

# Alliance For Health Care Reform

## Prevention Services Covered by Private Health Plans Under the Affordable Care Act's Prevention Benefit

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April 17, 2014

# Affordable Care Act's Requirements

- Covers recommended in-network preventive services in non-grandfathered plans **without cost-sharing**, such as co-payments, co-insurance or deductibles
- Applies to preventive services
  - Evidence-Based Screening and Counseling
    - USPSTF (A & B recommendations)
  - Routine Immunizations
    - ACIP recommendations
  - Preventative Services For Children and Youth
    - HRSA recommendations
  - Preventative Services For Women
    - HRSA recommendations
- 54 million Americans estimated to have received expanded coverage of preventive with services in 2011
- Estimated impact on premiums at + 1.5%



**“The USPSTF recommends screening for colorectal cancer using fecal occult 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.”**

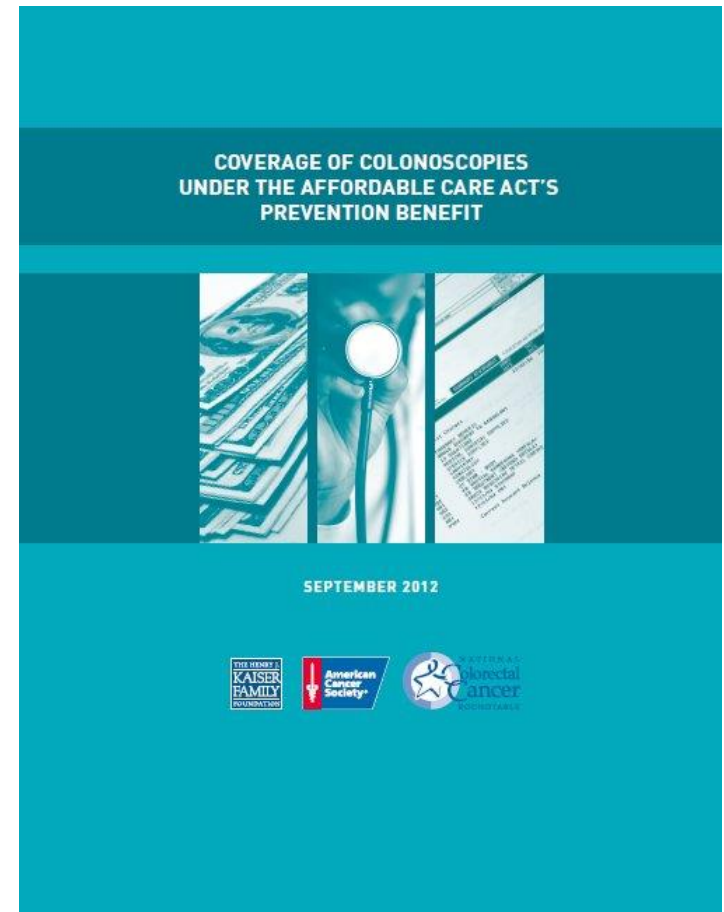
**– USPSTF Recommendation**



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# Coverage of Colonoscopies Under the Affordable Care Act's Prevention Benefit

- Study exploring issues faced by consumers, private health insurers, and regulators regarding colonoscopy cost-sharing under the Affordable Care Act
- Collaborative effort by:
  - Kaiser Family Foundation
  - Georgetown University, Center on Health Insurance Reforms
  - American Cancer Society
  - National Colorectal Cancer Roundtable



The report can be found on the Kaiser Family Foundation's "Health Reform Source" website at <http://healthreform.kff.org/> under "Latest KFF Releases."

# Rationale for the Study

- Reports from state regulators, brokers, providers and consumers about unexpected cost-sharing for screening colonoscopies
- Colonoscopy cost-sharing issues draw media attention

## Los Angeles Times

Confusion alert: When prevention and treatment mix, who pays?

April 23, 2011 | Harris Meyer | Kaiser Health News

## THE WALL STREET JOURNAL.

February 24, 2012, 1:34 PM

When it Comes to Colonoscopies, Recession and Co-Pays Matter

## The New York Times

May 21, 2010, 9:44 AM 21 Comments

Do Insurers Have to Pay for Colonoscopy Now?

By MICHELLE ANDREWS



# Goal of the Study

- To explore how private insurers approach cost-sharing for colorectal cancer screening in three circumstances:
  1. When a polyp is detected and removed during a screening colonoscopy
  2. When a colonoscopy follows a positive stool blood test
  3. When an individual is at an increased risk of colorectal cancer and needs earlier or more frequent screening than those at average risk



# Observations

- Variation in whether insured consumers receive colorectal cancer screening with no cost-sharing in all three scenarios
- Variation in screening definition, coding and payment practices regarding colorectal cancer screening
- Consumer complaints about unexpected cost-sharing for screening colonoscopy
- Reluctance from state regulators to offer guidance to insurers in the absence of federal guidance
- Regulators in most states were aware of consumer confusion and unexpected cost-sharing
- State legislatures have considered new legislation to clarify when cost-sharing applies but none have fully addressed these issues
- No state regulators had taken formal steps to clarify cost-sharing for screening colonoscopy
- Most state regulators were looking to the federal government for guidance



# Conclusions

- Insurers had not consistently applied the new preventive care benefit, at least in the case of screening colonoscopy, in part because of a lack of clarity
- Coding and billing practices influence how insurers define covered preventive services
- USPSTF and other recommendations do not address technical issues in insurance coverage or claims processing
- Additional guidance is needed to crosswalk the USPSTF and other recommendations into more explicit rules about what health insurance policies must cover



# General Suggestions

- Federal government could issue further guidance to improve clarity and make coverage more consistent by:
  - Providing additional specificity as to when cost-sharing should be waived
  - Issuing guidance to providers, health plans, and insurers on coding methods
  - Coordinating with state insurance regulators and consumer assistance programs to collect complaints data and monitor implementation



# A Few Years Later

- Federal government issued further guidance:
  - Polyp removal is an “integral part of a colonoscopy” and, thus, cannot impose cost-sharing if the polyp is removed during a screening procedure.
  - Additional concerns:
    - Consumers had already faced inappropriate and unexpected cost sharing since ACA went into effect.
    - Why was there such a long delay in releasing guidance?
    - Guidance didn’t address other clinical circumstances where cost sharing rules are not clear, including screening colonoscopy for high risk individuals, screening colonoscopy following a positive stool blood test.
  - **Guidance didn’t apply to Medicare**



# General Suggestions

- Federal government could issue further guidance to improve clarity and make coverage more consistent by:
  - Develop a task force to help translate committee recommendations into language that is understood by consumers, providers, insurers, and regulators
    - Providing additional specificity as to when cost-sharing should be waived
    - Issuing guidance to providers, health plans, and insurers on coding methods
  - Coordinating with state insurance regulators and consumer assistance programs to collect complaints data and monitor implementation
  - **Resolve the distinction in payment policy between private coverage and Medicare coverage when a polyp is removed during a screening colonoscopy.**

# Thank you!

## Questions?

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