

- Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
 - Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
- Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
- Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.

Level 1

Eligibility & Engagement

- **Clearly describe and make accessible the cost associated with lung cancer screening (\$0 out of pocket) and typical follow-up diagnostics.**

Stigma, Bias, & Inclusiveness

- Review utilization management policies to align with USPSTF recommended tobacco cessation benefit across all plans with minimal eligibility requirements, defined as
 - Sessions of individual, group, and phone counseling
 - 90 days of all FDA-approved smoking cessation medications
 - 2 quit attempts per year
 - No prior authorization
- Require all member facing staff to complete stigma and bias training regularly
- Audit all materials, especially member-facing, for person-first language and reflect diverse populations and languages.

Screening with LDCT

- Clearly label and/or provide a list of in-network facilities able to provide follow-up for lung cancer screening abnormal and incidental findings

Result Management

Level 2

Eligibility & Engagement

- Identify members who might be eligible for screening (age 50+, smoking within the past 15 years) drive eligibility awareness, and incentivize screening (e.g., send health promotion material about LCS. Integrate with smoking cessation programs and outreach as able.)
- **Ensure adequate communication and relay of results and no shows** from radiology facilities to ordering providers.
- Track and monitor:
 - Annual adherence to screening for those with a history of LDCT for lung cancer screening (CPT 71271)
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Stigma, Bias, & Inclusiveness

Screening with LDCT

- Where network adequacy may lack, consider utilization of telehealth access to specialty care with minimal additional out-of-pocket cost
- Discourage payor-initiated changes in screening facility to ensure longitudinal and geographically accessible care.

Result Management

- CTs for other concerns or conditions should not be counted towards a member's annual screening benefit. Cover annual LDCT without cost sharing regardless of other CT exams completed within the year that were not for or including evaluation of pulmonary nodule(s)

Level 3

Eligibility & Engagement

- Track and monitor:
 - Disparities in engagement with LCS based on race/ethnicity/language and other available demographic data
- **Explore ways to incorporate annual LCS completion as a quality measure for value-based payment arrangements with health systems.** As able, stratify by race and ethnicity at a minimum to monitor and incentivize equity.
- **If able, make available insurance products that waive member cost-sharing** (not applicable to monitoring after a diagnosis has been made or to treatment) **for:**
 - All steps of lung cancer screening, including repeat LDCT scans within 3-6 months after an abnormal initial screening result
 - Access to annual comprehensive tobacco cessation interventions, including behavioral and pharmacotherapy
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Stigma, Bias, & Inclusiveness

- When able, discourage punitive premiums/surcharges for people who smoke. Waive existing surcharges for participation in tobacco cessation programs or fulfillment of a reasonable alternative.

Screening with LDCT

- Ensure expedited review pathways for authorization of suspicious findings requiring diagnostic evaluation
- Establish automatic authorization/remove prior authorization for guideline-concordant follow-up intervals based on Lung-RADS criteria and other clinically significant findings (e.g., 3-6-12 months LDCTs, imaging for S findings)
- Address reimbursement parity between LDCT and other CTs to incentivize use of LDCT for screening
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Result Management

- Cover LDCT for LCS without any cost sharing (CPT 71271) including repeat LDCT within 1-6 months
- Remove restrictions to reimbursement for LDCT for LCS, like prior authorization
- **Work with health systems to support improved collection of tobacco use history. As able, incorporate HEDIS measure for tobacco use screening and cessation into value-based care contracts**

Full Guidelines

Eligibility & Engagement

- **Clearly describe and make accessible the cost associated with lung cancer screening (\$0 out of pocket) and typical follow-up diagnostics.**
- **Identify members who might be eligible for screening (age 50+, smoking within the past 15 years) drive eligibility awareness, and incentivize screening (e.g., send health promotion material about LCS. Integrate with smoking cessation programs and outreach as able.)**
- **Track and monitor:**
 - **Annual adherence to screening for those with a history of LDCT for lung cancer screening (CPT 71271)**
 - **Disparities in engagement with LCS based on race/ethnicity/language and other available demographic data**
- **Work with health systems to support improved collection of tobacco use history. As able, incorporate HEDIS measure for tobacco use screening and cessation into value-based care contracts**
- **Explore ways to incorporate annual LCS completion as a quality measure for value-based payment arrangements with health systems.** As able, stratify by race and ethnicity at a minimum to monitor and incentivize equity.
- **If able, make available insurance products that waive member cost-sharing (not applicable to monitoring after a diagnosis has been made or to treatment) for:**
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