FACT SHEET: Biden Cancer Moonshot Announces New Actions Expanding Access to Critical, High-Quality Navigation Services

The Biden Cancer Moonshot announces new commitments from health care providers and advocates to support patient care and improve health outcomes

This week at the White House, the Biden Cancer Moonshot convened a recognition of the one-year anniversary since the Centers for Medicare & Medicaid Services (CMS) finalized six billing codes for navigation services.

Last November, through the transformative leadership of the President and First Lady, the Biden Cancer Moonshot made history by ensuring that for the first time, navigation services—vital support that improves health outcomes and the patient experience—can be reimbursed through Medicare and, with the American Medical Association's updated guidance, through private health insurers.

To advance access to these critical services, in 2024, the Biden Cancer Moonshot worked with leading national and regional health insurers, cancer centers, and oncology practices nationwide to make navigation accessible to more than 150 million Americans. Early data is demonstrating the transformative impact of these newly reimbursable navigation services. Across CMS and commercial health insurers, navigation code utilization has seen a dramatic increase, with tens of thousands of navigation claims being processed since January 1, 2024, including for approximately 350 Medicare beneficiaries per month.

Cancer centers are reporting expanded access to timely, high-quality care and improved outcomes for especially vulnerable populations. For example, the Northwell Health Cancer Institute, which treats more than 19,000 cancer patients annually, saw a more than 60% decrease in wait times to be seen by a surgical oncologist for patients navigated between January and September of this year, and Florida **Cancer Specialists & Research Institute** (FCS), a leading oncology provider serving 90,000 Floridians annually, saw a 40% reduction in emergency room visits for qualified, high-risk patients after implementing PIN services in February of 2024.

As part of the White House event on navigation, **Deputy Administrator and Director for the Center for Medicare, Dr. Meena Seshamani**, highlighted two important calls to action for health care providers and state-level health plans:

Providers can leverage Principal
Illness Navigation (PIN) services for
positive cancer screening follow-up:
PIN codes are applicable to a "high risk
condition" without a definitive
diagnosis, so at the provider's

discretion, patients who have a positive cancer screening test (such as an identified mass in the colon or breast) may be referred to navigation services for timely diagnostic and follow-up care.

State-level programs can help ensure critical navigation services reach Medicaid patients and families: To advance health outcomes for people with Medicaid, states can choose to implement adoption and coverage of navigation codes, including PIN services and Principal Cancer Management codes. Incorporating navigation into state-level care delivery could build on existing structures (i.e., Medicaid Health Homes), that already work to improve care coordination and care management, which are key aspects of navigation for Medicaid beneficiaries with complex needs.

President Biden promised to provide navigation support to every American facing cancer by establishing a path to pay for these critical services. As this vital work continues, early results confirm that reimbursable navigation is not only improving the experience of patients and their families, it is achieving better health outcomes and providing real value back to the health care system at-scale.

This week's announcements from the Biden Cancer Moonshot include:

The Indian Health Service (IHS) will advance navigation services for colorectal cancer (CRC) screening across their health systems. To improve access to care and enhance patient outcomes, IHS has partnered with the University of Arizona to provide specialized training for staff to deliver high-quality navigation services as part of the agency's CRC screening efforts. The program aims to ensure that patients receive timely and appropriate follow-up care, even when their primary facility lacks the necessary resources.

The Health Resources and Services
Administration (HRSA) proposes new
guidance for covered navigation
services for breast and cervical
cancer screening. As part of the
Women's Preventive Services
Initiatives, HRSA has issued new draft
screening guidelines for navigation
services for breast and cervical cancer

screening. Developed collaboratively by clinicians, academics, and expert health professionals, once finalized, the HRSA-supported guidelines require group health plans and health issuers to include coverage of these services, without cost sharing. This HRSA-supported guideline would take effect one year after being finalized.

The CMS Innovation Center advances support for patients and caregivers living with and surviving cancer. The Enhancing Oncology Model (EOM) opened a second application period, which closed on September 16, 2024, for another cohort of participants to join the model starting in July 2025. CMS also made notable changes to the model, including extending the model by two years, making a higher monthly payment for enhanced services, and raising the threshold for the point in which participants are required to pay back CMS for costs related to their patients' care. CMS is increasing participation in EOM to ensure that more patients undergoing cancer treatment and their families will have access to the enhanced services offered under the model and high quality of care.

An expansion of critical patient navigation services for America's veterans. In the last year, the Department of Veterans Affairs (VA) developed a suite of structured cancer patient navigation tools, which will be piloted through fiscal year (FY) 2025 in 12 of 18 VA regions. The pilot will initially focus on conducting a patient needs assessment and developing tools to identify and address Veterans' unique barriers to cancer care. The pilot will be implemented through a phased approach to facilitate the standardization of patient-driven cancer navigation services for all Veterans. Additionally, the VA has developed an all-in-one, integrated cancer navigation workflow informatics tool for use by oncology nurse navigators with key functions like case management, tracking tools for patient needs, oncology symptom assessment, and more, and has plans to include a social determinants of health screen and new workflows for additional provider roles.

The President's Cancer Panel has released a report on the power of technology-supported navigation to advance equity and improve cancer outcomes. This report outlines the potential of innovative solutions, when deployed responsibly, to extend the reach of navigation resources by helping care teams work more efficiently and empowering patients to learn about and manage their care.

Across the country, leading advocacy groups and healthcare organization announced actions to increase navigation access, train and expand the navigation workforce, and deliver navigation services to more

Americans and:

Patient Advocate Foundation (PAF)
has made 2,850 grants of \$300 each,
available to patients to cover out-ofpocket costs associated with
Principal Illness Navigation (PIN)
services and associated screenings.
The Health Equity Services in the 2024
Physician Fee Schedule, which includes
PIN services, social determinants of
health (SDOH) screening, and more,
can have a copay associated with care
rendered. PAF has made grants
available to help pay for a patient's visit
when these services are provided and
the patient receives a bill. In January

2025, PAF will distribute a survey to several thousand patients to assess their experiences with PIN services, including the impact of any out-of-pocket costs associated with this care.

The American Cancer Society (ACS) will expand professional education for oncology navigation to increase equitable enrollment in clinical trials.

In January 2025, the ACS will offer a new Clinical Trials Navigation certificate as part of its Leadership in Oncology Navigation program to equip professionals providing nonclinical navigation with the knowledge and skills to reduce barriers to clinical trial participation. Clinical trials are key to advancing new treatments for patients with cancer, from the research setting to the oncology clinic. Patient navigation plays a critical role in reducing barriers to clinical trial recruitment, enrollment, and retention.

The National Consortium of Breast
Centers (NCBC) is expanding
educational offerings to ensure
navigators from various backgrounds
are highly skilled in addressing
barriers to care and social
determinants of health. Through these

efforts, which include enhanced training standards, nationally accredited testing, annual competencies, and billing guidance, NCBC equips navigators nationwide to meet the needs of diverse cancer populations. By helping to develop the navigation workforce, NCBC programs improve access to sustainable, high-quality cancer care, which directly improves patient outcomes.

RWJBarnabas Health together with Rutgers Cancer Institute, has prioritized navigation for its patients, creating a one-stop shop for oncology access and a direct connection to a navigator and supportive services.

Navigators enhance access to clinical trials and advanced treatment options while connecting patients to supportive services, leading to a better overall experience for both patients and caregivers. In 2025, RWJBarnabas Health will explore additional navigation offerings to address obstacles such as the financial difficulties faced by cancer patients.

The National Minority Quality Forum (NMQF) is launching a groundbreaking cancer early

communities in 2025 with plans to enroll 25,200 participants. After a positive cancer signal, participants will be guided to research studies and modern therapies, as appropriate.

NMQF will train physicians to leverage Biden Cancer Moonshot navigation support, ensuring Medicare beneficiaries gain unprecedented access to studies and the best available care, advancing equity in early detection and treatment.

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