



Cost Sharing for Preventive Services in the Private Sector Setting

The Affordable Care Act requires that private plans provide all US Preventive Services Task Force (USPSTF) - recommended preventative services with no cost sharing, including screening for colorectal cancer. This protection applies to new plans for plan years beginning on or after September 23rd, 2010.

This consumer protection is not being experienced equally by all consumers. A consumer may or may not face cost sharing for a screening colonoscopy, depending on the provider they use, the insurer that administers their plan, or the state in which they live.

- Consumers in new plans are surprised to find that they don't always get screening colonoscopy free of cost sharing as stipulated under the law. This is particularly concerning since cost sharing has been shown to deter use of proven life-saving preventive services.
- Consumers are complaining to states, insurers and providers. In some states, this issue has generated the largest number of consumer complaints *out of all the early market reforms*.
- There are three circumstances when consumers might face cost sharing for a screening colonoscopy:
 1. If during a screening colonoscopy a polyp is identified and removed or a biopsy is taken, an enrollee might then be charged cost sharing for the procedure despite the fact that removal of precancerous polyps is key to preventing colon cancer. Importantly, in *half of all screenings*, a screening colonoscopy results in polyp removal or biopsy
 2. Following a positive stool-based test done for screening purposes, an enrollee has a follow-up colonoscopy as recommended by screening guidelines. The enrollee then faces cost sharing for the follow-up colonoscopy, even if no polyp is found.
 3. A patient undergoes routine screening colonoscopy at an earlier age than is typically recommended because they are at increased risk for colon cancer (for example, due to a family history of polyps or colon cancer.) In such cases, these patients – for whom routine colonoscopy is especially important – may face cost sharing for the procedure.
- The USPSTF recommendations indicate that the above circumstances are integral to the screening process.
- Why is cost sharing applied to screening colonoscopy in these situations? Depending on the circumstance:
 1. *Health care providers* vary significantly on how they code the procedure.
 2. *Insurers* vary significantly on how they apply the no cost sharing rule and how they interpret health care provider coding
 3. *States* appear to be taking different regulatory positions on this issue, but overall seem very reluctant to get ahead of HHS on the matter.
- The issue is not limited to colonoscopy. For example, women who are seeking routine mammography when they have a personal history or a family history of breast cancer or breast abnormalities may face similar problems with cost sharing.
- Consumers, states and insurers are all looking to HHS for guidance to help ensure that all consumers benefit equally from the new law.