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D E L A W A R E

## **Defining Delaware's Essential Health Benefits for Plan Year 2017**

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## Introduction

The purpose of this document is to provide the State of Delaware with information about the available benchmarks for the essential health benefits package. The essential health benefits, known as EHBs, will be the baseline package of services that **all health insurance plans in the individual and small group markets** will be required to cover. Any services that are included in the EHB package will be offered without annual or lifetime dollar limits to all members. In February 2015, the U.S. Department of Health and Human Services (HHS) finalized regulations requiring states to select a new “benchmark” for coverage beginning in 2017. Federal guidance allows states to select its new benchmark package from benefits and services covered by a plan that is was offered in Delaware for coverage in 2014.

Some Delaware small businesses offer their employees self insured plans. Self insured plans are not required to cover all of these EHB services. Notably, self-insured plans will not be allowed to apply annual or lifetime dollar limits on the EHBs they do cover. Therefore, it is important that all consumers, employees, and employers participate in the EHB selection process.

Several parts of a typical benefit description are not considered in selecting essential health benefits. Limits on the number of services a person may receive in a year are included; cost sharing requirements are not included. For example, the essential health benefits package **may include** the following:

- Service X is limited to 30 visits per year, and the plan must pre-approve the service.

The essential health benefits **may NOT include** information such as:

- Service X requires the member to pay a 30% of the cost out of pocket.

The insurance carriers will also be able to use mixes of benefits that are “substantially equivalent” to the selected benchmark plan as long as the services that they offer have the same total value as the benchmark services. For example, the benchmark might cover 30 physical therapy visits and 20 occupational therapy visits per year. An insurance carrier might design a plan that covers 20 physical therapy visits and 30 occupational therapy visits per year and be considered “substantially equivalent” to the EHB benchmark.

## Essential Health Benefit Requirements

All health plans offered to individuals and small groups (except self insured plans) are required to cover these 10 service categories:

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.
  - a. Standalone dental plan coverage (meaning dental plans that are sold separately from other types of health coverage) can be used to cover the pediatric oral services requirement.

All plans must at least cover the U.S. Preventive Services Task Force Schedule A and B benefits (see Appendix A), plus those required under Delaware state law (see page 6), without cost sharing.

## The “Benchmark” Approach

Each State may choose its own benchmark plan from these options available in 2014:

- One of the three largest small group plans in the State by enrollment;
- One of the three largest State employee health plans by enrollment;
- One of the three largest federal employee health plan options by enrollment; and
- The largest HMO plan offered in the State’s commercial market by enrollment.

Delaware must identify its proposed benchmark plan (including supplementation if necessary) and send supporting plan documents to the Department of Health and Human Services by June 1, 2015.

Since Small Group plans offered in 2014 were required to fully meet the State's existing EHB benchmark, as well as all state mandates, **the Marketplace team has recommended that the Health Care Commission select the new benchmark from among the three largest small group plans in the State by enrollment.**

### Effect on Current Health Plans

Beginning in 2014, the ACA has required that all plans in the individual and small group markets offer benefits that are "substantially equal" to the state's essential benchmark plan. We do not anticipate much impact to current plans, since the benefits and services included in the 2014 small group plan options are well aligned to our current benchmark.

However, plans will be able to adjust the specific services that are included as part of the benefit, and any quantitative limits on certain services (for example, number of visits per year), as long as the coverage has the same *value* as the benchmark plan. This is consistent with what is now permitted under federal regulation.

### Effect on State Mandates

- All states have a set of services that the State requires certain insurance plans to cover. These services are called "mandates."
- If the EHB benchmark does not include all of the State mandates, then the State will be required to pay for the portion of insurance premiums associated with those mandates for all plans sold in the Delaware Health Insurance Marketplace.
- All small group plans and State Employee plans in Delaware cover all state mandates.
- A list of state mandates passed before December 2011 is included on page 7 of this document.
- State mandates enacted beginning in January 2012 are not required to be included in the new EHB even if they are covered within the plan's overall benefits and services in 2014. Delaware plans will still be required to cover these mandates, but may apply annual and lifetime dollar limits as allowed by state law and regulation.

## Coordination with Medicaid Benefits

- Many low-income Delaware families will qualify for Medicaid or Health Insurance Marketplace subsidies to help them pay for coverage.
- Because both Medicaid and subsidy eligibility is generally based on the family's income, a number of families may qualify for different benefits at different times.
- When selecting a benchmark plan, Delawareans may want to consider how the Medicaid benefits in the State compare to the benchmark benefits. A list of current Medicaid benefits is included in Appendix B.

## Delaware mandated benefits eligible for inclusion in the EHB Benchmark

Because these benefits were enacted by the Delaware legislature prior to January 1, 2012, they must be included in the State's EHB. Therefore, plans are not permitted to apply annual or lifetime dollar limits to these benefits and services.

- Care for Newborn Children
- Newborn and Infant Hearing Screening
- Child Immunizations
- Lead Poisoning Screening
- Obstetrical and Gynecological Coverage
- Midwife Services Reimbursement
- Reconstructive Surgery following Mastectomies
- Monitoring ovarian cancer following treatment
- Pap smear
- Mammography
- PSA: Policies that provide outpatient services must provide benefits for persons over 50
- Colorectal Screening
- Diabetes
- Contraceptive Drugs and Devices
- Mental Health Parity
- Clinical Trials: Routine patient care for individuals engaged in clinical trials for treatment of life threatening diseases
- Prescription Medication
- Emergency Care
- Referrals to out-of-network providers under certain circumstances
- Carrier may not limit coverage for children who are victims of child abuse or neglect, must not require PCP referral
- Formulas and foods for the treatment of inherited metabolic diseases such as PKU
- Scalp hair prosthesis for hair loss suffered as a result of alopecia areata, resulting from an autoimmune disease
- Hearing aids for individuals under age 24
- Dental services for children with severe disabilities
- Screening of infants and toddlers for developmental delays
- Prosthetic Parity

## Benchmark Options for Delaware

The plans below have been identified as the three largest small group plans in the State by enrollment in plan year 2014.

1. Highmark Blue Cross Blue Shield of Delaware Shared Cost Exclusive Provider Organization (EPO);
2. Highmark Blue Cross Blue Shield of Delaware Health Savings EPO HSA;  
and
3. Highmark Blue Cross Blue Shield of Delaware Shared Cost Preferred Provider Organization (PPO).

### Analysis of Small Group Plan Options

- All three plans cover identical set of benefits and services, with differences being exclusively restricted to plan design, such as eligibility for health saving account (HSA), member cost share, and/or Provider Network arrangement. (i.e., EPO vs. PPO).
- All three plans cover all of the ACA's Essential Health Benefit categories, including habilitative services in parity with rehabilitative services, prescription drug coverage, and the pediatric vision and oral benefits.
- All three plans cover all state mandates.
- The vast majority of benefits and services covered by the Small Group plans mirror the current Delaware EHB Benchmark. Therefore, the impact to premiums solely based on the new benchmark list would likely be minimal.
- One difference between benefits covered under the 2014 Small Group Plan Options and our current EHB benchmark package is that there are no quantitative limits on hospice care. The current benchmark allows this benefit to be limited to 240 days.

A comparison of Delaware's current EHB benchmark with the benefits of the three plans above begins on the next page.

EHB Categories Benefits & Services	Delaware's Current EHB Benchmark	Delaware Small Group Plans with Largest Enrollment in Plan Year 2014  Highmark Blue Cross Blue Shield Delaware* <i>Shared Cost EPO</i> <i>Health Savings EPO HSA</i> <i>Shared Cost PPO</i> <i>*all plans include identical set of benefits &amp; services</i>
<b>Ambulatory patient services</b>		
Primary Care Visit to Treat an Injury or Illness	Covered	Covered
Specialist Visit	Covered	Covered
Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Covered
Outpatient Surgery Physician/Surgical Services	Covered	Covered
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Covered
Hospice Services	Covered-240 days per episode	Covered-no days limit indicated
Home Health Care Services	Covered-100 visits per year	Covered-100 visits per year
Chiropractic Care	Covered for treatment of spinal conditions-30 visits per year; 3 modalities per visit; 1 visit per day. Chiropractic services that are part of a maintenance program are not covered	Covered for treatment of spinal conditions-30 visits per year; 3 modalities per visit; 1 visit per day. Chiropractic services that are part of a maintenance program are not covered
Dialysis	Covered	Covered
Radiation therapy	Covered	Covered
Chemotherapy	Covered	Covered
Monitoring ovarian cancer following treatment (18 Del.C. §3338 and §3552)	Covered	Covered
Routine patient care for individuals engaged in clinical trials (18 Del.C. §3351 and §3567)	Covered	Covered
Routine Eye Exam (Adult)	Covered-1 every 24 month	Covered-1 every 24 month
Second Surgical Opinion	Not specified	Covered for non-emergency surgery, includes office visit and required tests
<b>Emergency Services</b>		
Emergency room services	Covered	Covered
Emergency Transportation / Ambulance	Covered	Covered
Urgent Care Centers or Facilities	Covered	Covered
<b>Hospitalization</b>		

EHB Categories Benefits & Services	Delaware's Current EHB Benchmark	<b>Delaware Small Group Plans with Largest Enrollment in Plan Year 2014</b> Highmark Blue Cross Blue Shield Delaware* <i>Shared Cost EPO</i> <i>Health Savings EPO HSA</i> <i>Shared Cost PPO</i> <i>*all plans include identical set of benefits &amp; services</i>
Inpatient Hospital Services (e.g., hospital stay)	Covered	Covered
Inpatient Physician and Surgical Services	Covered	Covered
Bariatric Surgery	Covered	Covered
Private Duty Nursing (Inpatient only)	Covered-up to 240 hours per 12 month period	Covered-up to 240 hours per 12 month period
Skilled Nursing Facility	Covered--120 days per admission. Benefits renew after 180 days without care	Covered--120 days per admission. Benefits renew after 180 days without care
Transplant	Covered	Covered
Routine patient care for individuals engaged in clinical trials (18 Del.C. §3351 and §3567)	Covered	Covered
Reconstructive Surgery following Mastectomy (18 Del.C. §3347 and §3567)	Covered	Covered
Inpatient Therapeutic Services	Covered	Covered
Inpatient Diagnostic Services	Covered	Covered
<b>Maternity and newborn care</b>		
Prenatal and Postnatal Care	Covered	Covered
Delivery and all inpatient services for maternity care	Covered	Covered
Midwife Services Reimbursement (18 Del.C. §3336 and §3553)	Covered	Covered
Birthing Center	Covered	Covered
<b>Mental health and substance use disorder services, including behavioral health treatment</b>		
Mental / Behavioral Health Outpatient Services	Covered-20 visits per year. <b>Limits do not include serious mental illness which is covered as any other illness</b>	Covered

EHB Categories Benefits & Services	Delaware's Current EHB Benchmark	Delaware Small Group Plans with Largest Enrollment in Plan Year 2014 Highmark Blue Cross Blue Shield Delaware* <i>Shared Cost EPO Health Savings EPO HSA Shared Cost PPO</i> <i>*all plans include identical set of benefits &amp; services</i>
Mental / Behavioral Health Inpatient Services	Covered-for up to 31 inpatient days and 62 partial hospital days per calendar year. One inpatient day reduces partial hospital days by two days. Two days of partial hospital care reduce inpatient days by one day. <b>Limits do not include serious mental illness which is covered as any other illness.</b>	Covered
Substance Use Disorder Outpatient Services	Covered	Covered
Substance Use Disorder Inpatient Services	Covered	Covered
<b>Prescription Drugs</b>		
Generic Drugs	Covered	Covered
Preferred Brand Drugs	Covered	Covered
Non-Preferred Brand Drugs	Covered	Covered
Specialty Drugs (if a plan uses a Speciality Tier, then it must comply with the State's Prescription Drug Specialty Tier 18 Del.C. §3364 and §3580)	Covered	Covered
Clinical Trials	Covered	Covered
Equal reimbursement for oral and intravenous anticancer medications (18 Del.C. §3338A and §3555A)	Covered	Covered
Prescription Medication (18 Del.C. §3350 and §3566)	Covered	Covered
Contraceptive Drugs and Devices	Covered	Covered
<b>Rehabilitative and Habilitative Services and Devices</b>		
Outpatient Rehabilitative Services	Covered-limits apply	
<i>Rehabilitative Speech Therapy</i>	Covered-30 visits per year	Covered-30 visits per year

<b>EHB Categories Benefits &amp; Services</b>	<b>Delaware's Current EHB Benchmark</b>	<b>Delaware Small Group Plans with Largest Enrollment in Plan Year 2014</b>  Highmark Blue Cross Blue Shield Delaware* <i>Shared Cost EPO Health Savings EPO HSA Shared Cost PPO</i> <i>*all plans include identical set of benefits &amp; services</i>
<i>Rehabilitative Occupational and Rehabilitative Physical Therapy</i>	Covered-Combined 30 visits per year	Covered-Combined 30 visits per year
<i>Rehabilitative Cognitive Therapy</i>	Covered-30 consecutive days beginning on the first day of treatment	Covered-30 consecutive days beginning on the first day of treatment
<i>Rehabilitative Cardiac Therapy</i>	Covered-3 sessions per week and 3 months of treatment	Covered-3 sessions per week and 3 months of treatment
Outpatient Habilitative Services	Required to be covered separately and at parity with Rehabilitative Services	
<i>Habilitative Speech Therapy</i>	Covered-30 visits per year	Covered-30 visits per year
<i>Habilitative Occupational and Habilitative Physical Therapy</i>	Covered-Combined 30 visits per year	Covered-Combined 30 visits per year
<i>Habilitative Cognitive Therapy</i>	30 consecutive days beginning on the first day of treatment	30 consecutive days beginning on the first day of treatment
<b>Laboratory services</b>		
X-rays and diagnostic imaging, including CAT Scans, PET Scans, MRIs, etc.	Covered	Covered
Laboratory and outpatient services	Covered	Covered
Machine Tests	Covered	Covered under therapeutic and diagnostic services benefit
Allergy Testing	Covered	Covered
<b>Preventive and Wellness Services and Chronic Disease Management</b>		
Preventive Care /Screening / Immunizations per USPTFS Schedule A & B	Covered	Covered
Newborn and infant hearing screenings	Covered	Covered
Screening of infants and toddlers for developmental delays	Covered	Covered
Well baby care	Covered	Covered
Routine Physical Exams (adult and pediatric)	Covered	Covered
Gynecological Exams	Covered	Covered
Hemoglobin Tests	Covered	Covered

EHB Categories Benefits & Services	Delaware's Current EHB Benchmark	Delaware Small Group Plans with Largest Enrollment in Plan Year 2014  Highmark Blue Cross Blue Shield Delaware* <i>Shared Cost EPO</i> <i>Health Savings EPO HSA</i> <i>Shared Cost PPO</i> <i>*all plans include identical set of benefits &amp; services</i>
Cholesterol Tests	Covered	Covered
Blood Sugar Tests	Covered	Covered
Blood Antigen Tests	Covered	Covered
Lead Poison Screening Tests	Covered	Covered
Lab Charge for Pap Smear	Covered	Covered
Blood Occult	Covered	Covered
Routine Sigmoidoscopy	Covered	Covered
Colonoscopy	Covered	Covered
Barium Enema	Covered	Covered
Routine Mammogram	Covered	Covered
Immunizations (adult and pediatric)	Covered	Covered
Hearing Exams (adult and pediatric)	Covered	Covered
<b>Pediatric Services, Including Oral and Vision Care (up to age 19)</b>		
Routine Eye Exam for Children	Covered-1 visit per year	Covered-1 visit per 12 months
Eye Glasses for Children	Covered-1 item per year	Covered-1 item per 12 months
Contact Lens Evaluation, Fitting & Follow-Up Care	Not Covered	Covered
Contact Lenses (in lieu of eyeglasses)	Not Covered	Covered-1 item per 12 months
Dental Check-up-Child	Covered-1 visit per 6 months	Covered-meet minimum EHB requirement per ACA
Basic Dental Care-Children	Covered	Covered-meet minimum EHB requirement per ACA
Major Dental Care-Child	Covered	Covered-meet minimum EHB requirement per ACA
Orthodontia Care-Child	Covered for medically necessary only. 12 month waiting period applies	Covered for medically necessary only. 12 month waiting period applies
Maxillofacial Prosthetics	Not Covered	Not Covered
Dental Implants	Not Covered	Not Covered
<b>Other Benefits/Services</b>		
Non-emergency care when traveling outside the U.S.	Covered (exempt for HMO plans per CMS)	Covered
Durable Medical Equipment	Covered	Covered

EHB Categories Benefits & Services	Delaware's Current EHB Benchmark	Delaware Small Group Plans with Largest Enrollment in Plan Year 2014  Highmark Blue Cross Blue Shield Delaware* <i>Shared Cost EPO</i> <i>Health Savings EPO HSA</i> <i>Shared Cost PPO</i> <i>*all plans include identical set of benefits &amp; services</i>
Hearing Aids	Covered-1 hearing aid per year per every 3 years for children less than 24 years of age	Covered-1 hearing aid per year per every 3 years for children less than 24 years of 12 months
Allergy Treatment (Extracts and Injections)	Covered	Covered
Prosthetic devices	Covered	Covered
Scalp hair prosthesis for hair loss suffered as a result of alopecia areata, resulting from an autoimmune disease (18 Del.C. §3356 and §3571b)	Covered	Covered
Reversible contraceptives (18 Del. C. §3559)	Covered	Covered
Formulas and foods for the treatment of inherited metabolic diseases such as PKU (18 Del.C. §3355 and §3571)	Covered	Covered
Diabetes Care Management (18 Del.C. §3344 and §3560)	Covered	Covered
Home Infusion and Suite Infusion	Covered	Covered
Nutritional Counseling	Covered under USPTF Preventive list under certain circumstances	Covered under USPTF Preventive list under certain circumstances. Covered during Hospice
<b>State Mandates Outside the EHB, and therefore may impose annual and/or lifetime dollar limits</b>		
Applied Behavior Analysis for the treatment of Autism Spectrum Disorder for members under age 21	Covered - Outside EHB	Covered - Outside of EHB

## Instructions

Stakeholders and the general public are invited to review all of the EHB benchmark materials provided and submit written comments to the Health Care Commission on or before **April 24, 2015**.

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### **REMEMBER:**

- Plans that do not have limits on the number of visits or services that a member may receive usually require that the member pay copayments or deductibles for those services. The essential health benefits benchmark will not prevent plans from requiring cost sharing on services.
- All small group plans and state employee plans cover all Delaware State mandates that were passed before December 2011.
- All plans must cover U.S. Preventive Services Task Force Schedule A and B benefits without cost sharing.
- Benchmark plans that cover more services will have higher premiums than those with fewer services.

## Appendix A: U.S. Preventive Services Task Force (USPSTF) A and B Recommendations

The table below provides the current list of recommendations for Preventive Services by the USPSTF (released October 2014). The list is updated on a periodic basis, and published at the following web link: <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

As stated on its website, the U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention who systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. These reviews are published as U.S. Preventive Services Task Force recommendations. The following URL provides information for stakeholders wishing to learn more about the USPSTF and its process for establishing its recommendations:

<http://www.uspreventiveservicestaskforce.org/Page/Name/home>

Topic	Description	Grade	Release Date of Current Recommendation
Abdominal aortic aneurysm screening: men	One-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.	B	June 2014
Alcohol misuse: screening and counseling	Clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	B	May 2013
Anemia screening: pregnant women	Routine screening for iron deficiency anemia in asymptomatic pregnant women.	B	May 2006
Aspirin to prevent cardiovascular disease: men	Use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	A	March 2009
Aspirin to prevent CVD: women	Use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.	A	March 2009
Bacteriuria screening: pregnant women	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	A	July 2008
Blood pressure screening in adults	Screening for high blood pressure in adults aged 18 and older.	A	December 2007
BRCA risk assessment and	Primary Care providers screen women who have a	B	December 2013

Topic	Description	Grade	Release Date of Current Recommendation
genetic counseling/testing	family member with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designated to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.		
Breast cancer preventive medication	Clinicians should engage in shared, informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at an increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	B	September 2013
Breast cancer screening	Screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.	B	September 2002
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.	B	October 2008
Cervical cancer screening	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	A	March 2012
Chlamydia screening: women	Screening for chlamydia in sexually active women aged 24 or younger and in older women who are at an increased risk for infection.	B	September 2014
Cholesterol abnormalities screening: men 35 and older	Screening men aged 35 and older for lipid disorders.	A	June 2008
Cholesterol abnormalities screening: men younger than 35	Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.	B	June 2008
Cholesterol abnormalities screening: women 45 and older	Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	A	June 2008
Cholesterol abnormalities screening: women younger than 45	Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.	B	June 2008
Colorectal cancer	Screening for colorectal cancer using fecal occult	A	October 2008

Topic	Description	Grade	Release Date of Current Recommendation
screening	blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.		
Dental caries prevention: infants and children up to age 5 years	Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	B	May 2014
Depression screening: adolescents	Screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.	B	March 2009
Depression screening: adults	Screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	B	December 2009
Diabetes screening	Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.	B	June 2008
Falls prevention in older adults: exercise or physical therapy	Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	B	May 2012
Falls prevention in older adults: vitamin D	Vitamin D supplementation to prevent falls in community-dwelling adults age 65 and older who are at increased risk for falls.	B	May 2012
Folic acid supplementation	All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	A	May 2009
Gestational diabetes mellitus screening	Screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.	B	January 2014
Gonorrhea prophylactic medication: newborns	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.	A	July 2011
Gonorrhea screening: women	Screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	B	September 2014
Healthy diet and physical activity counseling to prevent cardiovascular	Offer or refer adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling	B	August 2014

Topic	Description	Grade	Release Date of Current Recommendation
disease: adults with cardiovascular risk factors	interventions to promote a healthful diet and physical activity for CVD prevention. Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.		
Hearing loss screening: newborns	Screening for hearing loss in all newborn infants.	B	July 2008
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns.	A	September 2007
Hepatitis B screening: non-pregnant adolescents and adults	Screening for Hepatitis B virus infection in persons at high risk for infection.	B	May 2014
Hepatitis B screening: pregnant women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	A	June 2009
Hepatitis C virus infection screening: adults	Screening for Hepatitis C virus (HCV) infection in persons at high risk for infection. Offer one-time screening for HCV infection to adults born between 1945 and 1965.	B	June 2013
HIV screening: non-pregnant adolescents and adults	Clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened	A	April 2013
HIV screening: pregnant women	Clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whole HIV status is unknown.	A	April 2013
Hypothyroidism screening: newborns	Screening for congenital hypothyroidism in newborns.	A	March 2008
Intimate partner violence screening: women of childbearing age	Clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	B	January 2013
Iron supplementation in children	Routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.	B	May 2006
Lung cancer screening	Annual screening for lung cancer with low-dose computed tomography in adults 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.	B	December 2013

Topic	Description	Grade	Release Date of Current Recommendation
	Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.		
Obesity screening and counseling: adults	Clinicians should screen all adult patients for obesity and offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multi-component behavioral interventions.	B	June 2012
Obesity screening and counseling: children	Clinicians should screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	B	January 2010
Osteoporosis screening: women	Screening for osteoporosis in women aged 65 and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.	B	January 2012
Phenylketonuria (PKU) screening: newborns	Screening for phenylketonuria in newborns.	B	March 2008
Preeclampsia prevention: aspirin	Use of low-dose aspirin (81mg/d) as a preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	B	September 2014
Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	A	February 2004
Rh incompatibility screening: 24-28 weeks gestation	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.	B	February 2004
Sexually transmitted infections (STIs) counseling	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.	B	September 2014
Skin cancer behavioral counseling	Counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	B	May 2012
Tobacco use counseling and interventions: non-pregnant adults	Clinicians should ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	A	April 2009
Tobacco use counseling: pregnant women	Clinicians should ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.	A	April 2009
Tobacco use intervention:	Clinicians provide interventions, including education	B	August 2013

Topic	Description	Grade	Release Date of Current Recommendation
children and adolescents	or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.		
Syphilis screening: non-pregnant persons	Clinicians should screen persons at increased risk for syphilis infection.	A	July 2004
Syphilis screening: pregnant women	Clinicians should screen all pregnant women for syphilis infection.	A	May 2009
Visual acuity screening in children	Screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors	B	January 2011

\* The Department of Health and Human Services, in implementing the Affordable Care Act under the standard it sets out in revised Section 2713(a)(5) of the Public Health Service Act, utilizes the 2002 recommendation on breast cancer screening of the U.S. Preventive Services Task Force.

## Appendix B: Delaware Medicaid Covered Services

Medicaid furnishes medical assistance to eligible low-income families and to eligible aged, blind and/or disabled people whose income is insufficient to meet the cost of necessary medical services. Medicaid pays for: doctor visits, hospital care, labs, prescription drugs, transportation, routine shots for children, and mental health and substance abuse services.

The Delaware Medical Assistance Program (DMAP) pays for the following services for categorically eligible Medicaid clients. Some of these services have limitations. Both the General Policy and the Provider Specific section(s) should be referenced for information on these limitations. Additional information may be found at the following DMMA link:

<http://dhss.delaware.gov/dhss/dss/dhcpbenefits.html>

- Inpatient hospital services
- Outpatient hospital and clinic services
- Federal health center services, including community, rural and migrant health centers.
- Laboratory and X-ray services
- Home Health services
- Long-term care facility services
- Periodic preventive health screens and other necessary diagnostic and treatment services for children under age twenty-one (Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program).
- Family planning services (including voluntary sterilization if consent form is signed after patient turns age twenty-one).
- Physician, nurse-midwife, and certified nurse practitioner services
- Pharmaceutical services
- Podiatry services
- Optometry/optician services
- Transportation services
- Private duty nursing
- Hospice services
- Extended services for pregnant women to assure that they receive the necessary medical and social support that will positively impact on the outcome of their pregnancies.
- Community support services for aged, disabled, mentally retarded and HIV/AIDS individuals focused on providing alternatives to institutionalization.
- Durable medical equipment and supplies
- Rehabilitation Agency services
- Ambulatory Surgical Center services
- Dialysis Center services
- Prescribed Pediatric Extended Care services
- Other services as defined by the Delaware Medicaid State Plan as medically necessary

## **Benefits covered under the Delaware Healthy Children's Program (DHCP/CHIP)**

The Delaware Healthy Children Program covers an extensive list of benefits and services, including:

- Well-baby and well-child checkups
- Drug/alcohol abuse treatment
- Speech/hearing therapy
- Immunizations
- Physical therapy
- Eye exams
- Ambulance services
- Prescription drugs
- Hospital Care
- Physician services
- X-rays
- Lab work
- Assistive technology
- Mental health counseling
- Limited home health and nursing care
- Case management and coordination
- Hospice care

Additional information may be found at the following DMMA link:

<http://www.dhss.delaware.gov/dhss/dmma/medicaid.html>

## **Pediatric dental benefits covered by DMAP**

Dental services are covered by the Delaware Medical Assistance Program (DMAP) for children eligible for Medicaid (through age 20 years) and for children eligible for the Delaware Healthy Children Program (DHCP) (through age 18 years).

- Oral Evaluation
- Preventive
- Restorative
- Endodontic Services
- Periodontic Services
- Prosthodontics (removable)
- Prosthodontics (fixed)
- Oral Surgery
- Orthodontics (medically necessary)
- Adjunctive general services