

Understanding preventive care



Remember the old saying “An ounce of prevention is worth a pound of cure”? This can be especially true when it comes to preventive care services.

Maintaining or improving your health with routine preventive care, along with following the advice of your doctor, may help you live a healthier life. Routine checkups and screenings may help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health, and help you reach your personal health goals.



What is preventive care?

Preventive care focuses on your current health, when you are symptom free, and helps your doctor find health issues at an early stage to help prevent more serious health problems.

Your preventive care services may include physical exams, immunizations, lab tests and other types of screening services. During your preventive visit your doctor will determine which tests or health screenings may be right for you based on many factors such as your age, gender, overall health status, personal health history and your family health history.

Preventive services may include many types of services, subject to age and gender guidelines, including:

Physician office services

- Routine physical exams
- Well-baby and well-child care
- Immunizations

Lab, X-ray or health screening tests

- Screening mammography
- Screening colonoscopy or sigmoidoscopy
- Cervical cancer screening
- Osteoporosis screening



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Frequently asked questions

What health services are NOT considered preventive care?

Medical services for specific health issues or conditions, ongoing care, lab tests or other services necessary to manage or treat an already-identified medical issue or health condition are considered diagnostic care, not preventive care.

How does UMR determine the difference between preventive care and diagnostic services?

Certain services can be done for either preventive or diagnostic reasons. When a service is provided specifically for preventive screening, and there are no known symptoms, illnesses, or history, the service will be considered preventive care based on age, gender and other factors performed or ordered by a network physician. Like all health services, coverage for preventive services is subject to the member's benefit plan.

Services are considered preventive care when a person:

- Does not have symptoms or any studies indicating an abnormality.
- Has had a screening done within the recommended age, gender and time interval guidelines with the results being considered normal.
- Has had a diagnostic service with normal results, after which the physician recommends future preventive care screenings using the established age, gender and time-interval guidelines.
- Has a preventive service that results in diagnostic care or treatment being done at the same time and as an integral part of the preventive service (e.g., polyp removal during a preventive colonoscopy), subject to benefit plan provisions.

Services are considered diagnostic care¹ when:

- Services are ordered due to current issues or symptoms that require further diagnosis.
- Abnormal test results on a previous preventive screening or diagnostic test requires further diagnostic testing or services.
- Abnormal test results found on a previous preventive or diagnostic service requires the same test be repeated sooner than the established age and gender guideline recommendations would require.



Examples of diagnostic services:

- ▶ A patient had a polyp found and removed during a prior preventive screening colonoscopy. Based on the doctor's recommendations for more frequent screening after finding and removing the polyp, all future colonoscopies are considered diagnostic.
- ▶ A patient makes quarterly visits to the doctor for blood tests to check her cholesterol level and to confirm the medication level is appropriate. The quarterly blood tests are considered non-preventive because they are treatment for an existing condition.

¹ A diagnostic service is not covered as preventive care, but may be covered under the applicable non-preventive medical benefit, subject to your Benefit Plan provisions

How are preventive care services covered?

Certain preventive services are covered without cost-sharing (charging a deductible, copayment or coinsurance) when these services are provided by a network provider and are based on age, gender, or other factors. There may be services you had in the past that will now be covered as preventive services, at no additional cost to you. And, there may be services you received in the past that were paid as preventive care but may no longer be covered as preventive under the health care reform guidelines.

Are mammograms covered, and would family history dictate whether they would be considered preventive?

UMR generally covers screening mammograms for adult women without any history or symptoms, as preventive care. If a woman were having mammograms, due to a health issue, those would be considered diagnostic rather than preventive. Your doctor is able to determine whether your mammogram is a screening mammogram or a diagnostic mammogram.

Are preventive care services limited to one visit per calendar year, or can the physician recommend more frequent preventive care services?

UMR will apply limits that are the same as the recommendations and guidelines of the U.S. Preventive Services Task Force (USPSTF) or other organizations. These limits are set based on age, gender and medical evidence.

Does UMR consider medication a preventive care service?

UMR will provide coverage for the physician evaluation, medication management and counseling services as described in your benefit plan. If your plan provides a pharmacy benefit, you may be eligible for certain over-the-counter drugs and prescribed medications covered as preventive care.

This list may include certain women's contraceptives under the preventive care benefit, aspirin to prevent cardiovascular disease in men and women, folic acid supplements for women who may become pregnant, and iron supplements for children at risk for anemia. Generally, over-the-counter medications are excluded from coverage.

Are there lifetime dollar limits on preventive care services?

Preventive care services are generally covered without cost-sharing and are not subject to lifetime dollar limits when you obtain them from network providers, under current health guidelines.

Is there a list of specific preventive health services?

The Patient Protection and Affordable Care Act (PPACA) requires most plans to cover certain preventive care services, ordered or prescribed by a network provider, without cost-sharing, based on the following guidelines:

- Preventive service "A" and "B" recommendations of the U.S. Preventive Services Task Force (USPSTF).
- Immunizations recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) and recommendations by the Health Resources and Services Administration (HRSA).
- Pediatric services based on guidelines supported by the HRSA, including recommendations by the American Academy of Pediatrics Bright Future Periodicity Schedule, and newborn metabolic screenings.
- Preventive care and screening for women as provided in the comprehensive guidelines supported by the HRSA.

The list of current preventive care recommendations and guidelines can be found at www.HealthCare.gov.

Preventive or not?

When you visit your doctor, the services you receive will be considered either preventive or non-preventive. See if you can determine in the following situations, before you read the answers, whether the care received would be considered preventive or non-preventive.

SITUATION 1

A woman visits her network doctor for her screening mammogram.

ANSWER: This is considered preventive care because her visit is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

SITUATION 2

A woman visits her primary doctor who examines her for evidence of skin cancer as part of her preventive exam.

ANSWER: This is considered preventive care because her visit, with her network primary care provider, is part of an age appropriate preventive exam and has not been prompted by any sort of previous diagnosis.

SITUATION 3

A 35-year-old man with no history of elevated cholesterol receives a screening blood test to measure his cholesterol level.

ANSWER: This cholesterol screening is considered preventive care because it is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

SITUATION 4

A man visits his primary care doctor for his preventive care exam and based on his age, his doctor recommends a screening colonoscopy.

ANSWER: This is considered preventive care because this service is part of routine annual exam and has not been prompted by any sort of previous diagnosis.

SITUATION 5

A woman has an annual wellness exam and receives blood tests to screen for anemia, kidney or liver function.

ANSWER: If the physician orders lab work during a preventive care visit, some of the tests may be covered as preventive care, such as a cholesterol screening. However, other blood chemistry panels, such as anemia screening, kidney or liver function, would not be covered as preventive care. These would be considered diagnostic tests. The woman would be responsible for paying the costs of the tests.