

The Affordable Care Act's Implementation in Kentucky: Questions Regarding Cancer Prevention and Control Services

(Breast cancer screening, cervical cancer screening, colon cancer screening & smoking cessation)

Consistency of services

- Are all Kentucky **Medicaid** Managed care organizations providing the same coverage for these four prevention/screening services (breast, cervical, colorectal, and tobacco cessation)?
- Will everyone newly enrolled in **Medicaid** be assigned a case manager?
- Do all **new health plans under ACA** (bronze, silver, gold and platinum) provide the same coverage for these four prevention/screening services (breast, cervical, colorectal, and tobacco cessation)?
 - healthcare.gov answer: "All Marketplace plans and many other plans must cover [the following list] of preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible. This applies only when these services are delivered by a network provider."
 - Could you explain the gap they are implying with the above phrase "and many other plans"? Does this refer to other private insurance plans that may or may not be grandfathered into the law, and thus not required to provide the preventive services at no cost?
- Will everyone newly enrolled in **kynect** be assigned a navigator?
- Will smokers be charged a higher premium than nonsmokers? Does this apply to both individual and small group plans?
- Must smokers participate in a smoking cessation program to receive a lower premium?
 - When can they "reenroll" as non-smokers? The following year?

Screening coverage specifics

- Could you expand on the details of coverage for these four prevention/screening services?
 - **Breast cancer screening**
 - Breast cancer screening every one to two years for women over 40
 - What guidelines will be used (USPSTF, ACS, etc.) to determine who is eligible for screening?
 - Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
 - Who will be considered high risk?

- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
 - What screening services are covered - conventional mammogram, digital mammography, ultrasound, MRI, clinical breast exam?
 - Will women who are asked to return for a rescreening in less than 1 - 2 years have to pay a copayment, coinsurance or meet the deductible?
 - What follow-up services will be covered if an abnormality is found? (ex: MRI, ultrasound, biopsy)
 - Breast Cancer Chemoprevention counseling for women at higher risk
 - What chemo-preventive drugs will be covered?
 - Who will be considered high risk?
- **Cervical cancer screening**
 - Cervical Cancer screening for sexually active women
 - What guidelines will be used (USPSTF, ACS, etc.) to determine who is eligible for screening?
 - Is screening covered only for women who are sexually active? Given the 10 - 15 year developmental period for cervical cancer, many women could be sexually inactive for some time before cancer appears.
 - Will both conventional and liquid-based Pap tests be covered?
 - Will HPV tests be covered?
 - How often will the above tests be allowed/covered (again this becomes a question of what medical guidelines all health plans will be using)?
 - Will the HPV vaccine be covered? If so, for what gender(s) and age range(s)?
- **Colon cancer screening**
 - Colon cancer screening for adults over 50
 - What guidelines will be used (USPSTF, ACS, etc.) to determine who is eligible for screening?
 - Will there be a cost to the patient when undergoing any of the [appropriate guideline] recommended colorectal cancer screening tests? (FOBT, FIT, sigmoidoscopy, colonoscopy)?
 - If a patient gets a positive fecal test, will the follow-up colonoscopy be covered without a copay and/or deductible?
 - Will high risk patients be covered for colonoscopies more often than every 10 years? (Note: The federal government has clarified that this is covered, but patients have run into issues with this)
 - How will you ensure that when a polyp is removed during a screening colonoscopy, it is not coded incorrectly - resulting in the patient incurring a copay/deductible?
- **Cancer screening in general**
 - If a Kentuckian enrolls in a health plan but receives cancer screening from a non-network provider, and cancer is detected, will treatment services be covered under the health plan or will they be denied treatment coverage b/c they were screened out of network?
- **Smoking cessation**
 - **Tobacco Use screening** for all adults and cessation interventions for tobacco users, with expanded counseling for pregnant tobacco users
 - What guidelines will providers be asked to follow for tobacco use screening?

- If the patient is a smoker, will a spiral CT lung cancer screening be covered for smokers who fit the criteria as outlined in recent USPSTF Grade B Recommendation?
 - If an abnormality is found, will resulting investigative procedures, and treatments, be covered?
- What specific types of cessation interventions will be covered?
 - behavioral counseling (how many sessions and with what kind of provider?)
 - all nicotine replacement therapies (patch, lozenge, XXXX) and for how long?
 - Will both brand and generic smoking cessation products be covered?
- Will there be a lifetime limit on how often someone can receive covered tobacco cessation interventions?
- What is meant by “expanded counseling” for pregnant tobacco users?
 - Will smoking cessation products be available/covered for pregnant women?

Health Care Providers & Facilities

- Will there be limitations on what facilities/providers you can use? (for both Medicaid and new health plans under ACA)
- If so, where does a patient go to find out what providers/facilities their health plan covers?

Enrollment

- How does someone know if they are eligible for Medicaid? Calculator?
- What is the phone number and/or web site to enroll in the **Marketplace**?
- How does someone know if they are able to receive payment assistance (subsidized coverage) through the new health plan marketplace?
 - Is it only through completion of an application online, or discussion with a live kynector? –
- The kynect website says that once someone applies for coverage, kynect also checks for low-cost or free coverage through Medicaid and KCHIP.
 - Will kynectors enroll them in Medicaid or KCHIP if they are eligible? If not, how will this transfer be handled?
 - What is the phone number and/or web site to enroll in **Medicaid**?