Stage Zero Health

IN EFFECT NOW · PLAN YEARS BEGINNING ON OR AFTER DEC 30, 2025

A PRACTICAL GUIDE FOR PLAN SPONSORS & BENEFITS CONSULTANTS

The HRSA Navigation Requirement: Compliance Gap Checklist

Health plans must now cover individualized patient navigation for breast and cervical cancer screening. Most addressed the paperwork. This checklist tests whether members are actually receiving the service — across delivery, individualization, follow-through, and documentation.

June 2026 edition

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The requirement, in plain English

On December 20, 2024, the Health Resources and Services Administration (HRSA) approved updates to the Women's Preventive Services Guidelines, published in the Federal Register at **89 FR 106522** (December 30, 2024). Under the Affordable Care Act's preventive-services provisions, **non-grandfathered group health plans and issuers** must cover the updated services **without cost-sharing** for plan years beginning on or after **December 30, 2025** — January 1, 2026 for calendar-year plans.

Two additions matter most for cancer strategy:

- **Complete screening coverage.** Additional breast imaging (e.g., ultrasound, MRI) and pathology services needed to complete the screening process must be covered without cost-sharing — an abnormal mammogram's follow-up can no longer carry member cost.
- **Patient navigation.** Plans must cover **"individualized person-to-person patient navigation"** for breast and cervical cancer screening and follow-up — delivered in-person, virtually, or hybrid — including person-centered assessment and planning, help accessing and navigating the healthcare system, referrals to local resources, and patient education.

> **The key word is "individualized."** The guidelines describe a person-to-person service with assessment, planning, and follow-up — not a phone number printed in an EOB. A navigation benefit that exists only as a line in plan documents may satisfy a filing; whether it satisfies the guideline's description of the service is a separate question.

It keeps moving. In December 2025, HRSA approved a further update to the cervical cancer screening guideline, effective with plan years starting in 2027. Preventive-services compliance is becoming an annual exercise, not a one-time SPD edit.

> **Litigation note.** The broader ACA preventive-services mandate is the subject of ongoing litigation. HRSA-supported guidelines have their own statutory basis, but plan sponsors should monitor developments with counsel before treating any element as settled indefinitely.

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The 12-point delivery audit

Put these to your carrier, TPA, or navigation vendor. "Yes" answers should come with evidence — a described workflow, a sample report, a named team.

DELIVERY

- [ ] **1. Proactive outreach exists.** Someone identifies members due or overdue for breast/cervical screening and reaches out — members don't have to find the service themselves.
- [ ] **2. It's person-to-person.** A human navigator (in person, virtual, or hybrid) — not solely a chatbot, portal, or recorded line.
- [ ] **3. Members can actually reach it.** The path from "member has a question" to "navigator engaged" takes minutes, not transfers.
- [ ] **4. It covers both screenings.** Navigation spans breast and cervical cancer screening — not mammography alone.

INDIVIDUALIZATION

- [ ] **5. A person-centered assessment happens.** The navigator assesses the member's needs and barriers (scheduling, transportation, language, anxiety), as the guidelines describe.
- [ ] **6. Each member gets a plan.** An individualized screening plan reflecting their age, history, and risk — not a generic reminder.
- [ ] **7. Education is included.** Members receive plain-language explanation of what the screening is, why it applies to them, and what happens next.

FOLLOW-THROUGH

- [ ] **8. Navigation survives the first appointment.** Support continues through results and any follow-up imaging or pathology — which the same update made cost-free.
- [ ] **9. Abnormal results trigger action.** A defined workflow ensures incomplete screenings and unresolved abnormal results are pursued, not dropped.
- [ ] **10. Referrals connect.** Navigators make warm referrals to in-network providers and local resources — not just lists.

DOCUMENTATION

- [ ] **11. Delivery is recorded.** Who received navigation, when, and what it consisted of — retrievable if a regulator, auditor, or participant asks.
- [ ] **12. The plan documents match reality.** SPD/SMM language describes the navigation benefit as it is actually delivered, and members have been told it exists.

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What to do with the gaps you find

If delivery answers are vague ("our case management handles that")

General case management predates this requirement and was not designed for proactive screening navigation. Ask for the specific workflow: who identifies overdue members, how outreach happens, and what volumes look like. Relabeled case management is a common gap.

If individualization is missing

The guidelines specifically describe person-centered assessment and planning. Mass reminders and wellness-portal nudges, however useful, are not individualized navigation. This gap usually requires adding a dedicated service rather than reconfiguring an existing one.

If documentation doesn't exist

A service that is delivered but unrecorded is indistinguishable from a service that isn't delivered. Whatever delivers navigation should produce member-level delivery records and plan-level summaries your compliance file can hold.

Plan-document hygiene

Confirm the SPD or an SMM reflects the new coverages (navigation; cost-free follow-up imaging and pathology), that member communications mention the navigation benefit, and that your carrier/TPA attestation is on file alongside — not instead of — delivery evidence.

Looking ahead

Calendar the 2027 cervical-screening guideline update now, and treat preventive-services review as an annual stewardship item rather than a one-time project.

The fastest way to close most of these gaps at once

Stage Zero delivers individualized, person-to-person screening navigation — proactive outreach based on risk and screening status, person-centered plans, follow-up through resolution, and audit-ready delivery documentation. It deploys in weeks from an eligibility file. See it against your population: **stage0.ai** · hello@stage0.ai