Yes
CA	Yes	Yes	No	Yes	NR	Yes
CO	Yes	Yes	Varies	Yes	Yes	Yes
CT	Yes	No	NR	Yes	No	NR
DE	Yes	No	High cost	Yes	No	High cost
DC	Yes	No	No	Yes	No	No
FL	Yes	No	No	Yes	No	Yes
GA	Yes	NR	High cost	Yes	NR	High cost
HI	Yes	NR	High cost	Yes	NR	High cost
ID	Yes	No	No	Yes	No	Yes
IL	NR	NR	NR	NR	Yes	NR
IN	Yes	No	No	Yes	No	No
IA	Yes	Yes (FFS)	No	Yes	Yes (FFS)	No
KS	Yes	Yes (FFS)	No	Yes	Yes (FFS)	Yes
KY	Yes	No	Yes	Yes	NR	Yes
LA	Yes	NR	Yes	Yes	NR	Yes
ME	Yes	Yes	Yes	Yes	Yes	Yes
MD	Yes	No	Varies	Yes	No	Varies
MA	Yes	Yes	No	Yes	Yes	Yes
MI	Yes	No	Varies	Yes	No	Varies
MN	Yes	No	No	Yes	No	Yes
MS	Yes	Yes	Yes	Yes	Yes	Yes
MO	Yes	No	No	Yes	No	Yes
MT	Yes	Yes	High cost	Yes	Varies	High cost
NE	Yes	Yes	No	Yes	Yes	Some
NV	Yes	No	Yes	Yes	No	Yes
NH	Yes	No	Varies	Yes	No	Yes
NJ	Limited	No	Yes	Yes	No	Yes
NM	Yes	No	Yes	Yes	No	No

NY	Yes	No	No	Yes	No	Yes
NC	Yes	No	Yes	Yes	No	Yes
ND	Yes	NR	No	Yes	NR	Yes
OH	Yes	No	No	Yes	No	Yes
OK	No			Yes	Yes	Yes
OR	Yes	No	No	Yes	No	No
PA	Yes	NR	No	No		
RI	Yes	No	No	Yes	No	NR
SC	Yes	Yes	No	Yes	Yes	No
SD	Yes	Yes	No	Yes	Yes	No
TN	Yes	No		Yes	No	
TX	No			Yes	No	Yes
UT	No			Yes	No	Yes
VT	Yes	No	No	Yes	No	No
VA	Yes	No	No	Yes	No	Yes
WA	Yes	No	No	No		
WV	Yes	No	No	Yes	No	Yes
WI	Yes	Varies	No	Yes	Varies	Yes
WY	Yes	No	No	Yes	No	No

AK: monitors for pregnant

Limited: coverage for limited populations

Table 13. Clinical Trials and Off-Label Drug Use Coverage

STATES	Clinical Trials	Off-Label Drugs
AL	No	No
AK	No	No
AZ	No	No
AR	No	No
CA	Yes	No
CO	No	No
CT	No	No
DE	No	No
DC	Yes* (FFS); NR (MCO)	No
FL	No	No
GA	No	No
HI	No	No
ID	No	No
IL	No	No
IN	Yes	No
IA	No	No
KS	No	No
KY	No	No
LA	No	No
ME	NR	No
MD	Yes	No
MA	No	No
MI	No	No
MN	Yes	Yes
MS	No	No
MO	No	No
MT	Yes*	No
NE	No	No
NV	Yes (MCO)	No
NH	No	No
NJ	Yes	Yes (MCO)
NM	Cancer trials	No

NY	Yes	NR
NC	No	No
ND	Cancer drug trials	No
OH	No	No
OK	No	No
OR	No	Yes
PA	No	No
RI	No	No
SC	Yes	No
SD	No	No
TN	Yes	Yes
TX	No	No
UT	No	Yes
VT	Cancer trials	Yes*
VA	No	No
WA	Yes	No
WV	Yes	Yes
WI	No	No
WY	No	No

DC -Medicare approved trials only

MT - inpatient clinical trials only

VT - off label drug coverage for cancer