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Breast Health Services: Accuracy of Benefit Coverage Information in the Individual Insurance Marketplace

SA-CME

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Abstract

Purpose: The aim of this study was to determine if breast health coverage information provided by customer service representatives employed by insurers offering plans in the 2015 federal and state health insurance marketplaces is consistent with Patient Protection and Affordable Care Act (ACA) and state-specific legislation.

Methods: One hundred fifty-eight unique customer service numbers were identified for insurers offering plans through the federal marketplace, augmented with four additional numbers representing the Connecticut state-run exchange. Using a standardized patient biography and the mystery-shopper technique, a single investigator posed as a purchaser and contacted each number, requesting information on breast health services coverage. Consistency of information provided by the representative with the ACA mandates (*BRCA* testing in high-risk women) or state-specific legislation (screening ultrasound in women with dense breasts) was determined.

Results: Insurer representatives gave *BRCA* test coverage information that was not consistent with the ACA mandate in 60.8% of cases, and 22.8% could not provide any information regarding coverage. Nearly half (48.1%) of insurer representatives gave coverage information about ultrasound screening for dense breasts that was not consistent with state-specific legislation, and 18.5% could not provide any information.

Conclusions: Insurance customer service representatives in the federal and state marketplaces frequently provide inaccurate coverage information about breast health services that should be covered under the ACA and state-specific legislation. Misinformation can inadvertently lead to the purchase of a plan that does not meet the needs of the insured.

Key Words: mystery shopper, secret shopper, Affordable Care Act, health insurance marketplace, insurance coverage, benefit design, access to care

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Summary for patients

This study used a mystery shopper to find out if customer service representatives for individual health insurance companies on federal exchanges gave customers insurance coverage information that was consistent with legal requirements for breast health. The mystery shopper said that she was a 40-year-old woman with dense breasts and a family history of breast cancer. She called all of the federal exchange customer service representatives and asked about coverage for genetic screening for the *BRCA* gene (sometimes referred to as the Angelina Jolie gene). It is legally required that women with family histories of breast cancer be covered for *BRCA* testing after genetic counseling. She also asked about coverage for an ultrasound screening because of her dense breasts in the four states that have laws

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requiring that ultrasound be covered for dense breasts. Only 26 of 158 customer service representatives (16.5%) provided coverage information that was consistent with legal requirements for *BRCA* gene screening, and only 9 of 26 (33.3%) gave consistent coverage information for dense-breast ultrasound screening. Many of the customer service representatives either provided information that did not meet legal requirements or did not have any information. This is important because many people rely on information from insurance customer service representatives to help decide the insurance policy that best meets their needs. In this case, women could end up picking the wrong policy and spending more than required for the coverage they want.

INTRODUCTION

The landmark Patient Protection and Affordable Care Act (ACA) provided for insurance access expansion, particularly in the individual insurance marketplace through health exchanges. Despite the availability of insurance plans, enrolling in the appropriate plan continues to be challenging. Comparison of total out-of-pocket costs across plans requires a potential enrollee to accurately anticipate future care needs annually, taking into account his or her health care priorities. Better understanding of covered benefits is critical to making an appropriate plan choice. Customer service representatives often represent the primary source of coverage information for a potential enrollee.

The ACA also mandates that plans in the health exchanges provide full coverage with no cost sharing for preventive services with a grade of B or better from the US Preventive Services Task Force (USPSTF) [1]. Regarding breast health services, for women who have family members with breast, ovarian, or peritoneal cancer, the USPSTF deemed *BRCA* genetic screening a grade B preventive service, recommending that primary care providers offer screening to identify a significant family history of breast cancer, genetic counseling for women with positive screening results, and genetic testing for *BRCA1* or *BRCA2* to identify potentially harmful mutations in breast cancer susceptibility genes [2]. For these women, the ACA mandates *BRCA* screening as a fully covered service.

Individual states have also legislated breast health service coverage. Because of the limitations of screening mammography for women with dense breasts and the increased risk for developing breast cancer, public advocacy led to the enactment of dense-breast legislation in 24 states by March 12, 2015 [3]. The legislation requires that women who are found to have dense breasts after undergoing screening mammography be notified of this finding to promote conversations with their physicians about supplemental screening [4]. Four of the 24 states, Connecticut, New Jersey, Indiana, and Illinois, also legislated insurance coverage for supplemental ultrasound screening for women with dense breasts [5-8]. In these states, mandated coverage levels for supplementary ultrasound screening among women with dense breasts ranged from full coverage with no cost sharing to coverage with any cost-sharing level (Appendix 1). The remaining 20 state statutes did not comment on coverage for supplemental screening.

Women with risk factors for breast cancer may prioritize breast health services and select insurance plans on the basis of perceived coverage for these services. Therefore, accuracy of breast health benefit information is critical to informed health plan choice. In this study, using a mystery-shopper approach, we determined if the *BRCA* screening coverage information provided by customer service representatives employed by insurers offering plans in the 2015 federal health insurance marketplace was consistent with the ACA and if the supplemental ultrasound coverage information provided was consistent with dense-breast state legislation in the four states where insurance coverage is legislated.

METHODS

Sample

To determine the consistency of coverage information provided by insurers with ACA-mandated nationally covered service, *BRCA* screening in high-risk women, all insurers offering coverage through the federal health exchange in 2015 as of April 2, 2015, and their local phone numbers were identified using data extracted from the federal exchange website (http://www.healthcare.gov). These insurers were aggregated by customer service telephone number, assuming that the same customer service number routed to a single service call center. The sample included the 34 states that are part of the federal marketplace. A total of 158 unique telephone numbers were contacted between June 1 and July 10, 2015 (Appendix 2). Some insurers offered coverage through the federal marketplace in more than one state, and in some cases, the same local phone number was assigned to more than one state.

To determine the consistency of coverage information provided by insurers with state-level service coverage mandates for ultrasound screening in women with dense