

## The Impact of CHFS Programs on Cancer Screening in the Rural and Underserved Medicaid Populations

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#### What is Known on This Topic?

Rural and underserved Medicaid populations are susceptible to worse public health outcomes and often underutilize available services for public health screening and intervention. Kentucky leads the nation in incidence and mortality related to cancer. Many of these cancers can be identified and treated early with effective screening.

#### What Did This Project Do?

The aim of this project was to evaluate the efficacy of policy changes on cancer screening in the rural and underserved Medicaid population in Kentucky. This project evaluates Medicaid claims data between 2011-2021 to discern whether there are significant differences in cancer screening compliance in this high-risk population following Medicaid expansion and implementation of CHFS programs. The outcomes of this project can be utilized by the CHFS as a quality control measure to ensure taxpayer dollars are being utilized effectively to improve the public health of Kentucky. Furthermore, high risk groups and geographic areas will be identified so that future endeavors by the CHFS can be specifically targeted at populations who will benefit the most.

#### What could Medicaid do with these findings?

By identifying these disparities Medicaid can more effectively target resources and improve health equity in Kentucky.

### Introduction

Cancer is a major public health problem for Kentucky. The Commonwealth has the highest new cancer rate and highest death rate from cancer in the United States.<sup>1</sup> Screening procedures for certain cancers can identify cancers at an earlier stage when they are more treatable. Uninsured adults do not participate in cancer screening services as often as those with insurance coverage.<sup>2,3</sup> However, having insurance coverage alone does not guarantee full utilization of cancer screening services. Utilization rates of breast cancer screening in women with Medicaid coverage are reported to be about half of those of commercially-insured women.<sup>4</sup> Both men and women who are considered uninsured or underinsured report lower rates of breast and colorectal cancer screening than adequately insured comparators.<sup>5</sup> Issues such as low socioeconomic status and decreased access to screening facilities or expertise may contribute to these disparities.<sup>6</sup>

The aim of this study is to evaluate the effect of Medicaid expansion and CHFS program health interventions on cancer screening. This project evaluates breast, cervical, colorectal, lung, and prostate cancer screening utilization between 2011-2021 in Kentucky. Knowledge gained from this project will inform policy makers of effective programs that have improved cancer screening utilization.

### Methods

Medicaid administrative claims data from 2011 to 2021 were used to identify cancer screening procedures in Medicaid screening-eligible enrollees. Screening procedures were captured using combinations of diagnostic and procedure codes to identify true screening procedures. Differences across demographic and geographic groups were evaluated, and geospatial analysis was performed. The Kentucky Colon Cancer Screening and Prevention

Continued on back page →

# TEAM KENTUCKY

CABINET FOR HEALTH  
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STATE UNIVERSITY PARTNERSHIP  
POLICY BRIEF

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Program (KCCSPP), KRS 214.540 to 214.544, was evaluated, comparing counties funded to non-funded counties between 2015-2016 in terms of colon cancer screening rates.

### Results

Screening rates for the cancers significantly increased over time, most notably in response to Medicaid expansion eligibility.

- Screening rates in terms of absolute numbers have continued to increase across all cancer types since Medicaid expansion
- Generally, there has been an increase in the proportion of Kentuckians screened, however the absolute number eligible also increased, and the proportion of those screened relative to those eligible has been variable in breast cancer and declined in cervical cancer
- Significant differences in the likelihood of cancer screening were found:
  - Post ACA: increased
  - Age: increased in all except cervical
  - Black: increased for breast and cervical, decreased in lung and prostate
  - ADI: decreased in breast, lung, and cervical, increased in prostate
- Geospatial analysis revealed an increased rate of cancer screening in Western Kentucky vs Eastern Kentucky
- KCCSPP had a minimal impact on colorectal cancer screening in the targeted counties.

Opportunities for improvement exist, as cancer screening rates remain lower than desired.

### Policy Implications

The findings from this study describe 1) the overall effectiveness of the Medicaid delivery system in Kentucky in terms of cancer screening between 2011-2021, and 2) the efficacy of the Kentucky Colon Cancer Screening and Prevention Program, KRS 214.540 to 214.544, funding between 2015-2016. Should the CHFS identify other programs funded between 2011-2021, and share this information, we could evaluate the efficacy of these statutes and KARs.

### Conclusion

We have found that cervical, prostate, breast, lung and colorectal cancer screening has increased over time for Medicaid enrollees, most notably in response to the expansion of Medicaid eligibility. Minority groups, disadvantaged Area Deprivation Index (ADI), and geographic location in Eastern Kentucky are risk factors for decreased utilization of cancer screening. These groups should be targeted for increased funding and resources to increase screening rates. Increased funding for colorectal cancer screening, via KCCSPP (KRS 214.540 to 214.544), at the county level minimally increased the screening rates compared to non-funded counties.

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