



Statement on HB 2560

Cambia Health Solutions supports the policy goal of HB2560, which we read as to remove a potential barrier to individuals getting a preventive colonoscopy when prompted by the result of a fecal immunochemical test. When a procedure is classified as “preventive,” that means an individual will have zero out-of-pocket cost for it.

Our Regence BlueCross BlueShield and BridgeSpan health insurance plans have for some time provided coverage for colonoscopies above and beyond the requirements of the Affordable Care Act, and we support policies to extend evidence-based preventive coverage. Last year, we were recognized as an industry leader for our role in making colonoscopies easier and more affordable to access for our members. We were the first health insurer to receive the Champions of Colorectal Cancer Prevention Award from Preventing Colorectal Cancer, a national advocacy organization focused on reducing the incidence of colorectal cancer through screening and prevention. We favor policies ensuring members receive no-cost share benefits, meaning that we typically pay for the colonoscopy claim and associated charges, including anesthesia, prescriptions and lab work.

During the 2014 Session, we also supported HB4085, which clarified that all services associated with a preventive colonoscopy (as classified by the federal government’s U.S. Preventive Services Task Force) are to be covered as preventive services.

In achieving the policy goal of HB2560, we wish to call your attention to two detail issues:

1. A key component of preventive coverage is appropriate coding and billing by physicians and facilities. Physician and billing staff education will be needed successfully to implement this. From our past experience, we believe it may take considerable time for correct billing by providers to take hold; during that time, we would expect to use manual processes to catch these claims. One way to accelerate adoption by providers would be to add language to the effect that these services will be covered as preventive so long as they are billed as preventive.
2. We recommend changing the effective date to Jan. 1, 2017, to align with the next cycle of technical plan and rate filings following this legislative session. This would allow carriers the time necessary to implement IT and contract changes necessary to process these claims with the highest possible degree of accuracy and timeliness in our largely automated claims processes. We wish to emphasize that we support the policy direction of HB2560; an effective date aligned with the 2017 plan year simply provides the opportunity for us to get the implementation right.

Respectfully,

Tom Holt
Director, Government Affairs