

# *Lung Cancer Screening: No Cost-Sharing Challenges/Barriers and Solutions*

Session 5: Population Health - **Why Is Cost-Sharing So Often Incorrectly Billed  
for Preventive Services?**

*Quantitative Imaging Workshop*

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# Overview

- Background - Lung Cancer Screening
- Affordable Care Act (ACA)
- Cost-Sharing – Challenges/Barriers
  - Examples
- Solutions



# Low Dose CT Lung Cancer Screening Endorsed By:



Confronting  
Lung Cancer  
Starts Here



**The Society  
of Thoracic  
Surgeons**



National Comprehensive  
Cancer Network®



AAFP



**CMS.gov**

Centers for Medicare & Medicaid Services



U.S. Preventive Services  
**TASK FORCE**



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™



ADVOCACY AND  
POLICY

# ACA – Impacting Millions of Americans



The ACA reduced health coverage disparities across racial groups and expanded access to clinical services, including preventive services. (HHS)



Gaining access to health coverage and preventive services can allow earlier detection and treatment of chronic health conditions such as hypertension and diabetes. (HHS)



Several studies have found that the ACA improved the affordability of care, regular care for chronic conditions, medication adherence, and self-reported health. (HHS)



Investments in prevention in the early and middle decades of life, when people are more likely to be covered by private health coverage including Marketplace insurance and Medicaid, may also help people enter the Medicare program at age 65 in better health. (HHS)



Since the ACA took effect, research has found increases in blood pressure screenings, cholesterol screenings, colorectal screenings, HPV vaccines and screenings, and flu vaccines

# What If? No Cost- Sharing Preventive Services is Rescinded



At least 2 in 5 adults said that they are not willing to pay for preventive services that are currently fully covered by the ACA (KFF)



37% of adults said they “definitely” or “probably” expect to delay or avoid health care due to potential costs following the ruling.



62% of Americans believe that it is “very important” that the preventive service coverage requirement stays in place (KFF)

# Cost-sharing Gaps/Errors Examples and Impact

## LUNG CANCER SCREENING

In 2021, the U.S. Preventive Services Task Force (USPSTF) recommended expansions of the populations eligible for screening for lung cancer. The changes were made with an eye toward reducing inequities in rates of early cancer detection among women and people who identify as Black, Indigenous, or Latinx.

A study published in the [Journal of American College of Radiology](#) last Fall documented the cost of follow-up tests for patients whose CT scan showed signs of potential lung cancer. Of the 7.4% of the patients who required follow-up invasive procedures, more than half faced out-of-pocket costs. In some cases, the costs associated with specific tests required to complete the screening process amounted to hundreds or even thousands of dollars.

<https://vbidcenter.org/initiatives/cancer-screening/>

### Examples:

- COEs have reported BCBS Florida, UHC MCHMO plan, BCBS Select Florida were not considering LDCT LCS as a preventive service and applying the deductible and co-pay.
- Several Florida programs reported they frequently are encountering this coverage barrier (cost-sharing) among their LDCT lung cancer screening patients.

### Impact:

- *“I am writing to you because I have a screening client who is about to get sent to collections because BCBS has not paid the radiology portion of her exam.”*
- *“Cancelled their screening appointment due to the deductible and cost sharing applied”*



Federal  
Guidance

JAMA  
Publication

Recent CBS  
News Story

Kaiser Health  
News Article

Elimination of out-of-pocket costs for the entire cancer screening process could increase screening rates, enhance health equity, and ultimately save lives.

Section 2713 of the Public Health Service Act as amended by the Patient Protection and Affordable Care Act ([ACA](#)) requires group and individual health insurance plans to provide coverage for specified preventive services to beneficiaries without patient cost-sharing. This provision was designed and implemented to prevent financial barriers, like copayments and deductibles, from deterring patients from seeking necessary and evidence-based medical care – including cancer screenings for average-risk age-eligible individuals.

While this rule was a well-intended step in the right direction, patients often still incur significant out-of-pocket costs associated with follow-up evaluations and procedures post-initial screening. Failure to complete the screening process could allow cancer to progress, leading to worse patient outcomes and higher medical costs.



New guidance released as part of the [Affordable Care Act Implementation Frequently Asked Questions Part 51](#) removes cost-sharing for colonoscopies following non-invasive colorectal cancer screening tests, and will take effect on or after May 31, 2022.

# Elimination of Patient Cost-Sharing for Cancer Screening and Follow-up Testing

- American Cancer Society Position Statement on the Elimination of Patient Cost-Sharing Associated with Cancer Screening and Follow-up Testing
- <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/overview/acs-position-on-cost-sharing-for-screening-and-follow-up.html>
- <https://vbidcenter.org/initiatives/cancer-screening/>

<https://vbidcenter.org/initiatives/cancer-screening/>

## Value-Based Insurance Design University of Michigan

### POLICY PROGRESS

As the White House reignites the [Cancer Moonshot](#), it is imperative that policymakers consider available evidence to inform policies that remove financial barriers to increase the number of people – especially women and underserved populations – who follow up on abnormal test results of initial [colon](#), [breast](#), [lung](#), and [cervical](#) cancer screenings.

Such policies can be viewed as an 'easy lift off' for the recently announced relaunch of the Biden Admin Cancer Moonshot. The available evidence would suggest that the elimination of out-of-pocket costs for recommended follow-up after a positive, initial cancer screening test would increase screening uptake, enhance equity, and ultimately save lives – the explicitly stated goals of the moonshot.

For more about recommendations relevant to each specific cancer type, please see the companion briefs released by the President's Cancer Panel below –

Colon Cancer



Breast Cancer



Lung Cancer



Cervical Cancer



### MOVING FORWARD

The removal of a cost barrier for a diagnostic colonoscopy could help hundreds of thousands of people avoid the dilemma of having to decide if they can afford to follow up on their initial positive colorectal screening test. This policy will increase screening uptake, enhance equity, and ultimately save lives. However, there is still much work to be done.

A similar policy for Medicare beneficiaries, who are not included in the recent guidance for colorectal cancer, is warranted. Moreover, it is our hope that our research showing that large numbers of people face substantial out of pocket costs for follow-up testing for the three additional cancers for which initial screening tests are fully covered – breast, lung and cervical – will lead to comparable policies to remove financial barriers.



# What should people do if they think someone with private health insurance has been wrongly charged out of pocket costs for a preventive service?

[https://chlpi.org/wp-content/uploads/2023/04/CHLPI-Braidwood-FAQs\\_Final-Circulated-4.14.23.pdf](https://chlpi.org/wp-content/uploads/2023/04/CHLPI-Braidwood-FAQs_Final-Circulated-4.14.23.pdf)

If someone with private health insurance has been wrongly denied coverage or charged for a preventive service, there are a number of ways to appeal. First, most plans have an internal appeals process to challenge the plan's coverage determinations. This is often the first step beneficiaries can take. If the internal appeals process does not correct the issue, there are different ways to elevate the issue to the next level of plan it is. For example:



File an Appeal

- For individual health plans, and even some large group plans, consumers may file complaints with their state department of insurance. The National Association of Insurance Commissioners provides a [complaint process](#) along with links to state departments of insurance.
- For self-insured plans, which are usually offered by larger employers and unions, the federal [Department of Labor](#) provides a [complaints](#). Direct advocacy with the employer or union is also an option.



File a complaint w the state department of insurance



Report any illegal discrimination to the HHS/OCR

For concerns that a plan may have engaged in illegal discrimination against a consumer, the consumer may file a complaint with the [U.S. Department of Health and Human Services Office for Civil Rights](#).



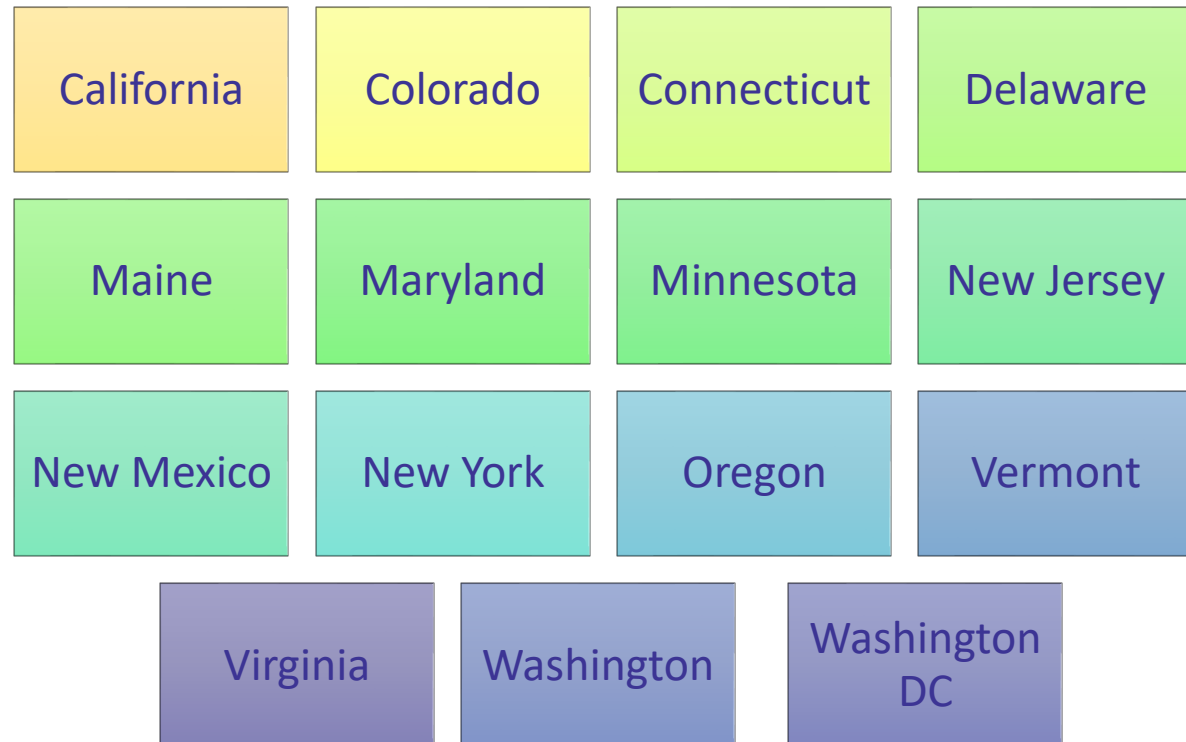
Contact CHLPI at [chlpi@law.harvard.edu](mailto:chlpi@law.harvard.edu)

Advocates, providers, and consumers with questions about the above FAQs, or who believe that a consumer has been wrongly denied coverage of a preventive service and the consumer's health plan has denied the appeal, are welcome to contact CHLPI at [chlpi@law.harvard.edu](mailto:chlpi@law.harvard.edu).

# State Policies

<https://www.commonwealthfund.org/blog/2022/aca-preventive-services-benefit-jeopardy-what-can-states-do>

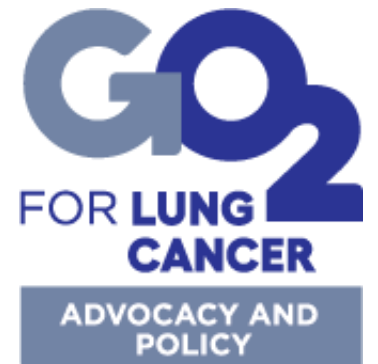
- States have enacted legislation to protect no-cost preventive coverage
- States that require individual market insurers to cover, without cost sharing, the same categories of preventive services as Section 2713 of the Affordable Care Act (ACA) (Nov. 2022):





# Solutions

- Eliminate cost sharing - advocating for no-cost sharing policies for lung cancer screening **and** follow up care (comparable to colonoscopy)
- Bring attention to the problem of cost-related barriers for follow-up evaluations for post-initial cancer screening, as well as the clinical and economic benefit of policies that remove these impediments
- Be persistent - Navigate through the appeals and complaints processes – advocate for the patient/individual
- Advocate for state legislation (ACA-like laws)



# Questions

- Email [amcglouthlin@go2.org](mailto:amcglouthlin@go2.org)
- HelpLine [1-800-298-2436](tel:1-800-298-2436) [support@go2.org](mailto:support@go2.org)
- General Questions [650-598-2857](tel:650-598-2857) [info@go2.org](mailto:info@go2.org)

