

LUNG CANCER SCREENING COVERAGE IN STATE MEDICAID PROGRAMS



Overview

Lung cancer is the leading cancer killer among both women and men. Early detection is critical to fighting lung cancer, and low-dose computed tomography scans are recommended to screen individuals at high risk and can help catch the disease when it is most curable.

Medicaid beneficiaries are disproportionately affected by lung cancer, yet standard Medicaid programs are one of the only healthcare payers not required to cover lung cancer screening. To assess the current status of lung cancer screening coverage for the Medicaid population, the Lung Association analyzed lung cancer screening coverage policies in state Medicaid fee-for-service programs.

As of January 2019, 31 Medicaid fee-for-service programs cover lung cancer screening, 12 programs do not provide coverage, and 7 states did not have information available on their coverage policy. These Medicaid programs varied in the eligibility criteria they used for screening as well as whether they required prior authorization. Coverage may also vary between fee-for-service and managed care plans within a state's Medicaid program.

The number one strategic imperative of the American Lung Association is to defeat lung cancer, and reducing morbidity and mortality associated with this disease is among the Lung Association's key objectives. The Lung Association urges all state Medicaid programs to cover lung cancer screening based on evidence-based guidelines across all fee-for-service and managed care plans and to remove any financial or administrative barriers that limit access to this lifesaving service.

Background

Lung cancer is the leading cancer killer of both women and men in the United States, accounting for approximately 24 percent of cancer deaths.¹ Detecting lung cancer in early stages versus late stage is often the difference between life and death, but only 16 percent of lung cancer cases are diagnosed early when the disease is most treatable. A primary means of reducing lung cancer mortality involves screening members of the high-risk population using low-dose computed tomography (LDCT). In August 2011, the National Cancer Institute released results from its National Lung Screening Trial and found that screening for individuals at high risk reduces lung cancer mortality by 20 percent compared to chest x-rays.²

In December 2013, the U.S. Preventive Services Task Force (USPSTF) released a 'B' recommendation for lung cancer screening for high-risk populations (see box). Approximately eight million individuals in the United States currently meet the high-risk criteria for screening.³ The Affordable Care Act requires Medicaid expansion plans and most private health insurance plans to cover preventive services given an 'A' or 'B' by USPSTF, meaning that lung cancer screening should be covered without cost-sharing for patients with Medicaid expansion, state health insurance marketplace plans and most non-grandfathered private plans. Similarly, Medicare finalized a National Coverage Determination in February 2015, making LDCT scans available to the high-risk population between the ages of 55 and 77.

For standard Medicaid, coverage of USPSTF recommended screenings is not required. If screening is covered, Medicaid programs may use different eligibility criteria, require prior authorization or charge individuals for their scans. Coverage may also vary between fee-for-service and managed care plans within a state's Medicaid program. This is particularly concerning as Medicaid enrollees are disproportionately at risk for lung cancer; 26.3 percent of Medicaid beneficiaries are current smokers, compared to 11.1 percent of individuals with private insurance.⁴ Additionally, the five-year survival rate for lung cancer patients with Medicaid is significantly lower than for individuals with other insurance (13.0 percent v. 20.4 percent).⁵

HIGH RISK POPULATION

(Based on USPSTF guidelines)

1. 55-80 years of age; and
2. Have a smoking history of at least 30 pack years; and
3. Currently smoke or have quit smoking within the last 15 years.

Recent research shows that screening rates for individuals at high risk for lung cancer are alarmingly low – in 2015, just 4.4 percent of individuals who met USPSTF criteria received a chest CT.⁶ More work is clearly needed to improve both coverage and utilization of lung cancer screening for those at high risk for this disease.

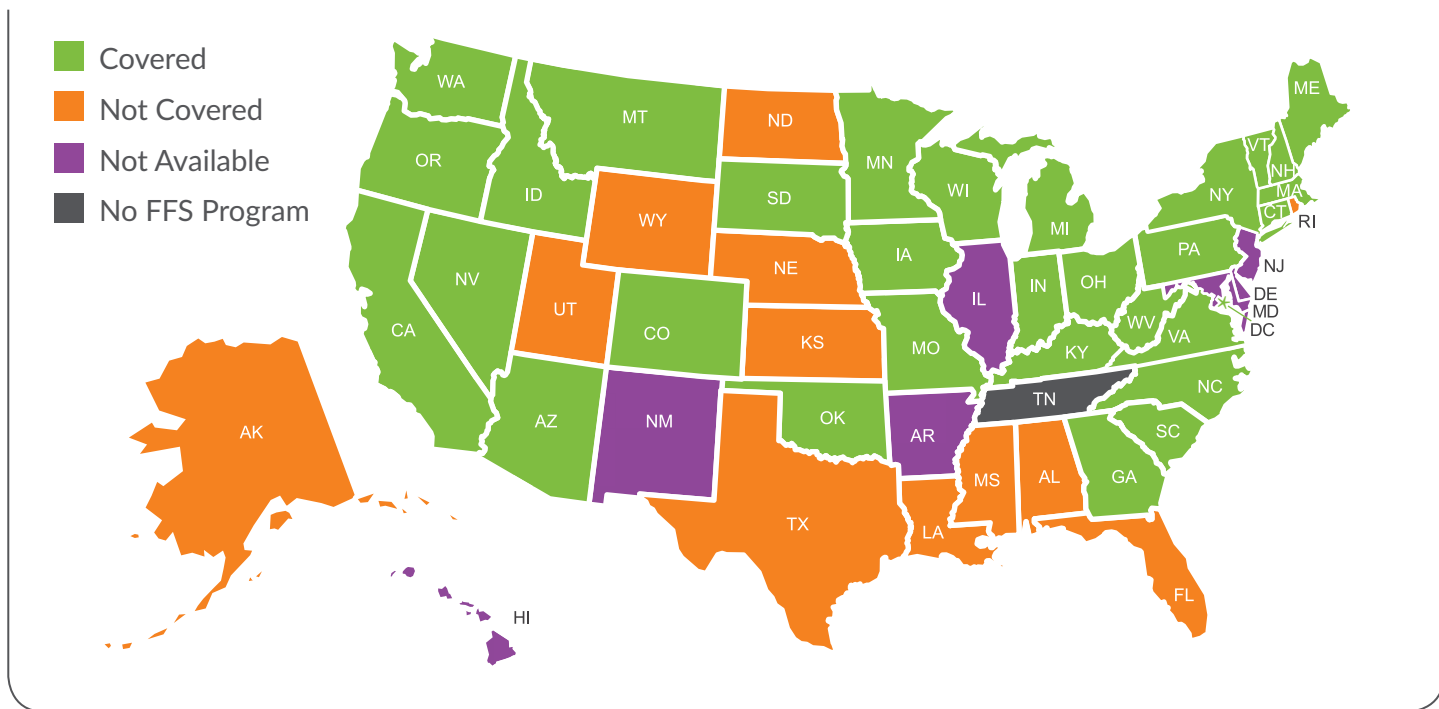
Findings

To assess current coverage of lung cancer screening in state Medicaid fee-for-service programs, the Lung Association surveyed state Medicaid programs to obtain information on coverage of LDCT scans for individuals at high risk for lung cancer and reviewed publicly available coverage policies. Coverage information was collected between December 2018 and January 2019.

As shown in Figure 1, 31 Medicaid fee-for-service programs cover lung cancer screening, 12 programs do not provide coverage, and 7 states did not have information available on their coverage policy. Tennessee is the only state that does not cover any enrollees through a fee-for-service program and therefore was excluded from this analysis.



Figure 1: Coverage of Lung Cancer Screening in State Medicaid Fee-for-Service Programs



Notes:

- 1. Data collected December 2018 – January 2019.
- 2. States that only cover Medicare crossover claims (claims for dual eligibles where Medicaid pays remaining cost-sharing not covered by Medicare) are included in the “not covered” category.
- 3. Data is not available for Tennessee because all Medicaid enrollees are covered through managed care plans.

Establishing clear eligibility criteria for lung cancer screening is important to ensure that only those who are at high risk for lung cancer obtain screenings. Recent research has shown that screening is often inconsistent with evidence-based guidelines, with the number of individuals inappropriately screened for lung cancer actually exceeding the number screened according to USPSTF criteria in 2015.⁷ Screening people who do not meet the high risk criteria puts people at risk for false positives and unnecessary invasive procedures. Among states that cover lung cancer screening in their Medicaid fee-for-service program, eligibility criteria for screening varies. As shown in Table 1, 13 states follow the USPSTF criteria, three states follow the Medicare criteria and 15 states have other criteria.

Finally, some states may require providers to obtain prior authorization from the Medicaid program before screening will be covered. Prior authorization requirements can delay patients’ access to care and even lead some patients to abandon treatment.⁸ As shown in Table 1, among states that cover lung cancer screening in their Medicaid fee-for-service program, 13 states require prior authorization for this service.

Table 1**Eligibility Criteria and Prior Authorization Requirements for State Medicaid Fee-For-Service Programs
Covering Lung Cancer Screening**

State	Eligibility Criteria	Prior Authorization
Arizona	Other	No
California	USPSTF	No
Colorado	USPSTF	Yes
Connecticut	Other	Yes
D.C.	USPSTF	Yes
Georgia	Other	No
Idaho	Medicare	No
Indiana	Other	No
Iowa	Other	Yes
Kentucky	Other	No
Maine	Other	No
Massachusetts	Other	No
Michigan	USPSTF	No
Minnesota	Medicare	No
Missouri	Other	Yes
Montana	Other	No
Nevada	USPSTF	No
New Hampshire	USPSTF	No
New York	USPSTF	Yes
North Carolina	USPSTF	Yes
Ohio	Other	No
Oklahoma	Medicare	Yes
Oregon	USPSTF	No
Pennsylvania	Other	Yes
South Carolina	USPSTF	No
South Dakota	Other	No
Vermont	Other	Yes
Virginia	USPSTF	No
Washington	USPSTF	Yes
West Virginia	Other	Yes
Wisconsin	USPSTF	Yes

Note: Eligibility Criteria - USPSTF recommends screening for individuals ages 55 to 80 years who have a smoking history of 30 pack years and currently smoke or have quit smoking within the last 15 years; Medicare covers screening of individuals ages 55 to 77 years who have a smoking history of 30 pack years and currently smoke or have quit smoking within the last 15 years; "Other" includes programs that have criteria that is similar but slightly different from USPSTF or Medicare, as well as programs that have no formal eligibility criteria for screening.

Conclusion

This analysis reveals that gaps remain in access to lung cancer screening for the Medicaid population. It is important to note that this analysis only looked at lung cancer screening coverage in Medicaid fee-for-service programs, not across all Medicaid managed care plans in states. While many managed care organizations follow fee-for-service coverage, they may differ in their eligibility criteria, prior authorization requirements, and other features of their coverage policies. Similarly, in states that do not cover lung cancer screening in their fee-for-service programs, managed care plans may still cover this service. Additionally, even when screening is covered, much more work is needed to educate patients and providers and remove barriers to screening that could improve the alarmingly low utilization of this service among those at high risk for lung cancer. To educate the public about lung cancer screening, the American Lung Association's LUNG FORCE launched Saved by the Scan in 2017 in partnership with the Ad Council.

The Lung Association urges all state Medicaid programs to cover lung cancer screening based on evidence-based guidelines across all fee-for-service and managed care plans and to remove any financial or administrative barriers that limit access to this lifesaving service.

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¹Siegel RL, Miller KD, Jemal A. *Cancer Statistics, 2019*. CA: A Cancer Journal for Clinicians. 2019; 69: 7-34.

²The National Lung Cancer Screening Trial Team. *Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening*. *New England Journal of Medicine*, August 2011; 365(5): 395-409.

³Richards TB, Doris-Rose VP, Soman A, Klabunde CN, Caraballo RS, Gray SC, Houston KA, White MC. *Lung Cancer Screening Inconsistent With U.S. Preventive Services Task Force Recommendations*. *American Journal of Preventive Medicine*, Jan 2019; 56(1): 66-73.

⁴Centers for Disease Control and Prevention. *National Center for Health Statistics. National Health Interview Survey, 2017*. Analysis performed by the American Lung Association Epidemiology and Statistics Unit using SPSS software.

⁵U.S. National Institutes of Health. *National Cancer Institute: SEER 18 Registries database, November 2015 submission, SEER*Stat version 8.3.2*.

⁶Richards TB, Doris-Rose VP, Soman A, Klabunde CN, Caraballo RS, Gray SC, Houston KA, White MC. *Lung Cancer Screening Inconsistent With U.S. Preventive Services Task Force Recommendations*. *American Journal of Preventive Medicine*, Jan 2019; 56(1): 66-73.

⁷Richards TB, Doris-Rose VP, Soman A, Klabunde CN, Caraballo RS, Gray SC, Houston KA, White MC. *Lung Cancer Screening Inconsistent With U.S. Preventive Services Task Force Recommendations*. *American Journal of Preventive Medicine*, Jan 2019; 56(1): 66-73.

⁸American Medical Association, 2017 *Prior Authorization Physician Survey*, Feb. 2018. Accessed at: <https://www.ama-assn.org/sites/default/files/media-browser/public/arc/prior-auth-2017.pdf>.

